Final Evaluation Report
FORWARD
Bristol FGM Community Development Project

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The Evaluators would like to thank all those who gave their time and willing co-operation during the evaluation including FORWARD staff. Particular thanks to Layla Ismail (Project Coordinator) for her insights, support and laughter and the Community Health Advocates (CHAs) and women's groups for welcoming us into their space and sharing their stories.

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Executive Summary

I. Introduction

An external evaluation of the FORWARD's Community Development Project in Bristol was carried out by Maria Banos Smith and Kate Smith, Independent Evaluators November 2011 and February 2012.

To determine the extent to which the Bristol FGM Community Development project has been successful in achieving better health outcomes for girls and women affected by FGM, with respect to the following four specific aims:

- Improve the confidence, knowledge, awareness and self-determination of girls and women affected by FGM and enable them to make informed choices and ask for the services they need.
- Improve the quality of knowledge and understanding of health professionals around FGM, to promote good practice, accessible resources, information and services and good communication between those professions and the communities affected.
- Empower young people with skills, safe space to explore issues pertaining to cultural identity and integration
- Effective project management and evaluation

II. Evaluation Summary Statement

FORWARD's work in Bristol is a meaningful community development project tackling a sensitive and sometimes controversial topic, operating with limited human resources (1 staff member for 2 days per week term time only – 80 days per year). Community Development is a slow process. Given these factors, the project has made impressive progress and built organisational know-how in a relatively short time.

The Project Coordinator's commitment and skills has been pivotal to the success of the project at every level. She is well regarded and trusted by her local community and professionals alike.

The Project has had an impact on intensifying changes in attitude and enhancing knowledge and self-determination, particularly for women, and especially Community Health Advocates, as well as health workers and other professionals.

The Project now needs to focus on a strengthening its community development approach in order to consolidate the work it has already achieved and expand beyond the current activities.

III. Evaluation Approach

The evaluation adopted a qualitative participatory approach. Through participatory group consultation and individual one-to-one creative dialogues using a range of participatory tools the evaluation enabled women and other stakeholders who have been involved in the FGM project to share, reflect on and analyse their experience of the programme.

The process enabled them to identify:

- What is working and why?
- What is not working and why?
- What has changed? In particular related to attitudes and behaviour
- And generate ideas of how to make it better

IV. Key findings from the Evaluation

Project Approach: the Bristol Community Development Model

- One of the most successful aspects of the project has been the work with women from FGM communities.

- The community development approach adopted and evolved through the life of the project has a range of 'ingredients' for its success with women stakeholders.

- The Project approach adopted with women has had specific foundations for community development to build upon (e.g. established on-going women's groups and personal relationships within those communities). These foundations are not in place with other stakeholders who are part of the current project expansion e.g other FGM affected communities, out-of-school young women, men etc

- There is potential to Strengthen the community development approach so that stakeholders start by identifying issues important to them on their needs and aspirations which could lead them to take action for change. There is a desire to take action for change amongst stakeholders.

- Many consulted felt that there has been a wave of change in attitudes and practice around FGM over the last 5-10 years influenced by a range of factors in the UK as well as what is going on in Africa (TV, changes in legislation and shift in consciousness). The Project has consolidated and strengthened this wave of change.

Attitude and Knowledge Change in Beneficiaries

- The progress made regarding changes in the confidence, knowledge, awareness and self-determination of the women who were trained to be Community Health Advocates represents some of the most remarkable outcomes of the Project.

- CHAs do not currently reflect the diversity of FGM affected communities, beyond Somali and Sudanese women. Lessons can be learnt about the processes that the current CHAs have gone through to inform ways of working with new FGM champions in the future.

Women (and Girls) – Somali and Sudanese

- Many stakeholders including women felt that the work with women was both the most important and most successful aspect of the project's work. The project had a significant impact on the women's knowledge, attitudes and self determination around FGM including being able to talk about FGM, and creating a desire to take action and change the practice with their daughters.

  "I definitely try to stand against FGM and pass these information on to the other people from the community."

  "[after the workshop] I have the feeling that we can make a change in our community."

- Many women with a long term involvement in the Project are becoming tired of hearing about FGM, and want to focus on other issues including relationships, sex and reproductive health, women's rights, Khat and the family etc. Interestingly, this was not a view shared by men or those from other FGM affected communities, with whom the project has recently started to engage.

- There is some evidence that the Project's messages are being cascaded into the wider community through word of mouth. However, given the Somali population in Bristol is between 7,000 and 25,000, the direct reach of the project has been relatively small. Whislt this is by far the biggest stakeholder group, the Project is currently expanding to work with other affected communities e.g. Gambian community.

Men's changes in Attitude and Knowledge

- A small cohort of men has attended FGM workshops or other events ran by FORWARD. There is evidence of attitude and knowledge change amongst these men. Men believe that men should be involved in the project even though many think that women are the decision-makers around FGM. Men are interested in exploring wider range of issues as a means to explore FGM.

- Many women and men consulted felt that opportunities to train as CHAs or Community champions would be a good mechanism for FGM awareness and

campaigning in their community.

From Attitude to Behaviour change: the Journey of Empowerment

- The evaluation found that attitudes and knowledge about FGM often evolve along a continuum. From knowledge about legislation at one end towards recognition of women and girl's inherent rights to their body, and the right to bodily integrity. The main attitude change relates to legal, religious and physical health reasons for not practising rather than an ideological change - about women's rights.

Training Professionals

- Feedback from participants on the Multi-agency FGM awareness training delivered through the Bristol Safeguarding Children Board (BSCB) training regarding FORWARD's input to this training and from Schools is overwhelmingly positive. There was a vocal consensus - from participants and the trainers - that FORWARD's input makes all the difference to the training results in changes in professionals work.

> "*As she [Project Coordinator] is from the cultural background where FGM is widely practised, she has far more insight on how to tackle the subject within her community*". Training attendee.
>
> "*I am more vigilant / aware and ask appropriate questions if in doubt i.e. recently questioned why father planned on taking 10 year old daughter abroad (without rest of family)*". Training attendee.

Young People

- Work with young people has encountered various challenges during the period covered by this evaluation, including difficulties in getting a youth group set up and functioning. At the time of writing this report, the youth work is still at the set-up stage, however a number of strategies and ways of working have been tried and various lessons have been learnt along the way.

Effective project management and evaluation

- The PCT has played an active role in the Project which has been privotal to its success. Mohammed Elsharif, lead staff member of the Community Health Development Team, and Jackie Mathers, the Designated Nurse for Safeguarding Children, have a personal commitment to the issues the work deals with and the success of the Project.

The Project Coordinator

- The Project Coordinator's commitment to the project's aims and beneficiaries has been pivotal to the success of the project at every level. She is well regarded and

trusted by her local community and professionals alike and her own knowledge of the community has been essential. Her communication, interpersonal, organisational, coordination and mobilisation skills have been key to the project as well as her sheer hard work.

- The entire project and all of its activities in Bristol depend on one part-time Coordinator working 14 hours a week in term time only - approximately 80 days per year The complexity of the project revealed through this evaluation suggests that makes achieving all the outcomes of the project challenging however competent the coordinator.

Community Health Advocates

- It is thanks to their personal investment of the volunteer Community Health Advocates that the project has achieved the level of community outreach and the depth of the outcomes particularly with women from FGM affected communities.

- There is consensus that the future role of the volunteer Community Health Advocates (CHAs) in its present form needs to change as the current cohort have gone beyond the capacity that a volunteer role can sustain.

V. Key Recommendations

Further develop a Community Development Approach

- Building on the success of community development work so far, the evaluation recommends to continue work with on-going groups. Further development of the Community Development Approach would have the potential to develop a range of life skills* (decision-making, problem solving and interpersonal communication etc).

- Develop a step-by-step framework for Community Development Group Work that has the potential to lead to collective action for change and women's empowerment. This would provide a framework for the Coordinator and CHAs to work within. This would enable beneficiaries to identify needs and take action for change.

Building capability in Community Development

- Develop Bristol-based staff and volunteers' understanding, models and tools for Community Development. This includes a step-by-step framework/model of community development (as above), community organising and engagement, group facilitation techniques, participatory principles and tools that lead people from discussion and reflection to action.

Increase Project operational capacity

- Employ a second member of staff to provide the current Project Coordinator with support on the expansion of Project activities.
- RWoB as the FORWARD local partner is supported by FORWARD to take a greater ownership role of the project to more firmly root the project in the Bristol landscape.

Development of Community Health Advocate Role

- Consolidate existing Community Health Advocates (CHAs):

- Expand the pool of Community Health Advocates (CHAs) including women, men and people from FGM affected communities other than Somali and Sudanese.

- Establish Community Champions

- Identify CHAs and Male Community Champions with help from PCT Community Health Development Team

Setting FGM within a Wider Context of issues

- Establish groups and sessions where FGM could arise through tackling a range of other issues including domestic violence, sexual health, relationships, Khat, mental health and depression, women's rights. This could be through establishing groups such as African Women's Health Group or African Men's Health Group

Access through schools

- Provide annual training sessions to schools with high proportion of FGM affected communities.

Monitoring, evaluation and learning

- Develop systems to capture informal work, such as by word of mouth or through personal relationships. Develop creative, participatory approaches to monitoring and evaluation, which complements the community development approach.

Training professionals

- Continue to train professionals through the Bristol Safeguarding Children Board (BSCB), schools and continue to explore other opportunities.

Youth Work

- Embed a community development approach in to work with young people.

- Continue to explore ways of recruiting young women and girls to the out of school club, including the potential to run the group on a weekend rather than on a school night.

- Piggy-back on to targeted youth events happening in the community to run one-off sessions with young people, sign-post young people, and potentially recruit for the out of school club.

Future funding and commissioning of the project

- Review the funding for the project in the light of capacity and ability to be effective and meet the emerging demands of the project recommended by this evaluation.

1 Introduction

1.1 The Evaluation

An external evaluation of the FORWARD's FGM Community Development Project in Bristol was carried out by Maria Banos Smith and Kate Smith, Independent Evaluators between November 2011 and February 2012.

1.2 Purpose of the evaluation

To determine the extent to which the Bristol FGM Community Development project has been successful in achieving better health outcomes for girls and women affected by FGM with respect to the following four specific aims:

1. Improve the confidence, knowledge, awareness and self-determination of girls and women affected by FGM and enable them to make informed choices and ask for the services they need.
2. Improve the quality of knowledge and understanding of health professionals around FGM, to promote good practice, accessible resources, information and services and good communication between those professions and the communities affected.
3. Empower young people with skills, safe space to explore issues pertaining to cultural identity and integration
4. Effective project management and evaluation

1.3 Project background

NHS Bristol first commissioned the FGM Community Development Project from October 2009 to September 2010, and re-commissioned the Project for a second time from October 2010 to March 2012.

