



**Barnardo's and the  
Local Government  
Association**

**Evaluation of a  
Female Genital  
Mutilation Risk  
Assessment Matrix**

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## Author and Contact Details

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## **1 INTRODUCTION**

- 1.1 Barnardo's, in partnership with the Local Government Association, received funding from the Department for Education (DfE) to deliver a pilot to help develop social worker practice in assessing risk to girls from female genital mutilation (FGM).
- 1.2 Resources to deliver the pilot were provided through the newly established National FGM Centre which received funding via the Children's Social Care Innovation Programme.
- 1.3 The pilot involved three key components:
  - Development and trialling of a new risk assessment matrix (RAM)
  - Production of a new FGM Good Practice Guide<sup>1</sup>, and
  - Training to help social workers understand how to approach families to identify risk and how to use the RAM.
- 1.4 York Consulting was commissioned by Barnardo's to evaluate the RAM and to consider how it aids social workers in identifying risk to girls from FGM.

### **The RAM Pilot**

- 1.5 The pilot ran from July 2016 to December 2016. In July, a day's training session was delivered to ten social workers drawn from the following Local Authorities:
  - Tri-borough Councils: Westminster and Hammersmith, Fulham and Kensington and Chelsea;
  - Tower Hamlets;
  - Suffolk;
  - Thurrock;
  - Newham, and
  - Waltham Forest.
- 1.6 Social workers were recruited from a number of practice areas including children's social services, maternity clinics and community health clinics. They had differing knowledge and experience of safeguarding against FGM; some had considerable experience and some had no experience at all. This was to ensure that conclusions regarding effectiveness considered the knowledge of the user in its findings.
- 1.7 The RAM was originally designed to be tested by all ten social workers who attended the training. However, some areas had low prevalence of FGM and social workers received no referrals for girls at risk of FGM. Six out of the ten social workers trained actually used the matrix. The Tri-borough Council did not trial the FGM.

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<sup>1</sup> National FGM Centre (2016) FGM Good Practice Guidance and Risk Assessment Matrix for Social Worker

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- 1.8 To boost feedback on the effectiveness of the RAM, two project workers from the National FGM Centre were included in the pilot in terms of using the evidence from completion of the matrix.

## **Method**

- 1.9 York Consulting adopted a qualitative design appropriate to the small number of social workers involved in the study. An evaluation framework was agreed at the inception meeting which guided the key areas of investigation. This is included in Annex A.
- 1.10 The qualitative approach included:
- Interviews with key project and design leads to understand the context of the study;
  - Observation of the one day training session for social workers using the RAM;
  - Two rounds of interviews with social workers to obtain their perspective on the RAM;
  - One interview with a social work team manager;
  - Review of fourteen case summary forms and corresponding completed RAMs (ten cases assessed as low risk, one case assessed as medium risk and three cases assessed as high risk);
  - Facilitation of a workshop to review the functionality of the RAM and relevance of risk indicators.
- 1.11 Use of the RAM has not been extensive; each of the six social workers used it between two to four times. It has not, therefore, been possible to assess how the RAM more generally contributed to social work practice within a local authority setting. Awareness of the pilot was limited to individual social workers and their team managers.
- 1.12 In addition, it has not been possible within the scope of this evaluation to determine the impact of the RAM on families.
- 1.13 The level of use of the RAM and scope of the study has curtailed the extent of findings to some degree. Therefore, findings presented here are indicative only and more piloting of the RAM is encouraged before a national roll-out.

## Background and Context to the Development of the RAM

### Female Genital Mutilation

- 1.14 The World Health Organisation (WHO) defines FGM as comprising “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”<sup>2</sup>.
- 1.15 Accurate and up-to-date figures for the number of girls who have suffered FGM and are living in the UK are difficult to ascertain due to the nature of the issue. Many girls and women do not disclose personal information pertaining to being a victim of FGM. Estimated figures suggest that:
- In 2011, 137,000 women and girls with the physical and psychological scars of FGM, born in countries where FGM is practised, were living in England and Wales.
  - In 2011, 60,000 girls aged 0 – 14 have been born to mothers with FGM in England and Wales.
  - Over 100 girls were identified as having, or were having treatment for, FGM in England in 2015/16.
  - NHS reported 1,205 newly recorded cases from July to September 2016.
- 1.16 FGM has been a criminal offence in the UK since 1985 (Prohibition of Female Circumcision Act), but recent legislative and policy changes have strengthened actions to end the practice in England, Wales, Scotland and Northern Ireland. The mandatory reporting duty for FGM, Female Genital Mutilation Protection Orders (FGMPOs) and the mandatory recording of FGM all provide additional means to protect girls.
- 1.17 Pressures to undergo FGM can come from a range of elements, including the girl's understanding and beliefs around FGM, as well as family, religious and cultural pressures.

