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Our charity is delighted to have delivered workshops to schools across the Thames Valley over this two-year project. We passionately believe that education is the key to social change. Schools can both safeguard children and support them to make healthy decisions for the next generation. With mandatory lessons on FGM and forced marriage being introduced in September this year, this project has enabled us to further build our expertise and facilitator team to support schools.

Kate Agha, CEO, Oxford Against Cutting

Introduction

Oxford Against Cutting (OAC) is an Oxford-based charity working to end harmful cultural practices suffered by girls and women living in the Thames Valley. These include female genital mutilation (FGM), 'honour'-based abuse (HBA) and early and forced marriage (EFM) and female cosmetic genital surgery. Our mission is to end cultural practices that harm girls and women by providing education, supporting survivors, raising awareness of support services and empowering young people to champion initiatives against harmful practices. People from affected communities and young people are at the forefront of our activities.

Between January 2018 and October 2019, OAC provided 60 FGM-awareness training sessions¹ for schools and other educational institutions across the Thames Valley. These primarily covered FGM, with a small number being adapted (at the request of schools) to combine sessions on FGM and forced marriage. This involved in excess of 1800 school and teaching staff, over 840 students² and 130 other stakeholders.³ These represented at least 97 primary schools, 22 secondary schools,⁴ and 13 other organisations/institutions across Berkshire, Buckinghamshire and Oxfordshire.

In addition, between December 2017 and October 2018, four 'Train the Trainers' sessions were run for new facilitators, incorporating representatives of local communities from Sierra Leone, Kenya, Sudan, Somalia and Gambia. These included training at the ACRE offices in Reading, West Oxford Community Centre, The Point in Milton Keynes and Restore in Oxford.

¹ Which included training for three primary schools and two secondary schools in Buckinghamshire and a cross-county 'train the trainer' event.

² These included primary students KS1 (Year 2) and secondary students from Year 6, 7, 8, 10 and 12/13.

³ See Appendix 1 for a breakdown of institutions involved

⁴ Sessions included a small number of nursery and infant school staff, as well as staff from other schools that spanned the age groups to include both primary and secondary-aged children.

This report covers the evaluation results for the training carried out in Buckinghamshire.⁵ Training sessions within the county involved in excess of 590 school and teaching staff and over 370 students.⁶ These represented at least 14 primary schools, 4 secondary schools,⁷ and 2 other organisations/institutions.

This work was funded by the Office of the Thames Valley Police and Crimes Commissioner in 2018. Key aims of the training were to increase the confidence and knowledge of school teams in supporting girls at risk of FGM and survivors, recognise warning signs, understand mandatory reporting duties and safeguarding, encouraging reporting through the appropriate referral pathways. We are very grateful to them for their ongoing support.

The training

Training for school teams is effective for several reasons. Firstly, school teams spend longer with children than any other professionals so they are most likely to identify and report concerns about FGM. Secondly, school teams work with children from families who may be hard to reach through other avenues. Thirdly, up-skilling teachers has significant reach across high numbers of students. During this project, OAC training across the Thames Valley was delivered to staff at primary, secondary and college levels, in addition to others who may encounter FGM and HBA as part of their occupation, eg, social workers or police officers. Both primary and secondary students were also included.

Most of the workshop sessions for staff were 90 minutes long, though could be adjusted for the audience's time constraints where necessary. Longer sessions enabled greater interaction between the facilitators and the delegates whilst the shorter ones tend to be more of a presentation style (though questions are still encouraged). Lessons for students were usually 45 minutes to one hour long.

Content

Topics covered include the definition and types of FGM, countries of prevalence, the legal situation and extensive safeguarding advice - such as the signs that FGM may be planned or has been carried out - and reporting information. As stated above, some sessions contained additional material on forced marriage and/or honour based abuse at the request of the school/organisation involved. The content is adjusted to suit the audience.

Resources that teachers can use in lessons is covered throughout teacher training (for example films), along with other material such as the PANTS⁸ lessons for primary school

⁵ For some groups, where numbers were smaller, findings have been reported which include all three counties to ensure the results are meaningful – these are clearly indicated.

⁶ These were students from Y8 and KS1 (Year 2).

⁷ Sessions included a small number of nursery and infant school staff, as well as staff from other schools that spanned the age groups to include both primary and secondary-aged children.

