

FGM Referral Risk Assessment

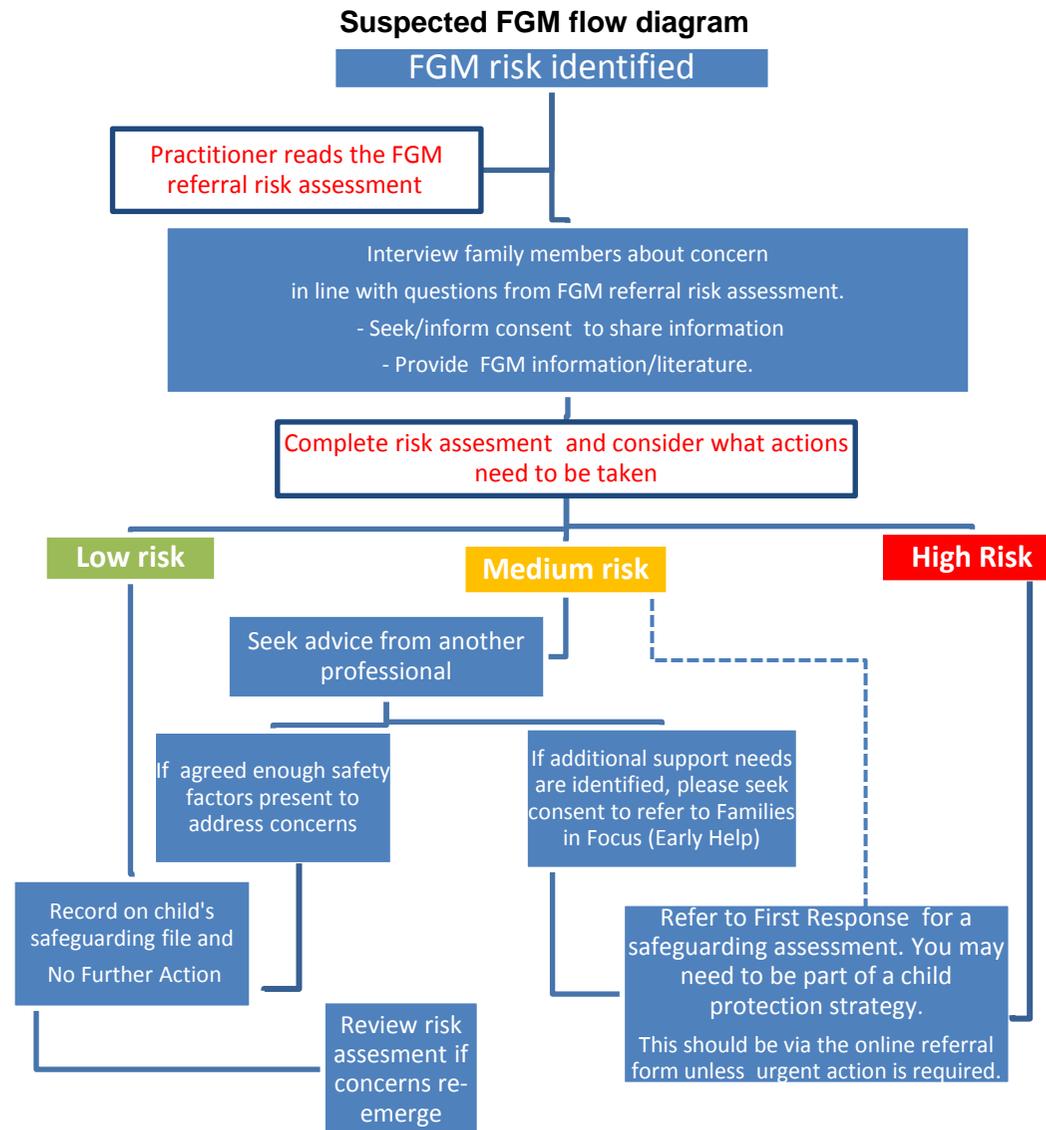
Guidance: This is a referral risk assessment intended to act as a tool to encourage professionals to think about a wider set of risk factors which need to be thought about when concerned about FGM.

You must complete this before making a referral to First Response. Please refer to the [BSCB FGM guidance](#) for more information around its usage.

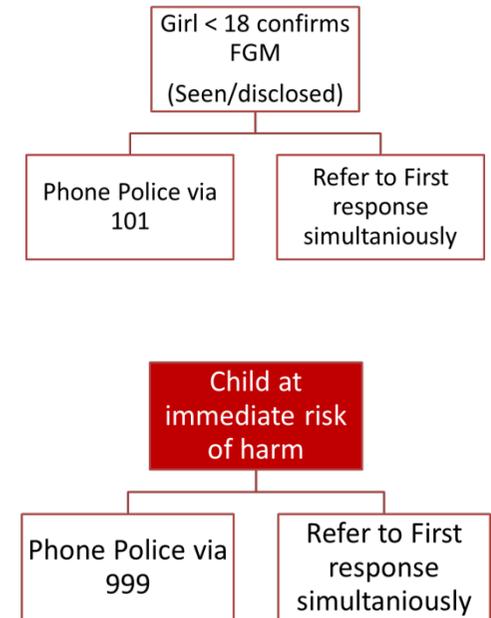
The following tool has been created in partnership with risk affected communities and partner agencies. It has also been written in line with national guidance to ensure that best practice is used at all times.

