



Home Office

Mandatory Reporting of Female Genital Mutilation – procedural information

1. Introduction

Background

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applies from 31 October 2015 onwards.**

‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003².

Purpose and audience

The duty applies to all regulated professionals (as defined in section 5B(2)(a), (11) and (12) of the 2003 Act) working within health or social care, and teachers. It therefore covers:

- Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care (with the exception of the Pharmaceutical Society of Northern Ireland). This includes those 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
- teachers³ - 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;
- social care workers in Wales⁴.

¹ As inserted by section 74 of the Serious Crime Act 2015

² For more information, see sections 2.1a and 2.1b.

³ Section 5B(11) of the FGM Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides the definition for the term ‘teacher’: “‘teacher’ means – (a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England); (b) in relation to Wales, a person who falls within a category listed in the table in paragraph 1 of Schedule 2 to the Education (Wales) Act 2014 (anaw 5) (categories of registration for purposes of Part 2 of that Act) or any other person employed or engaged as a teacher at a school (within the meaning of the Education Act 1996) in Wales”.

The purpose of this document is to give professionals subject to the duty and their employers an understanding of the legal requirements it places on them, a suggested process to follow, and an overview of the action which may be taken if they fail to comply with the duty. It also aims to give the police an understanding of the duty and the next steps upon receiving a report.

In addition to complying with the duty, professionals should continue to have regard to their wider safeguarding responsibilities, which require consideration and action to be taken whenever there is any identified or known risk to a child, whether in relation to FGM or another matter. The process map at **annex A** shows where the duty fits within existing child safeguarding responsibilities.

A detailed Q and A is available at **annex B**.

This document should be considered in conjunction with relevant guidance on FGM and safeguarding, including the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, the [multi-agency guidance on FGM](#), and the [guidance for NHS professionals in England](#).

While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks. More information is available in the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate.

The duty applies in England and Wales only.

⁴ Section 5B(11) of the Female Genital Mutilation Act 2003 defines a “social care worker” as a person registered in a register maintained by the Care Council for Wales under section 56 of the Care Standards Act 2000.

2. Making a report

2.1 When a report must be made

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures. For more information, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, and/or the [multi-agency guidance on FGM](#).

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

2.1a Visually identified cases – when you might see FGM

The duty applies to cases you discover in the course of your professional work.

If you do not currently undertake genital examinations in the course of delivering your job, then the duty does not change this. Most professionals will only visually identify FGM as a secondary result of undertaking another action.

For healthcare professionals, if, in the course of your work, you see physical signs which you think appear to show that a child has had FGM, this is the point at which the duty applies – the duty does not require there to be a full clinical diagnosis confirming FGM before a report is made, and one should not be carried out unless you identify the case as part of an examination already under way and are able to ascertain this as part of that. Unless you are already delivering care which includes a genital examination, you should not carry one out⁵.

For teachers and social workers, there are no circumstances in which you should be examining a girl. It is possible that a teacher, perhaps assisting a young child in the toilet or changing a nappy, may see something which appears to show that FGM may have taken place. In such circumstances, the teacher must make a report under the duty, but should not conduct any further examination of the child.

2.1b Verbally disclosed cases

If you are a relevant professional and a girl discloses to you that she has had FGM (whether she uses the term 'female genital mutilation' or any other term or description, e.g. 'cut') then the duty applies. If, in the course of delivering safe and appropriate care to a girl you would usually ask if she has had FGM, you should continue to do so.

The duty applies to cases directly disclosed by the victim; if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory. Any such disclosure should, however, be handled in line with wider safeguarding responsibilities - in England, this is likely to include referral to children's social services, and in Wales the disclosure must be immediately referred to the local authority.

Further information, including advice and support on how to talk to girls and parents/guardians about FGM, is available in the [multi-agency guidance on FGM](#).

⁵ More information is available in the General Medical Council's [guidance on intimate examinations](#) and the [child protection examinations](#) section of their guidance on protecting children and young people

2.2 Timeframe for reports

Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day, unless any of the factors described below are present. You should act with at least the same urgency as is required by your local safeguarding processes.

