



The National FGM Centre Evaluation Summary

Background

The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA). It was designed to particularly work in local authorities with a lower number of identified cases of Female Genital Mutilation (FGM), where there may be limited experience of working with those affected by FGM. It has operated in six local authorities with relatively low FGM prevalence: Essex, Norfolk, Hertfordshire, Suffolk, Thurrock and Southend. To realise these goals, the National FGM Centre offers a 'continuum of intervention' that combines work with Children's Services, other statutory agencies and organisations with community outreach. It aimed to provide senior social workers, social workers and project workers to local authorities to directly manage cases of FGM, with either full delegated authority or responsibility for selected delegated duties.

Aims and objectives

The project was designed to build capacity in the social work response within areas of low FGM prevalence; delivering direct services to pilot local authorities in the first instance through combined social work services and community outreach. An online Knowledge Hub, consultancy, practice development and training, and conferences and workshops were developed to share this learning nationally.

Evaluation

The aim of the evaluation was to assess whether the intended outcomes of the National FGM Centre were achieved in the short term (up to March 2016). Medium term outcomes will be assessed in Spring 2017. Interviews were conducted with senior managers, senior social workers, social workers and project workers from the National FGM Centre. In-depth case studies of FGM case management were conducted in 3 different pilot sites to explore the delivery of direct services in FGM case management in greater detail. Nine senior stakeholders from the pilot site local authorities were interviewed, to refine the theory of change underpinning the National FGM Centre's model, and to identify how and why the model was adopted within the pilot sites. Semi-structured observation of the conference, 2 community outreach workshops and 2 stakeholder events hosted by the National FGM Centre was also carried out.

Direct services had only been delivered for a maximum of 6 months in each local authority at the time of reporting, and the focus of the first year's evaluation was on understanding the process of start-up. The effectiveness of delegated authority as a delivery model to bring about system change in the delivery of social work services to children and families affected by FGM has not yet been demonstrated. However, this will be a key focus of the evaluation in year two.

Findings

- In the period from October 2015, when service delivery started, until 31st March 2016, the National FGM Centre worked with 123 children across the 6 pilot sites. The work has included capacity building within local authorities by assisting and advising other professionals working with families and children at risk of FGM, and

direct work with families and children . The embedded Barnardo's staff are highly valued by pilot site staff for their specialist knowledge, experience and confidence in engaging with families.

- The work of the embedded National FGM Centre staff is ring-fenced and their time protected from being absorbed into general casework. They have undertaken preventative case work which local authority social care services rarely have capacity to deliver, including engaging with cases designated as requiring 'no further action' and providing support to girls and women when the statutory involvement of the local authority has ended. This includes scenario work that examines not just the immediate context but potential future risk.
- There is evidence of systems change in referral pathways, with the creation of referral 'routes' to the National FGM Centre workers within 'hub' systems (such as Multi Agency Safeguarding Hubs), to ensure that all cases that are flagged as potentially being at risk of FGM reach embedded National FGM Centre staff. This has ensured that specialist knowledge is available across all incoming referrals.
- Ofsted commented on one LA within 3 months of the project starting that there was improved awareness across agencies of the safeguarding risk of FGM.
- Accredited training has been delivered across 3 pilot LAs to 95 professionals (from health, social care, the police and community groups) in Norfolk, 57 in Thurrock and 129 in Essex. Survey responses show that attendees felt that training had increased their knowledge about FGM and their safeguarding responsibilities. Accredited FGM training was provided to 671 professionals during the year to 31st March 2016. This figure includes training delivered in other local authorities across England.
- Engagement with the voluntary sector and expert professionals was found to be strong and effective, providing practical resources and being undertaken with care not to duplicate work already being conducted.
- The Knowledge Hub was welcomed and well-resourced by professionals who were interviewed as part of the evaluation. It was accessed by professionals on 2,859 occasions in the period to 31st March 2016.
- Community engagement and outreach events have been delivered in pilot sites in partnership with local community groups. This collaborative outreach model appears to be successful in engaging local women from isolated and potentially affected communities.

The 'continuum of delegation' was considered:

- Embedded National FGM Centre workers have taken on delegated duties in the local authorities' social care responses to FGM, ranging from full delegated child protection authority, to partially delegated authority where National FGM Centre staff undertake specific aspects of children's social work such as leading or joint home visits to families, providing advice and information regarding FGM to LA social workers and referring agencies. The range of duties that were delegated to National FGM Centre staff varied between pilot sites.
- The offer of a package of delegation along a continuum allows services to be tailored to local authority needs and levels of comfort with delegation. This points to the possibility of developing a system which allows greater responsiveness to need and flexibility with case management.

Recommendations

- Local authorities should be given time to adopt the National FGM Centre model at different paces. There is no single solution for establishing joint working (of whatever level of delegated authority) as it depends on local context, involvement from senior management, and the extent to which personal professional relationships are negotiated and developed in local teams.
- The Knowledge Hub should continue to be viewed as an important part of the National FGM Centre, collating and distributing learning from practice in the pilot sites to improve practice nationally.

This evaluation study was carried out between May 2015 and April 2016 by Opcit Research. Phase two findings will be available in April 2017.

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications