Mandatory Reporting of FGM
A new professional duty

Training Package for NHS Organisations
The facts

• Female Genital Mutilation (FGM) is child abuse and illegal.

• Regulated health and social care professionals and teachers are now required to report cases of FGM in girls under 18s which they identify in the course of their professional work to the police.

• This is a personal duty; the professional who identifies FGM / receives the disclosure must make the report.
Who has to comply with the duty?

- Regulated professionals
- Health and social care professionals regulated by the:
  - General Chiropractic Council
  - General Dental Council
  - General Medical Council
  - General Optical Council
  - General Osteopathic Council
  - General Pharmaceutical Council
  - Health and Care Professions Council (whose role includes the regulation of social workers in England)
  - Nursing and Midwifery Council
- Teachers – this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council.
Who does not have to comply with the duty?

• Employees who are not regulated do not have to comply with the duty.
  – For example nursery nurses, healthcare assistants

• Must still follow local safeguarding procedures.
Which cases does this cover?

Within scope of DUTY

- Girls under 18 who disclose they have had FGM
  - Using all accepted terminology
    - Cut
    - Circumcised
    - Sunna
- When you see signs/symptoms appearing to show she has had FGM
  - If you have no reason to believe it was for the girl’s physical or mental health or for purposes connected with labour or birth
  - Remember this includes genital piercings and tattoos for non-medical reasons

Within scope of existing safeguarding processes

- Adult woman (18 and over) has had FGM
- Parent/guardian discloses that child has had FGM
- You believe a girl is at risk of FGM
- You think a girl might have had FGM but she has not disclosed, and you have not seen any signs/symptoms

Within scope

You should follow local safeguarding processes for these cases. You may wish to refer to the DH FGM safeguarding and risk assessment guidance (see 'Resources' for the link).
What do I need to do?

• Telephone ‘101’, the non-emergency crime number
• Discuss with local safeguarding lead to identify whether other safeguarding actions are required, and how these will be taken forward
• Make a record of your actions / decisions, and write down the Police reference number
• Update your safeguarding lead
• Make sure that you / someone with access to all the information is available and prepared to discuss further with the police lead investigator
What do I need to give the 101 operator?

Explain that you are making a report under the FGM mandatory reporting duty

- Your details:
  - name
  - contact details (work telephone number and e-mail address) and times when you will be available to be called back
  - role
  - place of work

- Details of your organisation’s designated safeguarding lead:
  - name
  - contact details (work telephone number and e-mail address)
  - place of work

- The girl’s details:
  - name
  - age/date of birth
  - Address

- If applicable, confirm that you have undertaken, or will undertake, safeguarding actions
When do I call?

- Call 101 as soon as possible
- You should report ASAP with the same urgency as for all other safeguarding cases
- You should report by the close of the next working day
- If you believe reporting would lead to risk of serious harm to the child or anyone else, contact your designated safeguarding lead for advice.
- In exceptional circumstances, you may need a longer timeframe to take action.
- The safety of the girl or others at risk of harm is the priority.
What else do I need to do?

- Discuss with the family / child
  - Tell them the report is being made.
  - Wherever possible, you should have this discussion in advance of/in parallel with the report being made.
  - If you believe that reporting would lead to a risk of serious harm to the child or anyone else, do not discuss it but instead contact your designated safeguarding lead for advice.
  - Patient information leaflet provided to support this discussion
Quick guide for professionals

• This quick guide includes a flowchart and links to training and support materials.

• Includes further information on private healthcare, tattoos/piercings, terminology, FGM types and other issues you may face.

What if I don’t make the report?

• Failure to comply may be considered through existing Fitness to Practise proceedings with your regulator.

• Regulators will, as with all other matters, consider professionals ability currently to practise safely and take into account the circumstances of the case.

• The safety of the girl or other individuals at risk of harm is paramount.
What can I do to prepare myself?

Home Office: Mandatory Reporting procedural information

Resources

Safeguarding women and girls at risk of FGM


Female Genital Mutilation: Multi-Agency Practice Guidelines

Additional Resources

Health Education England FGM e-learning programme

www.e-lfh.org.uk/programmes/female-genital-mutilation/

NSPCC FGM Helpline 0800 028 3550

fgmhelp@nspcc.org.uk

NHS Choices FGM webpage for professionals

www.nhs.uk/fgmguidelines
Additional Resources

Working Together to Safeguarding Children: March 2015

www.workingtogetheronline.co.uk

Search for guidance from Royal Colleges and regulators.
Group work

- **Session one**
  - In pairs, role play telling a family about making a report
  
  (additional materials provide scenarios)

- **Session two**
  - In small groups, role play a professional discussion when there are complications to know whether or not the report should be made
  
  (additional materials provide scenarios)