These commissions emerged from the findings of a Participatory Ethnographic and Evaluative Research (PEER) conducted in Bristol and London to explore views of women from FGM affected communities in December 2008 entitled 'FGM is with us everyday: women and girls speak out about FGM in the UK'. Participants were clear about what would improve support services for women affected: improved training for professionals, especially healthcare professionals, increased engagement and outreach with communities and culturally appropriate materials and information made available and accessible to communities. The PEER approach is a peer-to-peer interviewing technique to explore more sensitive issues in-depth, and is particularly suited to enabling the involvement of communities less likely to engage and the exploration of sexual and reproductive health. Eight peer researchers were recruited in Bristol from the Somali and Sudanese communities.

In 2008, FORWARD was already working in partnership with two organisations – Refugee Women of Bristol and the Somali Resource Centre. It had initiated research

and engagement between some FGM affected communities and NHS Bristol. FORWARD was therefore well placed to take on the NHS Bristol commission as it had set some extremely important foundations and links.

1.4 Who we listened to

The Evaluation consulted the following project stakeholders:

- Women and girls from African FGM affected communities and have participated in a session given by the Community Health Advocates
- Community Health Advocates
- Project Coordinator
- Sessional Youth Coordinator
- NHS Bristol Commissioner
- Community Advisory Group members
- FORWARD staff team
- Men from FGM affected communities who have come in to contact with the work
- Young women involved in the out of school Youth group
- Health professionals who have come in to contact with the work
- Teachers
- Members of Bristol FGM Network
- Diverse women and men from FGM affected communities who have not been in contact with the work (to assess the more far-reaching impact of the work on the whole community)

1.5 How we listened (Methodology)

Through participatory group consultation and individual one-to-one creative dialogues using a range of participatory tools the evaluation enabled women and other stakeholders who have been involved in the FGM project to share, reflect on and analyse their experience of the programme.

The process enabled them to identify:

- What is working and why?
- What is not working and why?
- What has changed? In particular related to attitudes and behaviour
- And generate ideas of how to make it better

The main methodology of the evaluation involved listening to women's (and men's) voices through a series of participatory research tools including:

- Project journey
- Evaluation builder
- Creative participatory dialogues
- Time-lines
- Story-telling
- Role-Play

These tools were used during:

- semi-structured interviews
- focus groups discussions
- Telephone and face-to-face interviews
- One-to-one interviews
- Informal discussions/'chats'
- Other research, studies and secondary data

We also used an email Questionnaire with health professional and also emails and phone calls to consult various stakeholders.

Participatory techniques underpin the entire approach to the evaluation and complement the ethos and programme approach. When we talk about participatory approaches we refer to methods that move us from traditional forms of verbal communication towards more visual methods. They involve a process where the evaluation tools are handed over to those evaluating and the evaluator steps back.

Those evaluating then develop and interpret the evaluation in their own way either as a group or as individuals.

These visual participatory methods have been adopted around the world and the benefits have been found to enable all those who do not have a voice to share and analyse their experience in a variety of communication methods. Often more profound and varied views arise and can be explored. More importantly using these methods has the potential to shift power relations – between those evaluating and being evaluated. Feedback from this evaluation suggested that women enjoyed using the techniques and found they were in control of the process and outputs.

Findings

2 Project Approach: the Bristol Community Development Model

FORWARD's work in Bristol adopts a Community Development approach.

2.1 What is Community Development?

There are various definitions of Community Development (CD) but most would hold some common values and components. The National Operational Standards for Community Development (CDNOS) developed by a consortium of leading UK CD organisations talks about Community Development as a *"long–term ...process which aims to address imbalances in power and bring about change."* Common to many understandings of CD work in practice the CDNOS describes the CD process as:

"enabling people to organise and work together to:
1. *identify their own needs and aspirations*
2. *take action to exert influence on the decisions which affect their lives*
3. *improve the quality of their own lives, the communities in which they live, and societies of which they are a part."*

Implicit in this definition is the formation of groups who develop skills, knowledge and confidence to take collective action for change.

2.2 FORWARD's Community Development Approach

As evidenced by this evaluation and highlighted by many of the stakeholders consulted, the most successful aspect of the project has been the work with women from FGM communities. FORWARD chose to adopt a community development approach to this Bristol project to enable, and ultimately empower, communities to take responsibility for awareness raising, attitude and behaviour change in relation to ending FGM. A specific part of the project was to train and support women and young people to be health leaders and advocates within their communities, as well as supporting men to be community champions. Until recently this has been predominantly with those from Somali and Sudanese backgrounds.

Consultation with all stakeholders identified how the community development approach evolved and the 'ingredients' for its success with women stakeholders:

- Training and building skills and knowledge of local women as Community Health Advocates
- Working through established on-going groups with an informal/flexible group

focus or agenda (e.g. Saddaga, St Judes Somali Women's group, Bushara, Refugee Women of Bristol)

- Working with groups based in geographical areas with high levels of FGM affected communities
- Integrating FGM into a range of women related issues
- Responding to FGM emerging as an identified issue by women: a few women's groups identified FGM through needs assessment in their groups
- Continuous long-term work – FORWARD do on-going work with women's groups and not just one-off FGM events/workshops.
- Working with groups on a range of wider inter-related issues e.g. ante-natal, reproductive, sexual and women's health
- Building on established personal relationships
- Tapping into Informal networks of communication i.e. Word of mouth spreading the messages beyond the informal groups, through personal contacts, family, friends, colleagues and in various locations: day to day interaction and schools, parties, events, weddings etc.
- Bristol Community Advisory Group is the group that informs and guides the development of the project and Health Advocates are encouraged to be part of this decision-making body
- Participatory, community-focused research intention and methodology has community development at its heart. Research was undertaken in Bristol with affected communities in 2010-11 as part of the European REPLACE FGM project funded by EU Daphne III and co-produced by University of Coventry, FORWARD, West Midlands European Centre and Federation of Somali Associations Netherlands.

Therefore, in FORWARD's work with women of Somali and Sudanese origin, two key foundations for Community development work were in place - established on-going women's groups and personal relationships within those communities. These created the *fertile ground* from which to build a Community Development Approach with women.

A particular challenge for the project in its expansion beyond Women's groups has been that these foundations are not in place with other primary stakeholders - other FGM affected communities, out-of-school young women, men and many women from Somali community who are not part of groups or 'active'. The project has been able to share information with the wider FGM affected community and profile the project through our participation in Bristol-wide and local events such as African Voices.

However, many of the FGM affected communities do not have community organisations representing them in Bristol. The project has recently built relationships with a Gambian community organisation, Kombo Sillah. However, at present that group meets once every 6 weeks for a formal meeting to discuss community matters. In other words it is not an on-going group. Other African Diaspora communities have no representation at all in Bristol. An Egyptian woman consulted at RWOB who has been in Bristol for 1 year said:

"I've been looking for a year, if you find any [Egyptian] group please tell me"

The project has been identifying personal contacts with individuals from those communities, building relationships in order to reach others from those communities. This of course is a much longer and more complex process and a largely common sense approach, which is a credit to the Project Coordinator's capability but suggests a CD framework within which to build this work, is needed.

In addition, many men are not part of well-established groups. Some consulted believe that this is because men do not have time because of work commitments and/or that they be part of more informal social gatherings – supporting the mosque or chewing Khat.

2.3 Gaps and Potential Opportunities for Strengthening Community Development

Whilst recognising the success of the work with women through CHAs there have been some gaps in the current Community Development work particularly around opportunities for women to identify and work on their needs and aspirations and how/whether this leads to women taking action for change.

2.3.1 Identifying own Needs and Aspirations: It is not always been possible for groups to identify their own needs as FORWARD has had a particular agenda with FGM. However, within that agenda women have identified issues that could be worked through moving people toward taking action. Sometimes the project has been able to respond to identified needs - i.e. running sessions on antenatal care. However, many of those consulted in the evaluation felt that FGM could be placed in a wider agenda around issues identified by the community e.g. sexual and reproductive health, women's health/empowerment, Khat's influence on family and community life, mental health etc.

CD work nationally and internationally has found that starting with a community's own issues means that there is greater ownership, power dynamics shift, leading to collective action and more sustainable change. The 2009 Peer research carried out by the project was a good example of stakeholders identifying their own needs as a basis for development of a project design. This was an excellent example of how the project worked through community researchers to identify needs and issues around the project. The subsequent research undertaken as part of the REPLACE FGM project funded through the EU Daphne III offered further opportunities for both women and men from Somali and Sudanese communities in Bristol. The participatory research focus enables community members to be trained as participatory researchers, become research partners and contribute to the formulation of the research and the discussion of its outcomes.

2.3.2 Taking Action for Change: Women have demonstrated that they have taken action for change in their personal lives. Many have made decisions not to circumcise their daughters and have passed on messages to friends. Some have also sought help from health services for their own FGM. However, apart from a couple of initiatives such as the march on the streets of Bristol declaring "SAY NO to FGM" on 16 June 2010,

there is little evidence of groups turning discussion and reflection into taking collective action for change and influencing decisions that effect them related to FGM.

An example within the project reflecting these issues is that women have identified in the sessions with CHAs that medical services for FGM are slow and not easy to access. Some have even gone to London to access services there. This would be an excellent opportunity to move women from discussion to collective action. Women have the potential to have an impact on future of multi-ethnic women clinic.

"I loved doing the March, it really challenged me. Nothing happened after that though"

2.4 What is missing?

Both new work with different stakeholders, reaching those not part of groups and the gaps in the current work suggest that FORWARD requires a wider range of strategies. The co-ordinator and CHAs need to be better equipped with understanding, models and tools for community development. These would include providing a step-by-step framework/model of community development, community organising and engagement, group facilitation techniques, participatory principles and tools that lead people from discussion and reflection to action.

3 Achieving better health outcomes for Women and Girls

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" WHO Definition of Health

In agreement with FORWARD the evaluation focuses on the 4 specific aims of the project with a particular emphasis on changes in knowledge and attitudes of various stakeholders. It was agreed that ascertaining changes in practice around FGM (to what extent it is still practiced in the Bristol UK African Diaspora) is beyond the scope of the evaluation. Indeed, the project logframe reflects similar realistic aims recognising how difficult to measure change in practice related to FGM. FORWARD's work nationally and internationally recognises that change in attitudes and knowledge are an indicator towards changing practice.

