



FGM Conference Evaluation Report 16 September 2014

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- Leeds Gambian Volunteers
- Leeds Teaching Hospital Trust – Midwifery Service
- People Help People
- Individuals with lived experience of Female Genital Mutilation

These were all integral members of the Steering Group, without whom the planning of the conference would not have been as inclusive and innovative as it was.

Stall Holders/Information sharers including:

- Harrison Bundy and Co Solicitors
- Peacemaker International
- Haamla Project

In-kind supporters who made invaluable contributions:

- Leeds City Council
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We wish to publicly express our grateful thanks to all of them for their contribution in making this Conference such a success.

I look forward to working with you further to eradicate this harmful practice in Leeds – together!

A handwritten signature in black ink, appearing to read 'H. Rose', with a long horizontal flourish underneath.

**Chief Executive Officer
Black Health Initiative (BHI)**

Executive Summary

This Evaluation Report was commissioned to assess whether the Conference on Female Genital Mutilation, held in Leeds on 16 September 2014, met its stated aims. The evidence shows conclusively that it did.

However, BHI has more ambitious aims than just providing a one-off Conference. For BHI to succeed fully, the challenge is to take the next step and continue to develop the joint citywide response to this abuse. The Delegate Commitments provide strong evidence that there is an appetite for this – and indeed for a much broader joined-up response.

The delegate commitments have been used to develop the Action Plan that will be co-ordinated by BHI. It seeks to develop broader commitments to the Action Plan by engaging all relevant key agencies to provide their own input and take control of their own contribution to drive the Action Plan forward.

Introduction

On 16 September 2014, The Black Health Initiative (BHI) held the first solution-focussed Leeds City Region Conference relating to Female Genital Mutilation.

The purpose of this Evaluation Report is to examine the effectiveness of the event. This will be undertaken by considering evidence from as many sources as possible gathered during the event by a number of methods.

To assist in achieving its aims, the Conference needed to attract decision-makers at the right levels in their respective organisations, and to draw on individuals or communities who were eager to discover more and contribute their energies to making change. Accordingly, this evaluation needs to consider both the aims of the Conference and whether the target audience was reached.

Key facts

- 1 It is estimated that 170,000 women and girls are living with Female Genital Mutilation (FGM) in the UK.
- 2 It is estimated that 65,000 girls aged 13 and under are at risk of FGM in the UK.
- 3 Over 200 FGM-related cases were investigated by the police nationally in the last five years.
- 4 It has taken 29 years since the criminalisation of FGM for the first prosecutions to be brought.

These are the Key Facts that the Home Affairs Select Committee published in their recent report¹. They found these facts shocking. What is even more shocking is that these are still 'estimated,' despite FGM having been illegal since 1985. Indeed, no country in the world has accurate figures. Figures quoted in this and other reports are based on estimates, and these are likely to be underestimates for a variety of reasons, some of which are highlighted in this report.

It has taken the courage of FGM survivors in speaking out and the campaigning of a small number of people to ensure that FGM is now recognised as the major child abuse offence in the UK. It is sometimes called 'cutting' or 'female circumcision,' but it is felt by many that these terms do not do justice to what the UN describes as 'torture'.

We estimate that between **1,761 - 2,667 women and girls have undergone, or are at risk of, FGM in Leeds**, not including those from communities where prevalence is unknown. The lower figure seems to correspond more with other studies on prevalence, but practitioners claim such figures are serious underestimates. In common with other areas of the country, it is impossible to provide more accurate information.

In the UK, the over-reliance on a health-focused approach with ineffective legal measures has demonstrated that a better approach is needed. Such an approach needs to use a blend of all the available strategies and interventions. This will require investment as well as leadership at national, local and grassroots levels.

However, despite the many difficulties, a number of groups, such as the Leeds Teaching Hospitals Trust and Black Health Initiative (BHI), have developed good practice and valuable experience that give a grassroots and strategic perspective of FGM in Leeds. To date, this has not been widely shared and the Conference Report sought to remedy that. It was given to all delegates within their packs, shared on websites and through social media platforms by partners and distributed to several MPs.

