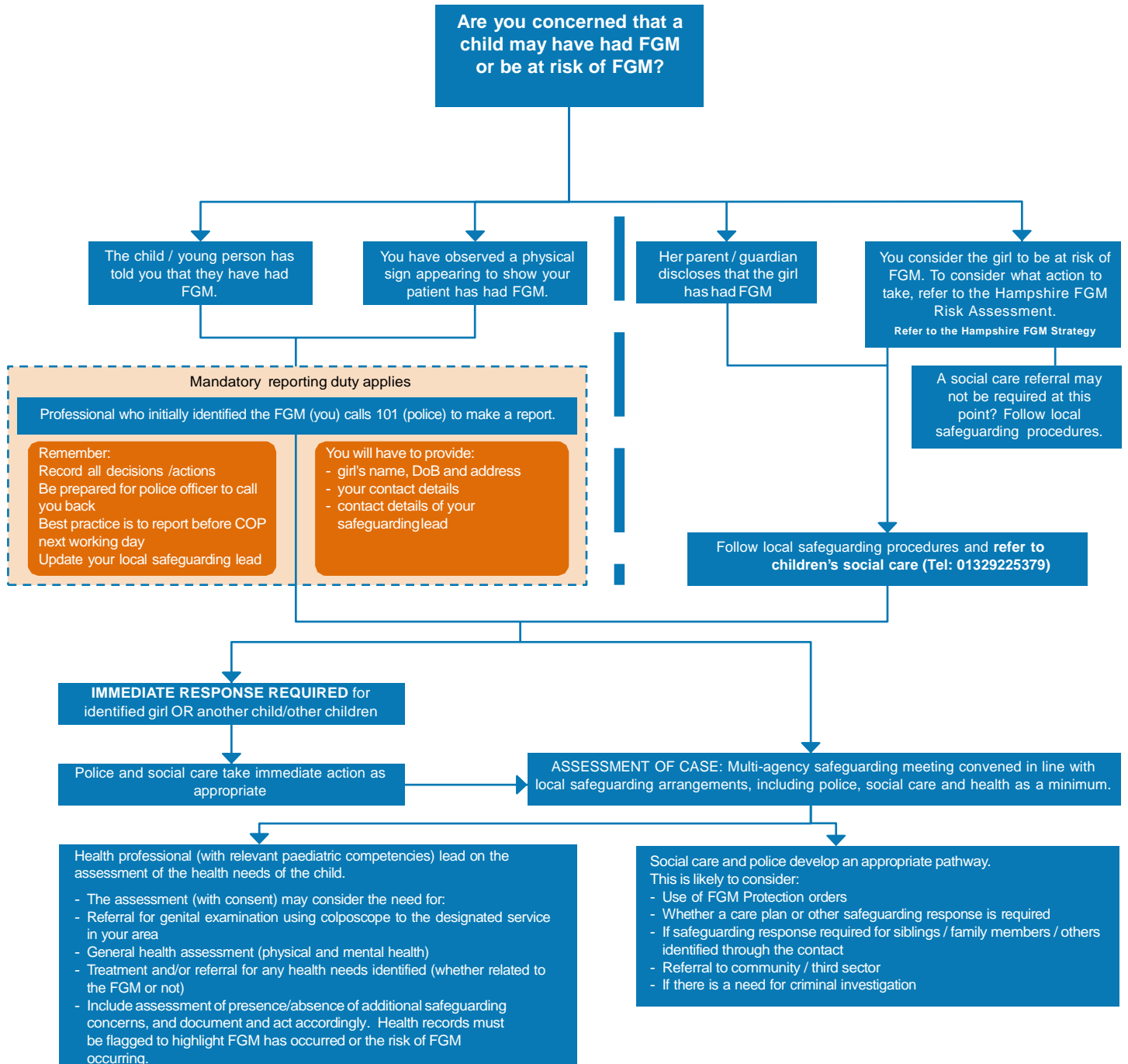




This Guidance is intended for professionals working across Hampshire in all settings including; health, education and social care

FGM Mandatory reporting duty – under 18 years



Education for the child and parents/carers is vital – information about the health consequences of FGM and the UK law which states that FGM is a criminal offence must be provided.

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

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?

- Full support pack: www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare
- 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/female-genital-mutilation-guidelines
- www.workingtogetheronline.co.uk
- FGM Safeguarding guidance: www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
- 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?

Yes. 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. 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. A new system to support these cases from January 2015 is the FGM Risk Indicator System. See www.hscic.gov.uk/fgmris for details.