In order to allow for exceptional cases, a maximum timeframe of one month from when the discovery is made⁶ applies for making reports. However, the expectation is that reports will be made much sooner than this.

A longer timeframe than the next working day may be appropriate in exceptional cases where, for example, a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being made. If you think you are dealing with such a case, you are strongly advised to consult colleagues, including your designated safeguarding lead, as soon as practicable, and to keep a record of any decisions made. It is important to remember that the safety of the girl is the priority.

2.3 Making a report

Where you become aware of a case, the legislation requires you to make a report to the police force area within which the girl resides. The legislation allows for reports to be made orally or in writing.

When you make a report to the police, the legislation requires you to identify the girl and explain why the report is being made. While the requirement to notify the police of this information is mandatory and overrides any restriction on disclosure which might otherwise apply, in handling and sharing information in all other contexts you should continue to have regard to relevant legislation and guidance, including the Data Protection Act 1998 and any guidance for your profession. The provisions of the Data Protection Act 1998 do not prevent a mandatory report to the police from being made.

While the legislation requires a report to be made to the police, it does not specify the process for making the report. If you have a formal agreement with the relevant team in the police that reports can be made to them directly, then reports may be made this way. In all cases you should ensure that you are given a reference number for the case and that you keep a record of it.

2.3a Making a report

It is recommended that you make a report orally by **calling 101**, the single non-emergency number.

When you call 101, the system will determine your location and connect you to the police force covering that area. You will hear a recorded message announcing the police force you are being connected to. You will then be given a choice of which force to be connected to – if you are calling with a report relating to an area outside the force area which you are calling from, you can ask to be directed to that force.

⁶ As required by section 5B (5)(c) of the 2003 Act (as amended by the Serious Crime Act 2015)

Calls to 101 are answered by trained police officers and staff in the control room of the local police force. The call handler will log the call and refer it to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.

You should be prepared to provide the call handler with the following information:

- 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, as required by the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate.

You will be given a reference number for the call and should ensure that you document this in your records (see section 2.3b).

2.3b Record keeping

Throughout the process, you should ensure that you keep a comprehensive record of any discussions held and subsequent decisions made, in line with standard safeguarding practice. This will include the circumstances surrounding the initial identification or disclosure of FGM, details of any safeguarding actions which were taken, and when and how you reported the case to the police (including the case reference number). You should also ensure that your organisation's designated safeguarding lead is kept updated as appropriate.

2.3c Informing the child's family

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.

2.4 Your responsibilities after you have made a report

In relation to any next steps, you should continue to have regard to your wider safeguarding and professional responsibilities, including any relevant standards issued by your regulatory body. For example, in a health context, your responsibilities include responding to the physical and psychological needs of the girl.

Depending on your role and the specific circumstances of the case, you may be required to contribute to the multi-agency response or other follow up to the case which will follow your report (see Section 3). If you are unsure, you should seek advice from your designated safeguarding lead.

2.5 Safeguarding duty in Wales

Professionals working within Wales should be aware that, once it is in force, section 130 of the Social Services and Well-being (Wales) Act 2014 will also apply to cases covered by the FGM mandatory reporting duty. The all-Wales child protection procedures, adopted by all safeguarding boards in Wales, provide a consistent framework for referral, consideration, and determining action by all safeguarding partners in Wales, including a [dedicated protocol on FGM](#).

Section 130 is due to come into force in April 2016. It will require “relevant partners”⁷ of the local authority to inform the local authority where they have reasonable cause to suspect that a child within the local authority’s area is a child at risk (i.e. is experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support). To comply with both duties, professionals in Wales who identify cases falling within the FGM mandatory reporting duty will need to make a report to both the police and the local authority. Further guidance will be made available in advance of section 130 coming into force.

⁷ Section 162(4) of the Social Services and Well-being (Wales) Act 2014 defines relevant partners as follows:

- “(a) the local policing body and the chief officer of police for a police area any part of which falls within the area of the local authority;
- (b) any other local authority with which the authority agrees that it would be appropriate to co-operate under this section;
- (c) the Secretary of State to the extent that the Secretary of State is discharging functions under sections 2 and 3 of the Offender Management Act 2007 in relation to Wales;
- (d) any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to act as a relevant partner of the authority;
- (e) a Local Health Board for an area any part of which falls within the area of the authority;
- (f) an NHS trust providing services in the area of the authority;
- (g) the Welsh Ministers to the extent that they are discharging functions under Part 2 of the Learning and Skills Act 2000;
- (h) such a person, or a person of such description, as regulations may specify.”