The Conference Report demonstrates that FGM **does** exist in Leeds and in many other places in the UK. It is real, it is happening today and its affecting the lives of many women, girls and families. The conference marked that start of a dialogue by bringing together a wide range of interested parties to share knowledge, experience and make commitments for future action in Leeds. Thus Evaluation Report seeks to answer the question, "How did we do?"

¹ Taken from House of Commons Home Affairs Committee (2014) Female Genital Multilation: the case for a national action plan. Published by The Stationery Office Limited.

Analysis and commentary

The Programme began with Heather Nelson, the Chief Executive Officer of the Black Health Initiative, outlining the activities that demonstrated the existing commitment to eradicate Female Genital Mutilation from a number of organisations in Leeds. Ms Nelson expressed her hope that this conference would be the start of a dialogue that would enable partners to develop a citywide response to the issue. In particular she laid out five outputs that she hoped delegates would commit to:

- Clear City of Leeds statement on Female Genital Mutilation (FGM)
- Clear Safeguarding referral pathways for all agencies to use once FGM is disclosed
- Sustainable funding for continued good practice/services
- Make stakeholders aware of national Safeguarding guidelines for FGM for implementation within their own organisations
- Sharing specific Safeguarding guidelines (e.g. school) with partner organisations (e.g. school nursing)

The Black Health Initiative viewed this list as a starting point for collaborative working on a citywide strategy.

Ms Nelson was aware that the event might trigger issues for delegates and announced that counsellors were available if required throughout the event.

Speakers at the event represented a range of organizations and perspectives. They were (in order of appearance)

- Councillor Judith Blake, Deputy Leader of Leeds City Council and the Executive Member for Children's Services
- Nicolette Clarke, Specialist Midwife for BME Groups, Leeds Teaching Hospitals Trust
- Dr Jean Garrod, Director, People Help People Ltd (who had contributed the research and report into estimated numbers of those affected by FGM in the city, based on the 2011 Census)
- Mark Burns-Williamson, Police and Crime Commissioner for West Yorkshire
- Tahir Khan QC
- Ruth Passman, Head of Equality and Health Inequalities, NHS England
- James Rogers, Assistant Chief Executive, Citizens and Communities Leeds City Council

During the lunch break of an hour and fifteen minutes, a **Living Library** was held. This gave delegates a chance to speak to people who could provide more information on a specific area, including survivors and campaigners against FGM.

The Conference attracted **Registrations from 164 delegates**, although there was some drop out, which is common for free events. The total number of **delegates who signed in was 120**. It has to be acknowledged there were late arrivals who neither registered nor signed in.

Evaluation Sheets

More than half (58%) of delegates completed 71 Evaluation Sheets, representing a good return rate. From these Evaluation Sheets, information was collated and analysed to gauge the effectiveness of the Conference. The first question of any Conference evaluation is, “**Did the Conference achieve its aims?**”

Conference Aims

The aims of the Conference were given as:

- 1 To launch a report into the estimated number of women and girls affected by or at risk of Female Genital Mutilation (FGM) in the wider City of Leeds, commissioned by the Black Health Initiative, (BHI), and the first to examine the issue in the local area.

The Report estimating the likely incidence and risk of FGM in Leeds was launched at the event. BHI succeeded in achieving this aim.

- 2 To begin to develop a joint citywide response to this abuse.
- 3 To start to raise awareness of the issue by providing factual and accurate information.
- 4 To provide information on the locality of the incidence of FGM so far as it is currently known.

