The Social Innovation Partnership

An Evaluation of The Dove Project

February 2014

The Dove Project is a Partnership project run by AFRUCA, Newham CYPS and Newham CAMHS.

Contents

Executive Summary

This document provides an evaluation of The Dove Project pilot from November 2012 to October 2013.[1]

Faith Based Abuse

The Dove Project aims to improve the services provided for victims of faith-based abuse. The term 'faith-based abuse' can be used to describe a range of abuse including ritualistic abuse (human sacrifice or sexual acts), exorcism rites that cause emotional and physical harm and withholding of medical treatment in favour of prayer. However, within this report the term is used to refer to a narrower definition relating to child abuse linked to the belief in witchcraft or spirit possession.

The Dove Project Overview

The Dove Project is a partnership project run by Africans Unite Against Child Abuse (AFRUCA), Newham Children and Young People's Services (CYPS) and Newham Child and Adolescent Mental Health Services (CAMHS). The Project was launched in November 2012 as a 12 month pilot project funded by Trust for London. The Dove Project funding proposal states the project aim is to "strengthen psychological support for children and families affected by abuse linked to beliefs in witchcraft and spirit possession"[i]. Additional, intermediate aims of The Dove Project include **i) increased awareness of witchcraft branding, ii) increased support to victims and their families** and **iii) increased access to a range of services**.

The Project aims to achieve this through two key activity streams: **i) Service Planning and Delivery** and **ii) Outreach**. The first includes providing consultative support to service providers, working with service providers through "reflective meetings" and taking a "Team Around the Child" (TAC) approach to provide wrap around support for the children and families involved in cases where there is a suspected element of faith-based abuse. The second encompasses awareness raising activities with schools and other youth providers and with CYPS and CAMHS practitioners.

Over the 12 month pilot period the Project achieved the following outputs:
- 7 faith and community leaders were recruited
- 11 cases were referred to the Project
- 12 awareness raising sessions were conducted
- Approximately 10-12 surgery sessions were conducted for practitioners

Trust for London funded an external evaluation of the Project in order to assess whether the Project met its stated aims and could start to demonstrate the impact of its work.

Evaluation Process

The Social Innovation Partnership (TSIP) was brought on board by Trust for London as the external evaluator for The Dove Project in February 2013. It was initially agreed that TSIP would take a mixed method approach to the evaluation which would cover three areas: **i) programme evaluation** (theory of change, process mapping and process evaluation), **ii) practitioner awareness** (staff surveys), and **iii) client impact** (case studies). This approach was designed to ensure that the evaluation assessed the Project's two key aims (increased awareness and increased support for victims), while the additional

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[1] The Dove Project pilot was initially funded for 12 months (November 2012 - October 2013). Trust for London subsequently agreed to an extension of the pilot, however, the scope of this evaluation remains the initial 12 month period. This report therefore only addresses activities conducted up to the end of October 2013.

programme evaluation aspect was considered of particular importance given the nascent nature of the Project in addressing faith-based abuse through a partnership approach.

However, the evaluation of The Dove Project was later re-scoped as a result of the challenges the Project faced. These included the low levels of response by local authority practitioners to TSIP surveys and challenges in collecting consent from many of the families involved in order for the evaluators to view families case files (due to the delays caused by the necessary CAMHS and CYPS consent processes). As a result TSIP agreed with Trust for London that this evaluation would focus on conducting a programme assessment of The Dove Project which assesses whether the Project was **i) effectively designed (programme design)** and **ii) efficiently delivered (programme implementation)**. An overview of the findings in these areas is discussed in the Programme Assessment section below.

Programme Assessment

The Dove Project is **one of the first pilot projects seeking to address the need for support relating to faith-based abuse in the borough of Newham** and project stakeholders should be credited for their willingness to develop a new model to meet this need. Project stakeholders and practitioners engaged in the evaluation **unanimously agreed that ongoing support in this area has the potential to add significant value**. This is notable given the complexity of the issue tackled by the Project and the challenges of partnership working between large statutory bodies and small third sector organisations.

This programme assessment focused on learning the lessons from this pilot in order to be able to make some recommendations about how this kind of service could most effectively be delivered in the future. The programme assessment was conducted across five key areas which are outlined below. Headline findings are given here with a more thorough discussion of each in section 4.

Programme Design
The assessment of the design of the Project model addresses three key areas:
1. **Activities and outcomes:** a range of project activities and outcomes were agreed before the commencement of the Project and TSIP worked with the project team to develop a Theory of Change to clarify the key areas of focus. This included two key outcomes: i) increased referrals and ii) increased welfare of victims and two key streams of activity: i) awareness raising and ii) specialist support. Specialist support included two different approaches: practitioner support and advice and direct work with families through the TAC approach. However, once the Project started, more emphasis was given to consultancy and advice for practitioners as a result of low demand for direct family support. This demonstrates a flexible, needs-led approach taken by the Project team. The changes made to project focus, although discussed, were not formally documented.
2. **Stakeholder roles:** were scoped and agreed during the development of the project model but would have been strengthened by additional detail, particularly in the area of project management activities. In future the project should consider allocating additional resource to project management.
3. **Project processes:** project planning around scoping of processes focused on referrals to the Project and direct work with families through the TAC. Some additional scoping of processes around wider activities (awareness raising, consultancy and advice, project management) would have been useful in order to made stakeholder interaction easier, particularly since the Project did a significant amount of work in these areas.

Programme implementation
Programme implementation includes two key activity streams:
4. **Awareness raising activities:** were focused on Newham CYPS and CAMHS practitioners with sessions being conducted across at least seven different teams. A further two awareness raising

sessions were also conducted in the community. Practitioners reported mixed awareness and understanding of the Project. This is unsurprising given the size and multiplicity of teams within CYPS. Practitioner feedback mentioned that much information relating to the Project sessions was communicated via email, a launch (or re-launch) event might provide a useful way to quickly raise awareness of new projects in future.

5. **Direct support services:** the Project planned to deliver support both direct to families and victims through a TAC approach and to practitioners via consultancy and advice services. Although it was hoped that a significant amount of direct family support would be provided, low referrals and consent for direct engagement meant that more emphasis was given to supporting practitioners (and thereby families indirectly) through consultancy and advice. Practitioners reported that this model of support was helpful and would be of ongoing value. To capitalise on these preliminary successes the consultancy services should make sure they set out clear next steps, options for additional support and the roles of different project stakeholders present.

The work of the AFRUCA, CAMHS and CYPS was supported by a pool of seven faith and community leaders recruited to the project, vetted and trained in child protection by the Family Support and Outreach Worker (FSOW). **The recruitment of these faith and community leaders represents an innovative approach to addressing the issue of Faith Base Abuse and should be seen as an achievement in itself.** AFRUCA found that very few faith and community leaders were prepared to speak out openly about faith-based abuse practices. However, it is hoped that with better awareness, training and involvement, more faith and community leaders would be willing to do so.

Where direct family support was provided, practitioner feedback particularly highlighted the value that these faith and community leaders added through their expertise in detecting the reasons for abusive behaviour and their ability to deconstruct harmful messages. This is a resource that other projects addressing issues of faith based abuse should also consider developing.

Conclusions and Recommendations

Staff feedback unanimously identified a clear need for a service supporting CYPS and CAMHS practitioners to address issues of faith-based abuse and we would recommend that Newham CYPS and CAMHS teams continue to offer their staff support in this area. Overall we found that the practitioner support provided by the Project, and the additional expertise offered by the faith and community leaders was considered valuable. However, the Project could benefit from greater project management and an additional level of clarity and structure.

Two types of recommendations are included below. The first relates to The Dove Project model and how this could best be framed for the next phase of the project. The second relates to some of the learnings from the pilot Project which could be relevant to The Dove Project going forward, or to any other project seeking to address this issue.

Project Model
We recommend that the Project team conduct a needs assessment to consider key focus areas of the Project going forward. This should include consideration of the following:
- This report found that **practitioner awareness raising and consultancy support from The Dove Project was considered a useful model** by practitioners. Since the numbers of caseworkers requesting direct family support at any one time has remained small the Project could consider offering a consultancy and referral model in future which would not require the same degree of partnership working.

- **Direct family support was provided in a few instances and several caseworkers reported the value of this**. If the project wants to consider providing this type of support it will be important to try and generate additional referrals. Practitioner awareness raising sessions did not generate as many referrals as hoped and the Project team should therefore consider whether a greater focus on community awareness raising sessions might help to do this.
- The faith and community leaders recruited by the FSOW were a key strength of the Project model and were viewed as extremely valuable by practitioners. We recommend that whichever model of support the Project pursues, they continue to draw on and utilise this resource.

Further recommendations

The pilot phase of the Project has provided the team with several areas of learnings which will be useful if the project continues to go forward. In particular we would recommend that the Project should:

- Continue to use and update the data collection spread-sheet recently developed and expand it to track outputs related to awareness raising and consultancy activities as well.
- Appoint a single project manager (CYPS or CAMHS) with explicit responsibility for ensuring delivery of project KPIs (progress has already been made in this area in terms of the CYPS lead taking a stronger project management role).
- Set specific targets for activities and outcomes before roll-out.
- Ensure comprehensive allocation of roles across all activities and ensure stakeholder buy-in.
- Conduct a formal (re)launch of the Project to raise awareness of the service.
- Capacity build stakeholders where necessary.
- Consider funding pilot projects for longer than 12 months to take into account time taken to recruit staff and build partner relationships and working.
- Continue to evaluate the project including setting up a comparison group once the project model is fixed.

Section 1: Tackling faith-based abuse

This section provides an overview of what faith-based abuse is and what the various responses to it have been within the UK.

