Risk assessment for girls that are potentially ‘at risk’ of FGM

Name:……………………………………… School Nurse:…………………………………….. Completed by……………………….. Date:……………………………….

D.O.B: …………………………………………………………………

Country of origin: ………………………………………………..

**Countries of Origin and Associated Risk Factor:**

|  |  |  |  |
| --- | --- | --- | --- |
| **High Risk** | **Medium/High Risk** | **Medium/Low Risk** | **Low Risk** |
| Djibouti | Burkina Faso | Central African Republic | Benin |
| Egypt | Ethiopia | Chad | Cameroon |
| Guinea | Gambia | Cote D'Ivoire | Ghana |
| Mali | Mauritania | Guinea-Bissau | Iraq |
| Sierra Leone |  | Kenya | Niger |
| Somalia |  | Liberia | Togo |
| Sudan |  | Nigeria | Uganda |
|  |  | Senegal |  |
|  |  | United Republic of Tanzania |  |
|  |  | Yemen |  |

Attendance and reason(s) for absence: ………………………………………………………..

**Indicators and Risks to CONSIDER  
Family Circumstances**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Risk Identified** | **How Do You Know?** |
| Child's mother has undergone FGM |  |  |
| Other female family members have had FGM |  |  |
| Father comes from community known to practice FGM |  |  |
| A female family elder is very influential within family |  |  |
| A female elder is/will be involved in care of girl |  |  |
| Mother/family have limited contact with people outside of family |  |  |
| Parents have poor access to information about FGM |  |  |
| Parents do not know about harmful effects of FGM |  |  |
| Parents do not know about FGM and UK Law |  |  |
| Position of family within the community and level of integration within UK |  |  |
| Parent or family member expresses concern that FGM may be carried out on child |  |  |
| Girl has sister/another female child relative who has already undergone FGM |  |  |
| Family/child are/is known to social services |  |  |
| Sections missing from the Red Book |  |  |
| Questions over child having received immunisations/attending clinics etc |  |  |
| **If the family/child is already known to social services and you have identified FGM within a family, you must share this information with  social services** | | |

**Parental Behaviour**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Risk Identified** | **How Do You Know?** |
| Parents say they or a relative are taking the girl abroad where the practice is prevalent for a long period of time |  |  |
| Girl has attended travel clinic or equivalent for vaccinations/anti-malarials |  |  |
| Is a female family elder visiting from a country of origin? |  |  |
| Parents have withdrawn her from PHSE lessons or from learning about FGM (school nurse should have conversation with child) |  |  |
| Family not engaging with professionals (health, school or other) |  |  |
| Any other safeguarding alert already associated with family |  |  |

**Child’s behaviour**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Risk Identified** | **How Do You Know?** |
| Has a professional heard a reference to FGM in conversation? (e.g. speaking to other children) |  |  |
| She has confided she is to have a 'special procedure' |  |  |
| She has talked about a special occasion to 'become a woman'. |  |  |
| She or a friend has talked about 'being cut' or used traditional words |  |  |
| She is talking about a long holiday to her country of origin or another country of risk |  |  |
| She is requesting help from a teacher or another adult as she is aware or suspects she is at immediate risk |  |  |
| A child or sibling asks for her because of an imminent risk |  |  |
| She has talked about 'becoming like my mum and sister' |  |  |
| She is reluctant to undergo any medical examination |  |  |
| She has difficulty walking, sitting or standing or looks uncomfortable |  |  |
| She finds it hard to sit still for long periods of time, which was not a problem previously |  |  |
| She presents to school nurse/GP/A&E with frequent urine, menstrual or stomach problems |  |  |
| She has increased emotional and psychological needs e.g. withdrawal, depression or a significant change in behaviour |  |  |
| She avoids physical exercise or wants to be excused from PE without a GP's letter |  |  |
| She spends a long time in the bathroom/toilet/long periods of time away from the classroom |  |  |
| She talks about pain or discomfort between her legs |  |  |

**Next Steps:**

|  |  |
| --- | --- |
| **Action Required?** | **Yes/No** |
| **State what action you are planning to take, your reason(s) and any other professionals you need to assist?** | |
|  | |
| **Update - what has been the outcome?** | |
|  | |