Please read the risk assessment before you conduct interviews with family members. This will assist you with the structure of what you will need to ask.

Ensure you use open ended questions and avoid making leading enquiries (for example use T.E.D; Tell me, Explain to me, Describe to me).



Mandatory reporting duty/Girl is in immediate danger



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Part 1/ Professionals details		Outcome of the assessment	Y/N	Additional comments	
Name:		Sought advice from another agency or your CP/ safeguarding lead.		<i>With who and when?</i>	
Agency:					
Email:				<i>Reference number</i>	
Telephone:			Made a referral to First Response for a statutory assessment of need/protection.		
Date Completed:					<i>Reference number</i>
Part 2 Subject's Details		Made a referral to the police via 101 under the Mandatory Reporting Duty.			
Family Name		Maintained a record of the conversation and this risk assessment on the child's safeguarding file.			
First Names					
Alternative names					
Date of Birth					
Address					
Parent/Guardian/Carer		Providing information to the children & parent/carers	Y/N	Reason for not providing this information	
Siblings that might be affected		Informed that FGM is illegal in the UK			
Ethnicity		Explained how they have a duty to protect their daughters from FGM			
Additional needs	<i>Physical or Learning Disabilities/Communication disorders/SEN Has an interpreter been used? Did the family refuse this?</i>	Explain they have a duty to protect their daughters from others who may want to practice FGM on them			
Has the family consented to share information?	<i>If the family have not consented, consider whether this needs to be overridden in terms of safeguarding duty.</i>	Informed about the health consequences of FGM			
		Advised where to access community support services (<i>Refugee women Of Bristol, integrate UK, Daughter of Eve/ Forward UK</i>)			

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Risk indicators	Questions/Considerations	Comments (please provide this information if referring to First Response).	
Low risk factors		Safety factors	Risk concerns
Family is from a risk affected community. Use the interactive map	<ul style="list-style-type: none"> - Which country do the family originate from? - Which province/area are the family from? - How much about FGM practice in that country? How much is FGM practised in that country/community? 		
Maternal FGM	<p>Do not ask about this unless you are a medical professional and is in accordance with your duties under the FGM Enhanced Dataset.</p> <ul style="list-style-type: none"> - If information is volunteered, please record the detail and the circumstances. 		
Travel to country of origin <i>(Cross reference with child's account, extended holiday requests)</i>	<ul style="list-style-type: none"> - Have the family notified the school of travel? Was there sufficient notice? - Tell me about the details of your travel arrangements. Who is going? When are you going? When are you likely to attend? Where are you travelling to (specific destination not just the country)? Are you stopping off anywhere in between? If so, where? How long for? Who are you visiting? What is the purpose of the visit? - Where are you likely to be travelling from? - Have you/your child been before? 		
Poor Parental Engagement	<ul style="list-style-type: none"> - Do parents engage with groups/ meetings with school/health? - If they are not engaged, what is this based on? Fear of professional involvement? Is this a language barrier? Are the family isolated? - Could another colleague support engagement? - Have you taken a culturally sensitive approach? - Have you attempted to speak to both parents? 		
Withdrawal from PSHE/SRE education	<ul style="list-style-type: none"> - Have the families withdrawn completely or from certain modules/topics? - Have attempts been made to share with families materials from the PSHE curriculum? Has this impacted on their child's withdrawal? 		

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Medium risk factors	Safety factors	Risk concerns
Wider family members appear to support the practice of FGM.	<ul style="list-style-type: none"> - Who do you have in your wider family to support you? - What do your wider family members think about FGM? - Do you have a good relationship with those family members? - Have they ever spoken to you about getting your daughter(s) cut? - What contact do you have with them? 	
Inconsistencies with narrative for travel	<ul style="list-style-type: none"> - Has the family provided factually inaccurate information regarding the travel arrangements? - Has the parent consented to obtain information from other education settings or involved professionals? If so have they got a consistent account from you? 	
Only female children are being taken on holiday.	<ul style="list-style-type: none"> - Are there other children who are not going on holiday? What is the parent's explanation for this? - Does this fit into the narrative and the account around travel? 	
Changes in the girls behaviour/ emotional presentation	<ul style="list-style-type: none"> - Have you spoken to the child? Using T.E.D, have you explored or obtained an idea of where the change is coming from? - Are there other stressors/ considerations that are attributable? - Has this change happened after a period of absence or coming back of leave? If so, have you asked the child how their time away was? 	
Parents do not consent for information to be shared <i>(despite assurances of where and who this will be shared with).</i>	<ul style="list-style-type: none"> - What are the reasons that consent is not being shared? - What are the parent's/family's worries about information being shared? - Are the family worried about specific parts of information being shared with specific organisations? If so is this related to FGM? 	