3. Next steps following a report

Upon receipt of a report, the police will record the information and initiate the multi-agency response, in line with local safeguarding arrangements. Exact procedures will vary across local areas. If the police consider that emergency action is needed to protect the child, they may take action in advance of the multi-agency response.

While the multi-agency response will be initiated by the police, as they are the agency receiving the report, they will consult children's social care prior to taking action.

Factors considered may include:

- measures necessary to protect the girl/others identified as being at risk of harm (children's social care lead);
- possible criminal investigation (police lead); and
- the health and wellbeing requirements of the girl/others, including how the care will be delivered (health lead).

The protection of the child must be paramount at all times. The multi-agency response should consider any wider health or emotional support that the child may need. In considering the case and next steps, local safeguarding processes should continue to be followed, in line with wider relevant guidance, including: the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, the [multi-agency guidance on FGM](#), [information sharing](#), and, for the police, the [authorised professional practice on FGM](#).

3.1 FGM Protection Orders

Depending on the circumstances of the case, the police or local authority may wish to consider [applying for an FGM Protection Order](#) (FGMPO) either to protect the girl or to protect other girls who may be at risk (e.g. siblings). An FGMPO is a civil order which may be made for the purposes of protecting a girl at risk of FGM or protecting a girl against whom an FGM offence has been committed.

4. Failure to comply with the duty

Cases of failure to comply with the duty will be dealt with in accordance with the existing performance procedures in place for each profession. **FGM is child abuse, and employers and the professional regulators are expected to pay due regard to the seriousness of breaches of the duty.**

4.1 Health and social care professionals

For health and social care professionals, failure to comply with the duty may be considered through fitness to practise proceedings by the regulator with whom the professional is registered.

Regulators will use their frameworks to consider a professional's ability currently to practise safely. This will therefore take all aspects of the circumstances of the case into consideration, including the safety of the individual child and her immediate needs. This may result in a wide variety of recommendations as to suitable action (e.g. re-training or supervision). Regulators may wish to issue guidance to their registrants as to how to act and when action may be taken.

