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# The National FGM Centre Evaluation Summary

## Background

The National FGM Centre (NFGMC) 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 (LAs) with relatively low FGM prevalence: Essex, Norfolk, Hertfordshire, Suffolk, Thurrock and Southend. To realise these goals, the NFGMC offers a 'continuum of intervention' that combines work with Children's Services, other statutory agencies and organisations with community outreach. It provides senior social workers, social workers and project workers to LAs 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 medium term (up to March 2017). Interviews were conducted with NFGMC senior managers, social workers and project workers. 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. Senior stakeholders from the pilot site LAs were interviewed. Semi-structured observation of community outreach workshops, training and stakeholder events hosted by the NFGMC was also carried out.

## Findings

- NFGMC practitioners worked on **120 new cases** between 1st April 2016 and 31st March 2017. This is in addition to the 123 children with whom they worked between October 2015 and 31st March 2016. The work has included capacity building within local authorities by assisting and advising other professionals working with girls and families at risk of FGM, and direct work with girls and families. The embedded NFGMC staff are highly valued by pilot site staff for their specialist knowledge, experience and confidence in engaging with families.
    - That a number of high-risk FGM referrals were recorded is notable, given that most pilot LAs had had no recorded high-risk referrals before NFGMC involvement. This suggests that the pilot resulted in better awareness and protocols for identifying and referring potential cases of FGM 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.
- CPD-accredited training was provided across 12 different LAs, with 929 professionals completing post-training evaluations. 74% reported that they had not previously done FGM-specific training, 80% reported that the training increased their knowledge of FGM, and 85% reported that it increased their confidence to deal with known cases of FGM. Further training was delivered in conjunction with Olive Branch Arts; to primary age students and their teachers in a number of schools in partnership with Norbury Primary School, and to professionals through Learning Forums.

- 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 received a total of 31,302 page views, from 3,731 users.
- 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, ranging from full delegated child protection authority, to partially delegated authority where NFGMC staff undertake specific duties 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 LA 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.
    - **Early help approach**: NFGMC staff engaged with families affected by FGM who did not meet LA intervention thresholds, and so would have been likely to fall through the gaps in support, had NFGMC provision not been in place. This also recognised the life-cycle of a case, in which risk to a child can change with circumstances. NFGMC staff supported families to maintain protective factors. The evaluation found strong evidence that this was an important service for families, and was best delivered by a specialist provider.
      In some cases, work with families below thresholds uncovered risk and led to NFGMC workers supporting families to seek FGM Protection Orders, and implement other safeguarding measures. It is likely that these needs would not have been uncovered or support offered without the time and flexibility available to NFGMC workers, in addition to their expertise in assessing FGM risk.
    - **Full delegated authority:** NFGMC SWs worked along a continuum from low risk cases where direct work can be undertaken below LA thresholds, to Section 47 or FGM Protection Order cases which require court work and extensive statutory responsibilities. This delegation to a service that was highly-specialised in managing FGM cases was an effective way for LAs to ensure the best possible case management.
      Having an NFGMC SW able to take responsibility for all aspects of a high-risk case saved the allocation of other LA resources. The provision of a specialist FGM resource for high-risk FGM referrals ensured a more confident, informed statutory response. It generally also resulted in an improved experience for families in what could be a challenging and emotionally-charged time.
- **Partnership working**: Partnership working on cases, and training or presenting to different agency teams across LAs, enabled NFGMC staff to raise professional awareness about FGM, about referrals (including what to include in a 'good' referral) and about local context. Joint visits to families by NFGMC workers and LA SWs enabled LA social workers to observe best practice in communicating with and supporting families, in addition to assessing risk. Pilot LA SWs had generally had little direct experience of working with families affected by FGM.

## 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.
- To embed best practice in FGM case management where there are only a small number of specialist practitioners available to offer direct support and consultation, senior management must champion the issue of FGM and ensure the development and implementation of processes and procedures, and training programmes to all relevant teams.
- The project demonstrated that areas previously thought to have low levels of prevalence turned out to have a significant number of cases. On the other hand, areas with relatively low prevalence (and, therefore, greater need for outside expertise) may also be less able to justify spending resources on permanent provision of specialist services. To address this challenge, commissioners may consider pooling resources with other LAs.