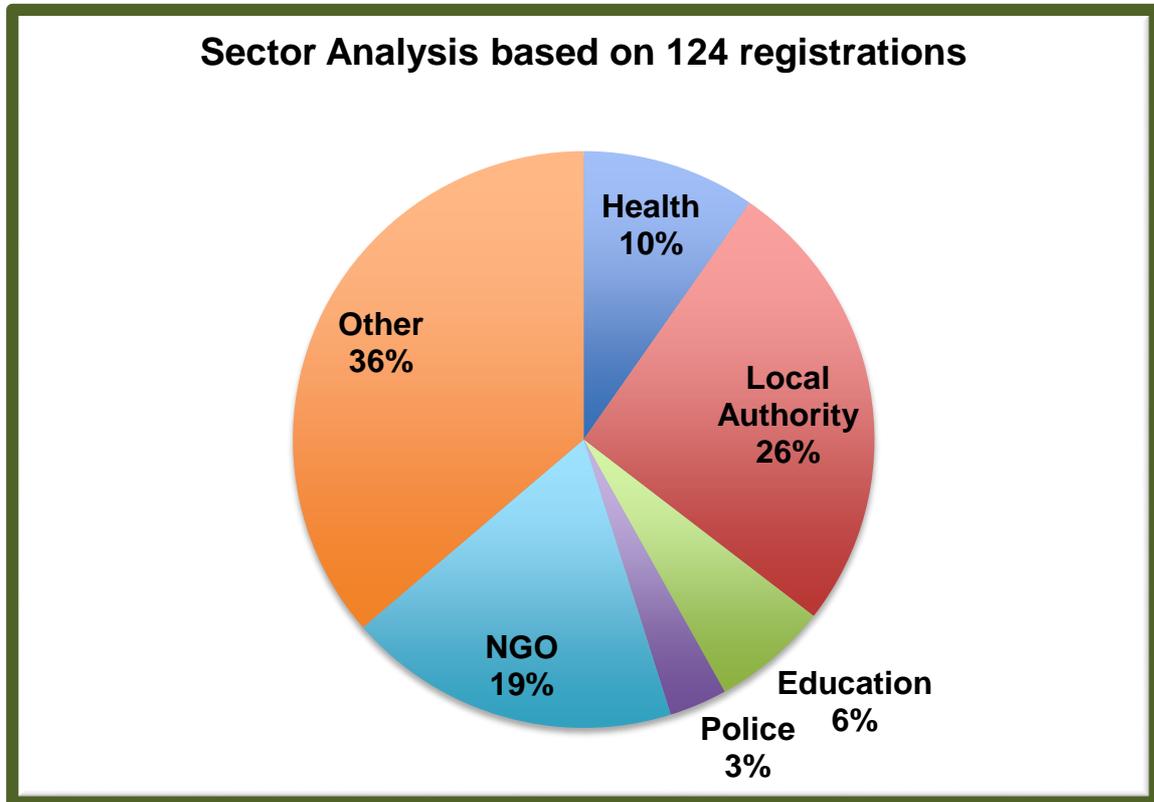
To assist in achieving its aims, the Conference needed to attract decision-makers at the right levels in their respective organizations, and to draw on individuals or communities who were eager to discover more and contribute their energies to making change.

The Conference was signalled as being of importance for

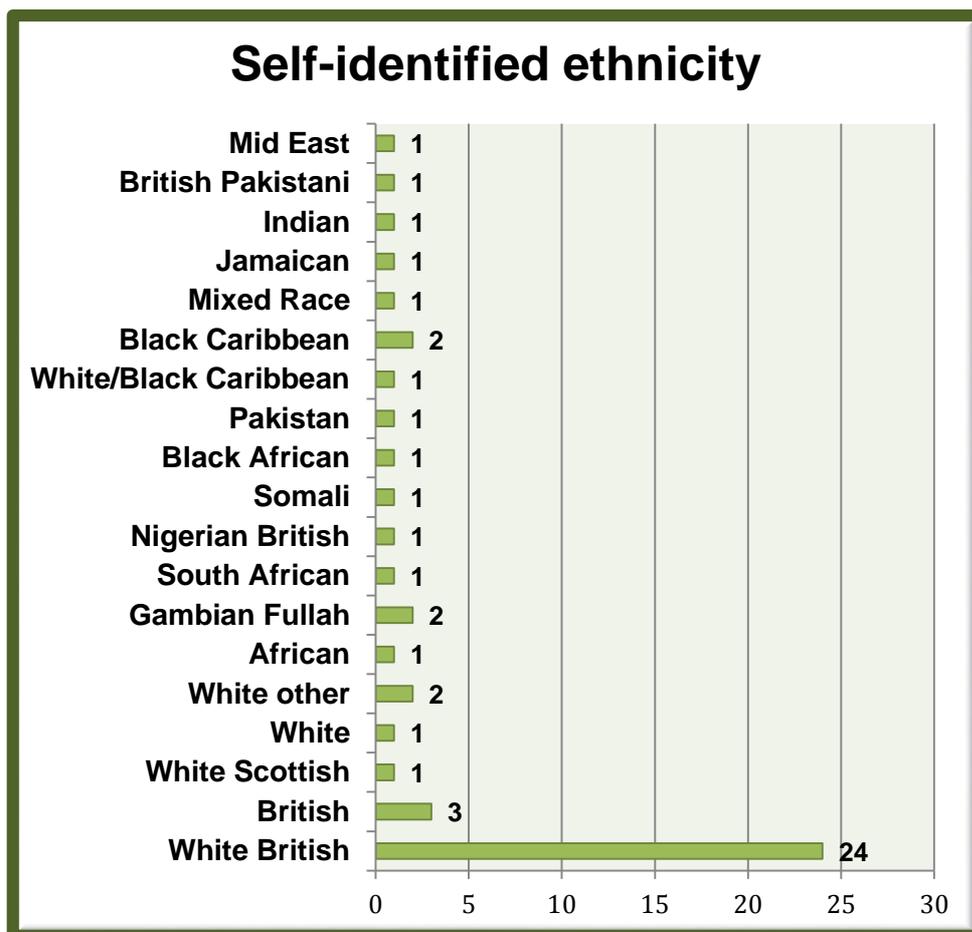
- Policy/Procedure makers
- Those with strategic authority
- Statutory bodies
- 3rd Sector organisations
- Communities/individuals
- MPs

