

## FGM Assessment

Family details – (DOB, Address including if residing elsewhere, Adults with Parental Responsibility))  
Adults  
Children (including if unborn EDD)

Communication -Interpreter used including ID /Language  
Preferred terminology for FGM

Details of those present

Reason for completing FGM assessment

Has an assessment been carried out previously in Bolton?—please give details date/outcome etc

### Questions

Are you aware of FGM in country of origin?

Do you know or think this has happened to you/your child?

When do you think this was done?  
At what age?  
Who do you think arranged this?

Do you/your child have any associated health problems

Difficulty - in passing urine  
infections  
menstruation  
(adult ) fertility  
(adult ) when having sex

Has anyone in your family been circumcised?  
e.g. daughter, sibling, other female family members

What are your views about this procedure for your daughter?

Views of others  
family members  
members of extended family  
wider community

FGM Assessment

Are you aware that FGM is illegal in the UK –even if it is carried out abroad?

Are there any circumstances where you would consider this procedure for your daughter/family member  
For example –puberty, marriage, specific age, pressure from others

Risk identified

Plan/Actions required

Information shared with .....  
Referral to Head of Service Child Protection Unit/Children's Social Care  
date

Referral to other service/agency –e.g. counselling/health referrals  
date

Next contact with the family  
date

Have family been informed about action taken?

Information to be recorded in the following –e.g. HV/SN records, Hospital, GP records

Outcome of action taken

Review of risk assessment required yes/no

If yes identified review date

Who will complete this?

Date

Signature

SEND COPY TO SAFEGUARDING CHILDREN TEAM