⁸ NSPCC 'PANTS resources for schools and teachers' <https://learning.nspcc.org.uk/research-resources/schools/pants-teaching>

teachers. Pre-school teams regularly change baby girls' nappies and whilst they do not have a responsibility to check girls' genitalia for evidence of harm, they do have a mandatory reporting duty if they spot FGM. In consultation with Dr Brenda Kelly at the Oxford Rose Clinic, we adapted the package to include images of "healed" FGM. These images were printed in hard copy and shown to the pre-school teams after the session (if they wished to see them) to ensure that this graphic material was shared on a strictly "need to know" basis. Film and, where possible, interactive elements are included to enhance learning.

Oxford Against Cutting recommends training even if there is one girl at risk of FGM in each school (staff also need to be skilled ready to work with new student intakes), given the severity of the harm that would be caused if she were to be cut. In order to maximise resources, we prioritise state schools with the highest numbers of girls from FGM-affected communities. In terms of focusing on the schools where need was greatest, the languages spoken by the appropriate nationalities were used as an indicator. See Appendix 2 for further detail around languages spoken.

Facilitation and coordination

The sessions were run by two or three members of a team which varied according to group size, location and expertise required. OAC training is co-facilitated by a member of an FGM-affected community and many delegates have commented that this makes our training very powerful, helping them to understand FGM and HBA as a reality rather than simply as an academic subject.

The OAC facilitation team for the project overall consisted of: Sobia Afridi (Facilitator), Kate Agha (CEO), Fatou Ceesay (Facilitator), Lena El-hindi (Community Outreach Director), MbaKaddy Touray Jarju (Community Outreach Director), Dot Pritchard (Senior Project Coordinator), Renee Rose (Volunteer and Observer), Hassan Sabrie (Men's Champion), Mariama Sallah (Facilitator), Dr Nesreen Yanni (Facilitator).

They were further supported, within Buckinghamshire by: Abdi Abdullahi (MK Somali Outreach Project), Mulkaht Ibrahim (Independent Harmful Practices and Sexual Health Consultant), Leila Jebane (Be Bold), Khalif Mahamoud (Volunteer from MK Somali Outreach Project), and Saida Noor (Be Bold).

OAC provided 'Train the Trainers' sessions for facilitators, and opportunities for new/potential facilitators to observe sessions. All facilitators were asked to agree/sign a Service Level Agreement. In addition, the facilitators completed a Facilitator Record Sheet with personal data, and were asked to confirm agreement to our Child Protection and Vulnerable Adults Policies.⁹ Those with links to community groups other than OAC were

⁹ All OAC facilitators are DBS registered. Copies of our Child Protection and Vulnerable Adults Policies are available via <https://www.oxfordagainstcutting.org/wp-content/uploads/2020/07/OAC-Child-Protection-and-Safeguarding-Policy-final-Jan-2020.pdf> and <https://www.oxfordagainstcutting.org/wp-content/uploads/2020/07/Vulnerable-Adults-Policy-Jan-2020.pdf> respectively.

encouraged to share leaflets and materials about their projects so these could be displayed and distributed at all training sessions in their county and to share photographs of their projects to include in the training slides. All facilitators' project contact details were included at the end of the presentation slides. As a result of this work, OAC created a Lead Facilitator Checklist for OAC facilitators to ensure continued consistency of approach and maintain good practice.

Finally, during the life of the project freelance schools coordinators were recruited to contact schools and organise training sessions with this support including representation from the Somali and Sierra Leonean communities which helped us build links with anti-FGM communities.

The evaluation

The following report provides an evaluation of all the training within the stated period based on feedback from attendees. We hope this will help us understand how useful the training has been to them, as well as providing some thoughts on areas for improvement for our ongoing schools work.

Our approach

For the purposes of this project, feedback was collected in a number of ways. Where practicable, delegates were issued with a pre-training questionnaire (online), a post-training questionnaire (paper-based, on the day of the training) and a follow-up, online questionnaire approximately 6 weeks later. These asked them to report on levels of **confidence** in dealing with FGM/HBA- related issues, in addition to ascertaining their **understanding** of the background. Additionally, for teaching staff and other professionals where group size or time constraints meant it was not appropriate/possible to administer this 3-stage process a simpler, post-training questionnaire was used. All questionnaires provided free-text space to encourage participants to comment. Finally, if logistics permitted, feedback from student groups was obtained at the end of each session using more informal methods, for example, collecting one-word feedback and writing comments on Post-it notes.