### The National FGM Centre

- 1.18 The National FGM Centre aims to achieve a ‘systems change’ in the provision of services for girls and women affected by FGM, through working closely with key partners from Local Authorities, Health, Education, Police and the voluntary sector.

*“The vision of the National FGM Centre is to end new cases of FGM for women and girls living in England within the next 15 years, in partnership with statutory agencies, government departments and grassroots organisations.”<sup>3</sup>*

- 1.19 The National FGM Centre has four key aims to underpin their vision:

1. Prevent new cases, by building effective strategies for the identification and support of at risk girls and creating changes in community attitudes.

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<sup>3</sup> <http://nationalfgmcentre.org.uk/about-us/>

2. Protect girls and women, through proactive safeguarding and effective prosecutions.
3. Support those who have been affected by FGM providing long-term holistic support for women and girls.
4. Partner with stakeholders to deliver solutions bringing together experience and learning on what works for tackling FGM.

1.20 The FGM Centre provides a range of services to help achieve their four aims and these include:

- **Provision of Social Work Services:** experienced social workers and project workers placed in local authority safeguarding teams to provide expertise and guidance on FGM as well as direct case work with families affected by FGM.
- **Consultancy Practice Development:** delivering training and reflection to enhance and improve social worker knowledge and confidence in talking with girls about FGM and supporting cases affected by FGM.
- **Community Outreach:** working to engage the wider community on raising awareness and improving identification and prevention for girls at risk.
- **Knowledge Hub:** provision of information and resources that can be used by professionals working within safeguarding against risk from FGM<sup>4</sup>.

### **Design of the Risk Assessment Matrix (RAM) and Guidance**

1.21 To support the aim of preventing new cases of FGM in the UK, the National FGM Centre considered the need to develop a more comprehensive RAM and guidance. A review of existing resources evidenced a current gap in effective tools and guidance in assessing and understanding risk.

1.22 A well-constructed risk assessment should help social workers prioritise areas of work with the girl and her family and should lead to goal setting and outcome focussed activities. Although an assessment tool has recently been developed by the Department for Health<sup>5</sup>, it was felt that this lacked consideration of protective factors and did not provide a foundation from which a strategic plan of work could be designed and agreed within families to safeguard girls.

1.23 The training, best practice guidance and the RAM were developed to enhance the ability of social workers and other social care professionals to confidently assess the risk from FGM once a referral has been received.

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<sup>4</sup> Source: <http://nationalfgmcentre.org.uk/about-us/>

<sup>5</sup> Department of Health (2016) Female Genital Mutilation – Risk and Safeguarding.

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- 1.24 The RAM is an electronic tool, is the first tool of its type and has the potential to be adapted for use with other types of abuse such as trafficking and CSE, and by other groups of professionals<sup>6</sup>.
- 1.25 The RAM and the accompanying guidance is designed to encourage reflection by the social worker on a series of risk and protective factors relating to:
- A Child's Developmental Needs;
  - Parenting Capacity; and
  - Wider Family and Environmental Factors.
- 1.26 When assessing each element of risk, social workers are asked to select YES, NO, Not Applicable and I Don't Know against each risk/protective factor. There is a column which allows details to be provided against each response. A paper copy of the risk and protective factors in the RAM is included in Annex B.
- 1.27 A risk level is automatically flagged based on calculations of each risk and protective factor, and suggests action to be taken following the assessment. In addition, the social worker is advised as to whether there is a mandatory duty to report to the police, a risk of forced marriage and immigration information. In the revised matrix, other considerations are also provided i.e. whether the family are showing a significant number of protective/safety factors to outweigh the risk factors.
- 1.28 By entering the country of origin for each case, the RAM also provides context for the social worker by giving the latest statistical figures that indicate prevalence, average age, types practised and the law in any selected country, plus any additional relevant details.
- 1.29 The RAM was not designed to eliminate professional judgement and decision-making, but to support and underpin the decision on the extent of risk rather than determine the risk itself.

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<sup>6</sup> Barnardo's (2016) Innovation Ideas (Concept Proposal).



## **2 KEY FINDINGS**

### **Introduction**

- 2.1 This section evidences the views of social workers regarding the value of the training and guidance document and then goes on to evidence how the RAM has been used to determine risk. It highlights the key strengths of the tool and a few areas where the tool could be improved before further piloting or future roll-out

### **Training Delivered to Social Workers**

- 2.2 The application of the RAM was supported by a day's training provided by experts from the National FGM Centre.

