



Female Genital Mutilation (FGM)

Mandatory reporting duty

Are you concerned that a child may have had FGM or be at risk of FGM?

The child / young person has told you that they have had FGM.

You have observed a physical sign appearing to show your patient has had FGM.

Her parent / guardian discloses that the girl has had FGM

You consider the girl to be at risk of FGM. To consider what action to take, refer to the DH FGM safeguarding and risk assessment guidance (see link overleaf).

Mandatory reporting duty applies

Professional who initially identified the FGM (you) calls 101 (police) to make a report.

Remember:
Record all decisions / actions
Be prepared for police officer to call you back
Best practice is to report before COP next working day
Update your local safeguarding lead

You will have to provide:
girl's name, DoB and address
your contact details
contact details of your safeguarding lead

A social care referral may not be required at this point? Follow local safeguarding procedures.

Follow local safeguarding procedures and refer to children's social care

IMMEDIATE RESPONSE REQUIRED for identified girl OR another child/other children

Police and social care take immediate action as appropriate

ASSESSMENT OF CASE: Multi-agency safeguarding meeting convened in line with local safeguarding arrangements, including police, social care and health as a minimum.

Health professional (with relevant paediatric competencies) lead on the assessment of the health needs of the child.

The assessment (with consent) may consider the need for:
Referral for genital examination using colposcope to the designated service in your area
General health assessment (physical and mental health)
Treatment and/or referral for any health needs identified (whether related to the FGM or not)
Include assessment of presence/absence of additional safeguarding concerns, and document and act accordingly

Social care and police develop and appropriate pathway. This is likely to consider:

- Use of FGM Protection orders
- Whether a care plan or other safeguarding response is required
- If safeguarding response required for siblings / family members / others identified through the contact
- Referral to community / third sector
- If there is a need for criminal investigation

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. **Always ask your local safeguarding lead if in doubt.**

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

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

How can I prepare?

FGM mandatory reporting duty and FGM safeguarding best practice guidance is available from: www.gov.uk/dh/fgm

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

Videos: www.nhs.uk/fgmguidelines

FGM Multi Agency Practice Guidelines: www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

- www.workingtogetheronline.co.uk

Search for guidance from Royal Colleges and regulators

Remember:

This is a personal duty; the professional who identifies FGM / receives the disclosure must make the report.

If a woman is over 18 when she discloses / you identify FGM, the duty does not apply and you should follow local safeguarding processes.

Do not undertake a genital examination unless this is already part of your role.

Complying with the duty does not breach data protection rules or other confidentiality requirements.

Non regulated healthcare staff should report through existing safeguarding procedures.

This duty is about reporting a crime. NHS organisations continue to be responsible for collecting and recording data on FGM.

FAQs

A girl is using another term which I think is FGM. Do I need to report?

Yes. Whether she uses the term 'FGM' or any other term or description, e.g. 'sunna' or 'cut', the duty applies.

Does the duty apply to professionals in private education/healthcare?

Yes, if working as a regulated professional, the duty will apply.

Should you only report if you are certain that FGM has been carried out?

When you see something which appears to show in your opinion that a girl has FGM, you should make the report. A formal diagnosis will be sought as part of the subsequent multi-agency response.

I have identified a case but the patient is over 18, what should I do?

The duty does not apply in this case. You should signpost the woman to services offering support and advice. You may also need to carry out a safeguarding risk assessment considering children who may be at risk or have had FGM.

Some FGM is very difficult to notice. What if I did not notice signs when I was caring for a patient who is later identified as having had FGM?

If an allegation of failure to report is made, all relevant circumstances will be taken into account by the regulators, including your experience and what could reasonably have been expected.

I am treating a girl under 18 with a genital piercing / tattoo / non-medically indicated genital surgery. What should I do?

You should make a report.

How quickly should I make a report?

The safety of the girl or others at risk of harm is the priority. You should report ASAP with the same urgency as for all other safeguarding cases. If you believe reporting would lead to risk of serious harm to the child or anyone else, contact your designated safeguarding lead for advice; you may need longer to take action, in exceptional circumstances.

Should I tell the girl / family about the report?

Yes, wherever possible you should explain why the report is being made and what it means. If you believe reporting would lead to risk of serious harm to the child or anyone else, do not discuss it but instead contact your local designated safeguarding lead for advice.

Following a risk assessment for a girl I've identified as being at risk of FGM, it isn't appropriate to refer to social care at this point. What should I do?

You should share information about the potential risk and your actions with your colleagues across health (GP, school nurse and health visitor as a minimum) and discuss next steps with your local safeguarding lead.