Southend, Essex & Thurrock Multiagency 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 ATRISK 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 relevant information with other professionals involved with the family.
- Seek support from your organisation's safeguarding team/ lead
- 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
- If the pathways below specify actions for other services, ensure they have all required information.

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 quide (click to access)

DoH FGM Safeguarding Pathway (click to access)

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

FGM has taken place

Under 18-years-old

If urgent medical care is required, call 999 (ambulance)

- do not leave the person

unattended.

Over 18-years-old

- Mandatory Reporting Duty (legal & professional responsibility)
- Police 101
- Children's Social Care (details below)
- 1. Multiagency strategy meeting is convened (must include a Paediatrician). SET Child Protection Procedures followed.
- 2. Agreement on the need for medical examination List of clinics
- 3. All children in the family to be considered / risk assessed.
- 4. FGM Protection Orders considered for child / siblings.
- Police criminal investigation.
- 6. Discuss options for support (physical and mental health)
- 7. FGM-IS / FGM Enhanced Dataset (Health)
- 8. Liaison with specialist support services if required

- Discuss options for support (physical & mental health).
- Refer to GP / Liaise with health services involved with person. Health will follow SET Health Pathway (link

below).

• Consider referral to Adult Social Care if the person is identified as an adult at risk.

Essex: 0345 603 7630 / Out of Hours 0345 606 1212 **Southend:** 01702 215 008 / Out of Hours 01702 215 000

Thurrock: 01375 896 037/ 01375 511 000 /Out of Hours 01375 372 468

Suffolk: 0800 917 1109 Hertfordshire: 0300 123 4042

FGM in Pregnant Person (Irrespective of gestational age) in addition to above

• Ensure midwife is aware of FGM or identified risk and is clearly recorded with any support/safety plan identified.

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

SIGNIFICANT / IMMEDIATE RISK of harm to the child identified in DoH FGM assessment

URGENT referral to Police (999)

Referral to Children's Social Care

<u>Essex</u>: 0345 603 7627 / Out of Hours 0345 606 1212 <u>Southend</u>: 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

Referral to Police and Children's Social Care to include completed DoH FGM Assessment and any information gathered in enquires with the family.

- SET Child Protection Procedures followed
- 2. Multiagency strategy meeting is convened (must include Children's Social Care, Police and Health).
- 3. Consideration if any medical examination will be required.
- 4. FGM Protection Orders will be considered for the child / siblings.
- Police criminal investigation (as appropriate).

No Immediate risk of harm to the child identified in DoH FGM assessment (in addition to *In all cases* steps)

Consider:

- Other information known / liaison with other professionals
- Discussion with organisation's named / designated lead / safeguarding supervisor.
- 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.
- What kind of follow up is required (including 1:1 work with parents; health promotion; community prevention, etc.) Also see national links above.
- 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 involved such as school, school nurse, GP).
- Before closing the case, make sure you are clear of the plan and this is clearly shared with agencies and recorded within the records.
- For health: refer to pathway below.