4.2 Teachers

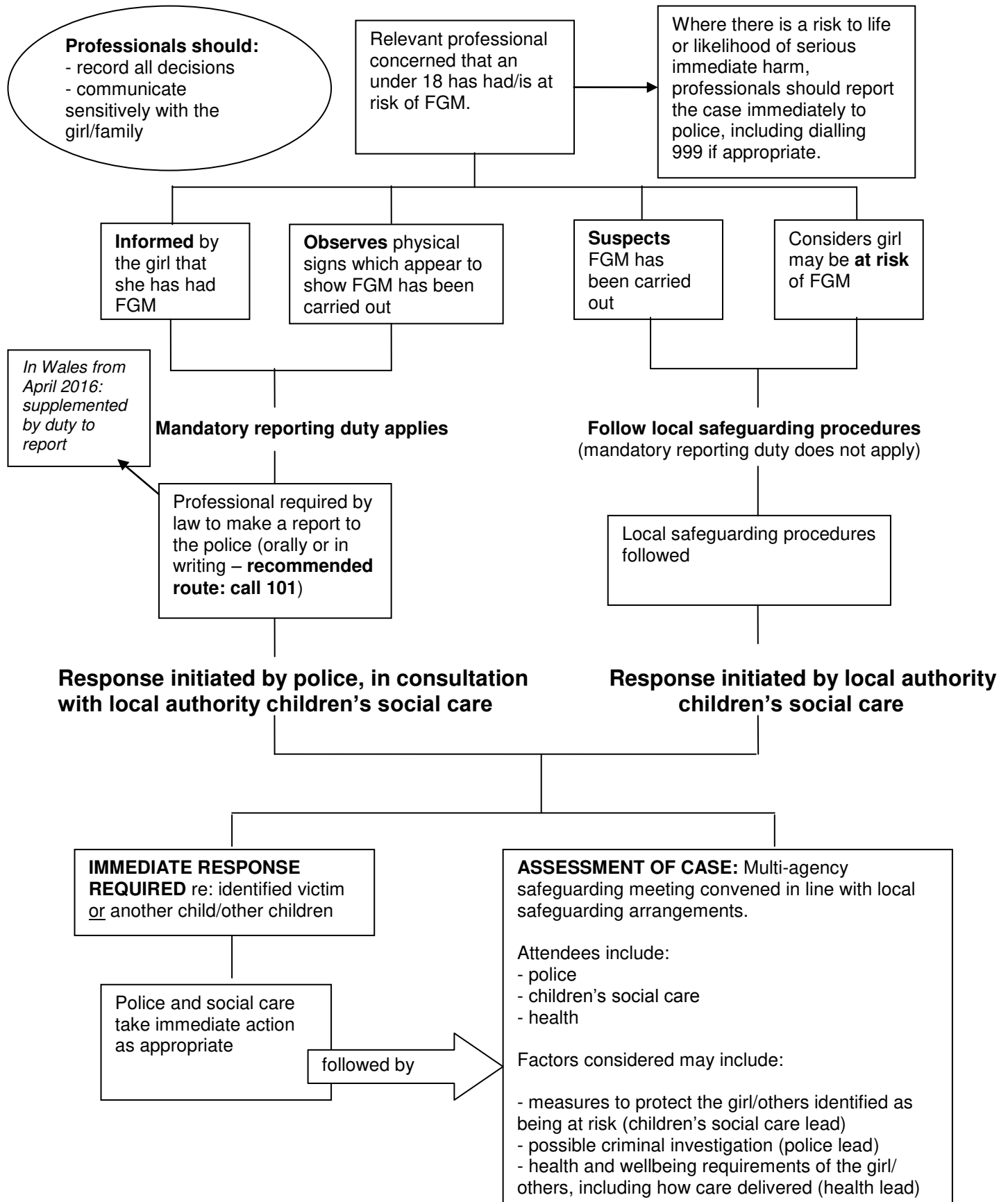
For teachers, schools will need to consider any failure to comply with the duty in accordance with their staff disciplinary procedures. Where the school determines it is appropriate to dismiss the teacher as a result of the failure to comply, or the teacher would have been dismissed had they not resigned, the school must consider whether to refer the matter to the National College of Teaching and Leadership (NCTL) in England or the [Education Workforce Council \(EWC\) in Wales](#), as regulators of the teaching profession.

For teachers in England, the NCTL will consider referrals to determine whether the facts presented in respect of the individual's failure to comply with the duty are proven and whether they amount to unacceptable professional conduct or conduct likely to bring the profession into disrepute. If proven, the NCTL will consider whether it is appropriate to make a prohibition order which prevents the individual from carrying out teaching work in any school, children's home, sixth form college, and relevant youth accommodation in England.

For teachers in Wales, in considering cases the EWC will look at the individual's conduct and consider whether their failure to comply with the duty was so serious that it should affect their registration, which may include initiating fitness to practise proceedings.

Annex A – FGM mandatory reporting process map

This process map is intended to demonstrate where the FGM mandatory reporting duty fits within existing processes. It is not intended to be an exhaustive guide, and should be considered in the context of wider safeguarding guidance and processes.



Annex B – Q and A

Who the duty applies to

How do I know if the duty applies to me?

The duty applies to all regulated health and social care professionals and teachers in England and Wales. This covers:

- Health and social care professionals registered with any of the regulatory bodies within the remit of the [Professional Standards Authority for Health and Social Care](#), with the exception of the Pharmaceutical Society of Northern Ireland (full list at section one);
- Teachers in England and Wales. 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; and
- Social care workers in Wales (i.e. those registered with the Care Council for Wales)⁸.

If you are still unsure whether the duty applies to you, check with your designated safeguarding lead.

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

The duty applies to all regulated health and social care professionals and teachers in England and Wales, including those working in private education and healthcare.

Where regulated professionals/teachers working in private education or healthcare identify a case of FGM which falls within the mandatory reporting duty, they are required to make a report to the police, provided the case was discovered in the course of their professional duties.

