

Southend, Essex & Thurrock Health Female Genital Mutilation Flowchart

Department of Health (DoH) FGM Assessment templates to be completed for all cases (Click to access)

Part 1 (a): Pregnant Woman (or has recently given birth)

Assessment to support in deciding if the unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Part 1 (b): Non-Pregnant Adult Woman (over 18)

Assessment to help decide whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM.

Part 2: Child / Young Adult (under 18)

Assessment to help when considering whether a child is AT RISK of FGM, or whether there are other children in the family for whom a risk assessment may be required

Part 3: Child / Young Adult (under 18)

Assessment help when considering whether a child HAS HAD FGM.

In all cases:

- Check if family understands English. Use independent interpreters (not family members) when required (as per organisations' guidelines)
- Document discussion, protective factors and concerns on your records
- Explain to the family that FGM is illegal in the UK and discuss the health complications of FGM
- Add the DoH FGM assessment to the records
- Share your action plan with the family (unless you are concerned it would increase the risk)
- Share with other relevant health professionals (GP, HV, SN, Midwife, etc.)
- Discuss with your organisations' Safeguarding Children / Adults Team
- Complete an assessment for all relevant children and women in the family. Views of fathers and wider family members to understand their attitude and influence in relation to FGM to be considered within assessments.

[NSPCC FGM Helpline](#)
0800 028 3550

[Barnardos FGM Centre](#)
0208 498 7137

[National FGM Centre](#)
(click to access)

[NHS FGM information](#)
(click to access)

[NSPCC FGM Info](#)
(click to access)

[NHSE FGM Pocket guide](#)
(click to access)

[DoH FGM Safeguarding Pathway](#) (click to access)

[Home Office Multiagency Statutory Guidance on FGM](#)
(click to access)

Action plan

Immediate risk of harm to the child

URGENT referral to Police (999)

Children: Telephone referral to Social Care

[Essex:](#) 0345 603 7627 / Out of Hours 0345 606 1212

[Southend:](#) 01702 215 007 / Out of Hours 0845 606 1212

[Thurrock:](#) 01375 652 802/ 01375 511 000

Out of Hours 01375 372 468

[Suffolk:](#) 0808 800 4005

[Hertfordshire:](#) 0300 123 4043

Child (under 18) has undergone FGM

Mandatory Reporting Duty
(legal & professional responsibility)

Police 101
Children's Social Care

[SET Multiagency FGM Pathway](#) (click to access)

No Immediate risk of harm (in addition to *In all cases* steps)

Over 18 years old

All Services

- Consider the physical and emotional impact and discuss options for support (including counselling / mental health support).
- Signpost to NSPCC and Barnardos helplines (above).
- Refer to Urogynaecology at local Hospital.
- Consider referral to a specialist FGM clinic ('spot purchased' by local CCG).
[List of clinics](#)
- If FGM is confirmed, information to be uploaded to [FGM-IS / FGM Enhanced Dataset](#).
- Records: ensure relevant alerts are in place and all relevant templates completed (including READ coding, Safeguarding Palette and relevant Template)
- Consider referral to Adult Social Care if the person is identified as an adult at risk. Discuss this with organisation's safeguarding team.

Adult: referral to Social Care

Essex: 0345 603 7630 / Out of Hours 0345 606 1212

Southend: 01702 215 008 / Out of Hours 01702 215 000

Thurrock: 01375 896 037 / Out of Hours 01375 372 468

Suffolk: 0800 917 1109

Hertfordshire: 0300 123 4042

Midwifery / Maternity Services

- Refer to Antenatal clinic for a Consultant appointment; consideration on need for surgery (inc. deinfibulation) and delivery need to be formulated.
- Refer the unborn to Children's Social Care (SET) if risk is identified in DoH FGM assessment or on professional judgement. The timescale for the 1st assessment will be per midwife's professional judgement and the perceived level of risk. DoH assessment to be repeated on delivery and documented in Infant's Red book, 'History of FGM in family'.
- Share DoH FGM assessment and information on any referrals with GP and HV; inc. if the information has been added to [FGM-IS / FGM Enhanced Dataset](#).

Community Care (Adults)

- In all confirmed cases of FGM, inform GP for addition to [FGM-IS / FGM Enhanced Dataset](#) – if not already done by Maternity / Acute care
- Formulate a care plan
- Consider if, and what kind of follow up is required.

Under 18 years old

All Services

- Other information known / liaison with other professionals
- Consider consultation with National FGM Centre or Children's Social Care if there are indicators that parents could consider FGM in the future or you are concerned about the accuracy of your assessment.
- Records: ensure relevant alerts are in place and all relevant templates completed (including READ coding, Safeguarding Palette and relevant Template)
- Consider if the risk assessment needs to be revisited, how frequently and by whom (this should include a consideration of the child until the age of 18 and possibly other agencies, such as school).
- Before closing the case, make sure you are clear of the plan and this is clearly shared with agencies and recorded within the records.

Community Care (Children)

- Dependent on age of child - consider a care plan, giving service contact details
- Consider if, and what kind of follow up is required (including 1:1 work with parents; health promotion; etc.)
- Consider opening of an Outcome on the records (if applicable to service).