However, views regarding how widespread the practice remained (or not) were frequently expressed throughout the evaluation therefore it is important to place the findings of this evaluation within the context of how people perceive the practice.

3.1 Perception of change in practice of FGM

Throughout the evaluation consultation with many stakeholders revealed there is a perception that change has taken place over the last 3 - 10 years in the practice of FGM amongst the Somali and Sudanese communities. It was expressed that amongst younger women below a certain age (below 20 years or 15 years) FGM has not been practiced in all but minority cases.

However, it should be said that for many affected community members, FGM equates to type 2 or 3. Therefore, it is difficult to know to what extent practice has changed when type 1 might remain acceptable. In other words, the FGM affected communities may not be carrying out type 2 or 3 but still practice type 1.

Therefore, it is beyond the scope of this evaluation to assess to what extent there is a reduction in practice of FGM as a whole or just in Type 2 or 3. However, what is important is that within the communities consulted Somali and Sudanese there is a belief that the practice is now unusual. Also, a view expressed a number of times is that within Somali and Sudanese communities the practice is a taboo:

"Before there was pressure to do FGM, now there is pressure not to do it" Somali woman

Therefore, there is also a danger that because it is now taboo to do FGM that this creates a culture of silence for those who wish it to continue it:

*"I fear that for those who want to do it might go underground" S*omali man

3.2 Context of change

During the evaluation, many consulted felt that there has been a wave of change in attitudes and practice around FGM over the last 5-10 years. FORWARD has been commissioned in Bristol since October 2009 (2 years up to the end of the reporting period) and previous to this first commission, FORWARD was active in Bristol through the PEER research on FGM. Therefore, its work is building on that *existing* wave of change, and it is useful to view it within this context.

The elements/factors involved in the wave or change include:

- The 2003 legislation, awareness of this legislation has increased and its punishment amongst FGM affected communities (up to 14 year imprisonment).
- Moving country/becoming a refugee. Broadening of horizons, exposure to other beliefs and practices and having a different perspective on own culture, some people wishing to integrate in to the local culture
- Exposure to other Islamic and non-Islamic communities who do not practice FGM. FORWARD has found this message to resonate with people in the presentations/training they have delivered.
- Changing attitudes, practice and legislation back home (Somalia community and Sudanese). Many also believe that practice has changed particularly in urban areas back home.
- Somali TV available digitally – campaigning against FGM is now common on Somali TV
- Sheik/Imam expressing views against FGM (some people state that an anti FGM message has been explicitly stated in Mosques, whilst others say that it is so covertly communicated in the Mosque only those already against the practice would recognise that FGM was being discussed. Others say it is the Sheiks 'back home' i.e. in Africa who are encourage people to stop the practice)
- Access to the internet and anti-FGM views expressed there

- Word of Mouth within the communities – FORWARD created the context and enabled people to talk about practice on a more personal level. Previously people had discussed FGM in the context of legislation or not talked about it at all.

Many stakeholders – particularly parents from FGM communities said that in the last 2 years other factors have emerged that have contributed to change:

- Awareness of legislation and implications of practice amongst professionals working with FGM affected communities – schools, health workers etc. For a long time many of these groups thought it was a cultural practice and now recognise that it is a child protection /abuse issue.
- Schools and health workers dealing with FGM with families and individuals from FGM affected communities.

Those consulted believe that the majority of women and men from FGM affected communities would not have questioned the practice of FGM prior to all these contributory elements. It is (or was) normalised as part of life in their country, culture and community as a religious practice however difficult and dangerous both physically and psychologically the procedure and after effects. Questioning the practice arises when individuals and communities are exposed to the contributory factors listed above.

Therefore, FORWARD's work is contributing to a wave of change in attitudes, knowledge and practice that helps achieve better outcomes for women and girls. However, its work cannot be viewed in isolation.

4 Attitude and Knowledge Change in Beneficiaries

Aim 1: Improve the confidence, knowledge, awareness and self-determination of girls and women affected by FGM and enable them to make informed choices and ask for the services they need

This section covers:

- Community Health Advocate (CHAs)
- Women – Somali and Sudanese communities
- Men – Somali and Sudanese communities
- Other FGM affected communities
- Attitude and Behaviour change: journey to empowerment

4.1 Community Health Advocates

The progress made regarding changes in the confidence, knowledge, awareness and self-determination of the women who were trained to be volunteer Community Health Advocates represents some of the most remarkable outcomes of the Project.

The Community Health Advocates (CHAs) deliver the Project to the heart of the community. CHAs pro-actively organise workshops and talks on FGM, as well as being invited to speak at a variety of events and training sessions. They are also available to provide follow-up support and advice on an informal basis to the community and in more professional contexts. Messages are delivered in an informal way in the community, during the CHAs day-to-day life, and because they see women in different places and on a regular basis (at a mothers group, at the mosque, at their children's' school etc) they are able to reinforce messages.

4.1.1 Role of FORWARD

The Community Health Advocates' personal journey has been crucial to the development of the work in Bristol. They have learnt about the physiological details of FGM, its relationship to religion and women's rights. They have also developed the skills to talk about FGM with people in their community, to be able to place FGM within a wider framework, and to challenge others views, whilst respecting difference. The CHAs have arrived at a place where they feel confident to speak *about* and speak *up* on FGM. FORWARD has played an important role in supporting them to make that journey.

FORWARD provided training for the Community Health Advocates through external consultants and also FORWARD staff. FORWARD staff, including senior staff, spent considerable time with the CHAs through a people-centred, personal approach. The time and energy dedicated to the CHAs has boosted their self-esteem and the value they attach to the training process and the work on FGM itself.

4.1.2 Empowerment of Community Health Advocates

When the training started, the Community Health Advocates were not used to speaking about FGM within their community and much less outside the community: "*It was challenging to talk with each other"* and felt "*nervous"* but "*we were more and more excited after we all talked about it*." They had limited knowledge of the physiological impacts, and the vast majority had little or no experience of public speaking. All of this changed through the training and the process of delivering sessions on FGM. By the end of the training, the CHAs said they had

"*built their knowledge about FGM*",
"[developed] *skills to be able to talk to our community*",
"*how to attract the people to listen to you",*
"*communication skills*" including "*to be patient to listen to others with a different view*". All of this, in a context they referred to as *"FGM is private – don't even say it".*

Community Health Advocates particularly rated training in communication and listening skills, and they enjoyed the model used i.e. the FPA Speakeasy accredited training. They were "shocked" at first when told about the physical details of the three different 'types' of FGM but felt this had been important learning. Another salient learning point for them was around "*how others practice FGM*".

Whilst the Community Health Advocates said that they had not, and did not, plan to

practice FGM at the time of training, the information they were given during training and the discussions and confidence building seemed to help them to consolidate their views, increased their disagreement with the practice and motivated them to become champions in the community to campaign against FGM.
"*In the beginning it was new. FORWARD pushed us to use the skills we have."*
"We received negative feedback in the community...but we were determined to keep going and build a better understanding in the community".

4.1.3 Some challenges

However, many CHAs perceived the training to be challenging and a large amount: "*Too much work. Too many workshops to attend*". Some felt that it was a lot to take in and it had been "*too intense"* feeling "*overwhelmed".* Nevertheless, there was general agreement that they had got a lot out of the training and pleased to have gained new knowledge and skills. Attending conferences was something they particularly enjoyed. Overall, the CHAs thought the training had been a positive experience, and helpful for the tasks they were expected to deliver on.

4.1.4 The next stage: changing roles

Many Community Health Advocates have reached a point in their involvement in the Project where they feel the need to move on to the next 'stage'. They have invested a significant amount of time and energy as volunteers and would like to see a pathway in to further training, and/or paid employment put in to place. For details, see Section 7 (Effective Project Management and Evaluation).

Furthermore, many Community Health Advocates felt that the issue of FGM had been exhausted and they were repeating sessions with the same women, as opposed to taking the message to a fresh audience. Some CHAs felt that continuing to deliver sessions meant not only repeating themselves, but preaching to the converted. This led them to conclude:

"*It is not a fight or a campaign anymore. It doesn't feel like there is a need for health advocates anymore".*

However, the strength of the way the Community Health Advocates work is to spread the message within their 'sphere of influence' in the community, which is necessarily limited. Therefore, it may no longer be appropriate for the CHAs to continue to deliver sessions, but nevertheless continue the role of keeping FGM on the agenda in a more subtle way, challenge pro-FGM views and behaviour when necessary, and continue to be a point of contact for anyone who would like specific support For example, this could be to act as an intermediary where there is a disagreement over FGM amongst family members), or where someone suspects a girl is in danger or parents/carers are planning on carrying out FGM.

Many Community Health Advocates had received feedback from women that there were other issues they would like to talk about, for example relationships and family, some aspects of sexual and reproductive health and women's rights They agreed with the reaction from women they spoke to that FGM is not the 'only' urgent issue facing the

community, but did not feel confident to broach other topics without further training. Some CHAs were keen to receive training and continue and expand their engagement with the community by looking at these topics.

Whilst it is understandable that the CHAs would like to increase their knowledge of topics such as relationships and family, some aspects of sexual and reproductive health and women rights, this highlighted issues around the way they work with groups and deliver messages. It is possible to work in a valuable way with a group on 'any' topic without being an 'expert', through enabling people to explore an issue, what it means to them, learn from others in the group, and draw useful learning from this process. To facilitate such a process does require specific skills. It can also be helpful for CHAs to have increased their knowledge and understanding of the issues that will be discussed. It may be wise for FORWARD to explore further training of CHAs, with this in mind.

4.1.5 Future Community Health Advocates from other groups

The fact CHAs have a limited 'sphere of influence' also suggests the need to consolidate what they have achieved, perhaps moving to a lower level presence in the community, but also the need for other women to have the capability to deliver the messages further afield. It is important to remember that FGM affected communities are in their thousands, not hundreds, and a bigger cohort of people will be needed to reach out, particularly to the more isolated pockets of communities. Future CHAs will need to come from different groups, such as men and people from other FGM affected communities, beyond Somali and Sudanese. Lessons can be learnt about the processes that the current CHAs have gone through to inform ways of working with new FGM champions in the future.

4.2 Women (and Girls) – Somali and Sudanese

Many stakeholders including women stakeholders felt that the work with women was both the most important and most successful aspect of the project's work. Men, women and young people expressed that the decisions about FGM whilst having patriarchal origins, change in FGM attitudes and practices were now in the hands of women.