- 2.3 The training covered a range of topics:

- Professional understanding of mandatory requirements;
- How to understand and establish risk;
- Barriers to FGM case work and how to overcome them;
- How to plan the visit and what to consider;
- How to generate relevant information and map the potential risk (use of genograms and wider interviews with professionals etc);
- Closing a meeting with a family;
- The need for professional supervision;
- How to complete the RAM.

- 2.4 The training allowed practitioners to discuss their assumptions and understanding of FGM and how to engage with families to establish risk. The discussions were highly informative and practitioners had the opportunity to share their knowledge and experiences throughout the day. Some of the challenges that were discussed in the training included:

- how to measure risk when families will want to hide their beliefs and intentions;
- how to talk to families you expect are planning on doing FGM and the sensitivities around this;
- the variations in professional understanding within local authorities among senior staff and the implications for developing and supporting social workers who receive referrals;
- how to work with families who practitioners perceive are failing to disclose the truth around their beliefs and actions relating to FGM.

- 2.5 Staff from the FGM Centre provided high levels of professional insight which clearly benefited the social workers. The range of experience in the room was evident with some

social workers already confident in measuring risk and others less so, due to not having worked with any FGM cases.

2.6 Feedback on the value of the training was gathered on the day and in subsequent interviews:

- Nine out of ten\* social workers agreed that the training had extended their knowledge around FGM, the law, the risk factors and the context in which to consider FGM
- Nine out of ten\* social workers stated their confidence in dealing with both suspected and known cases (girls under 18 years) had increased by the end of the training
- All social workers (n=10) who attended the training stated they would recommend the training to others to improve their knowledge on FGM.

\* One social worker had considerable knowledge and expertise in risk assessing for FGM.

*"I went to the training with very little understanding and I left feeling much better prepared and more confident in working with FGM cases." (Social Worker)*

*"The training provided a great opportunity for me to listen to how others approached FGM and I feel that if I did get a case, I would be much more able to work with the family." (Social Worker)*

*"I can't fault the training, it was clearly very well thought through." (Social Worker)*

### Value of the Good Practice Guidance

2.7 Alongside the delivery of the training and the production of the RAM, the National FGM Centre has drawn together knowledge and insight on FGM into a comprehensive guidance document.

2.8 This guidance provides social workers and other practitioners involved in preventing FGM with knowledge around key areas including:

- types of FGM and the reason why FGM is practiced in different countries;

- how to approach an FGM referral with regards needs of the family and cultural sensitivities and being aware of any assumptions that may be held by practitioners;
- how to explore the roles of other professionals that may be engaged with the family;
- the benefits of undertaking a genogram to map out the family structure and potential influences/pressures coming from other family members;
- questions to ask with the family to help support the completion of the RAM;
- what needs to be considered when working with girls at risk of FGM and the risks she may face from her family/community when disclosing information;
- how social services should respond given the level of risk and considering any complicating factors.

2.9 The guidance also contains a list of useful annexes that include:

- an FGM Prevalence Map;
- a referral process for LA children's services or Multi-Agency Safeguarding Hubs (MASH);
- recognised terms for FGM;
- an example of a completed Genogram;
- relevant legislation to safeguarding a girl at risk of FGM;
- case studies;
- health consequences; and
- a list of useful resources.

2.10 Copies of the guidance have been circulated to social workers as part of the pilot and there were a number of very positive comments revealing the value of the content in terms of improving their knowledge, understanding and confidence of working with FGM cases.

2.11 Features that social workers felt were particularly valuable included:

- preparing for a visit and consideration of the context of family and culture;
- a list of key questions and prompts to help develop an understanding of risk during the visit and interview;
- an example of a genogram to help social workers map family relations;
- a case study example of a girl who has not been cut and her siblings who have been cut to understand the potential risk.

*"It is important that we have this guide and it is ground-breaking, it is the first of its kind and with the RAM, it really takes our practice forward."*

*"The questions provided are most useful, they help me prepare, when things can be really busy, it's a 'go to' place that I can pick up and print off and I feel confident with it."*

*"I haven't seen the genograms shown like that and I think it's a really good idea. It clearly shows the relationship between family members and I have been using this in my general practice."*

*"I found the whole document so insightful, it has definitely given me confidence and will help me consider FGM in the family context."*

- 2.12 The good practice guidance, and subsequent comments from social workers clearly demonstrate the high esteem in which the National FGM Centre is held and the contribution it is making to social workers' knowledge and understanding of how to work with girls and families at risk of FGM.

