



Home Office

Introducing mandatory reporting for female genital mutilation consultation – summary of responses

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1. Introduction

This document is the summary of responses to the consultation document '*Introducing mandatory reporting for female genital mutilation: a consultation*'. It covers:

- the background to the consultation;
- a summary of the responses to the consultation;
- the next steps following the consultation.

2. Background

The consultation paper, '*Introducing mandatory reporting for female genital mutilation: a consultation*', was published on 5 December 2014. Its purpose was to enable the Government to scope and explore fully how to introduce a mandatory reporting requirement for cases of female genital mutilation (FGM). The consultation sought views on:

- what and who should be covered by the requirement;
- which agencies the requirement should apply to;
- how the requirement would work in practice; and
- the sanctions which should be imposed for failure to comply with it.

The consultation also sought views on introducing statutory multi-agency guidelines on FGM.

The consultation closed on the 12 January 2015. This document sets out a summary of the responses and outlines the Government's next steps.

3. Summary of Responses

A total of **147** consultation responses were received. The responses came from a variety of respondents, including: healthcare professionals, education bodies, local authorities, the police, charities, and members of the public.

Respondents to the online survey were deliberately not asked to identify themselves to allow anonymity to those who wanted it. However, many respondents chose to record their identity, either through the online survey or by submitting their consultation response via email. A breakdown of respondents is set out in the table below. Where a respondent has not identified themselves, they have been recorded as a 'member of the public'.

Type of Organisation	Number of respondents
Charity	24 (16%)
Education	5 (3%)
Healthcare	63 (43%)
Local authority	11 (7%)
Member of the public	28 (19%)
Non-Departmental Public Body/Agency	3 (2%)
Police	13 (9%)
Total	147

Part A: Scope of the mandatory reporting duty

Do you agree with the Government's proposal that the mandatory reporting duty of FGM should apply to cases of 'known' abuse?

52% of respondents agreed that a mandatory reporting duty should apply to cases of 'known' abuse. The 22% of respondents who answered 'no' and 26% who answered 'don't know' (which includes nil responses) included those who felt that the duty should be wider (i.e. also apply in 'suspected' and 'at risk' cases of FGM) and those who disagreed that a mandatory reporting duty should be introduced.

Do you agree with the Government's definition of 'known' abuse (something which is visually confirmed and/or disclosed by the victim)?

The majority of respondents (61%) agreed with the proposed definition. A number of respondents stressed that visual confirmation of FGM – particularly types 1 and 4 FGM – was not straightforward and that not all professionals would be expert in this area.

Do you agree with the Government's proposal that the duty be limited to FGM in under 18s?

There was an even split between those who agreed that the duty should be limited to cases concerning under 18s and those who disagreed (35% for both). Those who disagreed included those who wanted the scope of the duty to be wider (i.e. to also extend to vulnerable adults or all adults).

Do you agree with the Government's proposal that the duty should be placed on healthcare professionals, teachers, and social care professionals?

54% of respondents agreed that the duty should apply to healthcare professionals, social care professionals, and teachers. Of the 20% of respondents who answered 'no', some considered that the duty should be wider in scope (i.e. that it should also apply to groups such as nursery nurses and border force officers), with others considering that it should apply to some of those specified in the question but not all (e.g. that it should apply to health and social care professionals but not to all within those professions or to teachers).

Do you agree with the Government's proposal that all reports should be made to the police?

41% of respondents agreed that reports should be made to the police. 31% disagreed, while 27% stated they did not know or gave no answer. Those who disagreed included respondents who:

- agreed that both known cases and suspected cases should be within the scope of the duty, but that only reports concerning the former should be made directly to the police;
- felt that reports should be made via existing reporting mechanisms through social care; and
- felt that whether reports were made to the police should depend on the level of risk.

Do you agree that reports should be made at the point of initial disclosure/identification?

The majority of respondents (59%) agreed that reports should be made at initial disclosure.