In the 12 months between Sept 2010-Sept 2011, 30 outreach sessions and workshops were delivered to communities across Bristol many of these were with women's groups. Nearly 300 women from FGM affected communities have directly benefitted from the FGM Community Development Project.

4.2.1 Consultation with women

Throughout the evaluation women from FGM affected communities were consulted extensively including: women who attended 3 women's groups (Saddagga, St Judes Somali women's group, Refugee Women of Bristol), 12 interviews or informal discussions with women as well as meeting women from Somali Women's Voice, BCFM's (Community Radio for Bristol) programme on Monday evening with an estimated listenership of 2000+. Also, feedback forms from talks and workshop sessions were analysed. Women consulted were mainly from Somali and Sudanese

communities but other women were consulted from the Gambian, Moroccan, Egyptian, Kenyan communities.

Consultations took place in groups and individually. More than half of the women consulted had had direct contact with the project - through workshop/s or a campaign (summer campaign, march again FGM) and a few consulted FORWARD as individuals (e.g. at drop-ins). Other women had not attended workshops/talks. Some of these women were part of the women's groups, some were not.

All the women consulted were aware of FORWARD's work and knew or had contact with the Project Coordinator and/or one or more CHAs.

4.2.2 Women with direct involvement in the project

For women who had had direct contact with FORWARD through workshops etc, the project had a significant impact on women's knowledge, attitudes and (potentially behaviour) around FGM. As a result of the project intervention, change was demonstrated through:

i) Improved knowledge of the legislation and understanding of the implications e.g. imprisonment

"Learning about the laws on FGM [from the FORWARD workshop] helped me to tell others about it."

"It helps our women to know the legislation. A woman can say to her mother [who is pressuring her to circumcise her daughters] "Mum, do you want me to go to prison for 14 years?"

"I have learnt how to protect our girls from harm of FGM and learn the laws which protect girls and ban FGM."

"I know now that FGM is criminal."

"I learnt the law about 14 years in jail if you carry out FGM."

ii) Expressing that they were now able to talk about FGM - at first it was very difficult or embarrassing.

"I will never think I am going to attend something like this in my entire life. This is our culture non touchable subject, so today we break the barrier."

"At first it was so difficult to talk about. Eventually, we learnt to get over that and can talk about it"

iii) Recognition and certainty that it was not part of their religion

"*It corrected much of my misunderstanding about FGM especially what my religion says."*

"I learnt that FGM is HARAM in Islam and against law of this country."

"I learned that FGM is very bad practice and it's not religious and is not good for our health."

"I think I have to pass on others to know that is not for religion and stop to do their daughters horrible things."

iv) Knowledge of damage to girls and women's health – menstruation, urinary tract infections, sex/married life, pregnancy.

"I think I have learnt much more about how the women suffered from circumcision during giving birth"
"this is a horrible thing to happen to me and I still have the effects. It stays with you in all parts of your life - periods, when you get married and when you have children."

v) Understanding different types of FGM and that all types of FGM are harmful to girls and women

"This presentation reflects to what extent the deformation of women genitalia can go."
"I now know about four types of FGM and that all is illegal and all wrong for women and girls"

vi) Making the decision to not circumcise daughters

"As a parent I will never let this happen to my children and other family member."
"I will never do for my daughters [after what I've learnt]."
"I will tell people who don't know about the law and I will not do FGM to my daughters."

vii) Expressing a desire to take action for change

"everyone I love I tell the message that this is not good for their girls"
"I definitely try to stand against FGM and pass these information on to the other people from the community."
"I am fighting against FGM in my community."
"Definitely try to do my best to convey the message to other people who do not understand the consequence about it."
"*I will tell the women not to harm your girls, it is very bad."*
"[after the workshop] I have the feeling that we can make a change in our community."
"I will tell my sisters."
"I really enjoyed the march. It was great being with all the other women and men and making our voices heard in the street. People took notice. It make me realise that this is powerful."

viii) Awareness of services available to Women with FGM

"I'm happy that I now know where I can get help for my circumcision"
"I learnt more about the UK services and about Postnatal Care."
"I learnt about FGM, pain and what you should use for it, types of labour.
"We know now our rights to have help and get services from NHS."

Many women also expressed the belief that men's views have changed of what they expect from a wife and a sexual life. Younger men, it is believed, do not want a wife who has been circumcised.

4.2.3 Facilitation Approach

The learning approach or facilitation style of the CHAs or Project Coordinator were often very much valued by women and their knowledge and expertise well recognised. The

approach involved giving a talk with key information, sometimes with a film followed by discussion. Most women felt that the discussion was the most valuable part of the workshop. Women particularly valued learning from women from their own community who they identified with:

> *"The [facilitators] were co-operative, the discussion was very good."*
> *"Everyone was given time to share their views."*
> *"The discussion was very useful, everybody talks about how they feel about FGM"*
> *"I liked the [trainer] and it was good it was explained in our own language."*
> *"I liked the way we discussed FGM, I met new people and laugh together.*
> *"We laughed which surprised me as it was something difficult and serious"*
> *"I valued sharing experiences between women, the facilitators have good background information about the topic. They are very good in answering questions."*

4.2.4 Pro-FGM views

Whilst it is difficult to fully evidence because of the sensitivities around FGM and the laws around FGM, it appears that very few women who have had contact with FORWARD remained (or ever were) pro-FGM. During interviews and group discussions no one expressed pro-FGM views but this could also be because there is awareness that expressing such views might evoke (legal) investigation. There is also the suggestion that those who choose to attend FGM workshops are those who are already anti-FGM or have doubts. Interestingly, some feel that to be pro-FGM is the "new taboo". A couple of pro-FGM views were recorded in feedback forms but were very much minority views. Many suggest that these are views of older women in the community but cannot be verified:

> *"I didn't learn a lot of things [from FORWARD] because it against my culture and I don't want to destroy my culture.*
> *"I didn't like anything. You always talking about our private parts of our body, Shame on you stop what you are talking about."*

4.2.5 Women not involved directly in the Project

Women without direct contact with FORWARD mostly knew of the project (sometimes not the name FORWARD) either through the Project Coordinator or having met CHAs or being friends with women who had received workshops. Many of these women were involved with women's groups but had not participated in a workshop.

The evaluation gained some evidence that seems to distinguish between knowledge, attitudes and confidence of those who were in direct contact and those who were not. This needs further research. There is a sense that many who had not had direct involvement demonstrate less of the depth and breadth of change than those experienced by women with greater involvement (as listed above). The focus of change amongst those not directly involved in the Project appears to be:

- Some awareness of the legislation and threat of imprisonment

- Concern about the physical health of girls and women
- Not part of religion (but possibly sunna still permitted and/or encouraged)
- Men don't want it anymore for wives or daughters

As stated above, FORWARD's FGM community development work is set within a context where there are multiple sources of messages around FGM. Therefore, it is not possible to isolate/identify the sources from which changes in knowledge and attitudes described above have happened.

4.2.6 FORWARD's added value

Evidence from the evaluation suggests that women involved in FORWARD's work consolidates, intensifies, and personalises awareness and understanding of FGM.

Consolidates: FORWARD's work backs up messages the community is receiving elsewhere. It is not an either/or scenario as FORWARD is part of a patchwork of messages, attitudes and behaviours.

Intensifies: The Project increases knowledge (many said they had not known exactly what FGM involves physically); provides evidence that it is not a religious practice; puts FGM on the agenda in a range of places, not just women's groups, but in schools, training for health professionals, social workers, police; young people out of school club. In a wider sense the organisation of Zero Tolerance events puts FGM on the agenda. This in turn gives FGM affected community members and professionals from non-FGM affected communities further legitimacy in their work to tackle the issue.

Personalises: many women (and other stakeholders) said they'd never spoken about FGM before. Many women said that even amongst women it was not spoken about. Women have been able to tell their 'story' and share with others. They have also been able to talk to other people about pressure they may experience within their families to circumcise or not circumcise their daughters.

4.2.7 Unintended added Value

The evaluation was asked to also explore any unintended outcomes of the FGM development work. One very significant outcome has been the building of community cohesion between the Somali and Sudanese communities. Firstly through the CHAs working together, then with women from the different communities meeting each other at events and through activities. Many learnt their similarities and differences and challenged their prejudices about each other.

"I learnt they are like us really and they are nice women."
"Like us they are not in their own country and we can help each other"

Even with the Gambian community where the project is in the early stages of working, this finding of commonality has been already experienced.

"She is an African woman (Project Coordinator) and it was really powerful for us hearing

about FGM from her. She shared her personal experience. I didn't realise how similar our traditions are before"

This made it possible for Kombo Sillah to imagine how they could work together and learn from each other. It also challenges any notion that FORWARD is seen as a Somali and Sudanese organisation in Bristol.

This does suggest that there is potential for the project to work more intentionally with mixed ethnicity groups - of CHAs and women's groups. By supporting initiatives across the African Diaspora could mean the voice is more powerful.

Interestingly, each community, Somali and Sudanese, tended to view the other community's practice of FGM as 'worse/ more brutal/cruel than their own.

4.2.8 "Tired": Apathy about FGM Campaigning

Throughout the evaluation, consultation with women suggested that many women were becoming tired of hearing about FGM as "*mums don't do it anymore":*

> *"I hear FGM and I think, here we go again, and go and get a cup of tea"*
> *"We need something fresh. Not keep going over this again."*
> "*We've talked and talked about it....Our private parts have freedom so now leave it alone"*

This was a view expressed by women from the Somali and Sudanese communities. Interestingly, this was not a view shared by men we consulted or those from other FGM affected communities (see more details in sections below). Both these groups have been more recently involved in the project over the last 12 months. In contrast, many of the women and women's groups have had involvement in the project for up to 2.5 years. Furthermore, many women have more regular interaction with health professionals (e.g. midwives and health visitors) who talk about FGM compared to men. In addition women more exposed to other mediums where FGM messages are communicated e.g. Somali women's radio etc. So they are hearing FGM awareness from many sources.

Most of the work with women's groups has been a longer-term involvement rather than one off sessions - which seems to have ensured greater depth of understanding, leading to attitude, knowledge and potentially practice change. This 'tiring' on the subject of FGM amongst women seems to suggest that there is a saturation point after a certain point of intervention when people have changed their knowledge and attitudes and are ready to move onto other topics.

The issue of other topics or placing FGM within other wider topics/issues is addressed in 2.1 Community Development.

4.2.9 Reach of the Project: Accessing the Wider Community

As stated previously, the project has worked mainly with Somali and Sudanese communities to date. Women consulted in the evaluation have been directly involved with FORWARD or are (mainly) involved in groups associated with the work of

FORWARD. The current Somali population of Bristol alone is estimated to be between 7,000 and 25,000. The project has worked directly with approximately 300 women in the reporting period.

