



Important information for teachers, health professionals and social workers on the mandatory duty to report FGM

This information sheet has been written to help regulated health and social care professionals and teachers meet their **mandatory duty to report FGM**. This duty came into force on **31st October 2015**.

Further guidance on the mandatory reporting duty can be found in the Home Office guidance Mandatory Reporting of FGM procedures available at:

[Mandatory reporting of female genital mutilation: procedural information - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf)

The duty:

- The Serious Crime Act 2015 has introduced a new legal duty whereby regulated health and social care staff and teachers must report **known cases of FGM** (see definition below) on girls **under the age of 18** to the police.
- Cases of known FGM are where:
 - a girl makes a disclosure to a professional that an act of FGM has been carried out on her **or**
 - a professional observes physical signs of FGM and there is no reason to believe that the act was necessary for the girls physical or mental health or for purposes connected with labour or birth. The duty also covers genital piercings and tattoos for non-medical purposes.
- The duty only covers girls who are **under 18 at the time of disclosure**; a disclosure by an adult who experienced FGM in childhood is not covered by mandatory reporting rules.
- Failure to make a mandatory report when required under the procedures could result in disciplinary proceedings being taken against the professional.
- Suspected cases or cases where a girl is thought to be at risk of FGM will continue to be referred under the current multi-agency guidance available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

Reporting known cases of FGM to the Police under Mandatory Reporting rules

Reports must be made as soon as possible following disclosure or observation and should be made within 1 working day unless there are exceptional circumstances, for example reporting would put the girl (or another child) at immediate risk of harm or professionals need to consult with other colleagues. The latest timeframe for making a report is one month.

Although it is good practice for professionals to consult with their agency's designated safeguarding lead prior to reporting, this should not hold up making a report.

Reports should be made to the police by dialling **101**; professionals should inform the operator that they are making a report under the FGM mandatory reporting duty and should provide the following information:

- their details:
 - name
 - contact details (work telephone number and e-mail address) and times when they will be available to be called back
 - their role
 - ○ their place of work
- details of the 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
- where applicable, details of any other safeguarding action that has been or will be undertaken.

Professionals should make a record of any actions taken and ***must take a note of any police reference or CAD number given before ending the call as this is evidence that the duty has been complied with.***

The report will then be sent to the Child Abuse Investigation Team (CAIT) for investigation and the CAIT will send a MERLIN to the Camden MASH in order to plan an appropriate joint response.

For girls who live out of Camden, professionals should also call 101 and follow normal reporting procedure.

If it is thought that a girl is about to be brought somewhere immediately for the purposes of carrying out FGM, including abroad, professionals should call 999.

Reporting suspected cases of FGM or where the girl is thought to be at risk of FGM under general safeguarding rules

- Professionals should make a referral to the MASH team using an e-CAF referral record; in urgent cases, professionals can call the MASH on 020 7974 3317.
- Action will be taken on the referral depending on the level of risk identified by the MASH team manager; this may include a referral to the police and/or a strategy meeting.
- If the girl already has an allocated social worker, they will take any necessary action.
- If the girl lives in another borough, the Camden MASH team will contact the MASH team in the relevant local authority.

Paediatric FGM clinic

University College London Hospital run an FGM clinic for patients under 18 years of age, this service is open to patients across the UK for face-to-face appointments and for second opinion on recorded examinations conducted by other clinicians. The service is led by Dr Sakaria Ali consultant paediatrician and Miss Hazel Learner consultant in paediatric and adolescent gynaecology, with the support of nursing and child psychotherapy. The clinic sees children and young people who have experienced or suspected to have experienced FGM. The clinic offers appropriate and sensitive care to help in the management of the physical and psychological impact of FGM and works closely with the police, social services and community groups.

Referrals are taken from a wide range of professionals. To book an appointment or seek further advice, please call 0203 447 7396 or email: UCLH.PaediatricSafeguarding@nhs.net

Informing the child and their family

Professionals should be aware of the guidance contained in the Home Office procedures on this matter:

“In line with safeguarding best practice, you should contact the girl and/or her parents or guardians as appropriate to explain the report, why it is being made, and what it means. Wherever possible, you should have this discussion in advance of/in parallel to the report being made. Advice and support on how to talk to girls and parents/guardians about FGM is available in the multi-agency guidance on FGM.

However, if you believe that telling the child/parents about the report may result in a risk of serious harm to the child or anyone else, or of the family fleeing the country, you should not discuss it. For more information, please see information sharing advice for safeguarding practitioners. If you are unsure or have concerns, you should discuss these with your designated safeguarding lead.”