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| **Non-Pregnant Woman FGM Risk Assessment Tool**  For all FGM disclosures please refer to: [fgm\_pathway.pdf (proceduresonline.com)](https://sheffieldscb.proceduresonline.com/files/fgm_pathway.pdf)  <https://www.safeguardingsheffieldchildren.org/scsp/topics/female-genital-mutilation>  **To be utilised when: A disclosure of FGM has been made by mother of female children (women 18+)who have not previously been assessed.**  **Once completed please email to:** [**syicb-sheffield.safeguardingteam@nhs.net**](mailto:syicb-sheffield.safeguardingteam@nhs.net) |

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| **Details of person to be referred to the panel.** | |
| Mother’s Details:  Name:  DOB:  NHS Number:  Place of Birth. |  |
| Father’s Details:  Name:  DOB:  NHS Number:  Place of Birth. |  |
| Household composition including all children/siblings.  Name:  DOB:  NHS Number:  Place of Birth: |  |
| Address |  |
| GP Surgery |  |
| Ethnicity and Language of Parents and children. |  |
| Who was present when the risk assessment was undertaken? |  |
| Was an interpreter used?  Male/Female? |  |
| Disability  Any person in the household (adult or child) |  |
| Type of FGM if known  <https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation> |  |
| Country where FGM was performed? |  |
| Has person given consent to share information with the Risk Assessment Panel? | Yes/No |

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| Person completing risk assessment. | |
| Name |  |
| Job title and Organisation |  |
| Date |  |

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| **Indicator**  Consider risk | **Yes/No**  If ‘yes’ answer bullet points | **Comments**  This should include responses to all bullet point prompts, plus any additional information the referrer or woman feels may be relevant.  (Record comments in response to prompts) |
| **Woman comes from a community known to practice FGM.** | Yes/ No | [World FGM Map – National FGM Centre](https://nationalfgmcentre.org.uk/world-fgm-prevalence-map/) |
| **Woman has undergone FGM herself.**  What was the woman’s experience of having FGM?  How does she feel about it now?  Does the woman know who cut her and who facilitated/arranged it? (names/relationships if possible)  Where are they now and do they still pose a risk to the family? (Are they still in contact with the family)  Has the woman declined to accept a referral for FGM to be examined? (if indicated) | Yes/ No |  |
| **Does her husband/partner come from a community known to practice FGM?**   * Which community? * What are her husband’s and other family members’ views on FGM? | Yes/ No |  |
| **Children within immediate family**   * Have any daughters had FGM? If yes, is the woman are aware of the circumstances and able to provide more information? | Yes/No |  |
| **Are the family aware of the laws against FGM in the UK?**   * Do they know if it is now illegal in their home country? (if applicable) | Yes/No |  |
| **Have other female family members been subject to FGM?**   * Woman’s siblings (aunts, nieces, in laws), * Is the woman aware of the circumstances (when/who/where)? | Yes/ No |  |
| **Will a family elder be involved in care of children/child or are they influential in the family?**   * Who? * What are this person’s views on FGM known? | Yes/ No |  |
| **Do the parents feel they could protect their child from FGM being performed?**   * Will they be faced with pressure from others or a dominant significant person? (This can be from a family member or from the wider community) * Do they know where they could go for help with this, if needed? | Yes/ No |  |
| **Has the women got any support networks within the UK and who are they?**   * Are there other protective factors? e.g., support networks, positive influences. * Do they need further support and has it been offered? | Yes/ No |  |
| **Has the identification of FGM with this woman been reported to the police.**  **Refer to:** [fgm\_pathway.pdf (proceduresonline.com)](https://sheffieldscb.proceduresonline.com/files/fgm_pathway.pdf)  <https://www.safeguardingsheffieldchildren.org/scsp/topics/female-genital-mutilation> | Yes/No |  |

Guidance: <https://www.safeguardingsheffieldchildren.org/scsp/topics/female-genital-mutilation>