1.1 What is Faith-based Abuse?

The term 'faith-based abuse' can be used to describe a range of abuse including ritualistic abuse (human sacrifice or sexual acts), exorcism rites that cause emotional and physical harm and withholding of medical treatment in favour of prayer. However, within this report the term is used to refer to a narrower definition relating to child abuse linked to the belief in witchcraft or spirit possession. This consists of falsely accusing a child of being responsible for all types of misfortunes by virtue of labelling her/him a witch or possessed by evil spirits, and therefore exposing the child to a litany of abuses which can include emotional trauma, physical, sexual abuse and neglect. It should be noted that although abuse by faith leaders may fall in this category this is not always the case; particularly where sexual abuse is concerned. All references to faith based abuse within this report should be understood within the context of this definition.

1.2 Background

Awareness of the issue of faith-based abuse in the UK has been increased by several high profile cases including those of Victoria Climbie, 'Tunde', Kristy Bamu and 'Adam'.

The case of Victoria Climbie in 2000 was particularly significant in prompting legislative reform. The subsequent Laming enquiry highlighted massive failings on the part of 12 agencies involved in the case (including the police and social services) and led to the Children Act, 2004, and recommendations for a radical reform of services, particularly in the areas of better joined up working and information sharing in the form of the Common Assessment Process.

Although the recommendations from the inquiry did not address the specific issue of faith-based abuse, the case contributed to a growing awareness of the issue and the recognition that cases involving faith-based abuse are often extremely complex. In particular, there has been increasing awareness that a significant number of professionals lack expertise in this area. Philip Ishola of the London Safeguarding Children Board (LSCB), who has led the development of guidance for social care professionals on faith-based abuse, stated that "It is still very difficult for children's social care teams to unpick what has caused the abuse."[ii]

Very little is known about the quantity or nature of cases of faith-based abuse. However, evidence from the last major study of child abuse linked to accusations of witchcraft to be published[iii] suggests that faith-based abuse is 'more common amongst new immigrant communities' with 57% of the children identified as victims in the study (of a sample of 30 cases) born outside the UK[iv]. These findings suggest that the issue of faith-based abuse is therefore of particular relevance to boroughs like Newham with large immigrant populations.

1.3 Responses to the issue of Faith-based Abuse

Following on from the Children Act, 2004 there have been several responses to the issue of faith-based abuse:

- **Project Violet:** the Metropolitan Police Child Abuse Investigation Command established its own specialist operation; Project Violet, which has since examined over 83 cases involving faith-based abuse. The Project aims to develop prevention strategies and initiatives, raise awareness amongst professionals, communities and faith leaders, provide advice, and develop intelligence opportunities.

- **Safeguarding children guidance:** the non-statutory guidance "Safeguarding children from abuse linked to a belief in spirit possession"[v] provided information on the nature of faith-based abuse and appropriate approaches to tackling the issue. The guidance stresses that 'it is incumbent on all agencies to work together to safeguard and promote the welfare of children'[vi] and suggest local community partnerships to reinforce this.
- **The National Action Plan to tackle child abuse linked to faith or belief**[vii] (2012) was developed by the National Working Group on child abuse linked to faith and abuse and listed 16 key actions under the four themes: engaging communities; empowering practitioners; supporting victims and witnesses; and communicating key messages. The paper reiterated the need for a cross-agency approach to combat faith-based abuse highlighted by Project Violet and the House of Commons Education Committee.

1.4 Cross-borough review: Newham findings

Since the murder of Kristy Bamu, the Newham Safeguarding Children Board and the London Borough of Newham (LBN) have been developing their response to the National Action Plan. A cross borough review completed in June 2013 assessed Newham's progress against the National Action Plan.

The report concluded that Newham had made good progress and had:
- **Successfully developed a strategic direction** through the establishment of the Faith & Culture sub group which leads the progress on the four strands of the National Action Plan.
- **Commissioned training from Children and Families Across Borders (CFAB) and Project Violet** which focused specifically on assessing risk of abuse linked to faith or belief. The review reported that there is evidence of practitioners growing confidence and ability to recognise or raise issues where faith-based abuse is a concern.
- **Created a new Engagement Officer (EO) post** to increase engagement and partnership with the range of faith and community organisations in Newham. 235 leaders and members from local faith communities have received training in safeguarding children.

Section 2: Dove Project overview

This section provides an overview of The Dove Project: the background to why and how the project was developed, the initial aims and activities of the Project and the roles of the various partners involved in delivering it.

2.1 Background to The Dove Project

Africans Unite Against Child Abuse (AFRUCA) is a charity, first established in 2001, which works to promote the rights and welfare of African children in the UK. AFRUCA has been particularly instrumental in raising the profile of the issue of child abuse linked to faith or belief, most notably by raising the issue with Tim Loughton, MP, Parliamentary Under-Secretary for Children and Families in 2011. This resulted in a roundtable discussion on the issue, the subsequent establishment of a National Working Group later that year and the agreement of a National Action Plan outlining 16 actions to address the issue in 2012.

Trust for London, another member of the National Working Group and an existing funder of AFRUCA, subsequently held discussions with AFRUCA and approached London Borough of Newham to discuss the possibility of funding a partnership project related to faith based abuse. A joint project proposal was subsequently developed by AFRUCA, Newham CYPS and Newham CAMHS. AFRUCA's aim to establish a project to support victims of witchcraft abuse, working with Newham Children and Adolescent Mental Health Service (CAMHS) and London Safeguarding Children Board (SCB), was also mentioned in the National Action Plan as a subsection of the aim to "Develop approaches to support reintegration for victims – including psychological and therapeutic support"[viii].

Funding for a year-long pilot project with the aim "to strengthen psychological support for children and families affected by abuse linked to beliefs in witchcraft and spirit possession"[ix] was agreed for the year November 2012 to October 2013. **The Project took a distinctive partnership approach, bringing together AFRUCA, Newham CAMHS, Newham CYPS, the Newham Faith and Culture Sub Group of the Local Safeguarding Children Board and subsequently a group of faith and community leaders**. However, funding restrictions meant that funding was only provided to AFRUCA; largely to fund the part time (0.6FTE) Family Support and Outreach Worker (FSOW) role. The Project became known as The Dove Project.

2.2 Aims and outcomes

The partnership approach taken by The Dove Project represents a core aim of the Project: to bring together different areas of expertise in order to address an extremely complex issue and provide a more effective service for victims of faith based abuse. **This partnership approach is a core component of The Dove Project but also led to wider sharing of expertise between AFRUCA and the LBN Faith and Culture Sub Group.**

The Dove Project's funding application, evaluation planning documents and AFRUCA website variously express the overall aim of The Dove Project as "to strengthen psychological support for children and families affected by abuse linked to beliefs in witchcraft and spirit possession"[x] and, more generally, "to improve the welfare" or "to provide a holistic approach towards meeting the needs" of children and families where there has been child abuse linked to faith or belief.

Intermediate aims of The Dove Project outlined in the initial documentation include **i) increased awareness** of witchcraft branding, **ii) increased support** to victims and their families and **iii) increased access** to a range of services but in different documents variously include:

- **Outcomes for service users:** improvements in the child's wellbeing, increased access to therapeutic services,
- **Outcomes for practitioners:** improved identification of cases, improved partnership working and professional knowledge, increased access to expert advice for practitioners, increased practitioner understanding of underlying issues and indicators, increased support available for practitioners, new approaches developed to supporting and re-integrating victims – including therapeutic support and social support, and,
- **Outcomes for wider community:** improved knowledge of the issue by young people, improved identification of cases by young people, more young people aware of services available.

NB. The three categories of outcomes given above have been imposed retrospectively.

2.3 Activities and outputs

The Dove Project plans initially describe two key activity streams: **i) Service Planning and Delivery** and **ii) Outreach**. The first includes providing consultative support to service providers, working with service providers through "reflective meetings" and taking a "Team Around the Child" (TAC) approach to provide wrap around support for the children and families involved in cases where there is a suspected element of faith-based abuse. The second encompasses awareness raising activities with schools and other youth providers and with CYPS and CAMHS practitioners.

The target outputs of the Project are listed in the funding application as:
- 10 children and families receive integrated CAMHS service (8 hourly sessions)
- Improved access to further psychological treatments
- Identification of 12 further cases
- Development of a model for early identification including joint assessment

2.4 Project partners

The Dove Project involves five partners. Each partner, their role, and the key individuals involved are listed below:

Figure 1. The Dove Project partners and roles

	Partners	Role	Key individuals
1	AFRUCA	Faith-based abuse experts • Lead project • Sit on Team Around the Child (TAC) • Key interface between family and TAC • Consultative support to service providers • Conduct outreach work	• Family Support Outreach Worker (FSOW)
2	Newham CAMHS	Child mental health specialists • Sit on TAC • Provide CAMHS services	• Senior CAMHS representative • CAMHS practitioners
3	Newham CYPS	Child protection specialists • Sit on TAC • Provide CYPS services • Responsible for Quality Assurance	• CYPS manager • Social workers

	Partners	Role	Key individuals
4	Faith and Community Leaders NB. recruited by AFRUCA	Faith and religious belief experts • Sit on TAC • Provide trusted faith insight to families	• 4 faith leaders • 3 community leaders
5	Faith and Culture Sub Group (Newham Safeguarding Children Board)	Faith and Culture • Strategic support • Dissemination of learning and best practice	• Faith and Culture Sub Group lead

When referring to the "core stakeholders" of this project this report refers to AFRUCA, Newham CAMHS and Newham CYPS.

Section 3: Evaluation Process

The Social Innovation Partnership (TSIP) was brought on board by Trust for London as the external evaluator for The Dove Project in February 2013. Our evaluation approach was agreed with Trust for London as well as stakeholders including AFRUCA, Newham CYPS, Newham CAMHS and Newham Faith and Culture Sub Group.

3.1 Evaluation approach

TSIP proposed taking a mixed method approach to the evaluation which would cover three key areas:

- **Programme evaluation:** theory of change, process mapping and process evaluation.
- **Practitioner awareness:** staff surveys focusing on awareness of the issue of faith-based abuse and the services offered by The Dove Project specifically. One survey to be conducted near the beginning of the Project and again near the end of the year-long project.
- **Client impact:** anonymised case studies of children and families engaging with the service to capture whether the TAC approach; supplementing CAMHS and CYPS services with the expertise of the FSOW and faith and community leaders, showed indications of having an impact.