I am a relevant professional working in Scotland/Northern Ireland – do I have to comply with this duty?

No. The FGM mandatory reporting duty applies in England and Wales only. If you are a teacher or regulated health or social care professional working in Scotland or Northern Ireland, the duty does not apply – you should continue to comply with your existing safeguarding responsibilities.

⁸ S5B(11) of the Female Genital Mutilation Act 2003 defines a “social care worker” as a person registered in a register maintained by the Care Council for Wales under section 56 of the Care Standards Act 2000.

Education professionals

Which teachers are within scope of the duty?

In England, the scope of the duty is in line with the regulatory coverage of the National College for Teaching and Leadership (NCTL).

The duty applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies, relevant youth accommodation or children's homes in England.

'Teaching work' is defined as being each of the following activities: planning and preparing lessons and courses for pupils; delivering lessons to pupils; assessing and/or reporting on the development, progress and attainment of pupils.

The above would include a teacher carrying out one or more of the above activities as part of their Qualified Teacher Status induction period - this would include those in their second year of Teach First, but not trainee teachers in other circumstances, nor teaching/classroom assistants.

In Wales, the scope of the duty is in line with the regulatory coverage of the Education Workforce Council (EWC), which regulates education practitioners in Wales. This covers: teachers in maintained schools, Further Education (FE) teachers, and learning support staff in both school and FE settings.

I am employed as a teacher but do not have Qualified Teacher Status. Does the duty apply to me?

Yes. The duty applies to anyone employed or engaged to carry out teaching work in specified settings, whether or not they have Qualified Teacher Status (see question above for details of the relevant settings).

I work as a teacher in a Further Education (FE) college. Does the duty apply to me?

In Wales, the duty applies to teachers and learning support staff in FE colleges.

If you are a teacher in a FE college in England, the duty does not apply. You should, however, follow local safeguarding procedures when you know or have reason to suspect that a girl has undergone FGM, or is at risk of FGM.

When the duty applies

I have identified a girl under 18 who I suspect may have undergone FGM, does the duty apply?

The duty does not apply in relation to suspected cases - it is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim – see section 2.1 for more information). In these cases, you should follow local safeguarding procedures. If you are concerned that there is an immediate threat you should take immediate action in line with local safeguarding procedures.

For more information, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, and the [multi-agency guidance on FGM](#).

I have identified a girl under 18 who I think may be at risk of FGM, does the duty apply?

The duty does not apply in relation to at risk cases - it is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim – see section 2.1 for more information). If you are concerned that a girl may be at risk of FGM, you should follow local safeguarding procedures.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

For more information, on handling at risk cases, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, and the [multi-agency guidance on FGM](#).

I don't know much about FGM, what should I do to make sure I comply with the duty?

A range of [information and guidance on FGM](#) is available for all professionals, including a free [FGM e-learning package](#).

For healthcare professionals, Health Education England provide a free 10-15 minute [FGM introductory session](#) which gives an overview of what FGM is and the issues related to it.

In Wales, each health board has an FGM Lead and any queries should be referred to them. The Welsh Government's National Training Framework on violence against women, domestic violence and sexual abuse will introduce a standard of training for these issues, related to job role, across the Welsh public service. The National Training Framework includes both basic, and fundamental levels of training and a specialist subject syllabus, each of which will include FGM.

Detailed guidance on FGM for professionals and organisations is available in the [multi-agency guidance on FGM](#).

Do I only have to make a report if I am 100% certain that FGM has been carried out?

No. The duty is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim – see section 2.1 for more information), but this does not mean that you must be 100% certain that FGM has been carried out or that a clinical diagnosis must have taken place prior to a report being made.

You are not required to 'verify' that FGM has occurred in order for the duty to apply and a report to be made. Whether the girl needs to be referred for a diagnosis will be considered as part of the subsequent multi-agency response.

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

The duty does not apply in cases where the woman is over 18 at the time of the disclosure/discovery of FGM (even if she was under 18 when the FGM was carried out).

