

CONSENT – We work closely with other agencies, however we will only ever share information on a need to know basis. If we have concerns about the safety or welfare of anyone in the family we have a duty of care to disclose this to relevant agencies. This may include Children’s Services & the Police.

RISK ASSESSMENT FOR FEMALE GENITAL MUTILATION/CUTTING

This checklist includes factors/indicators that can suggest an increased risk of FGM being performed. This checklist is not exhaustive and **professional judgement** is needed to fully assess the risk to the individual child. Consideration should be given to the suitability of completing this form with the parents and not just the mother/ Female carer.

	Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick if the factor is present, comments can be added below. If the information is provided by a third party please indicate source in right hand column.	Yes	Suspected	No	Third party Source (clarify)
Score as HIGH RISK if answering ‘YES’ to any questions 1- 10 <u>Submit this risk assessment with a child protection (s47) referral to Children’s Services</u>					
1.	Has the child disclosed that she has had FGM? Comments:				
2.	Has the child got symptoms which appear to show that she has had FGM? (do not examine genitalia if this is out of your professional remit)				
3.	Has the child disclosed that they are afraid of FGM/C or made a non-specific request for help due to concerns regarding personal safety, shame or dishonour to the family?				
4.	Has the child disclosed that they are having a special occasion, such as where they are going to ‘become a woman’?				
5.	Has the child or family member informed someone that FGM/C is to be performed soon?				
6.	Is a family member/friend expressing concern that FGM/C may be performed when the child is born?				
7.	Have the child’s siblings or close female minor relatives had FGM/C performed? How is this known and when was it performed? Comment:				

8.	Has deinfibulation/reinfibulation been performed or requested?				
9.	Does the mother or father have strong familial ties to a community where FGM/C is practised and are feeling pressurised by the family or community for FGM/C to be performed?				
10.	Have arrangements been made for the child to travel to a high-risk country where FGM/C is performed? (When, where, flight booked, any other details) Comment:				
Score as MEDIUM RISK if answering 'YES' to any questions 11-14		Yes	Suspected	No	Third party Source (clarify)
11.	Has the mother or other significant female adult been subject to FGM/C? How is this known? (Who, when & what age?) Comment:				
12.	Is an older female relative visiting from a country or community when FGM/C is commonly practised?				
13.	Have other family members been forced to marry or reported missing? (Name, relationship, age, when & where?) Comment:				
14.	Has the child had behaviour change (anxious, withdrawn, depressed mood) at school prior to a school holiday or known travel?				
Score as STANDARD RISK if answering 'YES' to any questions 15-25		Yes	Suspected	No	Third party Source (clarify)
15.	Has the mother cancelled/not attended her own visits/appointments with a health professional on more than one occasion?				
16.	Has the child not been brought to visits/ appointments with a health professional on more than one occasion?				

17.	Is the mother or father originally from a high risk country where FGM/C is performed?				
18.	Do the parents avoid removing nappies etc during health appointments/visits? (when appropriate to do so)				
19.	Has the child been presented to primary care with vague non-specific symptoms, obvious symptoms or anxiety?				
20.	Has the child attempted to run away from home?				
21.	Has the child been missing or reported missing?				
22.	Has the child self-harmed or attempted suicide?				
23.	Has the child been withdrawn from PSHE or PSE lessons?				
24.	Does the mother/female carer feel safe and empowered to make decisions regarding the children?				
25.	Are there any other risks or vulnerabilities that need addressing? Comment:				

Comments, professional judgement/family views

(For example does the mother understand/speak English, do the family socialise outside their own community or access non essential services in the mainstream community)

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RISK ASSESSMENT - OVERALL ASSESSMENT OF RISK OF FGM

When assessing the risk answers from the checklist should be considered alongside your professional judgement as this checklist is not exhaustive and may not cover the individual indicators of risk for the individual.

HIGH **Immediate child protection (s47) referral**

MEDIUM **Referral to children’s services for multi-professional safeguarding care planning**

STANDARD

- Routine health checks and monitoring as per NICE Guidance. Request consent to share information with Children’s Services.**

Remember - FGM Mandatory reporting duty

You must phone the police on 101 if a girl under 18:

- a) Tells you she has had FGM**
- b) Has signs which appear to show she has had FGM**

The professional who identifies FGM must report it as soon as possible. **This is your personal legal duty.**

NEXT STEPS FOR ALL PROFESSIONALS

Please tick to indicate that you have provided the following information to the children & parent/carer

Informed that FGM is illegal in the UK	
Informed about the health consequences of FGM	
Advised where to access community support services	
Informed the GP or other relevant health care professionals such as HV or School Nurse	

Name of Professional	
Date	
Agency address & telephone number	
Discussed concerns with	
Date & time of discussion	

Prevalence of FGM

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country (WHO, 2016).