This evaluation approach was designed to ensure that the evaluation measured the two key activity streams: **i) service delivery** and planning; by assessing whether the Project achieved any impact for families and **ii) outreach**; by assessing whether there was any change in practitioner awareness. The programme evaluation aspect was considered of particular importance given the nascent nature of the Project in addressing faith-based abuse through a partnership approach.

3.2 Challenges and limitations

The evaluation of The Dove Project has faced significant challenges which have led to changes in the scope of the evaluation. These are outlined below.

Figure 2. The Dove Project evaluation: challenges and limitations

Challenge	Resulting action or limitation
TSIP was appointed as the evaluator in February 2013 (3 months after the start of the pilot project).	No 'baseline' staff surveys were conducted although the staff surveys were conducted twice (once in May 2013 and once in November 2013.
The staff surveys (conducted in May and November 2013) received a very low response rate which makes it hard to draw any confident conclusions.	TSIP agreed to conduct two additional staff 'focus groups' (one with CYPS and one with CAMHS) to gain additional insight into the value of the pilot project to practitioners. 7 staff took part in the focus groups (5 from CYPS, 2 from CAMHS) so the sample remains small. Responses from staff surveys and focus groups have therefore largely been used to provide anecdotal support to other areas of evaluation rather than to draw wider conclusions.
The Dove Project was only able to collect one consent form in order to allow TSIP to access client case-files.	The process required for CAMHS and CYPS to comply with confidentiality and consent procedures led to delays and meant that TSIP was unable to develop case-studies in line with the initial evaluation plans. This led to a re-scoping of the evaluation (discussed below).

Challenge	Resulting action or limitation
Evaluation timelines were delayed by: i) Delays in agreeing and distributing and collecting consent forms ii) High turnover of Newham CYPS project 'leads'	TSIP was unable to view contents of the case-files until consent was in place and was consequently unable to conduct a review of the data collected for case-files until September 2013. Although recommendations for data collection were agreed between TSIP and the FSOW earlier in the Project these were not met and this led to some challenges with the quality of data collected. TSIP agreed with the funder that re-scoping the evaluation to focus on a programme assessment of The Dove Project would be most sensible, both due to the limited data provided for impact assessment and as result of the process challenges which led to the lack of data in the first place.

In light of the challenges discussed above TSIP agreed with Trust for London that this evaluation would focus on assessing whether the Project was **i) effectively designed** and **ii) efficiently delivered**. This report will address both of these questions ([section 4](#)) and will then seek to give recommendations for how The Dove Project, or a similar project, could be designed to work most successfully ([section 5](#)).

In order to deliver this evaluation TSIP conducted the following activities:

Figure 3. TSIP evaluation activities

Evaluation Activity	Details
Theory of Change and process mapping	• Review of project documents and initial drafting • 3 review and feedback meeting (CAMHS, AFRUCA, CYPS) • Finalising and sharing documents
Staff survey	• Initial development of staff survey questions • Sharing and review of survey by CAMHS, AFRUCA and CYPS • Finalising and sharing survey for May role out • Analysing May survey findings for interim funder report • Analysing Dec and May survey findings for final report
Focus groups	• CYPS practitioner focus group • CAMHS practitioner focus group
Case studies	• Agree consent process with stakeholders • Support development of consent form • Sign confidentiality agreement • Make recommendations regarding data collection to FSOW
Meetings and admin	• Attend 6 project team meetings • Attend 1 Newham cross-borough review meeting • Deliver 1 interim funder report (Aug 2013)

Section 4: Programme Assessment

As discussed in the previous section, this evaluation will focus on delivering a programme assessment of The Dove Project, rather than an impact evaluation. This will include an assessment of the **i) effectiveness** and **ii) efficiency** of the Project i.e. did the Project achieve what it set out to achieve and did the mechanisms put in place to deliver the Project work well?

Practitioner feedback (though surveys and focus groups) and client data will be used to support this wider programme assessment.

4.1 Project achievements

Before analysing these two questions, this section will give **i) a brief overview of what the Project delivered** within its initial 12 month pilot stage and **ii) an explanation of the context within which this was achieved**. An overview of the Project is shown in the Project timeline (figure 3) and the key project outputs are shown in the table below (figure 4).

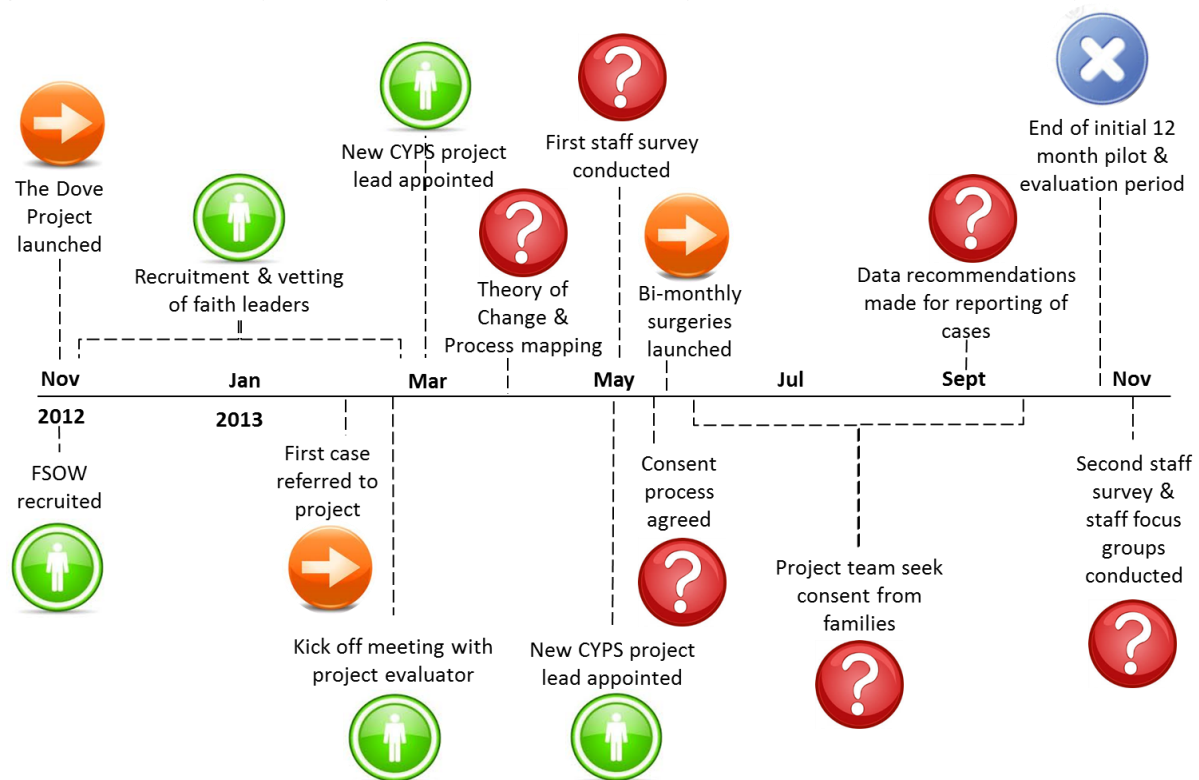Figure 4. Timeline of key Dove Project activities and events (November 2012 – October 2014)

Figure 5. The Dove Project outputs (November 2012 – October 2013)

Outputs	Details
7 faith and community leaders recruited	• Imam • Pentecostal Pastor • Evangelical Pastor • Catholic priest • Congolese community leader • Congolese community leader • Asian community leader

Outputs	Details
11 cases referred to project	• 4 cases: direct support provided to family • 2 cases: consultation support provided to practitioners • 5 cases: format of support unclear
2 awareness sessions in wider community	• St Bonaventure's school • Schools Safeguarding Network

10 awareness sessions for practitioners	• **3 at CAMHS** (York House)
	    Child & Family Consultation Service Practitioners
	• **7 at CYPS** (Beckton Road and Dockside)
	    Legal intervention team
	    Intensive Family Intervention team
	    Fostering team
	    Health Visitor Managers
	    Health visitor and school nursing teams
	    Amber Family service
	    Other unspecified teams

10-12 surgeries conducted	• Based on two surgeries per month planned between May and October. • It is unknown how many cases were supported through the surgeries.

Of these outputs awareness raising sessions and surgeries, and the recruitment of a pool of faith and community leaders deserve particular mention.

- Practitioner feedback confirmed that the **surgeries in particular provided a useful model of support** and were keen that this type of support would continue to be offered, although they could benefit from closer alignment to CAMHS and CYPS processes.
- **Recruiting a pool of faith and community leaders is an innovative aspect of The Dove Project** and deserves commendation. Practitioners' **feedback was unanimously positive** about the added value that this brought to their work. In particular they mentioned that they were impressed by the faith and community leaders' professionalism and collaborative style and that the families who met them responded well to their insight and advice. This element of using faith and community leaders to support this type of service is a key strength of The Dove Project and is a model that other services may like to replicate.

4.1.2. Programme context

The Dove Project was implemented in a challenging context and the Project achievements should be seen in this light. Some of the key constraints faced by the Project are listed below and are subsequently addressed with regard to the Project design (section 4.2.2.3) and project implementation (section 4.3.3).

The key challenges and constraints include:
- Rolling out a new project and developing strong partnership working within a 12 month time frame
- The limited time availability of CYPS and CAMHS staff given the pressures and priorities facing Local Authority social workers.
- Staff allocated to the Project on a part time basis (due to funding constraints)

- Work with CYPS and CAMHS spread across three different sites
- The CYPS lead on the Project being changed twice
- A greater level of project management support required
- Operational differences between small charities and large statutory bodies
- Dependence on families' consent to engage with The Dove Project

In future conducting a clear risk audit and creating formalised responses to any risks identified might help to mitigate some of these challenges.