### **Effectiveness of the RAM in Identifying Risk**

- 2.13 Evidence from the workshop and interviews revealed very positive views of the value and effectiveness of the RAM in assisting social workers in working with families at risk from FGM. These included:

- Supporting early identification of risk;
- Identifying higher level risk;
- Assisting with preparation and planning, and
- Use of the risk indicator.

- 2.14 Comments were also generated that revealed the need for some adjustments to be made: these included:

- Length of the tool;
- The RAM interface, and
- Consolidation of some questions.

- 2.15 Social workers also advocated for careful consideration of the context in which the risk assessment is used by social workers.

- 2.16 During the pilot, a workshop was held which encapsulated the views of social workers and the risk assessment was modified. The findings presented here provide a summary of the views of social workers and how these have been taken in to account through the redrafting of the RAM.

### **Supporting Effective Early Identification of Risk**

- 2.17 Referrals were received through a range of services to the designated social workers piloting the RAM. These included midwives, health visitors, CAFCASS and the Police. All the cases reviewed by the social workers during the pilot were of cases where there was a known risk due to the factors associated with the case (e.g. the mother had undergone FGM/had disclosed pressure to have their daughter undergo FGM, or a girl had siblings that had undergone FGM). Some cases were complex due to the person at risk being an unborn or new born baby and the social workers having to work with the family to protect girls from FGM.
- 2.18 One social worker provided an account of her understanding of FGM prior to the training and subsequently, the value of using the RAM to identify a new-born baby at potential risk of FGM.

*"I am a general social worker working in children's services and I have had little experience of FGM cases. Before I went to the case, I reviewed the question areas I had to think about and took the questions from the guidance with me. Without these, I would have struggled to understand how to approach the case. Mum was planning on returning her baby back to Senegal (where one in four girls have FGM) and leaving the baby as she felt she couldn't work in this country and keep her baby. The Mum had already been circumcised and yet she was planning on returning her baby to the same community where she was circumcised. Initially, when the RAM was undertaken, the risk came out high due to Mum wanting to return her baby to a place of high risk and I used the question areas on the RAM to help me explore how Mum felt around her own experience of FGM; whether she suffered trauma, whether she was frightened and how it had affected her. Mum admitted she had been very traumatised and ran away from her community because of it. I took the time to talk with her about this and to encourage her to reflect on how she felt when she was younger. I did two sessions with her and completed the RAM after both meetings. In the second session, she came out as low risk due to her protective factors and understanding the consequences of FGM. She was strongly against it and I had confidence that she wouldn't let it happen. I would not have known what to ask without the guidance and the assessment, this gave me lots of confidence to ask the right questions... It is a good tool."*

Source: YCL Interview with Social Worker

### **Identifying Higher Level Risks**

- 2.19 One case was identified as medium risk and three cases were identified as high risk upon completion of the RAM. One case was referred by the police and three by health professionals. In all cases, there was a lack of protective factors and a presence of key risk

factors. In the case below, the police had been alerted to a family who were possibly using their premises to undertake FGM on girls.

In this case, equipment had been found in the house that raised suspicions that FGM was being practiced and the police were notified. A referral was made to the social worker by the police for a girl in the family who was aged 7 years and at risk from FGM. The family was from Guinea where according to information provided on the RAM, FGM has a 96% prevalence of all types of FGM and is on the increase.

The social worker identified a lack of protective factors including no evidence that the parents wanted to protect their daughter from FGM and did not want to accept support and advice on how to prevent FGM. There were also complicating risk factors, including mental health in one parent and disguised compliance around risk of FGM in both parents. The social worker recorded that the parents considered FGM to be a part of their culture, and there was also a lack of engagement with services and the family was isolated from their local community. Although the risk assessment recorded that the parents were against practicing FGM on their daughter, there appeared to be enough of a risk to conclude the family were at high risk. The social worker stated that she agreed with conclusions made by the automated flagging system that a referral should be made to the MASH and a Section 47 investigation should be instigated. This was instigated and as a result, the child was removed from the family and investigations are still on-going.

Source: Completed Case Summary and Risk Assessment

- 2.20 This case shows the clear benefits of having a combination of risk and protective factors that, when both are recorded as being present and lacking (respectively), this indicates a high level of risk. This appears to be a key strength of this tool as opposed to other tools (e.g. the DOH<sup>7</sup>) where protective factors are not recorded. The benefits of recording protective factors are that the social workers can approach the family from a point of working restoratively, building on the capacity and willingness of families to protect their daughters. Where this is lacking, there is clear indication of the actions that need to be considered by social workers to protect the girl.
- 2.21 In the second case of high risk, the social worker received a referral from a health worker with a concern regarding a 3-month-old baby.