- Councillors

So this evaluation needs to consider both the **aims** of the Conference and whether the **target audience** was reached.



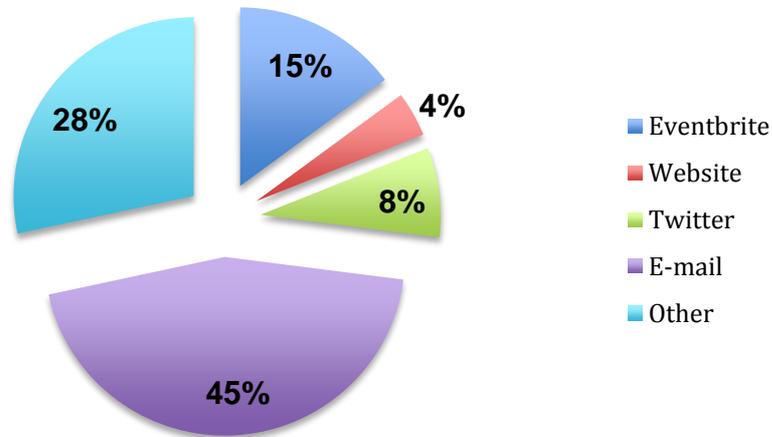
It is clear then that all the key sectors were represented, and within sectors there was representation across a number of levels from front-line professionals to those holding a more strategic role. For individuals and smaller NGOs attendance at the conference signals a keen interest and, as such, they become local champions in the communities.



As can be seen from the chart above, the majority of delegates were White British, along with a good range of other ethnicities. The organisers wanted delegates to use their own preferences to identify their ethnicity if they so choose to complete this section.

In order to attract delegates from each key sector, across a range of levels, including individuals who were passionate about ending FGM, a variety of **communication channels** had been used. The organisers were eager to ensure it was a free event to enable better representation from individuals and smaller organizations so that budgets would not be a barrier to attending.

**How did you hear about the event?
(based on 71 Evaluation Responses)**



The information shows that Eventbrite worked well to attract delegates, and it is certainly a good tool for organisers. However, the nature of a Conference such as this is that other channels of communication are needed to ensure a broader representation.

The majority of delegates had heard of the event through e-mail from friends or colleagues.

Delegates who commented on the 'Other' section mentioned word of mouth. That serves at least two purposes: it enables the sharing of information with a colleague or friend who may be interested and can give a real incentive to attend by having someone to discuss the event with.

The evidence shows that BHI succeeded in attracting their target audience.

Did the Conference achieve its aims?

The first aim of the Conference – launching the report – was achieved as shown above. Three further aims remained:

- To begin to develop a joint citywide response to this abuse.
- To start to raise awareness of the issue by providing factual and accurate information.
- To provide information on the locality of the incidence of FGM so far as it is currently known.