4.1.3. Findings of Dove Project cases

Of the 11 cases referred to The Dove Project some included the FSOW and faith and community leaders providing direct support to the child and family in question while others followed a consultative model of support (figure 5). By the end of the 12 month pilot project 5 of those cases had been closed, in relation to the work of The Dove Project (although they may remain open as CYPS or CAMHS cases) while the other 6 remained open (figure 6).

Figure 6. Support provided to cases referred
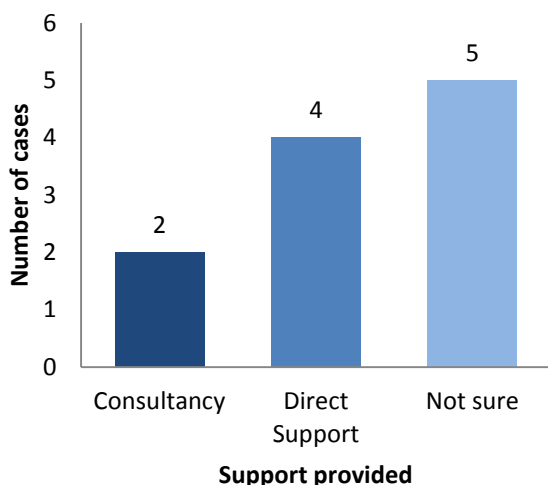
Figure 7. Stats of cases referred to Dove
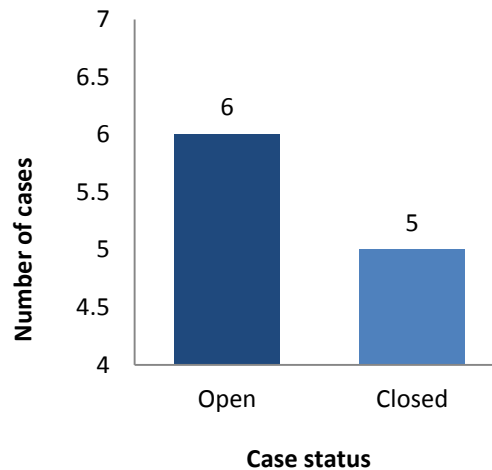
Of those cases that had been closed, the average length of engagement with The Dove Project was 8.5 months, however details regarding how regular and sustained Dove Project support was during this time were recorded inconsistently in case files.

The 11 cases involved in The Dove Project over the course of the pilot project included children of African, Indian and Caribbean ethnicity as well as children, and families, with stated Muslim and Christian beliefs. The cases included boys and girls as well as some families were both were identified as needing support. Figures 8, 9 and 10 below show the relative number of each.

Figure 8. Ethnicity of children referred to Dove

Figure 9. Religion of children referred to Dove

Figure 10. Gender of children referred to Dove
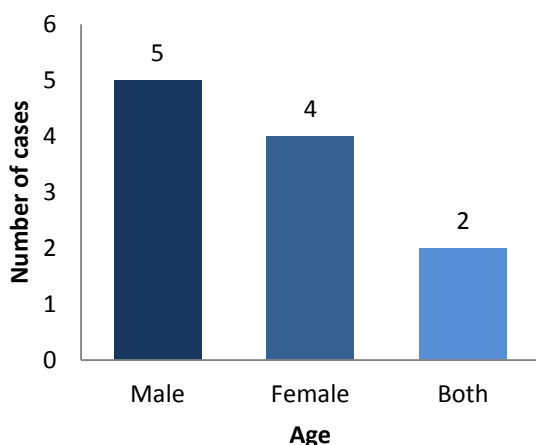
Although the sample available is extremely small it is useful in highlighting the need for delivery partners with the ability to address the issue of faith-based abuse across ethnic, religious and gender specific boundaries. Regarding religious denominations it should be noted that belief in evil spirits transcends the major world religions, and that delivery partners therefore need to be able to work with people across, but also outside of these religions.

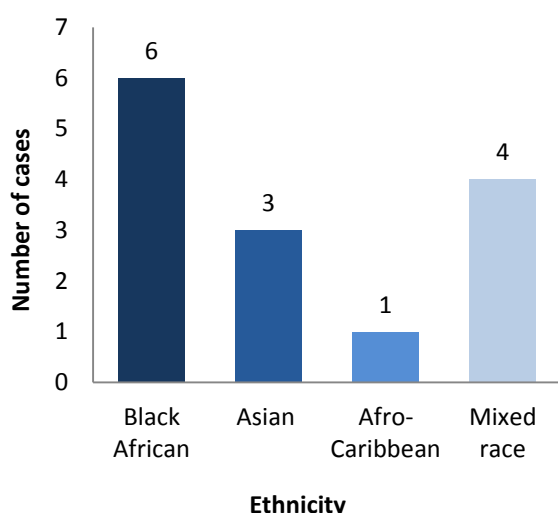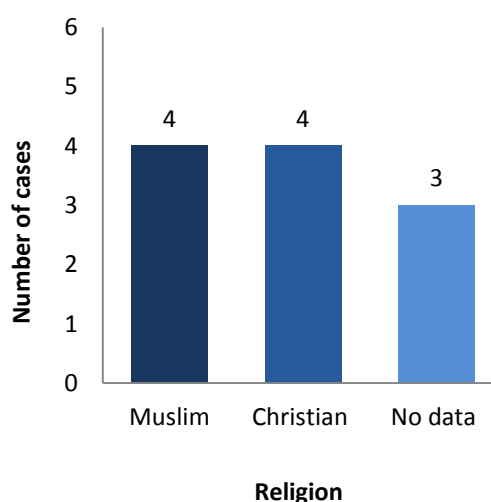It was planned that anonymised case studies would provide additional insight into the client journey, however challenges with consent and confidentiality (as discussed in section 3.2) meant that TSIP was unable to view client case-files.

4.2 Programme design

This section will consider whether The Dove Project was clearly and effectively designed. It will review three areas: i) project activities, outcomes and aims (4.2.1), ii) stakeholder roles (4.2.2) and iii) project processes (4.2.3). Each is explored in turn below.

4.2.1 Activities, outcomes and aims

Project activities and outcomes were specified by the core stakeholders in several proposal and planning documents. However, since the activities and aims described in different documents contained variations (section 2.2) it was agreed that an additional level of clarity would be helpful.

TSIP worked with AFRUCA, Newham CAMHS and Newham CYPS to develop a Theory of Change for the Project which would clarify and capture the core activities, outcomes and aims. The final version of this Theory of Change, which was reviewed and redeveloped with input from the three core stakeholders, is shown in figure 11. It includes **two key activity areas i) awareness raising activities**

Figure 11. The Dove Project Theory of Change (April 2013)

TRIGGER 1	Faith based abuse is often an unknown concept. As a result identification of cases is low.
OUTREACH OUTPUTS	AWARENESS RAISING ACTIVITIES CONDUCTED
SHORT TERM PROCESS OUTCOMES	Increased knowledge and recognition of witchcraft abuse and its indicators / Increased awareness of the services offered by the Dove project / Increased number of practioners understand the need to work together / Increased practitioner confidence in talking to families about faith based issues
MEDIUM TERM DELIEVRY OUTCOME	INCREASED NUMBER OF REFERRALS TO THE DOVE PROJECT
TRIGGER 2	Faith based abuse is a sensitive issue which is often misunderstood. As a result generic child abuse services may be inadequate and families and victims may be reluctatnt to engage with them.
	Tailored Team Around Child (TAC) allocated to each case referred
	Victims and families are offered or signposted to a range of relevant services
DELIVERY OUTPUTS	SUPPORT SERVICES FOR VICTIMS OF FAITH BASED ABUSE DELIVERED BY PROGRAMME PARTNERS
	Sustained engagement of victims and families with services offered / Social and Faith related services / Mental Health services / Child protection services
	Improved understanding of witchcraft abuse by victims and families
	Improved child - family relationships
	Improved social wellbeing of child / Improved mental wellbeing of child / Improved physical wellbeing of child
LONG TERM DELIVERY OUTCOME	IMPROVED WELFARE OF VICTIMS OF FAITH-BASED ABUSE

(practitioners and wider community) and **ii) specialist support added to existing services** (CYPS and CAMHS), and **two key aims i) increased referrals** and **ii) improved welfare of victims.**

4.2.1.1 Emphasis given to different Project activities
The Theory of Change developed aligns with the initial project plans and documentation, however, the limited number of referrals and familial consent for direct family support meant that the Project gave more emphasis to its other activity streams: providing additional awareness raising, consultancy and advice services to practitioners. Awareness raising activities with practitioners were also given more emphasis than awareness raising activities with the wider community. In addition, improving access to CAMHS services was highlighted as one of the key original aims of the Project. However, access to mental health services does not seem to have remained a central activity within the Project.

4.2.1.2 Why were these activities emphasised?
The emphasis on practitioner support seems to have been driven by two factors. Firstly, the high or low demand for certain services. For example there was high demand for practitioner advice and the introduction of surgeries in May 2013, in addition to the existing consultancy support offered, was therefore agreed on the suggestion of a CYPS team leader. Around 12 surgeries were subsequently conducted by AFRUCA staff during the second half of the pilot and practitioners reported finding this a helpful format. However, there was low demand from practitioners and families for direct support from the FSOW. Even where referrals were made, direct support from the FSOW or a faith leader was at times not accepted by the families who had been referred. **Consultancy support for practitioners, including surgeries, was therefore emphasised both as an alternative way of supporting cases** with a suspected faith based abuse element and in the hope of identifying more cases which could be referred to the Project.