Whatever an individual's circumstances, they have rights which should always be respected, such as the right to personal safety and to be given accurate information about their rights and choices. Professionals should listen to the victim and respect their wishes whenever possible. However, there may be times when a victim wants to take a course of action that may put them at risk – in these circumstances, professionals should explain the potential outcomes and risks to the victim and take the necessary adult protection precautions, including signposting her to health services which will be able to consider any additional support needed.

Professionals should also be clear that FGM is a criminal offence in the UK and must not be permitted or condoned. They should consider whether there are others in the family who may be at risk.

Further guidance on handling adult cases is available in the [multi-agency guidance on FGM](#).

I have become aware that FGM has been carried out on a girl under 18, but I know that another person in my profession has already referred this case to the police. Am I required to make another report to the police?

If you are aware that a report to the police in connection with the same act of FGM has already been made by someone from your profession, the duty does not apply (i.e. you are not required to make a second report)⁹. If, however, you are unsure, or if the person making the report does not belong to a profession captured by the duty, you should report the case to the police, and highlight that a report may have been made previously.

A parent has told me their daughter has had FGM, but I cannot ask the girl as I do not have contact or a relationship with her. What do I do?

If a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, you should follow local safeguarding procedures, which may include a referral to children's social services. In some circumstances this will also involve informing the police.

For further information, including advice and support about how to talk to girls and parents/guardians about FGM, see the [multi-agency guidance on FGM](#).

⁹ For these purposes, professionals regulated by a body which belongs to the Professional Standards Authority for Health and Social Care are considered as belonging to the same profession.

Visually identified cases

I don't know what FGM looks like – what should I do if I think I have seen it?

The duty is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim), but this does not mean that you must be 100% certain that FGM has been carried out or that a clinical diagnosis must have taken place prior to a report being made.

If, in the course of your work, you see physical signs which you think appear to show that a girl under 18 has had FGM, this is the point at which the duty applies and at which you are required to make a report. The duty does not require there to be a full clinical diagnosis confirming FGM before a report is made, and one should not be carried out unless you identified the case as part of an examination already under way and are able to ascertain this as part of that.

I am a clinician and I am concerned as I know that some types of FGM (e.g. type 4) are very difficult to notice unless you are undertaking an examination with the specific purpose of looking for the signs. What if I have carried out a procedure on a patient (e.g. inserting a catheter) and at a later date that patient is identified as having had FGM?

If an allegation of failure to report is made, in considering whether a person has genuinely failed to notice the signs of FGM, all of the relevant circumstances will be taken into account by the regulators, including your experience and what could reasonably have been expected. All relevant information will be taken into account, including the fact that experts in the field can find it difficult to see indications of FGM having taken place in some circumstances.

Making reports

How do I make a report?

Information on making reports is outlined in section 2.3.

I am concerned that if I inform the family before making the report the family may disappear or coerce the girl into changing her account, what should I do?

Please see section 2.3c. If you are still unsure or have concerns, you should discuss these with your designated safeguarding lead.

Do I have to inform the girl's family before making a report?

In line with safeguarding best practice, you should explain the report, why it is being made, and what it means with the girl and/or her parents or guardians as appropriate. See section 2.3c for more information.

I have made a report under the duty, but my local process is to make a full referral to social services. Why do I have to report twice?

The legislation requires you to make a report to the police and does not require a second report to social services. Local areas may wish to update their procedures to reflect that a report made under the mandatory reporting duty is sufficient and duplicate reporting is not required, but that is a matter for local decision.

Professionals working within Wales should be aware that section 130 of the Social Services and Well-being (Wales) Act 2014, **which is due to come into force in April 2016**, will also apply to cases covered by the FGM mandatory reporting duty.

I have concerns about making a report via 101 – is this process secure?

Yes. Calls to 101 are answered by trained police officers and staff in the control room of the local police force. Police forces have responsibilities regarding the [management of information](#), including a statutory responsibility to comply with the Data Protection Act 1998.

I am an expert practitioner in this field and we already have reporting processes directly to the police, through local arrangements with the specialist unit in the force who deal with these cases. Do I have to call 101?

No. The legislation requires a report to be made to the police, but it does not mandate the process for making the report. If you have a formal agreement with the relevant team in the police that reports can be made to them directly, then reports may be made this way. In all cases you should ensure that you are given a reference number for the case and keep a record of this.