The evaluation questions are available in Appendix 3. All feedback from participants has been anonymised, and forms the 'Results' section below.

Delegates' free-text comments have been provided in Appendix 4, with some comments that reflect how the training was received generally highlighted throughout this report (*in italics*).

Results



Overall, the training proved to be extremely successful. Feedback analysis showed that respondents across the three counties who felt moderately/very/ completely confident in their ability to respond to issues around FGM¹⁰ increased from 25% to 67.3%, and those who felt 'not at all confident' fell significantly from 20.3% to 0.5% and with those responding on a numeric scale reporting an average increase from 5 to 8.5 on a ten-point scale (n=65).¹¹

Across the entire set of staff participants for the Thames Valley, 1197 pre-training questionnaires were collected, 1468 post-training questionnaires (on the day). Within the training for Buckinghamshire those figures were 463 and 382 respectively. Across all three counties, 110 follow-up questionnaires were completed.

Over half (53.1%) of Buckinghamshire attendees who completed questionnaires were teachers (including head and assistant head teachers and a small number of trainee teachers). There was also a very wide range of attendees with different roles, including teaching assistants, early years practitioners, safeguarding leads, SENCOS, welfare support officers, pre-school assistants, play workers, nursery practitioners, learning mentors, counsellors, pastoral tutors, speech and language specialists, behaviour and attendance managers, finance officers, school nurses and medical staff, housekeepers, administrators and first-aiders. Those from outside the school environment included police officers and social workers.

Key findings from the evaluation feedback are discussed below, showing some notable results from the questionnaire analysis in graph form. A set of graphs showing the full results is provided in Appendix 5.

Pre-training evaluation

Delegate learning

Prior to training, many delegates reported lacking confidence in dealing with FGM, and the areas of concern shared high levels of similarity for both primary and secondary staff. The issue in which primary staff were least confident was talking about FGM in the classroom, with over 70% of primary school delegates feeling either 'somewhat' or 'not at all confident' in this and only 1% feeling 'completely confident. This was slightly less of an issue for secondary school delegates, 61% of whom did not feel confident, though still represents a significant concern. This area has also caused most concern in our findings from previous schools training evaluation work.

The highest levels of confidence were shown for referring a case of FGM to the relevant agency, and close to 64% of primary school respondents and 63% of secondary felt a fair amount of confidence about this aspect.

¹⁰ See Appendix 5

¹¹ In answer to a question about their confidence levels in "Responding to concerns that FGM/forced marriage is being planned or has happened".

Delegates generally felt they lacked understanding of the issues surrounding FGM. The different types of FGM were least understood, with 45% of primary school respondents and 48% of secondary respondents having 'very limited' or 'quite limited' knowledge. Even the area where delegates were most knowledgeable – the harm FGM can cause – still showed 49% of primary school respondents having only a 'fair', 'quite limited' or 'very limited' knowledge (49% for secondary respondents).

Post-training evaluation

Staff workshops

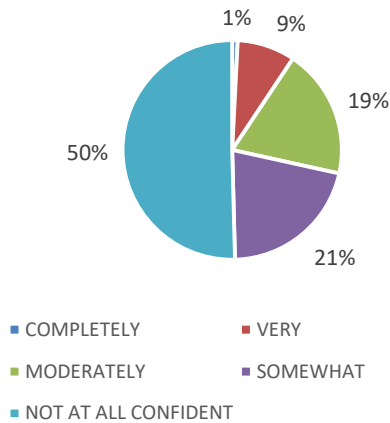
In keeping with the aims of the training, confidence levels in dealing with all the issues surrounding FGM increased **significantly** following the training sessions. Of particular note was the delegates having confidence in recognising the warning signs that FGM is being planned, identified as an area of low confidence in the pre-evaluation. For primary school respondents, these increased to 71% who felt 'completely' or 'very' confident, with a further 25% being 'moderately' so. This showed a notable increase, given that almost a half of delegates had no confidence at all in this prior to the training. Secondary staff, who had also shown low confidence levels in this area, showed 57% as 'completely' or 'very' confident, with 36% being moderately confident.

Importantly, talking about FGM in the classroom, an area where a high proportion of delegates indicated as lacking confidence, improved hugely, with 82% of primary respondents showing moderate to complete levels of confidence in this and over a third of all respondents either feeling 'completely' confident or 'very confident'. This was similarly significant for secondary respondents, 83% of whom showed these high levels of confidence. See figures 1 and 2, below.