This case was referred from a health visitor who had concerns regarding a disclosure made by a mother who reported pressure from the wider family to have her baby cut. The family were from Egypt where, according to the FGM template, there is a 91% prevalence of FGM and girls are usually cut between the ages of 4-12 years. Due to the complexities of the case and the concerns regarding pressures from the wider family, the social worker interviewed the mother and father and paternal and maternal grandparents. The initial assessment was completed in 30 minutes and this resulted in a high-risk flag. The case was followed up with another five visits to carry out a safeguarding assessment and the case progressed to court for an FGM Protection Order. Key factors that gave rise to a high-risk flag included: the daughter having older siblings/cousins that had been cut; the mother reporting pressure from family members to have her daughter cut; and both parents not taking active steps to prevent their daughter being cut. The social worker reported that parents had differing views of FGM and in the details section, the social worker described how these views differed.

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<sup>7</sup> Department of Health (2016) Female Genital Mutilation – Risk and Safeguarding.

*"Mother is anti-FGM however father feels that FGM should be legalised and regulated."* (Social Worker)

Despite the case coming out as a high risk and a FGM Protection Order being sought, the protective factors highlighted in the RAM should help the case social worker work with the family on an ongoing basis to prevent FGM.

Source: Completed Case Summary and Risk Assessment

- 2.22 In high level cases, it seems important that details behind the responses are provided to aid any future work with families. This has not always been evidenced, but where this has been completed, there is a much greater understanding of the context around the risks and protective factors present in each case. Training on the use of the RAM could highlight this effective practice to a greater extent to ensure as much information as possible is entered on to the RAM.

### **RAM as an Aid to Effective Preparation and Strategy Planning**

- 2.23 Most social workers did not take the full list of risk factors to interview but used key question areas contained on the guidance document to help prepare for visits. They also reviewed the list of risk and protective factors on the matrix to ensure they could fully answer the questions on their return to office.

*"I looked over it prior to my questioning, that is how I gauged and directed my conversations with the family. Then I came back from the assessment afterwards and was able to go through the sections and complete most areas I needed."* (Social Worker)

- 2.24 It was agreed by all social workers that taking the list of questions to the family interview would not be appropriate due to the sensitive nature of the questions and the length of the tool.
- 2.25 The risk and protective factors cover three discrete areas of focus: Child's Development Needs, Parenting Capacity and Wider Family and Environmental Factors. This encouraged social workers to consider the family and wider issues that may impact on risk. In addition, the blend of risk and protective factors appears to be a key strength of the RAM with regards helping practitioners identify risk, but also in agreeing a strategy/workplan with families.
- 2.26 One worker had used the RAM more than once while working with a family over a period of one year and reported that the case went from high to low risk over the duration of her support.

This family was referred to the FGM team from a specialist health team in one of the pilot sites. According to the health professionals, two older siblings of a new born baby girl had undergone FGM. The family had travelled from Asia and were claiming Asylum and at the time of the referral did not speak any English; all work was carried out through a translator.

*"The family were very difficult to engage with initially. They claimed not to understand our concerns and denied that their daughters had had FGM. This was a very difficult case to progress...there was a complete lack of trust of services on their part which was somewhat understandable as they were frightened of the consequences of our involvement."* (Project Worker)

A Section 47 was carried out and all children were put on a Child Protection Plan. In the first quarter of 2016, social services applied for an FGM Protection Order which was granted in interim. The judge requested that social services work directly with the family and that a medical examination of the girl be undertaken to confirm whether FGM had been done. The medical examination was inconclusive but the potential risk was deemed to be high, due to a lack of presence of any protective factors within the family.

*"When I first did the RAM, the family came out as high risk. The problem was they weren't communicating with me, and we were at a stalemate for a number of weeks. I had to think of a different approach. I considered the other factors on the RAM which would give me a different approach and decided to work on empowering the siblings, exploring their knowledge of their rights and understanding of their own bodies. We did lots of fun things together like colouring and I managed to develop a relationship with the girls."* (Project Worker)

The practitioner considered the threat of FGM was greater from the maternal side of the family and tried to work with the mother to raise her awareness of the wider health and mental wellbeing implications of FGM.

*"Slowly, the mother began to understand what it was we were concerned about, why FGM is harmful for girls and why we were working with her. This was the breakthrough we needed."*

The family were returned to the courts to review the FGM Protection Order towards the end of 2016 and the judge asked for evidence of change. The project worker was able to provide the qualitative evidence that illustrated increased protective factors and also carried out the RAM again which came out as low risk, largely due to a change in protective factors which were now present within the family.