Therefore, statistics suggests that there is a huge population of Somali women who are not part of groups or 'active' in the community and that the project has not reached. There is evidence from the evaluation that those not involved directly have also changed attitudes and knowledge as a result of FORWARD's work and other influences particularly through word of mouth. But many of the women consulted were part of groups or who might be considered 'active' members of the community.

Evidence gathered from multiple sources within the communities and some health professionals suggests that attitudes and knowledge about FGM have changed. In particular, many of the CHAs have wide connections and are passing messages through word of mouth at schools, weddings, events etc. However, the evaluation was unable to ascertain the extent to which this is the case, both because this was beyond the scope of this evaluation but also because this information is not being systematically captured through monitoring processes.

Reaching those who are not part of the groups is a key challenge for FORWARD and suggests alternative strategies to those undertaken.

4.3 Men's changes in Attitude and Knowledge

Some 40 men from FGM affected communities, mainly Somali and Sudanese, have participated in FGM awareness-raising sessions in the reporting period.

The project has adopted a range of strategies for engaging men:

- 24 men were engaged by a male community facilitator through a series of workshops
- 8 men attended a FGM discussion group with Community Health Development team
- 8 men actively participated in Zero Tolerance event in Feb 2011
- Informal work through Men's community Facilitator (FORWARD consultant)

Some men consulted in the evaluation had been involved in the activities above whilst others had not been involved and did not know about FORWARD but were aware of messages that challenge the practice of FGM.

Most of those consulted from FGM communities (men and women) involved in the Project believe that men's attitudes have changed towards FGM.

"Men don't want it – for their wives or their daughters"
"Many men don't want their daughters to have it. They are aware that they can get hurt"

Some believe there are still men who think that a 'good' wife is one who is circumcised. However, consultation with men and women many believe that younger men on the whole do not want women to be circumcised or do not require it as a condition for marriage.

Men consulted in the evaluation that had attended FORWARD sessions showed changes in their attitudes and knowledge:

- The physical reality of FGM: what actually happens and what it looks like
- Conscious of the some of the harmful effects on women's health
- Not a religious practice
- Awareness of Legislation
- Did not want it for Wives and daughters. *"my wife wanted to be re-sewn after giving birth and I persuaded her not to"*
- Did not want for daughters but felt it was more "in the hands of women"
- The number of other communities/countries where FGM is practised

The men believed that there were real benefits to FORWARD's work with men and also explained some challenges:

- Group work with men helped FGM to be talked about. Something that is not done by men.
- Witnessing women's empowerment through the work of FORWARD was good for men as well as women in the community
- Showing men that women are against it through the march and at FORWARD conferences
- That other matters that concerned the community could be explored in groups and that these might have more interest for men (e.g. men's health, Khat etc)
- Reaching men was considered important
- Some men believe that it is part of culture and should therefore continue
- Difficult to bring men together in groups and in one place.
- Some devout men perceive it as an attack on their religion

As stated previously men largely believe that women are the decision makers around FGM *"FGM is now in the hands of women."* Indeed a number of women said that in previous years there were battles in the households where men/fathers no longer want their daughters to be circumcised whilst women are keen to continue the practice if possible in order to 'protect' their girls. However, most women are now not supporting FGM during the last 2-3 years – during the life of the project.

Some women feel that it is not necessary to work with men as they are not putting on any pressure to carry out FGM or making decisions about it. This is in contrast to some professionals and others outside these communities who believe that men are the decision makers as these are patriarchal communities. In fact, work in the evaluation and beyond suggests that the reality is far more complex, and nuanced. Certain decisions and activities are divided and can become reassigned at different times and in different contexts.

Men felt it was important for men to be involved in issues around FGM (not because they are necessarily the decision makers) but many believed it could be tackled through other topics. For example *Dasusa* (preparing women for marriage), men's health, Khat etc.

Some men expressed concern that FGM campaigning is undermined because of the legislation. They believe that legislation has been used to report people to authorities and get people into trouble with the police. For example if there is a feud between families one family reports them to another family. Because of this some people have associated the campaign with this (mis)use of the legislation and the potential for it to go underground. This was seen as a potential threat to the project. This however was not a view shared widely.

4.3.1 Confusion about responsibilities

There has been some confusion about follow-up with the group that met with PCT Community Health Development team. FORWARD believed that the Community Health Development team would follow up and continue work with groups of men. The groups were carried out as a pilot with the intention from the Community Health Development team that FORWARD would follow up activities with these men as FORWARD is responsible for the delivery of all project activities. This problem was clarified and resolved during the time that the evaluation took place.

4.4 Other FGM affected communities

Since the last evaluation report and project plan in September 2010 the project has been reaching out to other FGM affected communities beyond the Somali and Sudanese communities. The Project has attempted to identify organisations representing the African Diaspora in Bristol and those with a leadership role in those communities. In addition, through RWOB activities the Project has been working with individuals from different African communities. This has been a largely common sense approach and a lot of effort has gone in to it.

As stated previously, one of the key challenges for the Project has been the lack of community organisations and groups representing those from the African Diaspora in Bristol therefore firstly there is a challenge of how to reach, then how to engage and work with over time.

Some success has been gained through initial work with the Gambian community through Kombo Sillah. Through building a relationship over time, the Project Coordinator arranged to meet and give a session on FGM with the organisation encouraging the male dominated committee to include women in the event. This event has galvanised the Gambian women to set up a sub committee to tackle FGM within the context of wider women's issues – gender, domestic violence. FORWARD could help with this process.

FORWARD's input was valued in the following ways:

- Establishing clear boundaries and expectations (i.e. FORWARD not being a funding organisation)
- Getting FGM talked about between men and women attending
- Providing a wealth of information around legislation, religious misunderstandings, harm to women and girls

- FORWARD represented by an African woman who was viewed as helpful and professional

  "It was good coming from a woman and from an African woman who has experienced like many of us. This had a big impact on us all"
- Generating ideas to carry out research on FGM in the Gambian community (potential for peer research approach to be shared and supported)

Many women consulted felt that opportunities to train as CHAs would be a good mechanism for FGM awareness and campaigning in their community. Some of the Gambian women would like to train as CHAs.

FORWARD work through community members but also through health professionals/schools etc. Some felt that schools were a way to access the wider African Diaspora as many women are less likely to engage or not active in their communities for a variety of reasons. For example, one Gambian woman consulted is not part of her community as she has had to escape her country because of domestic violence and has been careful to not make contacts with the Gambian community in Bristol.

4.5 From Attitude to Behaviour change: the Journey of Empowerment

The evaluation found that attitudes and knowledge about FGM often evolve along a continuum. Firstly, there is knowledge about legislation but this does not necessarily lead to attitude change. Then there is the recognition that FGM is not part of religion and the realisation that whilst it is a cultural practice, that culture changes. Often simultaneously is the recognition of how FGM is damaging to women's physical health throughout her sexual and reproductive life. Many women experience the practice as harmful as a procedure and in all stages of their life and do not want for their daughters.

For some, there is also a recognition of the effects to women psychologically – this is particularly so for women who were physically damaged by the procedure and then living day-to-day with discomfort and/or embarrassment associated with dealing with it at different stages. Also, there is concern and worry about her life as a wife and associated sexual life.

Along the continuum is also the realisation that men do not necessarily want FGM – for their wife, sexual life and daughters.

The end of the continuum would be recognition of women's and girls' inherent rights to their body and the right to bodily integrity.

Whilst the evaluation found that many women's attitudes had moved along a continuum of change, very few expressed explicitly the importance of a woman and a girl's right to her body and to maintain her body in its entirety.

"*FORWARD gave me more information about how much risk [FGM] has and how dangerous. Also it is* ***abusive*****.**"

Also, very little was said about women's *rights* to enjoy and gain pleasure from sex. However a number of women spoke of other women seeking advice on how to have an enjoyable sex life.

The main attitude change relates to legal, religious and physical health reasons for not practising rather than an ideological change about women's rights. Furthermore as mentioned previously it is not clear to what extent when people refer to FGM they are referring to all types or just type 2 and 3. There is a concern that without an ideological shift there is potential of the practice being 'reduced' in severity to type 1 rather than eradicated altogether.

"Well, the Arabic way is just a little cut" African woman

In terms of a health behaviour model of change, attitudes and knowledge often shift prior to practice. Interestingly, findings from the evaluation would suggest that in the case of FGM in Bristol this was in the reverse: Practice changed (because of legislation largely) followed by attitudes and knowledge.

Very few women talked about the impact on their on-going health and any decisions to change or reverse FGM through any kind of procedure. Interestingly the only time it was mentioned during the evaluation was when a man said he encouraged his wife to not be re-sewn after birth.

5 Health Professionals

Aim 2: Improve the quality of knowledge and understanding of health professionals around FGM, to promote good practice, accessible resources, information and services and good communication between those professions and the communities affected.

FORWARD's strategy for achieving this aim has been:

- To contribute to multi-agency training
- Work in collaboration with health professionals through various network structures (FGM network, safeguarding Group)
- Through the Community Advisory Group, working with health professionals on the strategy and delivery plans of the Project
- Regular informal sharing between FORWARD and health personnel of the PCT Community Health Development Team
- Keeping informed of service provision on FGM including the minority ethnic women clinic
- Involving health and other professionals in events and activities of the project e.g. June summer event, Zero Tolerance event
- Involving and building the capacity of other professionals working with FGM affected

communities, e.g. schools

5.1 Training health professionals

There is a perception that, for many years, health workers had no training on FGM and they did not recognise it as a health issue. Many consulted during the evaluation suggest that in the past FGM was considered to be a cultural issue that should be respected and/or avoided and/or not interfered with. Because of this lack of awareness, some women have been asked 'how it happened' when they see a woman's genitalia. Women did not feel there was a protocol doctors followed after a woman gives birth; some doctors asked the woman if she would like to be sewn up again, others refused to do this even when requested by the woman.

However, this is felt to be changing. Women reported that health workers are speaking to women about FGM, in particular midwives when women are pregnant and they have strict protocols in place to ensure this is consistent.

However, there is a sense amongst some women that these questions are '*too much, too late'*. Some women feel they are being asked all the time, and this can be experienced as discrimination "*because they are not asking other women the same question" (*Community Health Advocate) which leads them to feel there is a stigma attached to being from an FGM affected community and also a stigma attached to women who have been cut. Repetitive inquiries from different health professionals are also perceived as intrusive and give women a negative impression of professionalism.