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	High Risk Factors	Safety factors	Risk concerns
Siblings and/or cousins have had FGM in the past.	<ul style="list-style-type: none"> - Which siblings have been cut? - When/where did this occur? - Have they required additional support regarding health related issues? - Has this been previously assessed by a social worker? 		
Mother has had suspected re-infibulation	<p>Do not ask about this unless you are a medical professional and is in accordance with your duties under the FGM Enhanced Dataset.</p> <ul style="list-style-type: none"> - What were the circumstances with this? - When/where did it likely happen? - Has the mother been signposted to additional support? 		
Special occasions (parties/celebration) just for girls.	<p>Use T.E.D (tell me, explain to me, Describe to me questioning).</p> <ul style="list-style-type: none"> - What does the girl know about this? - What is the parent's account of this? - Are there other girls affected that you might need to consider? If so what are their details? 		
Discourse around the child 'becoming a woman' and a discussion of a ceremony as a 'rite of passage'.	<ul style="list-style-type: none"> - What has been said (verbatim)? - What does this entail? - What does the ceremony entail? - What is the significance of this for the family? - Have there been other family members who have gone through the same ceremony? 		
Immediate family members are explicitly supportive of FGM practice.	<ul style="list-style-type: none"> - Which family members hold these views? - What are the views? What is the context in which they expressed them? - Who in the family holds decision making power? 		
Family members have been untruthful about concerns and deny making previous comments.	<ul style="list-style-type: none"> - Was this in relation to FGM? - What has been the content and context of this? - What was the family's response when challenged? - Is this a reflection of the family's capacity to be honest with professionals? 		

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Signs of Safety Scale - Please provide this when you make a referral

Rate the situation on a scale of **0 – 10**, where 0 means things are so bad the family can no longer care for the children and 10 means that everything that needs to happen for the children to be safe in the family is happening.

This will need to be adapted for the likelihood of FGM occurring or having already occurred. 0 that a child has already been subjected to FGM or is imminently likely to require protective action, 10 means that there is everything in place for the child to be safe.



Voice of the child/family/other professionals.		
Child(ren)	What does the child think/feel? Have they made any comments about their circumstances? Remember TED (Tell me, Explain, Describe).	
Family /parents	Does the family speak English? Are they worried about what will happen next?	
Professionals	If there is a strong professional view that the FGM risk is higher than the assessment indicates, add details of their concerns here.	

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Analysis	Support/Further action
Low Risk	
<ul style="list-style-type: none"> - Child could be from risk affected community or mother may have been cut herself. These should not be perceived as high risk factors as these are factors beyond parental control. - Parents have a progressive attitude and maybe actively against the practice of FGM. - The family may be well integrated and are well positioned to access support from community resource and universal services. - The family may have already received interventions and have displayed attitudes against FGM practice and be in receipt of an FGM written agreement. - Family may be going on holiday to a FGM risk affected country. Unless there are discrepancies or inconsistencies in information provide, extended leave this should not be a recorded as a high risk. 	<ul style="list-style-type: none"> - Families may be socially isolated and require targeted support such as parenting groups. - The family may require support accessing advice and support from specialist community/advocacy groups. - Children/young people may benefit from PSHE/Healthy relationship education. - Provide family with information about FGM from the BAVA website. - If travelling consider issuing parents with a copy of the 'Statement opposing FGM/ FGM health passport' - Do not refer these cases to First Response.
Medium risk	
<ul style="list-style-type: none"> - There are concerns about potential FGM due to family vulnerability. - Parental interviews and accounts are inconsistent regarding travel arrangements. - There may be barriers to parental engagement and they may be socially isolated. - Wider family may present as having a strong influence despite parents holding anti-FGM views. 	<ul style="list-style-type: none"> - Consult with another professional and seek a second opinion. - If additional risk is due to vulnerability and there is an identified need consent should be obtained for Families in Focus to work with the family. - Consider referring to First Response for a safeguarding assessment to be conducted. - Consider speaking to both parents to get reflection of attitudes. - Should there be high concerns then the MASH discussion could be turned into a child protection multi-agency strategy.
High Risk	
<ul style="list-style-type: none"> - There are high concerns that parents and family members are open to the practice. - Parental attitudes maybe supportive of FGM and will perceive the practice as part of their culture or religion. This might be reflected in discourse around 'rites of passage' and 'ceremonies' for girls to transition into womanhood. - There is a high risk that the child may have had the procedure done already. - Children of the same generation have already been cut. This increases the risk that siblings may be cut significantly. - Parents may present overtly dishonest and may deny previous accounts. 	<ul style="list-style-type: none"> - Refer to First Response via the online referral form unless the child is at immediate risk of harm in which case you should phone (<i>acknowledge you have conducted this risk assessment which has informed this referral</i>). - Social worker conducts a Single Assessment Framework (SAF) assessment either as a s.17 of the Children Act 1989. - This should include the outcomes of the National FGM centre social work risk assessment. - s.47 and multi-agency strategies to be considered in terms of taking further action which may include a joint visit with the police.