Source: YCL Interview

- 2.27 This case evidences how the practitioner shaped her strategy of working with the family to improve the protective factors identified as missing on the RAM.
- 2.28 Other social workers reported how the list of questions focussed their attention on specific concerns within the family.

*"One of the strengths of the assessment is that it really focusses you down on the particulars, it leaves no room for ambiguity."*

*"The statements are very helpful in terms of pointing you to look at different areas."*

*"I'm not a specialist in FGM, though I read about it. To go in and do a risk assessment without this, I wouldn't have known what to ask. It helped a lot to push the conversation in the right direction to find out what I need."*

*"It was helpful back at the office to stratify risk and which families may need more support and in what areas."*



2.29 Through exploring a range of protective factors, practitioners were able to establish a low risk of FGM. The useful protective factors cited included:

- Strong and effective parental relationship with their daughters
- Indication of a willingness to protect their daughters from FGM
- Awareness of health implications of FGM.

2.30 In one case, a mother had been referred to a social worker through a midwife, and although having had FGM herself, using the RAM, the social worker was able to establish the case was low risk due to the range of protective factors.

A mother was referred by a midwife due to having had FGM and giving birth to a baby girl. The mother came from The Gambia where the RAM informed the social worker there is 76% prevalence rate in this country and FGM is said to be increasing. The social worker made a visit to the home and talked with the mother around her views of FGM, any cultural and community expectations and any other pressures that she may feel about having her daughter cut. As a result of the visit which took one and a half hours, the social worker was able to establish a range of protective factors which mitigated against the risk of FGM to the daughter. These included: parents understanding the health consequences of FGM; having insight in to the FGM risks extended family may pose and the family having supportive networks in the local community. In addition, the family were registered as engaging well with services. All related risk factors connected to FGM being a religious or cultural requirement were not present. The automated risk flag concluded the risk was low and the social worker agreed a safety plan with the mother and referred to early help services for additional parenting support, identified in the interview.

Source: Completed Case Summary and Risk Assessment

### **Automated Rating of Level of Risk**

2.31 The general opinion from the practitioners piloting the tool was that the automatic flagging of the risk rating is a useful aid to understanding risk. It aids reflection and further discussion with line managers in case supervision. There were examples provided as to how practitioners have used the RAM to evidence a change/reduction in risk as a result of their work and before closing a case.

2.32 Two social workers reported not agreeing with the overall risk and that in both cases it had underestimated the level of risk due to conflicting viewpoints of parents.

*"Sometimes the risk or protective factors may not be fully captured, resulting in risk level with which the social worker may disagree."*

*"The RAM did not take into considerations that parents may have contrasting views especially in this case where there was custody issues and both parents were hostile towards each other and making allegations against each other. While it appeared that one parent's explanation and understanding was plausible I felt the other parent appeared not be transparent or forthcoming with professionals."*

- 2.33 Since the last comment, the tool has been amended to include a risk factor pertaining to parents who have differing viewpoints. The wider point that all social workers agreed on was that the automated flagging or risk should be treated with caution and that professional judgment is paramount when considering the risks presented by cases. Indeed, the preamble at the start of the RAM clearly states this.

### **Challenges with Using the RAM to Identify Risk**

- 2.34 The key challenges reported with the RAM were related to:

- The length of the tool;
- The Excel interface, and
- The need for some questions to be amended or consolidated.

### **The Length of the RAM**

- 2.35 Initial feedback at the workshop and in the early interviews suggested that the assessment tool was too long and that practitioners would not be able to complete all the areas after the first visit.

*"The time required to complete the RAM does not fit with the number of allocated cases I have." (Social Worker in Early Help Clinic)*

- 2.36 The review of the RAM held in October 2016 resulted in a reduction in the number of questions from 68 down to 50.
- 2.37 However, although the number of questions reduced, there is still concern that the RAM, if completed in its entirety, is too long for some social workers, particularly those working in early help settings.

*"We don't get the opportunity to develop relations with the family in our clinic as we don't see them for long enough. Some of the questions on this tool are not practical for us to use."*

- 2.38 Although the tool is highly valued and considered to be contributing positively to social work practice in FGM, social workers would not like to see the tool made mandatory due to its length and the information/time required to complete it. Social Workers with high levels of experiences and high caseloads did not continue to use the tool beyond pilot requirements due to its length. They expressed a view that the tool is more useful for social workers with less experience.
- 2.39 Methods regarding completing the tool at the outset were not prescriptive and some social workers completed all question areas and some only completed sections where they had knowledge of risk. The second draft included the facility to enter a 'Don't Know' response against questions. Although there are concerns regarding its length, good practice would be for all question areas to be completed to evidence what is known and not known about each case.