"I have already answered them. It is in my notes, why do they keep asking" CHA reporting what a health professional had said to her.

There was some anger felt amongst women because they felt health professionals should know whether a woman has experienced FGM if she has been through the system before during a previous pregnancy. Women felt this demonstrated that they had not received adequate health provision in the past and importance had not been attached to the potential risk associated with FGM. Nevertheless, there is some acceptance that professionals are in a process of learning knowledge and communication skills to tackle FGM and some consulted feel that on balance "*being asked a lot is better than not at all*". Community Health Advocate.

Current policy and protocol amongst Bristol midwives at University Hospital Bristol (UHB) and North Bristol Trust (NBT) is to ensure that their approach is consistent and non-discriminatory. Therefore midwives will ask the same questions to all pregnant women whatever race, religion, ethnicity, sexuality etc. Consultation with senior midwives in UHB and NBT suggested that the question related to FGM is "have you been cut?". Whilst this is a question which would be understood by FGM affected communities, it unclear how this question is understood by women of communities not affected by FGM.

Given the growing fashion for female genital cosmetic surgery in the UK, the surgical modification of female genitalia is in fact an area of growing concern for the health and

well-being of all women in the UK. Therefore, there is a case to be made that it is relevant for midwives to make inquires about surgery to all women. “Have you had any surgery or cutting in your genital area?”

5.2 Multi-agency training

There has been a recognition of the importance of training professionals from a wide variety of agencies who are in contact with families from FGM affected communities. Multi-agency FGM awareness training delivered through the Bristol Safeguarding Children Board (BSCB) is delivered 4 times a year (previously 6 times a year). A Community Health Advocate and/or FORWARD’s Project Coordinator delivers a session within the half-day training. Approximately 30 professionals attend each session. The audience has historically been made up of predominantly health professionals, but also many other professionals are attending from agencies including the police, prison service, schools and children’s centres.

Feedback from participants on the training regarding FORWARD's input to this training is overwhelmingly positive. A response rate of 25% to our request for feedback was impressive. The training occurred a whole 6 months ago, indicating that FORWARD's input to the training had had a poignant and lasting impact on attendees.

There was a vocal consensus - from participants and the trainers - that FORWARD’s input makes all the difference to the training. Hearing information and guidance directly from a member of the FGM affected community and the way it is delivered is both powerful and leads to change of attitudes and practice of professionals:

“*I felt it was really valuable to hear about somebody's own experiences, especially as they were from a community and culture where FGM is a real issue (as opposed to one they have heard about happening in another culture)*”. Training attendee.

“*As she is from the cultural background where FGM is widely practised, she has far more insight on how to tackle the subject within her community*”. Training attendee.

“*The session delivered by the woman from the community was very useful as it gave insight in to the perspective of the local community”. Training attendee.*

“[What I most liked about the training was] that it was done by a woman with knowledge and experience of FGM, she was very empowering”. Training attendee.

Also, to be able to ask questions and engage in a live dialogue seemed to be of great value:

“Being able to hear first hand from someone within the community really bought this subject to life and enabled better understanding by being able to ask questions and discuss to clarify issues. Listening to the emotiveness of this issue really made it mean something, and has left me feeling much more confident about the subject”. Training attendee.

Many said it had affected what they do or plan to do at work: they felt more confident to

speak about the issue directly with their clients as a result of the training, and to ask questions, including in potential safeguarding cases they had already identified and not acted upon.

"*I am more vigilant / aware and ask appropriate questions if in doubt i.e. recently questioned why father planned on taking 10 year old daughter abroad (without rest of family)*". Training attendee.

"*Since attending the session we have had a Young Women from a Somali background who had FGM performed on her as a child... [She] was offered help and information*. *The course itself has raised my awareness and given me the confidence to talk to the Young Women I work with*". Training attendee.

" It [the training] *gave me more confidence to talk to a parent when I had concerns about a child*." Training attendee.
"*I used some of the information from the website to prepare a power point presentation for staff. I feel more informed and I am not afraid to ask the question or discuss the subject*". Training attendee.

"[My] *confidence* [has changed] *from a much better awareness around the subject, in relation to some of the families that I work".* Training attendee*.*

The training also had an impact on how they think about their work:

"*It made me think about how people of a different race / culture need to address the issues directly and not assume to cause offense*". Training attendee.

"*I have some ideas about how I would like to move the issue forward in the custodial environment, and you [FORWARD] may well be able to help with one of them*". Training attendee.

Attendees increased their knowledge of FGM in terms of what it entails physically as well as the emotional impact on the individual, family and community.

"*I have a greater understanding and awareness of the procedure and the cultural beliefs the some members of the practising community hold*". Training attendee.

There was strong support for the training overall, and for it to continue and be made available to a wide range of professionals:

"In my opinion, a very important and worthy addition to the workshop". Training attendee*.*

"The session delivered by the Women from the community was excellent." Training attendee*.*

"I feel it is crucial to keep FGM on the agenda and engage all professions to raise awareness". Training attendee*.*

"We have a small foreign national population and i think it could be really useful to deliver this workshop to these ladies, as well as to other staff within the establishment. Who should i contact with regard to this possibility?". Training attendee.

The delivery of FORWARD staff member who delivered the session was praised:
"*The lady concerned also had a lovely manner about her and didn't appear to either exaggerate or minimise the issue*".

The evaluation received similarly positive feedback from schools (see 5.4 below).

Whilst long-term work underpins the community development approach of the project, the evidence demonstrates that one-off sessions have an impact particularly with professionals.

5.3 The multi-ethnic women and girls drop-in clinic at Charlotte Keel Health Centre

The evaluation was asked to look at services to support women with FGM needs in the community. The clinic provides services for medical issues related to FGM. The situation at the current time of writing is that the clinic no longer exists. Opening times had been already reduced and become very limited – the last Wednesday of the month for just 2.5 hours.

The evaluation consulted women regarding their perception and experience of accessing services. In addition, in 2010-11, Community Health Advocates conducted a 'mystery shopping' exercise at the Charlotte Keel Clinic which is the designated health service for FGM matters in Bristol. The findings of this exercise were fed back to the clinical staff and the PCT as part of their efforts to reconfigure the service offer to women affected by FGM.

The 'mystery shopper' exercise and consultation with women suggests that:

- they find the services difficult to find out about even when they make enquiries at Charlotte Keel itself
- the service is too infrequent and therefore creates a barrier to access
- when the service is used, referral to receive treatment is often very slow
- staff at the centre are not sufficiently responsive when women enquire about accessing the service

5.3.1 Views of Staff at the Clinic

Consultation with clinic staff found that due to lack of support from the PCT it has not been able to deliver the services staff would have liked to. Attendance at the clinic has diminished since the opening hours were reduced and the ambiguity of not having a fixed day is perceived as a barrier to women. The clinics future is unclear due to decisions over resources. This is perceived as a challenge.

However, staff members believe that services to individual women have been

maintained because women who come to the clinic are referred to the sexual health clinic, which takes place in the same place and on the same day, but in the afternoon. Whether women who attend in the morning come back in the afternoon is not monitored so there is no way of knowing if women have dropped out of accessing the service by the staff. However, the sexual health clinic is a drop-in service (does not require referral), it does receive women who present FGM issues, and staff have the expertise to deal with this., Staff believe that the decision over the future of the clinic needs to be made urgently and should consider women's views regarding their preference for a specialist clinic over mainstream services. There was some preference expressed in favour of incorporating it into mainstream services.

For women who do not attend the clinic, alternative services are available. Bristol sexual health services, including the clinic at Charlotte Keele, have appropriate expertise. The multi-ethnic clinic does not provide services to women who are pregnant as midwifery and sexual health services are more appropriate for this population (midwifery services are discussed above). G.Ps refer women to the multi-ethnic clinic, sexual health services and also directly to hospital.

A large number of women who attend the multi-ethnic clinic or the sexual health clinic, and who present FGM issues would like to have opening surgery (i.e. deinfibulation) in order to start or maintain a healthy sexual life. The majority of the women who attend are of Somali origin, and other groups include Gambia and Sierra Leone communities. Ages of women who attend vary from teenage up to women in their fifties, with the majority in their twenties.

The time delay for women to receive opening surgery is perceived as a significant challenge. The surgery is not classed as a medical urgency, therefore the treatment is not prioritised. However, women who have requested the surgery can see it as an urgent need. The delay in the pathway is a concern for women's psychological and physical health and safety and the relevant medical authorities should look at ways of speeding up the pathway.

When the multi-ethnic women clinic was set up some ten years ago, it made sense for it to be located in Easton because this is where a large amount of the women the clinic targeted lived. However, there is an argument that the populations have spread around Bristol and perhaps a more central location would be more appropriate.

There is a perception that women can feel uncomfortable about attending the multi-ethnic clinic because they fear other members of the community will see them and know what they are attending for; as well as being a private matter, there can be stigma attached.

5.4 Schools

FORWARD initiated work with schools in spring 2010 with Nikki Lawrence, Public Health Nurse for Sexual Health and SRE Consultant, on the development of sessions using the 'Think Again' film as a discussion resource and establishing a relationship with police.

'Think Again' was scripted, produced and directed by young women from FGM affected communities living in north London with support from FORWARD and Media Box.

During the year FORWARD worked with one primary and one secondary school. With respect to the primary school, training and support in addressing FGM was offered to school staff as part of general safeguarding training and the Project Coordinator delivered the training. This school indicated that FORWARD has a valuable role to play in regular training, possibly annually, in order to capture all new staff and ensure a drip-drip effect. Training for all school staff is important because children may approach non-teaching staff with personal matters, such as the dinner lady, school nurse, mentors etc. The 'drip drip' effect was seen as key: "*the first time you hear about it is logged. Then the second time it can be consolidated. There is always something new to learn*." School Staff Member.

The training was extremely well received and to have a speaker *from* an FGM affected community was seen to add significant value and legitimacy.

"It is "valuable" that [the Project Coordinator] *delivers the training because she is a Somali woman leading her community, speaking up, supporting her community but also challenging her community. This can be more appropriate and more powerful than having a white face delivering training on FGM."* School Staff Member.

In common with feedback from training in other contexts, two elements stood out as 'useful' for those attending the training:

- Explicit confirmation that FGM is not linked to the Koran and it is not a religious practice (although it can be practised in the name of religion)
- Detailed biology of Type I, II and III FGM to know exactly what it involves from a physical perspective.

The two schools felt FORWARD sessions were of benefit as they raised awareness of FORWARD's work and other work on FGM in the community. One saw the potential for having school staff represented on advisory groups or committees working on tackling FGM in order to be informed as well as to inform the work itself. A question was raised over the usefulness of a best practice guide as "*each school has a different community and is run depending on the community. There is no one magic bullet or one size fits all*".

