

Mandatory Reporting of Female Genital Mutilation

Q and A for Regulated Professionals



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This Q and A document gives relevant professionals and the police an understanding of the female genital mutilation (FGM) mandatory reporting duty.

What is mandatory reporting?

The mandatory reporting duty for Female Genital Mutilation (FGM) has been introduced through Section 74 Serious Crime Act 2015. This received Royal Assent on 3 March 2015. A new section 5B has been introduced in the FGM Act 2003 that places a single personal mandatory reporting duty on persons who work in a 'regulated profession' in England and Wales. Healthcare professionals, teachers and social care workers are required to notify the police within one month, when, **in the course of their work**, they discover that an act of FGM appears to have been carried out on a girl who is under 18. The term 'discover' includes where the victim discloses to the professional that she has been subject to FGM, or where the professional observes the physical signs of FGM.

The duty does not apply to girls or women who might be at risk of FGM or cases where professionals discover a woman who is 18 is the victim of FGM.

Confining the personal mandatory reporting duty to under 18s does not prohibit appropriate referral of cases involving adults and, in particular, vulnerable adults. The Government's consultation on the Statutory Multi-agency Guidance on FGM closed on 30 September 2015. These updated statutory FGM guidelines will provide safeguarding guidance to the agencies involved.

Who does the duty apply to?

The duty applies to 'regulated' professionals, namely teachers, social care workers and healthcare professionals working in England and Wales. The personal mandatory reporting duty, for example, would not extend to dinner ladies, cleaners, care assistants or caretakers working within the various environments. Regulated health and social care professionals include all professions regulated by a body overseen by the Professional Standards Authority such as the:

- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Pharmaceutical Council
- Health and Care Professions Council
- Nursing and Midwifery Council

What if I am uncertain about the disclosure of FGM, or the observed physical signs of FGM?

If in doubt report.

How does this differ from mandatory data collection?

There is some confusion between the mandatory reporting duty and the mandatory data collection.

General Practitioners, Mental Health Trusts and Acute Trusts (mandatory since 1 July 2015), Sexual health and GUM (Genito-Urinary Medicine) clinics are required to have regard to the FGM Enhanced dataset standard from October 2015. Those services where patients do not have to provide their personal information, are out of scope.

The data collected is sent to the Health and Social Care Information Centre (HSCIC), where it is anonymised, analysed and published in aggregate form. Personal information is only collected as part of the FGM Enhanced dataset for internal data quality assurance and to avoid duplicate counting.

A woman or child's personal details will never be published in the national aggregate reports and will never be passed to anyone outside HSCIC. This work specifically will not pass any personal details to the police or social services – the collection of this data will not trigger individual criminal investigation.

Complying with the FGM Enhanced Dataset does NOT mean that a professional will have met their professional requirements as set out in the new mandatory reporting duty.

What does mandatory reporting mean for me?

The personal mandatory reporting duty is a personal duty attached to the regulated professional involved. It does not apply to your organisation or department.

Where a victim informs you that she has been subjected to FGM, or you observe the physical signs of FGM, it is your duty to report this to the police through the agreed national process.

In what circumstances should a report be made to the police?

The legislation requires healthcare professionals, teachers and social care workers to report the matter to the police where the victim (under the age of 18) tells the professional during the course of their work that she has been subject to FGM, or where the professional observes the physical signs of FGM.

The police non-emergency 101 number should be used.

Do I still use the safeguarding processes as well if I am concerned?

The position in relation to 'suspected' and 'at risk' cases of FGM will remain the same. Professionals are still expected to refer cases appropriately, as set out in the multi-agency guidelines on FGM and using the existing safeguarding framework and procedures. Mandatory Reporting does not replace general safeguarding responsibilities: professionals must still undertake any safeguarding actions as required, usually beginning with a discussion with their local safeguarding lead to identify an appropriate course of action. Organisations are reminded of the DH's guidance 'Female Genital Mutilation Risk and Safeguarding: Guidance for professionals' (2015).

The updated statutory multi-agency guidelines, which have been the subject of the recent Government Consultation explicitly capture good safeguarding practice for such practitioners.

How should I report the matter to the police?

The legislation requires reports to be made to the police within one month of initial disclosure/identification. In practice a report should be made as soon as possible in line with the nationally agreed reporting mechanism to use the police national non-emergency number 101. The local safeguarding lead should also be notified that such a report has been made.

A longer timeframe may only be applicable in exceptional cases such as where a professional is concerned that a report to the police may result in an immediate safeguarding risk to the child and requires consultation with colleagues or other agencies prior to the report being made. The regulated professional should note the reasons for the delay in reporting and ensure that this is drawn to the attention of their manager.

What information do I need to report the matter to the police?

Information including the name, address, date of birth and the nature of the discovery should be reported to the police. You will also be required to provide your name.

How does this personal mandatory reporting duty fit with my existing safeguarding responsibilities?

Where known cases of FGM are identified, the regulated professional will have two duties which will run alongside each other. The first is the personal mandatory reporting duty, and the second will be safeguarding.

Acknowledgement: Neelam Sarkaria (Barrister, MBA) Criminal Justice Consultant specialising in harmful traditional practices such as FGM, Forced Marriage and Honour-Based Abuse, in collaboration with the Royal College of Midwives (RCM) and the Community Practitioners and Health Visitors Association (CPHVA).

What might happen if I do not report?

The personal duty for mandatory reporting requires the professional to report the discovery to the police within one month. Any breach of the duty will result in the start of the regulated body disciplinary process. For health or social care professionals, breaches of the duty may result in fitness to practice proceedings by the regulator with whom the professional is registered, for example, the General Medical Council for doctors and Health and Care Professions Council for social workers (in England).

They will take into account all factors. Recording the reasons for not reporting FGM is therefore critical.

What happens if the police fail to act on my report?

Once a matter has been reported to the police, the personal mandatory reporting duty has been complied with. The responsibility for investigation will rest with the police.

Could I be required to give evidence in a criminal case in the future?

When a report is made, the police will then work with the relevant agencies to determine the most applicable response. The primary focus of the duty is on safeguarding girls and women. The police will investigate the matter and where it is suspected that a criminal offence has been committed, the regulated professional who reported the matter may be required to make a statement to the police to assess whether any criminal charges should follow.

Where an offender is later charged with a criminal offence and does not accept their guilt, a trial is likely to take place. The regulated professional may be required to attend court and give evidence.

Would my Trust/employer be responsible if I do not report a case of FGM?

The personal mandatory reporting duty is an individual duty and not attached to an organisation or professional body. The individual's regulatory body as outlined above will deal with any breach of this duty.

What if I think my colleague has already made a report?

If there is any doubt report.

Midwives

Obstetricians

General Practitioners, Nurses, Social workers

Paediatricians

Public health

Health and Wellbeing Boards, MASH, SARCS

Health visitors

School nurses

Accident and Emergency

Child health clinics, Family planning clinics

Newborn & Childhood vaccinations

Child Development Health Checks

Pre school / Nursery

Primary school

Secondary school

Further Education

Sexual health

Contraception

Breast screening

Cervical screening

Chlamydia screening



FGM Risk

FGM High Risk

Pregnancy

Birth

Childhood

Adolescence

Early adulthood



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