#### **The Need to Work with High Levels of Sensitivity when Completing the Tool**

- 2.40 When comparing the RAM to the DoH tool<sup>8</sup>, it was acknowledged that the DoH tool was a more straightforward tool to use. However, it seems that the social workers who work more holistically with families found the new RAM a much more comprehensive tool and one that supported the planning of effective support as detailed above.
- 2.41 However, these social workers acknowledged that practitioners using the RAM would require a high level of skill and sensitivity in order to work through the full range of risk and protective factors. Three social workers expressed concerns about the application of the tool by less experienced practitioners that may result in families feeling deterred from engaging in advice and support due to the intrusive nature of the questions.

*"One of the possible unintended consequences of it, is that people with less experience of FGM and who feel naturally anxious about initiating conversations around FGM, could use it in a tick-box way. That might aggravate some of the underlying problems." (Social Worker/Team Leader)*

*"Human aspects need to be understood, which only comes with experience and not confining your thinking to the key risk factors." (Social Worker)*

*"The tool is an aid and you cannot go with assumptions to families based on culture as it can vary so much from what you may expect." (Social Worker)*

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<sup>8</sup> Department of Health (2016) Female Genital Mutilation – Risk and Safeguarding.

2.42 It seems important, therefore, that any promotion of the use of the RAM to local children's services and other related professionals, is accompanied by training from the National FGM Centre. This will ensure that social workers with less experience have a good knowledge of how to approach families, how to consider risk and how to use the tool.

### **Application of the Tool**

2.43 There were some comments provided and observations made (by the evaluators) regarding the practical use and functionality of the tool that are worth considering for any future roll-out of the RAM. These include:

- Navigating, printing and publishing the document
- Entering responses on to the RAM to indicate risk
- Inflexibility of some questions

### Navigating, Printing and Publishing the Document

2.44 Currently the RAM is designed as an Excel spreadsheet. This has a number of limitations:

- Navigating through the four question areas is difficult as the screen has to be scrolled to view all risk/protective factor. It may be beneficial to spread the four areas across different worksheets to keep scrolling to a minimum.
- The font is set to small to accommodate the four areas and makes for difficult viewing. However, increasing the font size decreases the overview of the RAM on the screen. The font size for country of origin is much too small.
- Printing the RAM requires an A3 sheet of paper and manipulation of the screen. Social workers may want to print the RAM to take to supervision and social workers did not know how to do this in the pilot.
- Publishing the document to aid sharing of information across workers/teams is difficult in Excel.

2.45 There are other options such as Survey Monkey which would provide a more robust interface. Survey Monkey should offer the facility of providing an automated flagging system through conditioning questions but this would need further investigating.

2.46 An additional benefit of this approach would be that information can be downloaded and analysed by local authority or teams etc., or/and analysed centrally by the National FGM Centre (this would require appropriate data sharing agreements between the FGM Centre and Local Authorities). This would provide exciting information and insight in to the number of referrals and levels of risk across all areas using the tool. It would also provide indication of use.

### Entering Responses Against Each Risk Factor.

- 2.47 Currently the method of entering a response is not secure. An 'X' is required to be entered against each risk factor. However, it is possible to enter more than one 'X' against each risk factor and to enter the word 'No' and 'Yes'. This has been done by one social worker by mistake and resulted in her stopping using the RAM due to her perception it was not working properly. The application of the tool needs to be 'error free' in its design to ensure that risk is recorded correctly.

### Inflexibility of Some Risk Factors

- 2.48 There were concerns expressed that the tool did not enable social workers to express concerns regarding an unborn baby due to questions being focussed on evidence gathering about a girl. This was addressed to some extent at the follow-up workshop and a question was added around risk to the unborn:

### **Risk Factor on New Born Added**

Mother who has undergone FGM, is pregnant/just given birth to a female child/or extended adult family members have undergone FGM

Source: National FGM Centre Risk Assessment Matrix

- 2.49 However, this risk factor has been conflated with another risk factor stating that the mother has undergone FGM. One case referred indicated a lower risk than the social worker expected due to the mother not having had FGM herself and the social worker having to tick 'No' to the risk factor that would have revealed the woman was pregnant and there was a risk of FGM. In this case the risk to the unborn was due to pressure from the father.
- 2.50 In another risk factor, one social worker commented that there is no possibility to make a distinction between the generations regarding who has undergone FGM. In one case, the risk assessment came out as high risk, due to the grandparents having had FGM but the mother not having had FGM. The social worker completing the RAM disagreed with the risk result.