Secondly, the Project's emphasis on certain activities seems to have been driven by several challenges faced by the Project team in delivering activities. For example, the FSOW struggled to gain access to schools in order to conduct awareness raising activities and, although AFRUCA staff were invited to attend the July 2013 forum attended by the safeguarding leads from all schools, would have benefitted from additional support from the LBN teams in order to do this. The lack of support for the FSOW in this area may in part be due to the time taken to develop strong relationships between the LBN teams and the FSOW which is an inevitable challenge of partnership working. However, additional planning and project management would also be able to support this kind of process.

The Project's willingness to be needs-led and respond to demand for services in a flexible manner is extremely positive. In future the project should identify and track the delivery of project outputs in order to be able to demonstrate the amount of work successfully completed in line with the Project's aims. Where target output figures are no longer appropriate this could then be updated in order to reflect the work that is done, even where activities were not originally planned (e.g. surgeries).

4.2.2 Stakeholder roles
Clearly identifying stakeholder roles is particularly important in partnership projects although it can also represent a significant challenge. Initial project planning documents for The Dove Project outlined the roles of key partners broadly (as shown in [section 2.4](#)) but could have benefitted from an additional level of detail, particularly with regard to supporting activities such as project management. This would have provided stakeholders with greater clarity about the scope of their responsibility and that of the other stakeholders, as well as the processes for liaising with other stakeholder groups. This would have been particularly beneficial in terms of ensuring that the FSOW received the support necessary to work within the complex LBN system.

4.2.2.1 Stakeholder roles and project priorities

The Project planning focused on scoping roles in relation to direct work with families through the Team Around the Child (TAC). This became a smaller element of the Project than anticipated, as a result of low demand for this service. Stakeholder roles with regard to the delivery of awareness raising activities and consultancy support were planned in less detail, however, it seems to have been anticipated that they would fall within the role of the FSOW.

In future, responsibility for supporting activities such as project management, data collection and evaluation activities should also be clearly allocated. It is likely that additional project management would also need to be put in place in light of the likely challenges faced by this kind of partnership project. This would be particularly helpful in supporting the FSOW to navigate the various CYPS and CAMHS teams, systems and processes.

Another key challenge in terms of the clarity of stakeholder roles was the high level of turnover of CYPS 'leads': two leads worked on the Project but subsequently left the Project team within the first six months of the Project. While the first CYPS lead was involved in the development of the Project, the second lead fulfilled the role on a temporary basis. During the first half of project there were a number of logistical issues that impacted on the FSOW's ability to do her job although these were addressed as the project progressed.

In May 2013 a third CYPS project lead was appointed. TSIP highlighted the need for additional project management to support the delivery of project activities and the CYPS Manager took on some of these activities. This was successful in providing the FSOW with a clearer point of contact for liaising with the wider CYPS team and raising issues where they existed. In addition, the CYPS Manager appointed a member of the CYPS team to act as evaluation lead and facilitate collection of consent forms and the delivery of surveys and focus groups. Although this provided valuable extra capacity broader challenges relating to awareness, engagement and agreed project processes impacted the number of consent forms collected and the sample size available through focus groups and surveys. Since Newham CYPS supported the Project as an unfunded partner, it is understandable that their capacity to manage the Project was somewhat limited. A comprehensive project management approach was therefore never taken by any one stakeholder.

4.2.2.2 The role of the Family Support and Outreach Worker (FSOW)
The FSOW is the only role specifically dedicated to working on The Dove Project (0.6 FTE) and was recruited for that purpose. The remit of the FSOW was to deliver all project services, liaising and working with other stakeholders (including The TACs) where relevant. In particular, the FSOW's expertise and insight in the area of Faith Based Abuse provided a valuable resource for CAMHS and CYPS practitioners. (It should be noted that although the FSOW was a newly qualified social worker, family support work skills, and not social work skills, was the key criteria for recruitment.)

The FSOW received some internal oversight from AFRUCA staff and was also provided with supervision from a qualified social worker (manager grade post) and from the senior CAHMS clinician. Creating a clear project document which outlines the various supervision responsibilities with relation to the FSOW would be helpful in ensuring that any new staff are clear regarding the demarcation of supervision and support for the FSOW. In actual fact this emerged gradually over time and seemed to include the following:

i. General Management: the FSOW received oversight from more senior AFRUCA staff from the outset of the Project which seems to have included some oversight of general project deliverables. However, AFRUCA staff found oversight of the FSOW challenging for a number of reasons. Firstly, the FSOWs work was largely conducted remotely from the CYPS and CAMHS offices. Secondly, in order to meet East London Foundation Trust confidentiality procedures the FSOW was given a secure East London

Foundation Trust email and was not able to store case-files at the AFRUCA offices. This made it challenging for AFRUCA staff to engage with the detail of the cases, reporting and work being completed.

As a result data collection processes and tools do not seem to have received much oversight. In order to address this TSIP made specific recommendations to the FSOW about the data that should be collected in order to facilitate monitoring and evaluation and was subsequently informed that this had been put in place. However, due to challenges related to agreeing consent and confidentiality procedures with CYPS and CAMHS, TSIP were unable to view the data collection system. As a result data collection was of inconsistent quality.

ii. Social work supervisor: the FSOW was provided with a manager grade social worker for case supervision and a lead team manager to provide a point of access to the social work teams and for arranging case consultation. Feedback from focus groups suggests that these two roles could have been more effectively used to ensure the FSOW had a clear understanding of statutory expectations and aligned their approach to them consistently. This is particularly important given the sensitive nature of the client group. Although a recently qualified social worker the FSOW had limited statutory experience and therefore would have benefitted from additional capacity building in this area.

iv. Facilitation of access: The appointment of a new CYPS Manager in May 2013 made the process of liaising with CYPS and CAMHS staff much easier, however, in the first 6 months of the Project this was challenging and time consuming for the FSOW. The arrival of the new CYPS lead was particularly helpful for the FSOW and led to the confirmation of the lead team manager as primary point of contact for the FSOW with regard to gaining access to CYPS staff and teams and providing a process for raising and resolving issues. However, the responsiveness and engagement of individual practitioners (both CYPS and CAMHS) remained variable over the life of the Project.

Ensuring that key delivery staff such as the FSOW, receive clearly demarcated support and capacity building will be key to the Project in future. **This may even represent an area where the funder could usefully invest in the development of key Project staff by, for example, enabling access to project management, data collection or reporting training.**

4.2.2.3 Constraints facing core stakeholders

The partnership working of the Project team may have benefited from a clearer discussion of the constraints that faced the various stakeholders. In particular the i) time availability of CYPS and CAMHS staff and ii) the ability of AFRUCA to support project management activities. These constraints are discussed below.

Figure 12. Constraints facing core stakeholders

Constraint	Details
Time availability of CYPS and CAMHS staff	The limited time availability of CYPS and CAMHS staff should be understood within the context of pressures and priorities facing Local Authority social workers. The Dove Project funding agreement only provided funding for AFRUCA. The constraint is not specifically addressed in any project planning documents however, the initial scoping of roles seems to take this into account since a) responsibility for leading delivery of all activities falls within the remit of the FSOW and b) the scope of CYPS and CAMHS roles over and above provision of 'business as usual' services is limited to sitting on TACs (Team Around the Child) where relevant. There seems to have been an informal understanding that CYPS and CAMHS

Constraint	Details
	would provide project management support in order to facilitate the work of the FSOW however this was split across several members of the Project team. In future we recommend the project consolidate all project management activities within one statutory team member.
Multiple shifts in key staff	The shifts between three different CYPS project leads posed a significant challenge, particularly for the FSOW who did not always receive adequate support to work with the social work teams. This slowed down the rate of progress. Clear written documentation outlining the expectations and roles of members of the Project team would help to smooth the process of staff turnover in future.
Insufficient scoping for project management role	The level of project management required by a partnership project of this type seems to have been greater than expected. The Project would have benefited from consolidating all Project Management responsibility in one team member from either CYPS or CAMHS, since statutory bodies tend to have complex processes in place which are extremely difficult for external staff to navigate with limited support. Additional support and training for AFRUCA staff (including the FSOW) would remain valuable in ensuring alignment of approach across the stakeholders.

4.2.3 Project processes

Project planning included the development of a referral process for cases from CYPS and CAMHS to The Dove Project. TSIP worked with the core project stakeholders to clarify these processes by agreeing a process diagram. The diagram, shown in figure 13, was developed using The Dove Project referral procedure document, project planning documents and oral feedback from the three core stakeholders.

4.2.3.1 Detail and scope of processes

As the diagram demonstrates the process planning focuses on the direct-delivery element of the Project; referrals and setting up the Team Around the Child (TAC). However, two additional areas of delivery could have benefitted from a greater level of process detail:

i)   Awareness raising, advice and consultancy support

Awareness raising and practitioner capacity building is clearly outlined in the process map processes in relation to other activities. However, stakeholder work in these areas expanded, for example, through the addition of surgeries. Work in this area seems to have been less structured and roles less clearly defined. For example, one practitioner commented that they attended an advice meeting but it was unclear who was chairing the meeting and what the remit was. Providing clear aims, actions and follow-up plans to practitioners during sessions would help to clarify this in future.

The FSOW successfully delivered awareness raising sessions to over seven CAMHS and CYPS teams (as well as delivering two sessions in the community). However, as was previously mentioned, the FSOW would have benefitted from additional support in accessing LBN teams and schools, in order to deliver these more easily. Clearer targets in terms of the teams, schools or wider community groups that the Project hoped to reach would also allow the Project to more clearly demonstrate that it achieved the targets it set out to.

