

# Mandatory Reporting of FGM

A Police perspective – IICSA – September 2018

Inspector Allen Davis - MPS



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# FGM Mandatory Reporting – The Professional Duty

From 31<sup>st</sup> October 2015, all regulated professionals (health professionals, teachers, social workers) were required to report **known** cases of FGM direct to Police via the 101 (non-emergency) phone number.

Known is divided up into two categories:

- **Visually** identified
- **Direct** verbal disclosure

S5B of the 2003 FGM Act, as inserted by S74 of the Serious Crime Act  
2015



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# When Professionals need to call

- The expectation is that professionals should report to Police via 101 as soon as possible (within 48 hours).
- The Law says professionals can report up to one month.
- Safety of the girl (or other individuals at risk of harm) is the priority.
- Once the call to 101 has been made the duty to comply with mandatory reporting has been met.
- Failure to report is not a criminal offence but may lead to local disciplinary proceedings in accordance with local body arrangements.



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# Who has to comply with the duty?

- Regulated professionals
- Health and social care professionals regulated by any of the following:
  - 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
- Teachers: including 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.



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# Which cases the duty applies to?

## Girls under 18 who disclose they have undergone FGM

### When they visually identify physical signs appearing to show she has had FGM

1. “**Mandatory Reporting Duty**” – this is the new reporting system, which would relate to **known** cases of FGM that **have** occurred already. “Known” would be where it has been **directly** disclosed by the victim to the professional that they have had FGM or where the professional has visually identified FGM.

Remember this includes genital piercings and tattoos for non-medical reasons

‘**At risk**’ – this would relate to situations whereby the child victim is at risk of FGM **being** performed, **suspected** of **being** performed or **suspected** of **having been** performed. In these scenarios, normal safeguarding procedures and existing pathways would apply.

*\*\*\*\* Should an A&E department come across a child who has just been cut, or there is an immediate risk to other children within the home then an urgent 999 response should be carried out \*\*\*\**



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# What has happened with the reports made?

**51** reports were closed with no further action by Police as of 1<sup>st</sup> November 2017.

## Closing comments include:

- *No offences in the UK*
- *Children Social Care working with family*
- *Risk management action taking place*

2 safeguarding interventions resulted in Child Protection plans

*Additional Note: From 01.08.17 – 14.09.18 there were an additional 4 Mandatory Reports in London*



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## Mandatory Reporting feedback loop - London pilot

- Within 7 days of a regulated professional making a mandatory report via 101 the regulated professional will be contacted by Project Azure .
- Every 28 days the regulated professional making the mandatory report will be updated by Project Azure as to the progress of the investigation.
- Every 3 months NHS England and the Department of Education will be sent the following information by Project Azure:
  1. Anonymised data outlining the number of mandatory reports made in the last quarter, including the profession of the person making the report.
  2. The Borough that the child resides in
  3. Whether the report relates to physical signs or verbal disclosure
  4. The outcome of the investigation
  5. Equality Data – Including Nationality and age



# Mandatory Reporting – Summary:

- Mandatory Reporting of FGM was brought in to change the information sharing dynamic on FGM between regulated professionals and police. Has it achieved that aim?
- There has been confusion within health due to the distinctions between Mandatory Recording of FGM (Enhanced Dataset) and Mandatory Reporting (legal duty).
- From a Police perspective we encourage information to be shared with Police on FGM and there are a number of professional & epistemological barriers to doing so.
- The nuances of the MR requirement make it a challenge for professionals (both regulated professionals and police) to understand what is required from them and when the duty applies.
- Police recording systems are not set up to allow for interrogation to allow for accurate data on MR returns.
- Forces outside of London are not all keeping data on MR numbers. 50% of FGM in the UK is believed to be in London (NHS data), so we can make reasonable inferences as to how the process is working. The feedback loop has worked well but is only possible due to small numbers.
- ‘We don’t know, what we don’t know’ – by which we aren’t able to say what the true level of FGM MR should be.



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