Part B: Sanctions for failure to report

This section of the consultation focused on what sanction, if any, should apply to a failure to report. Respondents were presented with two potential sanctions for breach:

- report to the Disclosure and Barring Service (DBS), or
- disciplinary sanctions (including via the relevant professional regulator).

The majority of respondents who answered this question felt that individuals breaching the duty should be dealt with via the organisation's disciplinary procedure/the relevant professional regulator.

Only 2% of respondents considered that referring the individual to the DBS would be an appropriate sanction. Many respondents expressed concern at the proposal for individuals breaching the duty to be referred to the DBS, given the potentially serious consequences for an individual's career. However, there was general agreement that there would be cases where this was appropriate as a secondary measure (i.e. for the individual first to be dealt with via the organisation/regulator's disciplinary procedure and a DBS referral to follow, if appropriate).

Part C: Statutory guidelines

The multi-agency practice FGM guidelines for front-line professionals (teachers, GPs, nurses, police etc) were launched in 2011 and updated in July 2014. However, awareness of the guidelines is low. Respondents were asked how the guidelines could best be placed on a statutory basis to improve awareness and compliance.

There was widespread agreement for the introduction of a measure for individuals to be required to have regard to the statutory guidance, including from respondents who were against the proposed mandatory reporting duty, with 61% of respondents agreeing. The majority of respondents were clear that placing the guidelines on a statutory footing, and updating them to capture the mandatory reporting duty, would be critical to support effective implementation of mandatory reporting itself.

4. Conclusion and next steps

FGM is an extremely harmful crime and it is child abuse. We cannot tolerate a practice which can cause extreme and lifelong physical and psychological suffering to women and girls.

Because of the hidden nature of the crime, the prevalence of FGM in the UK is difficult to estimate. However, a report published in July 2014 by Equality Now and City University¹ estimated that:

- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM.
- Approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

In addition, the latest data published by the Department of Health show that, for the period of September to December 2014 1,946 newly identified cases of FGM were reported nationally, and 47 newly identified cases of FGM reported nationally were under the age of 18.

The Government has delivered a comprehensive package of measures to end FGM. These include strengthening the law, improving the law enforcement response, supporting frontline professionals, and working with communities to prevent this terrible abuse occurring in the first place. But there is still more to do.

The Government appreciates that introducing a mandatory duty would impact on many different sectors, and we recognise that this is a very complex area. However, given the disparity between prevalence data on FGM and the low number of referrals to the police, we think that introducing such a duty will be an important step forward in tackling FGM. We believe that doing so will make sure professionals have the confidence to confront FGM, and that it will also help increase the number of referrals to the police, supporting investigations and ultimately leading to further prosecutions. The processes around the duty will ensure that for every case reported there is a robust and appropriate safeguarding response put in place, but we recognise that the wider safeguarding framework will still support and protect many more girls who are at risk of FGM. Ultimately, we believe that, taken together with the wider package of reforms which the Government has introduced to end FGM, introducing a new duty will play an important role in deterring perpetrators and preventing this appalling crime from happening.

Mandatory reporting duty for FGM

We will introduce a new mandatory reporting duty through amendments to the Serious Crime Bill. The proposed duty will:

Apply in cases of ‘known’ FGM (i.e. instances which are disclosed by the victim and/or are visually confirmed). This is in line with the majority of consultation responses. The position in relation to suspected and at risk cases will remain the same; we would expect professionals to refer cases appropriately, as set out in the multi-agency guidelines on FGM and using the existing safeguarding framework and procedures. We recognise the potential difficulties in identifying types 1 and 4 FGM, and that there are currently issues with training across the professionals. Our proposed approach to sanctions, set out below, will allow for the individual circumstances of each case to be taken into account.