Direct work with girls was considered a Secondary School activity. "*Work in secondary schools is important because girls are learning to take control over their lives and say no. This is ultimately what will help stop the practice. Although it is too late to stop FGM for individual women by the time they get to secondary school".* However, the conscious focus of FGM work in the primary school context was around equipping teachers with the knowledge and confidence to tackle the issue and to be clear with parents that FGM is considered a serious safeguarding issue. Whilst children were encouraged to speak to an adult about anything bothering them, the focus was not on children saying 'no' or protecting themselves.

The school had received mixed feedback from parents who are members of FGM affected communities regarding the need for work on FGM in the school. Some had

been '*adamant*' that FGM is no longer practised and felt that the work was therefore irrelevant. Having the FORWARD member of staff involved in the work, the fact she is a prominent member of the community and has the backing of an international organisation that argue that FGM is still practised helped the school justify the need for the work.

The Project has been invited to develop a pilot training session with a local primary school and a number of secondary schools and colleges have approached the project to work with students and staff.

6 Young People

Aim 3: Empower young people with skills, safe space to explore issues pertaining to cultural identity and integration

Work with young people has encountered various challenges during the period covered by this evaluation, including difficulties in getting a youth group set up and functioning. At the time of writing this report, the youth work is still at the set-up stage, however a number of strategies and ways of working have been tried and various lessons have been learnt along the way.

FORWARD has employed a series of freelance sessional Youth workers throughout the project and in 2011-12 established a local partnership with Platform 51 in Bristol. For the first six months of 2011-12, the sessional youth worker was supported by the Project Coordinator and the national FORWARD Youth Programme Coordinator who delivered training and did some direct work with the group. The training was felt to be a great support and of high quality, and the young people reacted well in the sessions.

However, performance issues with the sessional Youth Worker in post meant FORWARD decided to terminate this post.

Since September 2011, consistent with its approach of working through local partners, FORWARD have worked through Platform 51 to set up an out of school youth group aimed at girls and young women from refugee and asylum seeker backgrounds. The Easton Girls Group runs weekly at Easton Community Centre. The main challenge has been around recruiting girls and young women to participate. Mothers were put off by the association of the group with FGM. Mothers were also reluctant to allow their daughters to attend after school because they do not think they have time given all the other commitments girls have: mosque school, homework, play, eat, rest, etc.

Various efforts have been made to recruit girls and young women to attend the youth group and a core group of three young women are regular participants. Platform 51 has dealt with performance issues with one of their sessional workers (whose contract has since been terminated) and this has hindered progress with recruitment to the group

In summer 2011, Platform 51 was invited to deliver a de-briefing session with girls and young women after the making and showing of their film ‘Silent Scream’ by the Local Safeguarding Children Board. The girls made the film through Integrate Bristol, a charity

that is working on FGM with young people from FGM affected communities.

Platform 51 facilitated a session on FGM at one Bristol secondary school and the success of this with both students and teachers has led to an invitation to deliver more sessions on this theme. They have also been approached to deliver sessions on identity, feelings and self-esteem with year 7-9 girls and young women at a second secondary school, and this could enable girls to become involved in the Easton Girls Group.

Although attendance has been very low, the out of school youth group at Easton Community Centre has been felt to be worthwhile. The young women have had the opportunity to explore FGM, as well as to identify other issues, which are important to them, and for self-reflection and support from adults. There has been a positive impact on the girls' self-esteem and confidence. Of particular benefit was a trip to London to meet other young people involved in FORWARD's Annual Youth Forum bringing together the four Youth Programme partners from across the UK.

A clear list of activities has been drawn up which is varied and reflection as well as action orientated. Feedback from the young women has been very positive and they are keen to continue to attend. Increasing attendance will shift the adult/young woman ratio and also bring fresh perspectives, including ideas for different activities and topics the group could cover.

Some consulted in the evaluation felt that part of the challenge in engaging young women relates to Platform 51's current lack of networks of young people in the areas of East Bristol where they are setting up the youth work.

Some suggested that it may be easier to recruit girls and young women to a group happening on the weekend, when they have more free-time to attend and parents may be more likely to agree to this. Platform 51 has received some feedback from girls and young women that an all female group is not 'needed'.

FORWARD is keen to establish youth work in Bristol around FGM. The intention is to continue to develop an open group that is not associated with a school or institution setting. This allays schools' potential concerns of being linked to a particular issue and the potential stigma this could carry for young people and parents from FGM affected communities. There is also the advantage of young people working outside the constructs of a school and the boundaries this can represent.

7 Effective project management and evaluation

7.1 The Primary Care Trust (PCT) Community Health Development Team

The Primary Care Trust (PCT) has funded the Project and offered support in terms of ongoing advice and facilitating Project delivery. The PCT have contributed towards the Project through providing contacts with the community, training opportunities for the

Community Health Advocates on issues such as mental health, and by initiating work with men from FGM affected communities. The fact the PCT Community Health Development Team are embedded in the community and have an excellent understanding of the issues has been helpful to the Project and enabled a fruitful relationship with FORWARD's Project Coordinator.

Mohammed Elsharif, lead staff member of the Community Health Development Team, and Jackie Mathers, Designated Nurse for Safeguarding Children, have a personal commitment to the issues the work deals with and the success of the Project. Their understanding of the links between FGM, women's empowerment, education, mental health, community ownership and hearts and minds of health professionals has been a great asset to the Project. Their continued support will help the Project move in to the next phase in a multi-agency setting.

7.2 FORWARD Overall Management

FORWARD's work is managed by the Bristol FGM Community Project Coordinator based in Bristol. She is in turn line managed by staff at FORWARD based in London, by the Community Programme Coordinator and the Head of UK Programmes. Support and guidance from London staff is pivotal to the success of the project. Excellent working relations are facilitated by open, honest and flexible communication channels. Having women who will listen, understand, and offer expert advice regarding both community relations and professional concerns, has developed the Project Coordinator's capability, *as well as* provided the necessary backing for successful implementation on the ground.

The fact FORWARD is an African women's organisation, working in Africa as well as the UK is key:
"*When Naana [FORWARD Executive Director] is talking about the community, you can truly stand behind her. She is fighting your corner. The other women feel like this with her too*."
The Project management is legitimised by its roots in African women's voices *for* women *by* women, just as the Project on the ground benefits from having workers who are from similar cultural and ethnic backgrounds to the beneficiaries.
"*It is not seen as driven by Westerners so you don't feel threatened. They have a similar cultural experience to you, so it feels like it belongs to you, its part of you. When you see someone step in on your community you feel there are boundaries and you feel threatened*."
There is a perception that the messages of the Project are more easily received and listened to by the community in Bristol because they are coming from African voices.

There is some concern amongst professionals about FORWARD being a London-based organisation and that limited resources for the project are being stretched to cover some of the core costs in London. However, FORWARD is responsible for managing the budget and resources for the project and has been successful in securing other funding for the project from Lankelly Chase Foundation. FORWARD chose not to include a significant proportion of core costs as well as realigning other national project work to support the development of the project in Bristol.

Therefore there is potential to improve clarity regarding funding for the project.

7.3 Refugee Women of Bristol

The Project Coordinator has access to office facilities through Refugee Women of Bristol (RWoB). Since being provided with her own laptop this has facilitated the Coordinator's productivity and she has made use of the flexibility it provides. This is very important for a project, which involves being ‘out there’, as well as on desk-based work.

The close link with RWoB facilitates the delivery of the project with women beneficiaries. The Project Coordinator is also employed as a member of staff for RwoB during the rest of the week, and has been a member of the Board of RwoB in the past, therefore has an in-depth knowledge of the organisation and its beneficiaries. Working out of the same office facilitates working relationships as well as coordination of the work itself. The extent of the overlapping relationship can cause some confusion with other staff regarding roles and responsibilities, however, this risk is being mitigated by senior staff and overall, the arrangement is seen to be mutually beneficial.

As a local partner, FORWARD has supported and encouraged RWoB with fundraising applications to potential funders.

The Project creates an effective model of how an international organisation can successfully work through a local partner which then has direct access to small and informal groups.

7.4 The Project Coordinator

The Project Coordinator's commitment to the project's aims and beneficiaries has been pivotal to the success of the project at every level. She has overseen all activities related to FORWARD's work in Bristol as well as directly managed the Community Health Advocates, delivered many sessions on FGM locally and nationally, and is the ‘face’ of FORWARD in Bristol. She is well regarded and trusted by her local community and professionals alike and her own knowledge of the community has been essential. Her communication, interpersonal, organisational, coordination and mobilisation skills have been key to the project as well as her sheer hard work.

This has been a challenging role, often juggling many balls at the same time, and her commitment and organisational skills have been impressive. The Community Health Advocates speak highly of her supportive and organisational skills, which have helped to deliver their work. A significant outcome of the project has been the capacity building of the Coordinator herself.

7.5 Staff Capacity

The entire project and all of its activities in Bristol depend on one part-time Coordinator working 14 hours a week in term time only - approximately 80 days per year. Whilst the coordinator is supported actively by management in London and also volunteer CHAs

and occasional consultants (i.e. men), the main bulk of the work is covered by the project coordinator. The complexity of the project revealed through this evaluation suggests that makes achieving all the outcomes of the project challenging however competent the coordinator.

7.6 Community Health Advocates

The volunteer Community Health Advocates' commitment to the project is commendable. It is thanks to their personal investment in the project that the community outreach and the depth of the outcomes have been achieved, particularly with women from FGM affected communities. They have been well supported by the Project Coordinator both emotionally and practically. She has significantly reduced the strain on their roles by coordinating sessions and taking care of administration. There is a case to be made that this is not always the best use of her time.

However, the future role of the volunteer Community Health Advocates (CHAs) in its current form has become increasingly unsustainable. There seems to be a consensus between FORWARD, the PCT, the Project Coordinator and the volunteer Community Health Advocates themselves that it is no longer realistic, efficient or ethical to continue with the current volunteering and reimbursement of expenses arrangements.

Many volunteer Community Health Advocates feel they "*have become more than volunteers*" and the work involves "*too much money lost on childcare and long hours. £15 is not a lot."* This refers to the £15 allowance per session for volunteer expenses which is based on delivering a three hour session and CHAs said that often the reality is that the work can take up a whole day. Invariably, sessions take up more time due to late starts, people being late, setting up, packing up, travel, and the time taken to spend with women who often require one to one attention given the sensitive nature of the topic. Time needed can be unpredictable and CHAs have been flexible around beneficiaries needs.