"I didn't know before this training just how likely FGM could be in families in our community. It was really good to find out how much support is available to survivors, and how much is being done to educate people about such a horrible problem. I feel a lot more confident now to recognise the signs, thank you."

Primary school delegate, post-training feedback

How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=289)



How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=258)

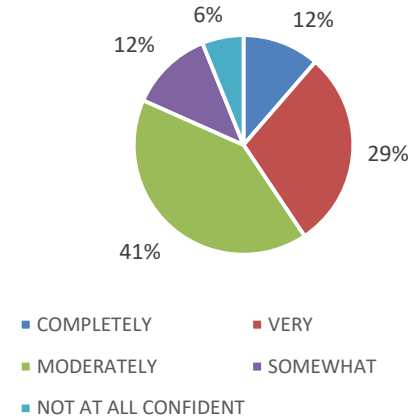
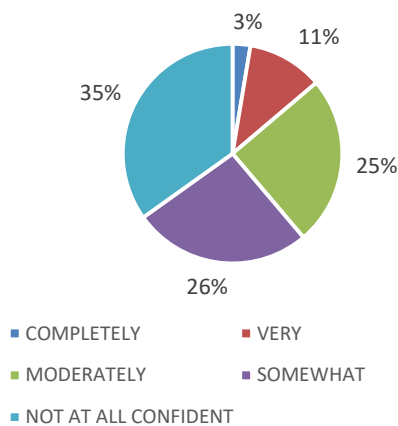


Figure 1: Buckinghamshire primary schools – Increased confidence in talking about FGM in the classroom

How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=174)



How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=124)

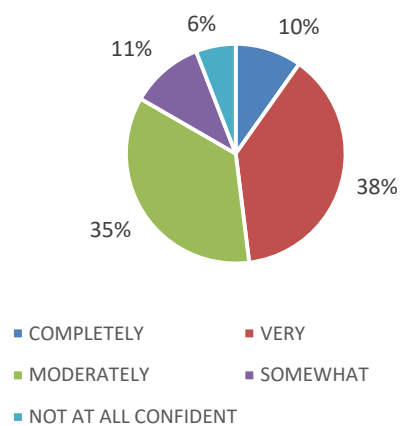


Figure 2: Buckinghamshire secondary schools – Increased confidence in talking about FGM in the classroom

Levels of understanding of the issues also increased to a significant extent. For example, after training 85% of primary, and 84% of secondary delegates reported their understanding of the types of FGM (the least understood prior to training) as ‘good’ or ‘very good’. Understanding of the harm it can cause is also now very high, with both groups indicating that 95% of them had a good or very good understanding. See figures 3 and 4, below.

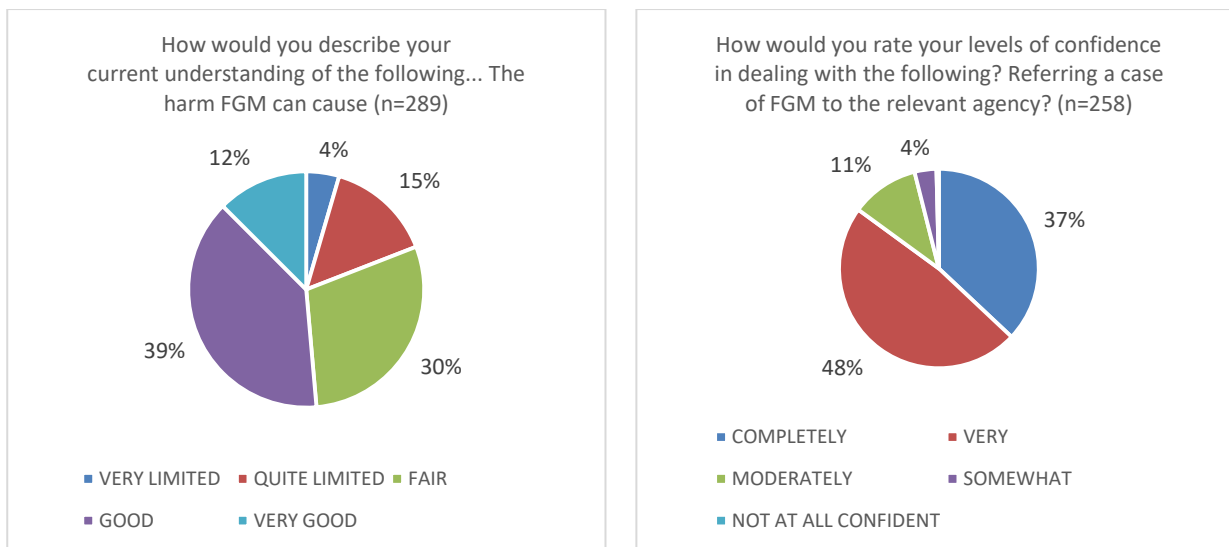


Figure 3: Buckinghamshire primary schools – Increased understanding about the harm FGM can cause