The 101 process is recommended as a simple and clear reporting route for professionals who need to make a report under the duty and who do not routinely have contact with the relevant team within the police.

I have a duty of confidence to my patients, doesn't requiring a report to the police breach this?

No. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply, including any legal requirements. If you are a relevant professional and you become aware of a case where the duty applies, the legislation requires you to make a report to the police.

I work in a clinic where patients do not have to provide their personal details. I have identified a case where the duty applies, but I suspect that the details I have for the girl are not accurate. What should I do?

If you would not previously have taken any additional action to obtain accurate details, that should not change. You should make the report according to the available information and let the police know that you are not sure whether all of the information that you have is accurate.

I have identified a case where the duty applies, and it is not clear from the girl's records whether a report has already been made - what should I do?

If the girl's records are unclear, you should report the case to the police in accordance with the duty and highlight that you believe a report may have been made previously.

What should I do if I have come under the duty to report and I think another professional working in my organisation should have made a report previously, but I cannot see any evidence that they ever did anything?

You should report the case to the police in accordance with the duty and highlight that you believe a report may have been made previously. As failure to comply with the duty represents a failure of the individual to comply with their professional duties, you may also wish to consider whether to highlight this to the relevant safeguarding lead in your organisation.

What should I do if the girl's family assure me that the case has been reported to the police under the duty, but I cannot see any evidence of this?

If there is no evidence to support this, or if the report was made by a professional belonging to a different profession, you should report the case to the police, and highlight that the family have indicated a report may have been made previously.

You can reassure the family that if a report has already been made and an appropriate response put in place, then this will be identified by the police early on in the process.

I know about the duty, and as a result, I want to avoid discussing FGM in the course of my work so that I don't have to deal with what is said. Is that ok?

No. All professionals subject to this duty have wider professional and safeguarding responsibilities. If a professional deliberately avoids this issue and alters the care or support which they would otherwise give to the girl, this would conflict with their wider responsibilities and follow up action may be taken.

Transitional arrangements

I became aware before the duty came into effect (31 October 2015) that a girl under 18 had FGM carried out, am I required to report this?

The mandatory reporting duty applies from 31 October onwards, and therefore does not apply to cases discovered before this.

However, as a crime may have been committed, if you have concerns about a case prior to this date, you should consult your designated safeguarding lead to consider whether a report to the police may be appropriate. In all other cases, you should make a report if a subsequent disclosure is made or you observe physical signs appearing to show FGM has been carried out during the course of your usual professional duties after 31 October.

After making the report

I made a report but have not been informed of the outcome and cannot see evidence of any follow-up action being taken - what should I do?

Once you have reported the case to the police and provided the required information, you have complied with the duty.

Depending on your role and the specific circumstances of the case, your subsequent involvement in the follow-up action may be limited. See section 3 for more information.

What if the investigation identifies that there are no physical signs of the abuse, but the child gives an account of having undergone FGM?

If a girl under 18 tells you, as part of a conversation you have initiated or otherwise, that she has had FGM, then you should treat this as a disclosure and make a report under the duty and take appropriate action in line with your local safeguarding processes.

If you make a report as a result of such a disclosure and there is later found to be no physical evidence of FGM, you will not be penalised for making the report.

The girl's family are scared and worried about the follow-up. What can I do to help reassure them and explain what they can expect?

For further information, including advice and support about how to talk to girls and parents/guardians about FGM, see the [multi-agency guidance on FGM](#). You may also wish to seek advice from your manager or designated safeguarding lead.

What if there is a breakdown in trust as a result of my having made a report to the police?

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). If the duty applies to you and you identify a relevant case, you are legally required to make a report to the police.

There may be situations where this is difficult, but you are advised to be open and honest, in line with best practice on information sharing and safeguarding.

For further information, including advice and support about how to talk to girls and parents/guardians about FGM, see the [multi-agency guidance on FGM](#). You may also wish to seek advice from your manager or designated safeguarding lead.

What if I am organising the multi-agency response, but I cannot get involvement or engagement from one of the other sectors?

Your response should be in line with wider safeguarding procedures – for more information, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate.