Onward

Referral to Police/Adult social care

Give information leaflet **(3)**

Immediate

Low

Risk to adult

Follow under 18 year pathway

Risk to children

Complete risk assessment tool and review with Named Nurse/ Lead for Safeguarding **(1)**

**Non Pregnant Adult Women (over 18yrs)**

Has Undergone FGM

Routine enquiry or unplanned disclosure of FGM or potential FGM risk to self or others

Via

Potential Risk of FGM

Onward referral to GP **(2)**

Provide information leaflet **(3)**

Complete enhanced national data set **(4)**

Collect data for Named Nurse **(5)**

Discuss with client reporting crime to police

**NB Consider all Family Members**

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| **1 Risk Assessment Tool for Non-Pregnant Women** |
| **Part One (b): NON-PREGNANT ADULT WOMAN (over 18)** |

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

Initial/On-going Assessment

|  |  |
| --- | --- |
| **This is to help decide whether any female children are at risk of FGM whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to FGM.**  **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** |  |  |  |
| Woman already has daughters who have undergone FGM – who are over 18 years of age |  |  |  |
| Husband/partner comes from a community known to practice FGM. |  |  |  |
| Grandmother (maternal or paternal) is influenced in family or female family elder is involved in care of children. |  |  |  |
| Woman and family have limited integrated in UK community |  |  |  |
| Woman’s husband/partner/other family member may be very dominant in the family and have not been present during consultations with the woman. |  |  |  |
| Woman/family have been limited/no understanding of harm of FGM or UK law. |  |  |  |
| Women’s nieces (by sibling or in laws) have undergone FGM. Please note – if they are under 18 years you have a professional duty of care to refer to social care. |  |  |  |
| Woman has failed to attend follow up appointment with an FGM clinic/FGM related appointment. |  |  |  |
| Family are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services. |  |  |  |
| **SIGNIFICANT OR IMMEDIATE RISK** |  |  |  |
| Woman/family believe FGM is integral to cultural or religious identity. |  |  |  |
| Woman already has daughters who have undergone FGM - who are under 18 years of age. |  |  |  |
| Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be triggered if she is found to have FGM. |  |  |  |

|  |
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| **Please remember: any child under 18 who has undergone FGM should be referred to police and social services.** |

**2 Client may need referral for counselling, surgery etc make referral to GP**

**3 Information Leaflet**

**4 For further information on hscic FGM enhanced dataset visit www.hscic.gov.uk/isce/publication/scci2026**

**5 Inform your named nurse/safeguarding lead that you have seen newly identified case of FGM. Named Nurses/Lead for Safeguarding to submit numbers to Designated Nurses bi-monthly**