The expenses allowance does not always cover costs incurred by CHAs (child care and travel) so at times they have been out of pocket. The allowance no longer reflects the level of skills achieved and time commitment given. They would like to see a clear pathway to paid work; (with FORWARD or elsewhere). Some CHAs feel that there was an expectation of being actively supported into paid work. Whilst some feel that FORWARD has been very supportive in many ways e.g. references, help with CV's etc others feel that FORWARD did not meet their expectations. "*a lot of promises have been broken regarding paid work*".

Regardless, most felt they need some monetary recompense that reflected the amount of work they were doing "*we all feel a bit down because we did hard work and no profit".*

This is an issue, which needs to be addressed quickly, both because of the threat to the sustainability of the work and the lack of recognition of the important work and skills that the volunteer expenses allowance reflect. FORWARD has recognised these issues and is in the process of taking steps towards urgent change.

It is true that involvement in the Project has acted as a springboard for some Community

Health Advocates in to other projects and paid employment. This may not have been directly organised by FORWARD, but the skills the CHAs picked up through training and delivery and the confidence and self-esteem that they have gained from the process seems to have contributed to pathways in to employment.

In reaction to dwindling numbers of active CHAs and lack of clarity regarding their future roles, a meeting was held in November 2011. CHAs came together and reflected on past, present and future. They identified which activities they would like to be involved in the future and the level of commitment they would like to give. This has reduced the number of active CHAs, which can be seen as a positive step forward. Those no longer wishing or able to be involved with the project were given the opportunity for closure, whilst those who continue to be involved have clarified their task preferences and time they can offer. In addition, the Project Coordinator can rest assured she is not asking 'too much' of the CHAs or for them to do anything they have not signed up to do. She has also noticed a reduction in time spent chasing people up.

There are various factors to take in to account regarding the best way forward. Appropriate reward and recognition for CHAs which acknowledges the skills and qualities they offer is vital both for the sustainability of the project as well as its ethical legitimacy. The fact CHAs are part of FGM affected communities and have well established relationships within them should be considered an important strength they bring to the work, which cannot be substituted by qualities gained by merit alone, such as academic qualifications or work experience. A case has been made for the number of CHAs to be reduced, which would allow for appropriate payment, with adequate support and management in place. Fewer CHAs would work longer hours (as opposed to spreading the hours over a larger number of CHAs). The CHAs would then have more time to build relationships and bring an element of consistency to the work. This investment in a smaller number of CHAs would also formalise their contribution to the Project, and build their capacity which can be seen as an outcome of the Project itself.

7.7 Community Advisory Group

The Bristol Community Advisory Group for the project advises and informs the work programme, and is an invaluable source of local expertise in the development of the project. Members include key statutory sector providers of services protecting children and supporting women affected, community-led voluntary organisations working with FGM affected communities and volunteer Community Health Advocates. It is convened by the Project Coordinator and FORWARD. . The intention of the Advisory Group is to enable community representation in project decision-making.

Some members of the Advisory Group are also part of the Bristol FGM Network that is set up and convened by NHS Bristol. There have been some concerns about the duplication of membership, therefore there are moves afoot to ensure the Advisory Group and Network meet on the same day that should encourage a broader attendance at both. Furthermore, the fact the FGM Network is chaired by FORWARD's main donor

(the Primary Care Trust) may inhibit open dialogue regarding FORWARD's work compared to other organisations sitting on the Network who may be more open to exploring difficulties with their work. This is potentially problematic as it is not appropriate for the PCT to hold FORWARD to account in the context of the meetings.

There is a need for the remit of the FGM Network to be decided and finalised so that roles and responsibilities are clarified. The Network is a separate structure to the Advisory Group and not within the scope of FORWARD alone. There seems to be a conflict between a desire for the Network to play different roles: A Network role where organisations can update each other on their work, share ideas, develop joint working and help each other to think through and overcome challenges, and an organisation which has some 'teeth' in order to hold people accountable for delivering on the actions they sign up to.

8 Recommendations:

8.1 Further develop a Community Development Approach

Building on the success of community development work so far, the evaluation recommends to continue work with on-going groups. Further development of the CDA model would have the potential to develop a range of life skills* (decision-making, problem solving and interpersonal communication etc) enabling stakeholders to feel a sense of entitlement and have the necessary skills and knowledge to take action to exercise their rights.

In the context of this project this has the potential to create an ideological shift towards women's right to bodily integrity so that all types of FGM (including type 1 Sunna) are eradicated.

- Develop a step-by-step framework for Community Development Group Work that has the potential to lead to collective action for change and women's empowerment. This would provide a framework for the Coordinator and CHAs to work within. It would also enable beneficiaries to identify needs and take action for change. For example:

  1. Identification: Participatory tools to identify and prioritise issues to work on as a group
  2. Understanding and learning - facilitated learning, bringing in experts to learn about issue
  3. Finding out more: participants finding out more in their communities
  4. Consolidating learning and findings: discussion and reflection on what has been found out
  5. Planning and taking action: as a result of discussion planning and taking action
  6. Evaluating action taken: simple tools for reflection and evaluation
  7. Doing it better: Taking improved action if necessary

8.2 Building capability in Community Development

- Develop all Bristol-based staff and volunteers' understanding, models and tools for Community Development. This would include providing a step-by-step framework (such as the example given above), skills for community organising and engagement, group facilitation, and participatory principles and tools that lead people from discussion and reflection to action and sustainable change. A process of personal development should be explicit during training.

8.3 Increase Project operational capacity

- Employ a second member of staff to provide the current Project Coordinator with support on the expansion of Project activities, and to share some of the responsibilities of giving presentations to health centres, schools etc. A current CHA may be in a good position to take on such a role.
- RWoB as the FORWARD local partner is supported by FORWARD to take a greater ownership role of the project to more firmly root the project in the Bristol landscape. The end in mind would be for RWoB to take a much greater leadership role for the project with FORWARD providing more strategic or particular interventions in the project.

8.4 Development of Community Health Advocate Role

8.4.1 Consolidate existing Community Health Advocates (CHAs):

Formalise a contractual arrangement with a limited number of CHAs and invest in their further training and support. Reach a common agreement on the future role of the other CHAs in order to maintain their (less intensive) role in the community as FGM champions and provide them with support to do this. This may involve facilitating different levels of closure for some existing CHAs.

8.4.2 Expand the pool of Community Health Advocates (CHAs)

Identify potential CHAs from different groups including women, men and people from FGM affected communities other than Somali and Sudanese. Provide training and support, including full reimbursement of volunteer expenses or payment.

8.4.3 Establish Community Champions

The idea of Community Champions has been explored within the context of this Project. Men and people from other FGM affected communities should be priority groups. They should be trained on community development skills. Their work informally has the potential to spread messages on FGM far and wide within their communities.

8.4.4 Identifying CHAs and Male Community Champions

PCT have valuable suggestion and contacts and may be able to facilitate identifying potential CHAs including men. The project should tap into this resource more frequently through a simple system other than on the advisory group. e.g. a monthly telephone call or meeting between the project coordinator and PCT commissioner.

8.5 Setting FGM within a Wider Context of issues

The evaluation recommends that with some groups and sessions FGM could arise through work in a wider context e.g.

- African Women's Health Group
- African Men's Health Group

Through needs identification these groups can tackle a range of issues as those highlighted through the evaluation including: Domestic Violence, Sexual health, relationships, Khat, mental health and depression, women's rights etc.

These groups could be single ethnic groups or with mixed ethnic groups.

Groups with mixed ethnic attendance have the advantage of building cross community cohesion and learning. Facilitated by an African trainer in English, the group would also be an opportunity and potential 'hook' for participants who wanted to improve English. There is currently a desperate shortage of English classes in East Bristol due to cuts.

8.6 Access through schools

Evaluation found that Schools find sessions given by FORWARD extremely useful and powerful in changing attitudes and knowledge amongst staff. There is also potential to access parents not part of any groups or community organisations. Whilst long-term work has lead to in-depth outcomes and is recommended, the evaluation found that one-off sessions have the potential to change attitudes and knowledge. It also has sign-posted teachers and parents to FORWARD's work and where to get support.

A local primary school has offered FORWARD the opportunity for CHAs to practice giving sessions with their staff and parents, as it is a FORWARD-friendly environment.

CHAs giving one- off sessions in schools would complement and spread the word of the project.

8.7 Monitoring, evaluation and learning

Develop systems to capture informal work, such as by word of mouth or through personal relationships.

Develop creative, participatory approaches to monitoring and evaluation, which

complements the community development approach (see above) and involves the CHAs and beneficiaries in the direction the work takes, granting ownership to all involved. These methods have the potential to shift power relations – between those evaluating and being evaluated. Work in the UK and internationally suggest that beneficiaries enjoy using these techniques and are more in control of the process and outputs.

8.8 Training professionals

Continue training professionals through the Bristol Safeguarding Children Board (BSCB), schools and continue to explore other opportunities. Where resources allow, expand this training to reach a larger number of professionals.

8.9 Health Services re: FGM

A decision should be taken regarding the future of services and how they are delivered. The decision as to whether services are mainstreamed in to generic sexual health services or specialist BAMER services are provided should be taken on the basis of feedback from BAMER women. This could be a role that FORWARD facilitates.

Any services should be appropriately funded with robust pathways established in order to decrease time delays.

8.10 Youth Work

(i) Embed a community development approach in to work with young people (as per the model above). This will allow young people to identify their own needs and interests. A more generic youth group may be more appropriate than one, which explicitly focuses on FGM.
(ii) Create a framework to move young people from reflection and discussion to action - as in the 7-step process above.
(iii) Continue to explore ways of recruiting young women and girls to the out of school club coordinated by Platform 51, including the potential to run the group on a weekend rather than on a school night.
(iv) Piggy back on to targeted youth events happening in the community to run one-off sessions with young people, sign-post young people, and potentially recruit for the out of school club.
(v) Use social networking to communicate messages and advertise events and out of school club
(vi) Expand on the use of participatory and creative tools and activities with young people.
(vii) Train youth workers so FGM is integrated in to the work they do.
(viii) Provide young women and girls with support on their schoolwork as part of the ‘package’ offered in order to encourage parents to send/allow their children to participate - as has been learnt by Integrate Bristol.

8.11 Future funding and commissioning of the project

It will be useful to review the funding for the project in the light of capacity and ability to be effective and meet the emerging demands of the project. This is important in the light of taking on new areas of work and recommendations for intensive community development work which will incur costs and expertise