¹ <http://www.equalitynow.org/sites/default/files/FGM%20EN%20City%20Estimates.pdf>

Be limited to victims under 18. There were differing views on whether the duty should be limited in this way. A number of respondents highlighted concerns regarding extending the duty to adults, including that this could risk deterring women from seeking medical advice and assistance. The potential for conflict between the duty and patient confidentiality responsibilities was also highlighted. The Government has therefore decided that the duty should be limited to under 18s, but we will keep this under review. Confining the duty to under 18s does not preclude appropriate referral of cases involving adults and, in particular, vulnerable adults. Updated guidelines, placed on a statutory basis, will help to ensure a suitable safeguarding response by all agencies in such cases.

Apply to all regulated healthcare and social care professionals, and teachers. The majority of respondents agreed with this approach, and the Government believes that these groups are the most likely to encounter 'known' cases of FGM in the course of their professional duties. Teachers and social care staff will be subject to the duty. However, we recognise that these individuals will be less likely to see visual evidence of FGM. We are clear that introducing this duty will not mean that there is a new requirement for professionals to look for visual evidence; they will only be expected to report known cases which they encounter in the course of their usual professional duties. We are equally clear that this does not mean that there is no responsibility on non-regulated practitioners to report FGM where it is disclosed or visually identified. Updated multi-agency guidelines, placed on a statutory basis, will explicitly capture good safeguarding practice for such practitioners.

Require reports to be made to the police within one month of initial disclosure/identification. There are two points to be considered here: i) who the report is made to; and ii) the timeframe in which it is made.

i) Where known cases are identified, there will be safeguarding as well as criminal factors, and some consultation respondents expressed concern at the proposal for reports to be made directly to the police, arguing that reports are better referred through social care. The Government recognises this, but has also taken note of strong views on the need for a simple reporting duty which professionals can understand and which is consistent across different sectors. We believe that because FGM is a criminal offence, it is most appropriate for reports to be made to the police. When a report is made, the police will then work with the relevant agencies to determine the most appropriate response. In preparing to introduce the duty, the Government will work with the police to ensure that a clear reporting system, involving specialist teams, is put in place. We will also work with local communities and professionals, through the new FGM Unit, to explain the duty and its primary focus on safeguarding girls and women, thereby managing any anxieties or concerns which could prevent communities from engaging with vital services.

ii) Concern was also raised that allowing a one-month time frame for reporting a possible criminal offence was inappropriate. The Government is clear that one month is the maximum timeframe within which a report should be made – we expect the vast majority of reports to be made within shorter timescales. A longer timeframe may be appropriate in exceptional cases where a professional is concerned that a report to the police may result in an immediate safeguarding risk to the child and considers that consultation with colleagues or other agencies is necessary prior to the report being made. The guidance will make clear this expectation and the types of exceptional case where a longer timeframe may be warranted.

Failure to comply with the duty will be dealt with via existing disciplinary frameworks.

This is in line with the approach favoured by the majority of consultation respondents and will ensure failure to comply with the duty is dealt with appropriately and in accordance with the specifics of the individual case. The Government will work closely with the bodies responsible for sanctions to ensure that they have due regard to the seriousness of breaches of the duty and take account of all relevant factors when handling cases of failure to report. We will also make clear the expectation that they should have appropriate regard for the importance of transparency in relation to numbers of referrals.

Multi-agency guidance

In addition to the duty, the Government will include a measure in the Serious Crime Bill to provide multi-agency statutory guidance for front-line professionals, to which they will be required to have regard. This will be in addition to the existing regulations and legislation around safeguarding, which will remain unchanged and are also critical to prevent FGM. The guidance will focus on the specifics of the response to FGM and will complement other relevant guidance on child abuse, such as *Working Together to Safeguard Children*. The Government is clear that placing the guidelines on a statutory footing will support a more effective frontline response to FGM, support improvements to multi-disciplinary working and will in itself help to promote effective implementation of the new mandatory reporting duty, putting the safety and wellbeing of girls and women at the front and centre of our approach to ending FGM in a generation.

5. Consultation principles

The principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation are set out in the consultation principles.

<https://www.gov.uk/government/publications/consultation-principles-guidance>

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