Figure 13. The Dove Project Process Diagram (April 2013)
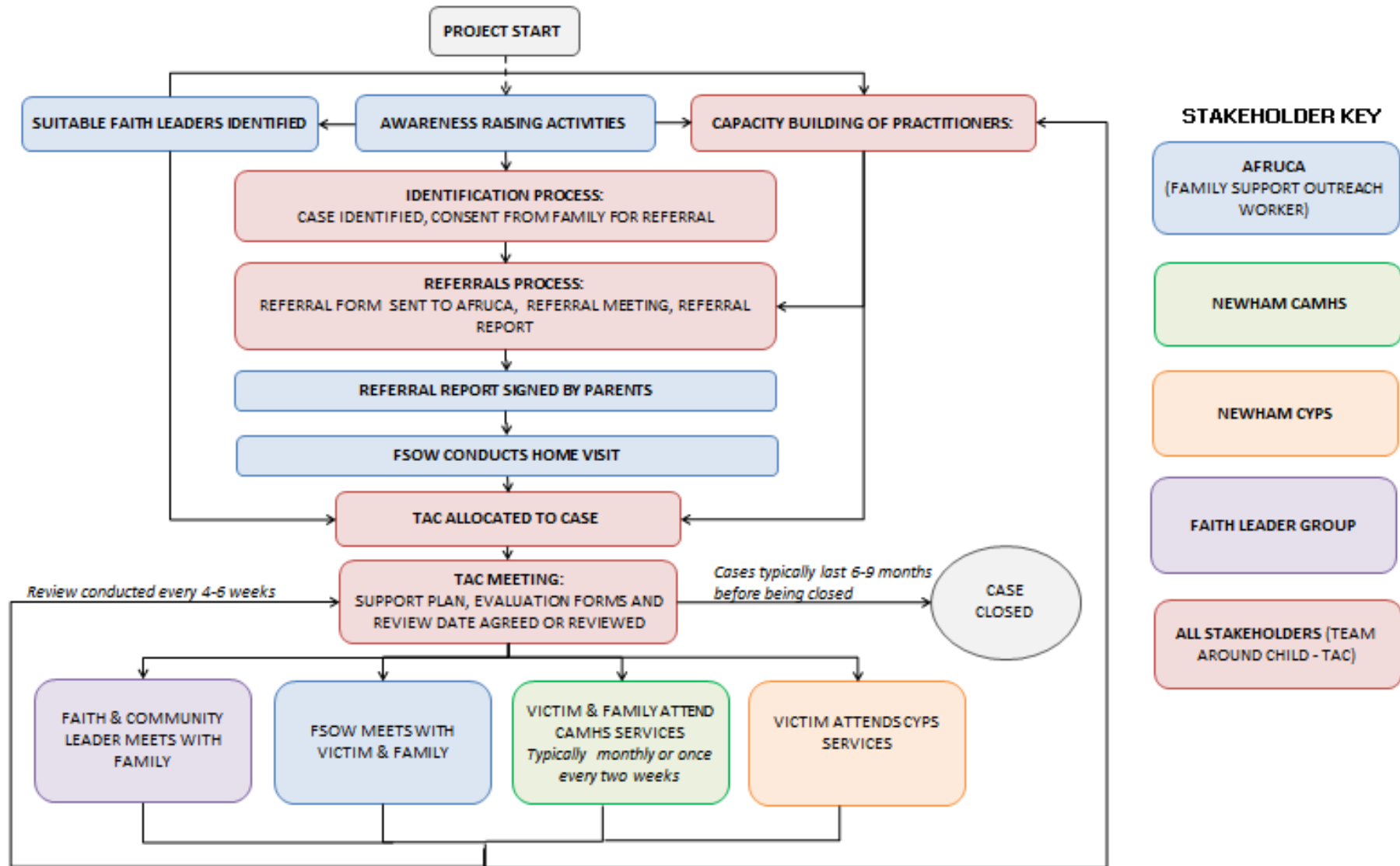
As mentioned above the majority of awareness raising was conducted with practitioners with only two sessions conducted in the community. The Project team should consider whether this represents their preferred Project model; focusing on capacity building practitioners, or whether more resource should be allocated towards overcoming the challenges in gaining access to schools and community groups. If the Project does want to pursue school and community awareness raising additional LBN teams are likely to have useful relationships with a large number of Newham schools (for example through the virtual head) which could be used to facilitate the FSOW in successfully accessing them.

ii)   The wider partnership working of the stakeholders
Throughout the Project the team met periodically to discuss progress and address challenges. AFRUCA provided project updates to the wider project team through these meetings which were also shared with the Faith and Culture Sub Group to facilitate wider collaboration.

Some of the challenges of partnership working faced by the team could have benefited from additional planning and project management support:
- As discussed in section 4.2.2 the FSOW did not consistently have a clear point of contact within Newham CYPS to facilitate contact with different teams, and support the organisation of activities. This was introduced halfway through the project but earlier challenges made delivery of work more difficult and caused delays to delivery.
- Clear reporting lines for CYPS or CAMHS staff to report internally on the progress of cases receiving support from The Dove Project do not seem to be in place.
- Processes for data collection or sharing do not seem to have been agreed. Data collection is therefore mixed and activities conducted were not aligned with planned outputs or outcomes.
- The FSOW was given a secure email address however some practitioners commented that they felt a clearer policy in the area of confidentiality would have been helpful. However, the confidentiality processes that were put in place created challenges for AFRUCA staff overseeing the FSOW's work since they were unable to view the case-files.

4.2.3.2 Communication and use of processes
The clear communication of processes is of particular importance in projects which involve multiple stakeholders. This is especially relevant i) in the context of a local authority where processes tend to be highly formalised and ii) in the context of highly sensitive issues that involve direct case work with families. Although processes were put in place practitioner feedback suggests they were not always consistently communicated to all stakeholders.

For example, one practitioner reported confusion with regard to practitioners and the FSOW conducting activities without informing the other. This confusion seems to have arisen from a miscommunication of agreed processes when the FSOW went on leave, and could be addressed by ensuring clear processes are agreed between stakeholder leads and then communicated by the team leads to their respective team members.

4.3 Programme Implementation
This section will consider whether The Dove Project was clearly and efficiently delivered. In line with the activities identified in the Theory of Change it will review two areas: i) awareness raising activities (4.2.1) and ii) direct support services (4.2.2). Each is explored in turn below.

4.3.1 Awareness of The Dove Project
Awareness raising or 'outreach' activities included wider community activities and activities with internal practitioners (CAMHS and CYPS). However, as shown by the table of outputs included in

, the majority of work focused around internal practitioners. This section therefore focuses exclusively on the success of these practitioner focused activities.

4.3.1.1 Were awareness raising activities successful?

As outlined in section 4.1 awareness raising sessions were conducted by the FSOW across at least seven CAMHS and CYPS teams and three different sites. Feedback in focus groups suggested that, 12 months after the commencement of the pilot project, the level of awareness of The Dove Project varied across the many different CYPS and CAMHS teams. This section draws on i) practitioner surveys and ii) practitioner focus groups to assess how effective the awareness raising activities were.
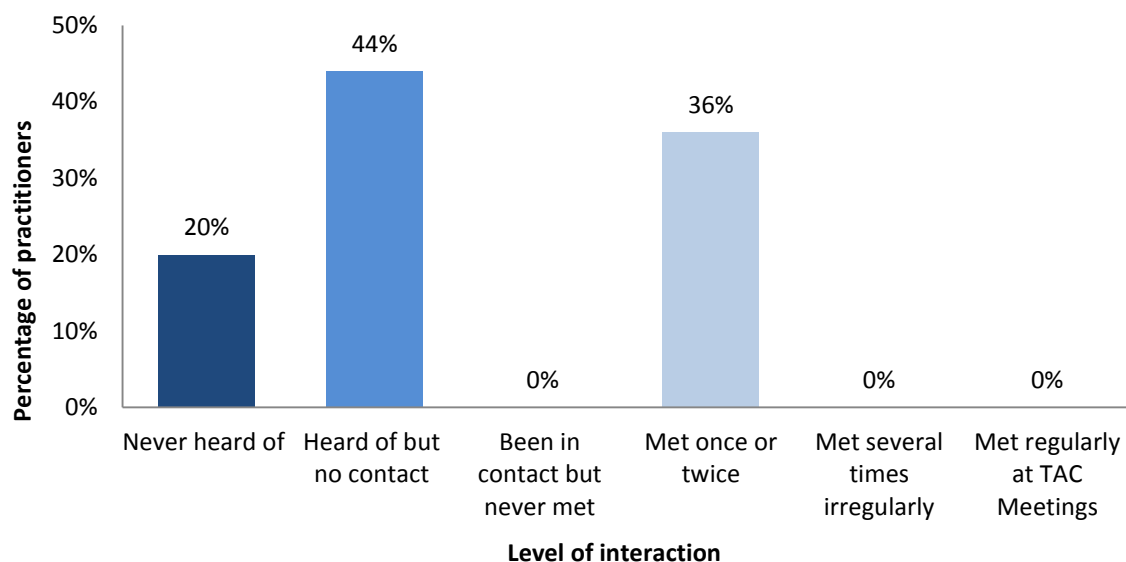
i) Practitioner surveys

Two practitioner surveys were circulated among Newham CYPS and CAMHS: one in May and one in December 2013. This section focuses on those aspects of the survey that relate directly to awareness of and interaction with AFRUCA and The Dove Project. However, additional analysis of survey results can be found in Appendix 1.

The practitioner survey was circulated in May 2013, six months after the commencement of the Project. However, the Project had only been operational since March 2013 given the turnover of CYPS leads in the first six months of the project and time taken to recruit faith and community leaders (which took longer than expected). The survey, completed by CAMHS and CYPS staff[xi] revealed that:

- 36% had met AFRUCA staff once or twice
- 44% of respondents had heard of AFRUCA but not yet had any contact with them
- 20% of those had not heard of AFRUCA

This is illustrated by the graph in figure 14.

Figure 14. Response to the question "How much interaction have you had with AFRUCA?" in May Practitioner survey (n: 25)


This shows that a majority of respondents were aware of AFRUCA, although the same survey found that 50% of respondents were not sure what role AFRUCA plays in The Dove Project.