These three are interconnected and are linked to the range of speakers, the range of delegates and the commitments given by delegates. The first step is to consider the speakers' presentation and the Living Library contributors, then to consider delegate responses to speakers, the Living Library and the event generally. Issues such as venue and catering can affect delegates' views of the whole event and so need to be considered.

Starting then with the presentations and the Living Library, the speakers and contributors represented a balance between the strategic focus, the perspective of front-line practitioners and the experiences of non-governmental organizations that supported communities and individuals.

The following quotations from speakers provide evidence to help assess whether the Conference met its aims.

“The time is right now for dramatic progress to be made. Leeds wants to become the best city for children. Go out and start shouting out about these young women – and let’s not mince our words!” Councillor Judith Blake

“The age at which FGM is performed on children is reducing. These girls cannot resist the pressures put on them. Human behaviours, however irrational they seem, have a meaning. We must begin to understand the culture of why FGM is performed. We’re meeting health needs – but not holistic needs.” Nicolette Clarke

“Nobody really knows the figures. Without the statistics, resources will not be put into solving any issue; but without the passion, hundreds of competing priorities will get in the way.” Jean Garrod

“How do we deliver justice for victims? Victims need to be at the heart of responses to crime, and be treated with dignity, respect and care. Officers need to know how to respond effectively at grassroots levels. We need Champions in communities to help.” Mark Burns-Williamson

“Over the years, I’ve become desensitised to violent crime. When I learned about Female Genital Mutilation, I was horrified! It is hard to fail, but it is worse not to have tried to succeed.” Tahir Khan QC

“We need to understand what organizations are out there and start to join them up. That will help give us a national perspective and a joined up approach.” Ruth Passman

“A concerted Action Plan is needed. The Leeds Safeguarding Group is committed to working with partners to tackle FGM. We will start lobbying as a city to get resources to help tackle the problem.” James Rogers

At the Living Library, a range of free resources such as the NSPCC DVD, posters and the Home Office Statement on FGM in a range of community languages, were well received and many delegates took some away.

Delegates were interested to know more about the underpinning approach to estimating numbers of those affected or at risk of FGM.

The Youth Offending Team expressed an interest in being involved. Kirklees and Wakefield Councils’ delegates said they hoped to get ideas for how to proceed.

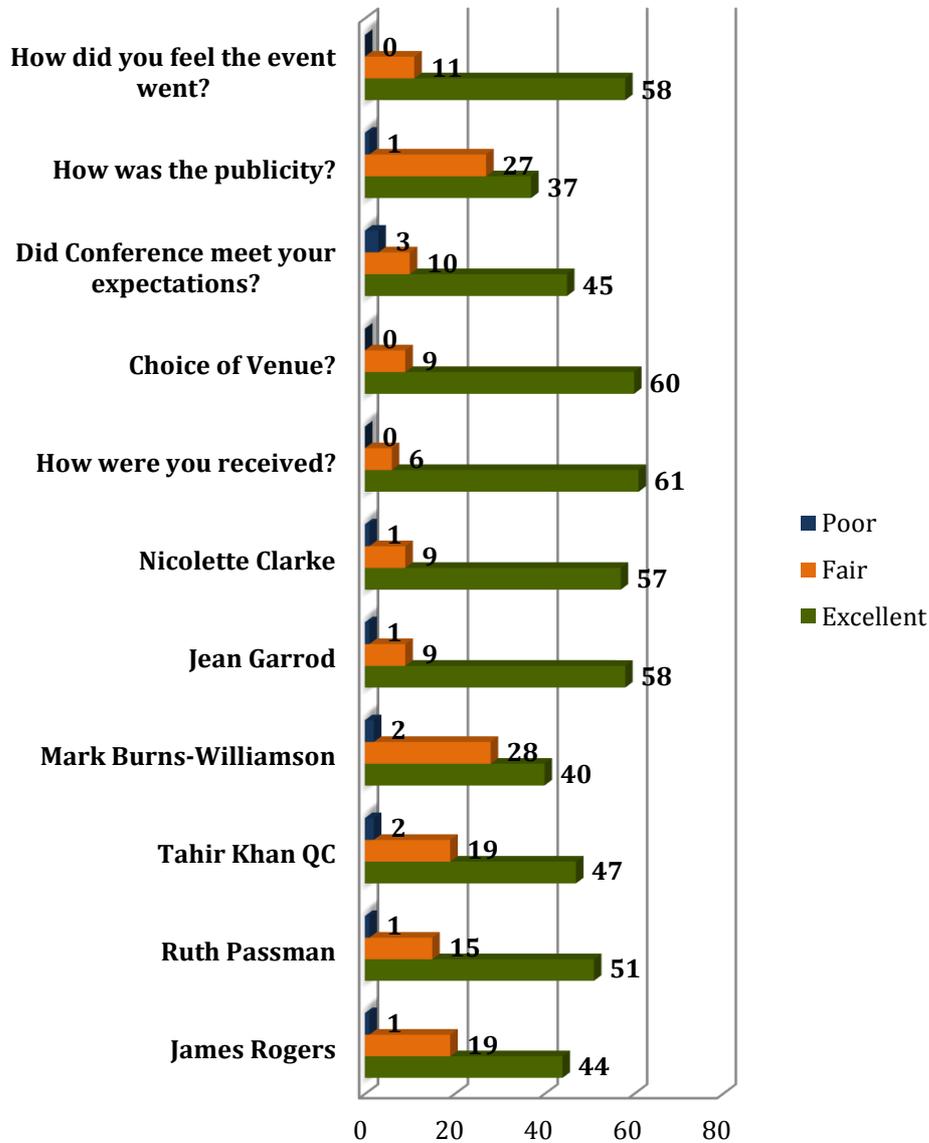
In the light of the failure to prosecute perpetrators until earlier this year delegates asked, “How can we influence the Crown Prosecution Service?”