### **Summary**

- 2.51 The pilot has delivered three very effective outputs through the delivery of training, good practice guidance and the RAM. The vast majority of social workers participating in the pilot stated that their knowledge, understanding and capacity to identify risk had improved as a result of the pilot activity and use of the RAM. Evidence generated demonstrates how the RAM aided the identification of risk both at lower and higher levels of risk. The inclusion of protective factors provided additional insight into the capacity within families to protect their daughter from FGM and also provided social workers with a clear framework from which to agree a strategy to keep girls safe. Social workers did, however, reiterate that the tools is an aid to their assessment of risk and that professional judgement and the need to work sensitively is paramount. Some functionality of the RAM needs to be reviewed and improved before a national roll-out is considered.

### **3 CONCLUSIONS AND RECOMMENDATIONS**

#### **Introduction**

- 3.1 This section sets out the conclusions and recommendations based on the findings from the pilot.

#### **Key Findings**

- 3.2 Findings from this pilot are to be considered indicative only due to the small numbers of social workers trialling the RAM.
- 3.3 Evidence from the study suggests the pilot activity including training, a good practice guide and a risk assessment matrix has provided a comprehensive platform from which social workers with no or little experience have been upskilled to safely assess risk of FGM in girls.
- 3.4 The one day training familiarised social workers with the FGM agenda and encouraged an open discussion around the perceived challenges of working with families affected by FGM. Social workers were able to share and draw on the expertise from others around them and from experts in the National FGM Centre.
- 3.5 The Good Practice Guide provides a comprehensive understanding of FGM and practical examples of how to approach work with families. Social workers recognised the value of the resource as potentially 'ground breaking' in its potential for developing social work practice in FGM.
- 3.6 The development of a risk assessment focussing solely on FGM enabled social workers to investigate a comprehensive range of risk and protective factors that impact on girls' likelihood of undergoing FGM.
- 3.7 Evidence showed that the tool encouraged reflection among social workers with regards how to work with parents and girls to improve awareness and understanding of the harm caused by FGM.
- 3.8 The RAM indicates where protective factors, particularly among parents can mitigate against risk from family members or wider community members. This has aided social workers' understanding of where risk is present but is low due to the capacity within the family to prevent harm.
- 3.9 Social Workers agreed the tool is a valuable aid to their assessment of risk. The automated risk flag designed in to the RAM is a useful guide but does not replace professional judgement.
- 3.10 There were some concerns that less experienced practitioners could use the tool too literally with families and that families could be disengaged from working with safeguarding services as a result of insensitive questioning. The Good Practice Guide provides social

workers with a clear steer as to how families should be approached, and the range of factors to consider.

- 3.11 It is important therefore, that the tool is not used in isolation from the training and resources provided through the National FGM Centre. Local authorities and other services who choose to adopt the RAM as their method of assessing risk from FGM, should be encouraged to sign up for the one day familiarisation training and use the Good Practice Guide<sup>9</sup>.
- 3.12 Any future roll-out of the RAM needs to be undertaken after a review of the interface. The Excel format is not ideal and some of the functionality needs to be improved. Particularly important is securing the 'one response' only against each indicator, the ability to print out a copy and take to supervision, and to publish/save on to local authority children's services case managements systems.
- 3.13 The RAM pilot included one iteration as a result of feedback from social workers attending a review meeting. The process included consolidation and amendment of risk factors and resulted in a reduction in the overall number of risk indicators. However, more experienced social workers would be concerned if the tool was to become mandatory due to its length and the time required to complete all areas.
- 3.14 That said, the pilot has successfully up-skilled front-line practitioners and the RAM provides the foundation for capturing comprehensive data that should prevent new cases of FGM.

## **Recommendations**

1. Review the interface of the RAM to ensure:
  - a. Scrolling is kept to a minimum
  - b. Only one 'X' can be placed against each risk/protective factor
  - c. Adjust font sizes in Country of Origin
  - d. Printing and Saving can be easily achieved
2. Consider the use of a different interface such as Survey Monkey or other online resources that could facilitate greater understanding of risk from FGM and use of the tool across local areas.
3. Review questions to safeguard risk for the unborn baby that has been conflated with the mother having undergone FGM and questions to include risk that relates to different family generations.
4. Provided guidance to social workers that good practice involves completing all risk/protective factors and to not leave any blank.
5. Promote the use of the tool with the one day training and provide the Good Practice Guide with all distributions of the tool.

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<sup>9</sup> National FGM Centre (2016) Ibid.

**Barnardo's and Local Government Association**  
**Review of a Female Genital Mutilation Risk Assessment Matrix**

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**Note:** There are future plans to develop an App which should resolve many of the issues related to the recommendations above. Any wider distribution of the RAM in its current form needs to consider the points raised above.