A follow-up survey in December found that 100% of practitioners had heard of The Dove Project. The same survey found that 100% had spoken to or met an AFRUCA team member working with the

Project. ([Figure 12]). However, the small size of the December sample (7 practitioners completed the survey) makes it difficult to draw any confident conclusions from these findings since it is probable that the practitioners who had been most involved in the Project were the ones who completed the second survey.

Figure 15. Response to the question "How much interaction have you had with AFRUCA?" in December Practitioner survey (n: 6)
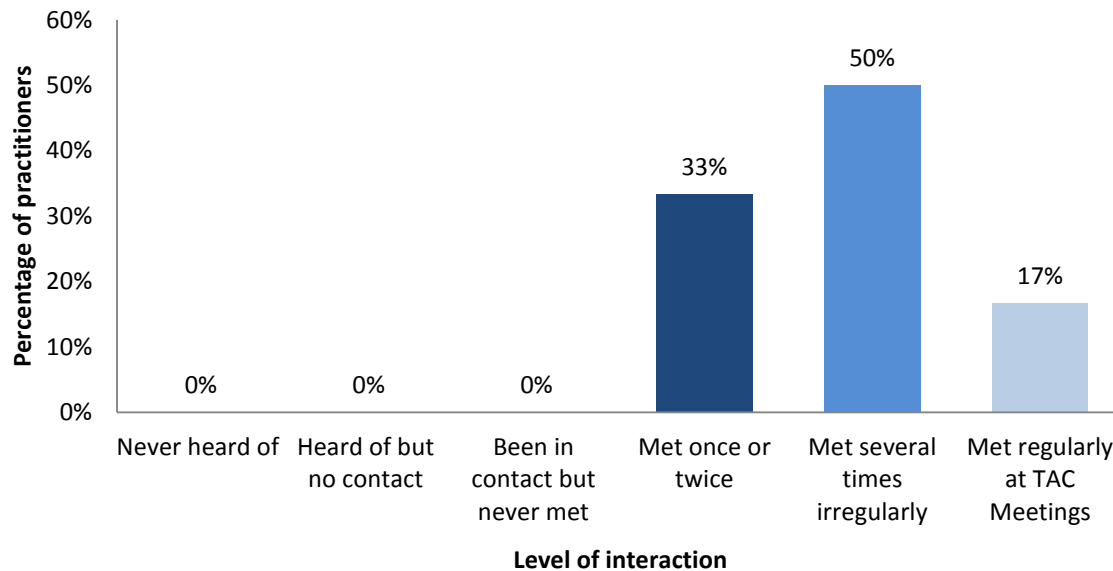
ii) Practitioner focus groups

Practitioner focus groups reported mixed awareness with regard to the Project, the project team, its aims and the services it offered. Some practitioners had engaged with the Project regarding their own cases and were therefore very familiar with the Project and the services it offered. However, other practitioners reported being entirely unaware of The Dove Project or were aware of the name but not clear on the purpose of the Project having only seen the Project mentioned in a couple of emails: they had no direct contact with any of the team. Although this implies that additional awareness raising activities would be beneficial it should also be noted that awareness may have been affected by staff turnover within the relevant teams.

The mixed results around awareness seem to be due in part to the challenging nature of working with a large statutory body like the Newham CYPS which is made up of multiple different teams spread across several geographical locations. The FSOW successfully held awareness raising events for CYPS practitioners at Dockside and Beckton Road and for CAMHS practitioners at York Road. However, setting clear targets with regard to which teams might find the Project relevant and should therefore be targeted as "high priority" might have helped to make this process easier.

However, practitioners also reported that publicity around awareness raising activities and surgeries was mixed. For example, one practitioner noted that the Project was well publicised within the Family Intervention Team. Another reported that one surgery was unsuccessfully publicised in advance and therefore on the day of the surgery one practitioner had to walk around the building inviting practitioners (which was also unsuccessful). Another practitioner commented that there was not enough push from Newham to get practitioners to attend the session.

4.3.2 Support services

Support services were provided to CAMHS and CYPS practitioners in two forms: i) awareness raising and advice to practitioners and ii) direct support to victims and families as part of the Team Around the Child (TAC) model. However, as shown in section 4.1 the majority of activities were conducted around the first of these two forms since practitioners either did not request more direct forms of support, or families were unwilling to meet with The Dove Project staff.

4.3.2.1 Were support services successful?

Practitioners identified a definite need for services in this area but gave mixed feedback with relation to their current experience of services. The two forms of support offered will be assessed in turn.

i) Consultancy support and advice to practitioners

Consultancy support was reported to be helpful by a number of practitioners and most practitioners agreed that there is a need for this kind of support since Newham residents come from diverse cultural and religious backgrounds. **Practitioner feedback also reported that AFRUCA seemed to be knowledgeable about the issue of Faith-based Abuse**, but identified a few areas where the support offered could be strengthened. In particular, practitioners commented that advice was general and could benefit from a clearer focus and some additional structure. Several practitioners also commented that support needed to be offered in a way which aligned more closely with the professional expectations of the practitioners. This was particularly the case in the area of confidentiality; one practitioner reported being uncomfortable about being expected to share case details in a support session addressing two cases in the same session.

ii) Direct support to victims and families

Although direct support was only given in a handful of cases **the support of faith and community leaders appears to have been a key area where The Dove Project added significant value** to the practitioners' work. One practitioner reported that the support of the FSOW and a faith leader in meeting a family was invaluable in enabling the practitioner to identify the real cause behind certain actions, and therefore was helpful in knowing how to best take the case forward.

Another practitioner reported that they found the faith leader professional and collaborative in their approach to the work and that the family they worked with found the faith leader extremely helpful and knowledgeable. However, the practitioner also reported that they felt the FSOW undermined the work of the practitioner by taking the side of the family and suggested that a more collaborative approach between the FSOW and practitioners would have been beneficial. Providing additional CAMHS and CYPS support and supervision to the FSOW would likely be helpful in ensuring that the specialist expertise of the FSOW was appropriately aligned to CAMHS and CYPS working styles and expectations.

4.3.3. Challenges of implementation

The assessment of project implementation given above should be seen within the context of the challenges faced by the Project:

Figure 16: Challenges to implementation

Challenge	Details
Initial delays	It took longer than expected to recruit the FSOW and to recruit and vet the faith and community leaders. This led to delays and reduced the time available to deliver other activities. This had a particular impact since the length of the pilot project was initially only 12 months.

Challenge	Details
Spread of the Project across three sites	The spread of the Project across three sites in Newham (namely Dockside, Beckton Road and York Road) added to the challenge of the FSOW working and building relationships with CAMHS and CYPS staff.
Operational differences between small charities and large statutory bodies	Partnership working between small third sector organisations and large statutory bodies is inevitably challenging since they tend to work in very different ways. For example the time taken to adhere to CAMHS and CYPS processes led to delays in finalising consent processes. By the time a consent collection process had been put in place several cases had already been closed and consent could no longer easily be obtained. The confidentiality processes put in place for the FSOW (including a secure email address) also raised challenges for AFRUCA staff overseeing their work since they had limited access to data related to their project work.
Dependence on families' consent to engage with The Dove Project	The Project allowed families to decline the direct involvement of AFRUCA through The Dove Project. This meant there was always a risk in the delivery side of the Project being less in demand than might have been hoped.
Part-time staff	The Project was limited by the lack of full-time staff able to invest five days a week in delivering as well as managing it. Building good relationships is vital in a project that brings together different stakeholders. However, building strong relationships and partnership processes takes time. The limited time available from Newham is already mentioned above. The FSOW was not only limited by time, but also by the challenges of their role leading delivery of activities in a complex and unfamiliar environment.

Section 5: Conclusions and Recommendations

5.1 Conclusion

Stakeholder feedback unanimously supported the need for a service in this area (as discussed in section 4). This reflects wider research in the field which has suggested that a large number of faith-based abuse cases are currently unidentified. Even where cases are identified, specialist psychological, social and spiritual support for victims is seldom available. Although the implementation of the Project faced a number of challenges we recommend that LBN continue to offer services in the area of faith-based abuse.

This section draws on the findings discussed in the previous section to develop some recommendations for how a project addressing faith-based abuse could be more successfully implemented.

5.2 Recommendations

We have 14 recommendations for how The Dove Project, or a project serving an equivalent purpose, should be designed and run. Headline recommendations are outlined in the table below. Each recommendation from the table is then discussed in further detail below.

Figure 17. The Dove Project recommendations (December 2013)

Area	Recommendations	
Project model	i)	**Conduct a needs assessment** of key practitioner and client needs to drive project model. Consider a **consultancy and referrals** model
	ii)	Continue to draw on faith and community leaders recruited for the Project
Project planning and delivery Delivery	iii)	Set clear targets for activities and outcomes before roll-out
	iv)	Ensure clear scoping of processes before roll-out
	v)	Ensure clear scoping of roles before roll-out
	vi)	Ensure staff are appropriately skilled for their respective roles
	vii)	Ensure all **stakeholders buy-in** to project
	viii)	**Appoint a project manager** with responsibility for ensuring delivery of KPIs
	ix)	**Conduct a formal launch** attended by all relevant teams and organisations
Project evaluation	x)	**Bring the evaluators on board before roll out** so the evaluation can be designed alongside the Project
	xi)	**Set up a comparison group** to enable an impact evaluation to be carried out
The role of the funder	xii)	Provide a clear framework for project planning
	xiii)	Recognise the time taken by set up activities and developing partnership approaches
	xiv)	Invest in project management activities

5.2.1 Project model

i)   Conduct a needs assessment to agree key aims of the project going forward
The Dove Project team should consider re-clarifying the Project model before moving on from the pilot project. The Project would benefit from additional discussion between stakeholders to identify the key needs they are trying to address both in terms of **the needs of i) children and their families** and **ii) practitioners delivering services** as well as the key challenges which they hope to overcome i.e. the small number of referrals.

