



East Midlands Vocational Academy

Female Genital Mutilation Policy

EMVA is committed to the Safeguarding of all learners, and staff are trained in identifying FGM and how to manage a disclosure.

This policy is written with guidance from the Home Office: Mandatory Reporting of Female Genital Mutilation – procedural information.

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 came into force on 31 October 2015.

‘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.

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).
- 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;

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).

Visually identified cases – when you might see FGM

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.

Verbally disclosed cases

EMVA staff will undertake FGM training to enable them to recognise the signs and how to manage a disclosure.

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 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.

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.

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.

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.

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, your role and 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 and address



- if applicable, confirm that you have undertaken, or will undertake, safeguarding actions, as required by the Working Together to Safeguard Children (in England) or Working Together to Safeguard People (in Wales) as appropriate.

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 leads are kept updated as appropriate: Michelle Vernon or Michaela Pritchard.

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 statutory 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 leads, Michelle Vernon or Michaela Pritchard.

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.

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. If you are unsure, you should seek advice from your designated safeguarding leads, Michelle Vernon or Michaela Pritchard.

EMVA Staff will undertake FGM training to enable them to spot the signs of FGM and how to manage a disclosure.