All of this indicates a willingness to develop a joint citywide response to this abuse, and indeed, Ruth Passman suggests that a national FGM response is needed. All speakers through their presentations helped to raise awareness of the issue. Nicolette Clarke and Jean Garrod in particular provided factual and accurate information and information on the locality of the incidence of FGM so far as it is currently known, so the speakers and contributors certainly delivered on the aims of the Conference. The next step is to examine how delegates responded.

On the grading section of the Evaluation Sheet, delegates were asked to rate a range of issues, including the Speakers. These results are shown below.

Delegates did not answer every question, so the response numbers are inconsistent between the questions. However the vast majority of delegates who completed the Evaluation Sheets rated the Conference as ‘Excellent’.

Delegate Gradings



Delegate Comments

Delegate comments are among the most significant data for evaluating Conferences because they highlight the strength of feeling about certain issues. Delegates have taken the time to write them at the end of the day, when their focus is often on getting away. They also give useful pointers for improvements or further actions.

The fact that 53 out of the 71 delegates completing Evaluation Sheets did comment, and in some depth, suggests that FGM is a major issue for them and indicates that they may wish to be included in further developments, whether that be through information or activities.

The comments were analysed under headings to offer greater clarity.

1) General positive comments	24
2) Living Library	9
3) Catering (not enough food)	4
4) Unable to hear speakers	3
5) DVD (mixed feelings)	4
6) Improvement suggestions:	
a) Information on recognising risk and referral pathways	12
b) Partnership working	4
c) Community involvement	14
d) Wanting to hear survivor accounts	3
e) General suggestions to improve	7

The comments were used to help draw out the Conclusions and frame the Recommendations of this Report.

Delegate Commitments

During the Conference, delegates were given 'Commitment Cards' and asked to write on them what their commitment was following on from the Conference. These were collected at the end of the Conference.

The commitments ranged over a number of areas and some editing took place to facilitate analysis and presentation. The editing consisted of the following:

Step 1 – Collation

- All commitments were reformulated to begin with "To..."
- Only one objective was given under each heading, to facilitate future measurement.
- All commitments from the same organisation were collated under one entry.

Step 2 – Analysis

Commitments were grouped by activity to facilitate the framing of Recommendations and any future engagement with the specific organisation.

Summary of Delegate Commitments

Commitment to Action	Number of organizations or individuals
To raise, or continue to raise, awareness of FGM <ul style="list-style-type: none"> - With colleagues - Through social media and networking - Among the community 	13
To enhance training and education for colleagues	10
To support, or continue to support, survivors	6
To safeguard, or continue to safeguard, those at risk	2
To work, or continue to work, with families and communities	4
To campaign, or continue to campaign, for the elimination of FGM	5

Following the Conference, several delegates have sent in written commitments that are additional to these.

