**Child/Young Adult (under 18rs) is at risk of FGM**

**NB. If has already undergone FGM -> MASH/Children’s services -> Strategy (1)**

**Strategy discussion to include CSARC / Saturn Centre as appropriate health representative. CSARC / Saturn Centre can offer advice and health assessment. If acute (i.e. pain and or bleeding) to go to A&E.**

Child alerted as at risk via separate route

E.g. verbal concern raised by child transfer in handover etc.

Child at risk identified by risk assessment tool completed on mother/relation

Outcome of Assessment reviewed by Named Nurse/ Lead for Safeguarding **(3)**

Complete assessment tool **(2)**

 Child only

 With parent

 Parent only

**NB Consider all Family Members**

Standard Risk to Child

Significant/Immediate Risk to Child

Refer to Children services who will inform police

Inform GP, school/ relevant professional etc.

Information leaflet **(4)**

Inform GP, HV, school/ relevant professional

**Minimum age for further risk assessments to be undertaken**.

The risk of FGM can change at any time and whilst girls are at most risk between the ages of **5 - 12 years old** and specificallyat times of transition e.g starting/ changing school.

***NB other factors may influence a risk assessment being brought forward* (5)**

Date:\_\_\_\_\_\_\_\_\_ Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial/On-going Assessment

**ACTION**

**Ask more questions** - if one indicator lead s to potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead.

**Significant or immediate** risk – if you identify one or more serious or immediate risk, or the other risks are, by your judgment, sufficient to be considered serious, you should look to refer to Social Services/CAIT Team/Police/MASH, in accordance with your local safeguarding procedures.

**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

In all cases:-

• Share information of any identified risk with the patient’s GP.

• Document in notes.

• Discuss the health complications of FGM and the law in the UK.

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| **1.Tool to help when considering whether a child has FGM**  **Part 3: CHILD/YOUNG ADULT (under 18 years old)** |

|  |  |
| --- | --- |
| **This is to help when considering whether a child has had FGM.** | |
| **Indicator** | **Yes** | **No** | **Details** |
| **CONSIDER RISK** |  |  |  |
| Girl is reluctant to undergo any medical examination. |  |  |  |
| Girl has difficulty walking, sitting or standing or looks uncomfortable. |  |  |  |
| Girl finds it hard to sit for long periods of time, which was not a problem previously. |  |  |  |
| Girl presents to GP or A&E with frequent urine, menstrual or stomach problems. |  |  |  |
| Increased emotional and psychological needs e.g. withdrawal, depression or significant change in behaviour. |  |  |  |
| Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP’s letter. |  |  |  |
| Girl has spoken about having been on a long holiday to her country of origin/another country where the practice is prevalent. |  |  |  |
| Girl spends a long time in the bathroom/toilet/long periods of time away from the classroom. |  |  |  |
| Girl talks about pain or discomfort between her legs. |  |  |  |
| **SIGNIFICANT OR IMMEDIATE RISK** |  |  |  |
| Girl asks for help. |  |  |  |
| Girl confides in a professional that FGM has taken place. |  |  |  |
| Mother/family member discloses that female child has had FGM. |  |  |  |
| Family/child are already known to social services – if known, and you have identified FGM within the family, you must share this information with social services. |  |  |  |

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| **2. Risk Assessment Tool for Child/Young Adult under 18 years of age.**  **Part 2: CHILD/YOUNG ADULT (under 18 years old)** |

Date:\_\_\_\_\_\_\_\_\_ Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial/On-going Assessment

|  |  |
| --- | --- |
| **This is 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.**  **ACTION**  **Ask more questions** - if one indicator lead s to potential area of concern, continue the discussion in this area.  **Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead.  **Significant or immediate** risk – if you identify one or more serious or immediate risk, or the other risks are, by your judgment, sufficient to be considered serious, you should look to refer to Social Services/CAIT Team/Police/MASH, in accordance with your local safeguarding procedures.  **If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**  In all cases:-  • Share information of any identified risk with the patient’s GP.  • Document in notes.  • Discuss the health complications of FGM and the law in the UK. | |
| **Indicator** | **Yes** | **No** | **Details** |
| **CONSIDER RISK** |  |  |  |
| Child’s mother has undergone FGM. |  |  |  |
| Other female family members have had FGM. |  |  |  |
| Father comes from a community known to practice FGM. |  |  |  |
| A family elder such as Grandmother is very influential within the family and is/will be involved in the care of a girl. |  |  |  |
| Mother/Father have limited contact with people outside of her family. |  |  |  |
| Parents have poor access to information about FGM and do not known about the harmful effects of FGM or UK Law. |  |  |  |
| Parents say that they or a relative will be taking the girl abroad for a prolonged period – this may not only be to a country with high prevalence, but this would more likely lead to a concern. |  |  |  |
| Girl has spoken about a long holiday to her country or origin/another country where the practice is prevalent. |  |  |  |
| Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials. |  |  |  |
| FGM is referred to in conversation by the child, family or close friends of the child (see Appendix Three for traditional and local terms) – The context of the discussion will be important. |  |  |  |
| Sections missing from the Red book. Consider if the child has received immunisations, do they attend clinics etc. |  |  |  |
| Girl withdrawn from PHSE lessons or from learning about FGM – School Nurse should have conversation with child. |  |  |  |
| Girl presents symptoms that could be related to FGM – continue with questions in part 3. |  |  |  |
| Family not engaging with professionals (health, school, or other). |  |  |  |
| Any other safeguarding alert already associated with the ‘Always check whether family are already known to Social Care’. |  |  |  |
| 3. Complete Risk Assessment Tool for Child/Young Adult under 18 years of age and review your assessment findings with Named Nurse or lead for Safeguarding. | | | | |
| 4. FGM information leaflet. | | | | |
| 5. The risk of FGM can change at any time and whilst girls are at most risk between the ages of 5 - 12 years old and specifically at times of transition e.g starting/ changing school, any significant changes i.e. influential family member who believes in FGM moves into the family home etc. should result in assessment of current risk. | | | | |