One model which we recommend the Project team consider is re-scoping the Project to offer a consultancy and referral service to practitioners. This model would have several benefits:

- Ensure that key areas of need are met through a) the capacity building of practitioners and b) referrals to externally run services or faith and community leaders where additional direct support would be useful to the family or child. Practitioners report that CYPS and CAMHS have flexible approaches to referrals and it is easy for them to refer cases to respected VCS organisations.
- Create a simpler programme which focuses on a few, clear outcomes.
- Enable VCS organisations like AFRUCA to add value by sharing their expertise without the complexity of a partnership approach i.e. taking responsibility for liaising with multiple teams on multiple sites, aligning confidentiality procedures and data collection procedures.

This recommendation is supported by practitioner feedback. Even where practitioners reported that direct family support was helpful and effective they felt that low demand for this kind of service, and the complexity of this kind of partnership working meant that consultancy support represented a more widely effective model. However, we recommend that the Project team conduct a needs assessment exercise to ensure that this model truly meets the key needs they are trying to address, particularly given the small sample of practitioners who provided feedback as part of this evaluation.

If the Project team does wish to pursue a model including direct work with families they may wish to prioritise additional awareness raising in schools in order to try and drive more referrals to the Project since raising practitioner awareness did not lead to as many more referrals as was hoped.

ii) Draw on faith and community leaders.

Feedback from practitioners involved in the Project who worked with the faith and community leaders recruited was extremely positive and reiterated the value that this additional expertise can offer. Whichever model The Dove Project chooses to pursue they should continue to draw on this resource in the future to ensure that their valuable expertise is not lost. The Dove project team should also consider how the faith and community leaders could best be employed given the small number of cases requiring direct support from the faith and community leaders; perhaps by playing a greater role in the advisory support offered to CYPS and CAMHS commissioners. Other projects seeking to tackle the issue of faith based abuse might also benefit from developing this kind of resource.

5.2.2 Project planning and delivery

iii) Set clear targets for activities and outcomes before roll-out

A clear Theory of Change for the Project should be developed before roll-out in order to ensure a clear focus on specific activities and outcomes. This should serve as the basis for agreeing:

- Specific, quantified targets (aligning with the Theory of Change) to plan what outputs will be achieved by the Project.
- Specific data collection plans so that analysis of identified outcomes can be conducted at the end of the Project.

iv) Ensure clear scoping of processes before roll-out

The Project should develop a process map before roll-out which encompasses all activities outlined on the Theory of Change. This should include supporting activities and processes such as:

- Data collection and sharing,
- Contacting staff in each organisation,
- Setting up meetings and events, and
- Escalating issues and problems.

v)   Ensure clear scoping of roles before roll-out

The Project should conduct comprehensive mapping of stakeholder roles across all activity streams and aligned to all established processes before project roll-out. In particular, responsibility for data collection and reporting, and project management activities should be clearly defined. In a partnership project of this type project management responsibility should sit with the statutory bodies since it is extremely challenging for a small voluntary sector organisation (VSO) such as AFRUCA to oversee work across multiple LBN teams.

vi)   Ensure staff are appropriately skilled for their respective roles

- Data collection skills: continued monitoring and evaluation of any faith-based abuse related services should be encouraged since not much information is available regarding what works in this nascent area of provision. As such, ensuring staff have the relevant data collection skills will be important, particularly since standard processes for CYPS and CAMHS data collection collect data by case and data relating to a specific project or service may therefore need to be filtered from the wider evidence set. Capacity building relevant team members through relevant training in data collection and reporting would be useful to support this.
- Direct casework experience: consultancy staff with direct family casework experience may be more easily able to add value to CYPS and CAMHS practitioners.
- Capacity building AFRUCA: there were multiple challenges faced by AFRUCA as a small voluntary sector organisation (VSO) seeking to work in partnership with two large statutory teams. Where possible VSO's seeking to engage in these kinds of projects should be supported with additional capacity building to complement their existing specialist knowledge. This could usefully include supporting AFRUCA to develop its skills in data collection, monitoring, reporting and project management although other needs may also be identified by AFRUCA.

vii)   Ensure buy-in of key stakeholders

The Project should incentivise and/ or induce buy-in from all key stakeholders. This could be achieved by either or both of the following:

- Clearer scoping of stakeholder responsibilities. This should follow naturally from a clearer scoping of roles and should aim to hold stakeholders and individuals to account for delivery of specific activities, processes and the achievement of agreed deliverables..
- Clearer allocation of stakeholder time in terms of the commitment of each organisation to second staff to the Project for a particular number of days or hours per week. This could include funding all key stakeholders for a small amount of time (to ensure that the Project is prioritised by all partners) or simply holding stakeholders to account for the time that they committed to allocate through the use of timesheets.

viii)   Appoint a Project Manager

Alongside clearer scoping of stakeholder roles it is recommended that a formal Project Manager is appointed. The Project Manager would provide a single point of contact for the commissioner and would be responsible for ensuring project outputs and outcomes are delivered within agreed timelines. Any issues or risks would be reported to the Project manager alongside any suggestions for changing the scope or focus of the Project, which would then be formally agreed with the commissioner alongside appropriately reworked project outputs and outcomes. This would ensure a clear focus is maintained on what the Project is trying to achieve, and how it will get there. As previously mentioned we recommend that in a project such as this the Project management role sits within one of the statutory partners.

ix)   Conduct a formal project launch

Any extension of the Project, or new project addressing this issue should start with a clear project launch event to ensure all relevant teams are aware of the Project, what support it can offer and who to contact. The project should already have clear targets of which teams it aims to work with. Management staff from each organisation should give the event publicity and backing to ensure teams attend. Additional awareness raising activities would most effectively be delivered by attending monthly team meetings of targeted teams.

5.2.3 Project evaluation
x)   Bring evaluators on board before roll out
We recommend that any evaluation design is conducted concurrent to the design of the Project so that the Project team can shape the evaluation in light of their key priorities and the evaluation can be embedded into the Project. This would help ensure that the correct data collection, monitoring and change management processes are put in place from the start of the Project.

xi)   Set up a comparison group
This evaluation has focused on providing a programme assessment of The Dove Project, in order to make recommendations for how the Project could be most successfully implemented. While this is an important first step we would encourage Trust for London, or any other commissioners, to consider setting up a comparison group for this type of project in future in order to assess the impact of the Project on its beneficiaries. A comparison group should only be considered once the programme model has become fixed but if appropriate could be set up by selecting a comparison group within another borough.

5.2.4 The role of the funder
xii)   Set a clear framework for the Project planning expected
The funder could make the Project design process easier for projects by providing clear requirements and oversight in terms of the planning that is expected. This could usefully include guidance relating to recommendations three to eight above: setting clear targets, scoping processes, scoping roles, ensuring staff are appropriately skilled, ensuring stakeholder buy in and ensuring adequate project management is in place.

xiii)   Recognise the time taken by set up activities and developing partnership approaches
When funding pilot projects it is worth considering how quickly projects are likely to see the impact of their work. The Dove Project found it challenging to demonstrate the impact they hoped to in the initial 12 month pilot period for several reasons:
- Although the Project began in November 2012 recruitment of the FSOW and faith and community leaders took some time and the project was therefore not ready to begin other project activities for several months
- Partnership projects inevitably take longer to roll-out since building relationships, clarifying roles and ways of working across different teams takes some time

Projects should be assessed on a case by case basis but the set up time (including activities like recruitment) and implications of the model of working should be taken into account when considering how long the project will need to successfully deliver its activities. The Dove project would have benefitted from a funded 'development' period; to ensure that recruitment, data collection and partnership working processes were fully set up before project activities were commenced.

xiv)   Invest in project management activities.
Project management is particularly important as a consideration since it can have a significant impact on effective delivery but is often not adequately funded. However, investment in these supporting activities is vital to the success of partnership and multi-stakeholder projects in particular.

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- If you would like to know more about the work of TSIP or are interested in the work we are doing, please visit our website www.tsip.co.uk.

Appendix 2: Glossary

AFRUCA: African's Unite Against Child Abuse

FSOW: Family Support Outreach Worker, employed by AFRUCA to lead The Dove Project

Impact assessment: evaluation focused on understanding the outcomes of a project i.e. the change that it has caused, predominantly for it's beneficiaries

KPIs: Key Performance Indicators

LBN: London Borough of Newham

Newham CAMHS: Newham Child and Adolescent Mental Health Services

Newham CYPS: Newham Children and Young People's Services

Output: a deliverable produced by the Project i.e. an activity or product

Outcome: a change caused by the Project, a result of it

Programme assessment: evaluation focused on understanding the effectiveness and efficiency of the delivery of a programme. It tends to be more focused on outputs than outcomes and therefore is often the first step in evaluation prior to assessing impact

TAC approach: Team Around the Child approach where multiple service providers work in partnership to provide the child with holistic support

VCS organisation: Voluntary and Community Sector organisation

Appendix 3: References

[i] AFRUCA funding application to Trust for London p.2

[ii] Guardian, Witchcraft and hidden abuse (2012) http://www.theguardian.com/uk/2012/mar/01/witchcraft-ritual-abuse-hidden-crime

[iii] Stobart (2009) Child Abuse Linked to Accusations of 'Possession' and 'Witchcraft', p. 151-172.

[iv] Department for Education and Skills, National action plan to tackle child abuse linked to faith or belief. Executive summary (2012) p.3

[v] Every Child Matters (2007) Safeguarding Children from Abuse Linked to a Belief in Spirit Possession p.3. http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DFES-00465-2007.pdf

[vi] Ibid

[vii] National Working Group to tackle child abuse linked to faith or belief "National action plan to tackle child abuse linked to faith or belief" (2012) p.25
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf

[viii] National Working Group to tackle child abuse linked to faith or belief "National action plan to tackle child abuse linked to faith or belief" (2012) p.25
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf

[ix] AFRUCA funding application to Trust for London p.2

[x] Ibid

[xi] The survey was circulated to over 100 members of staff. 32 responses were received. The survey was circulated in May 2013; 6 months after the commencement of the pilot project.