All the evidence strongly indicates that the Conference aims had been met and delegates had gained much from the Conference.

The number and strength of the Delegate Comments and Delegate Commitments is a very strong foundation on which to build.

Conclusions

The evidence that the Black Health Initiative achieved ALL of its objectives for the Conference is compelling.

However, BHI has more ambitious aims than just providing a one-off Conference. Aim number 2 signals the scope of this ambition. For BHI to succeed fully, the challenge is to take the next step and continue to develop the joint citywide response to this abuse.

The Delegate Commitments provide strong evidence that there is an appetite for this – and indeed for a much broader joined-up response. The challenge for BHI is to take the momentum forward, using the Delegate Commitments to help draw together the participants in developing an Action Plan for Leeds, and to share the evolving good practice with others.

The Action Plan provides pathways by which that momentum may be maintained.

Commitments which are now active programmes:

- FGM and the Law
Run by two local Barristers based at the BHI offices
- Explorative talks of paediatric clinics being held within communities
- FGM awareness session within the city
- Strategic multiagency steering group to develop a Leeds Citywide Response
- Development of support groups within practicing communities

Action Plan

- BHI to conduct a mapping exercise to identify resources pertaining to FGM within Leeds
- Develop a portal with FGM resources for city/regionally and national access
- Each key agency to have a focused action to ensure that colleagues, clients and constituents, particularly front-line professionals are made aware of their agency's policy and guidelines (particularly Multi-Agency Guidelines) on Female Genital Mutilation and the law relating to FGM.
- To provide comprehensive Psychological/emotional service for children/young girls/women person centred therapy service (currently provided by a 3rd Sector organisation without funding)
- That key agencies of Health, Local Authority, Education, Police, non-governmental organisations and for individuals and their communities continue to build on the work of the Conference to raise awareness of Female Genital Mutilation among their colleagues, clients and constituents.
- Information material in easy read for practicing communities and young people be produced and disseminated
- An understanding that awareness of Female Genital Mutilation varies amongst organisations, communities, strategic bodies. The awareness has to be targeted. It is envisaged this would be in three stages and be as Citywide Seminars:
 - General awareness
 - In-depth awareness raising for frontline staff
 - Leeds citywide statement – Zero Tolerance on FGM
- An aim that agencies supporting survivors, families and communities form a consortium, to ensure that their work can be better accessed and supported by strategic partners to offer a more coherent service to survivors and those at risk of FGM.
- BHI aims to work with strategic and community partners to establish a Steering Group(s) with a view to constructing a Leeds citywide Action Plan, underpinned with a Resource Pack(excellent example is the London FGM Resource Pack).

Partners:

NHS Trusts

Leeds City Council – various departments

Community Groups

Clinical Commission Groups
Public Health
3rd Sector Organisations
West Yorkshire Police

- Each consortia to develop an Action Plan which is shared with each other to avoid duplication, support collaborative working and develop a three plan of Action for the city of Leeds.
- Citywide tool kit, incorporating best practice from other cities, bringing together information within the City of Leeds.
- BHI will work towards the securing of funding both monetary and in-kind from Public Health – Leeds, Clinical Commissioning Groups, Leeds City Council, West Yorkshire Police etc to support the three year plan for the eradication of FGM within the city as highlighted by NHS England within the conference.
- Utilise, enhance and promote current resources/information within the City
- BHI aims to lead on the taking of account of the 'Social Value' created through community-led initiative and captures, analyse and report on it to provide further information to support the measures.

NB

It has to be acknowledged and noted that investment has to be provided for the programme to be implemented on all levels. We all have a duty of safe guarding the most vulnerable, young girls at risk of and indeed those who have been abused by Female Genital Mutilation should be included.

The above ACTION PLAN should be viewed as template of works from which to build on by the multi-agency strategic Leeds partnership with feed in from the various communities/groups working to the same aim of Leeds being a city of Zero Tolerance for FGM

ENDORSEMENTS

The political support to work together to eradicate Female Genital Mutilation within Leeds is currently led by:

Fabian Hamilton MP
Cllr Jane Dowson
Cllr Judith Blake