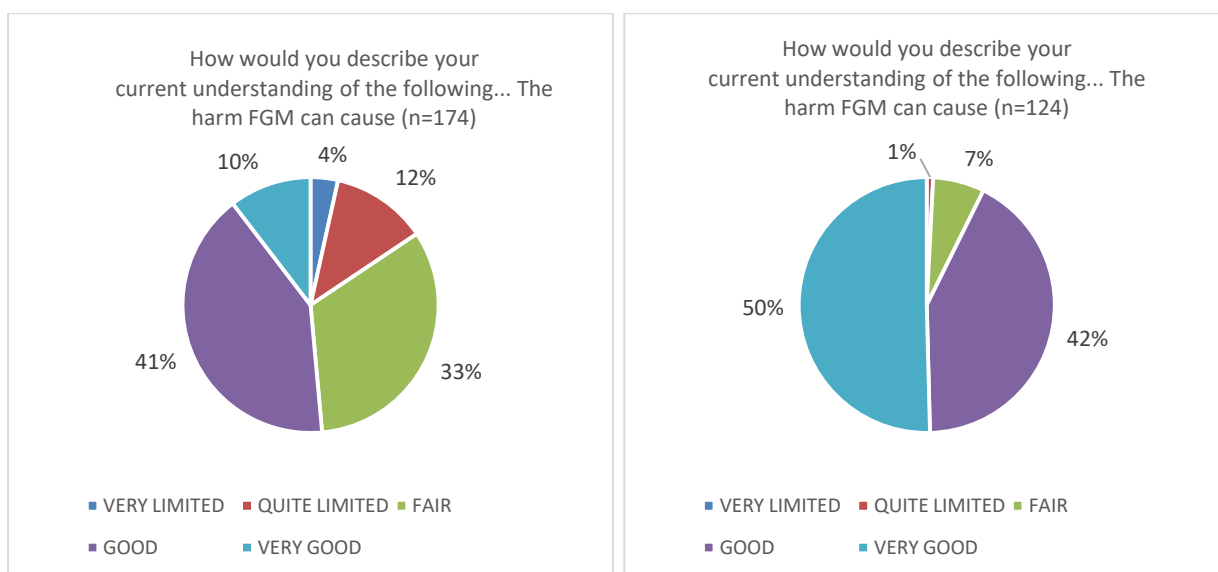


Figure 4: Buckinghamshire secondary schools – Increased understanding about the harm FGM can cause

Lastly, those completing the shorter evaluation forms (N=65) all agreed that they would recommend the course to others. Furthermore they rated the training course overall, its content and the delivery by facilitators as 9.4 on a scale of 1-10.

The free-format text feedback for the Buckinghamshire training sessions is shown in Appendix 4, below.

Feedback was very positive, particularly in relation to the facilitators. Across the three counties, some delegates made suggestions about things to be changed. Comments were primarily about the length of the session, with some finding it too long and some too short. Unfortunately, this is rarely within the control of the facilitation team as the time constraints are generally set by the school/institution. Some feedback related to the type of delivery, ie, the focus on PowerPoint presentations or talks with less room for discussion. Again, this is generally dictated by the forum, number of delegates and institutional time constraints. It will, however, be considered in our learning points from this evaluation.

Many comments were made specifically regarding the involvement of facilitators from affected communities and the use (where appropriate) of their personal stories and, this was an encouraging endorsement of the approach taken. In addition to the written positive feedback in the evaluations, our facilitators have sometimes been personally approached by delegates, with one, for example, saying *“thank you for the training, you are so inspirational, I can’t believe how brave you are”*. Some of the schools that organised the training gave additional feedback and this is shown in Appendix 6.

Student Lessons

In terms of schools work, in Buckinghamshire 370+ students were involved in sessions. Because of the format (eg, large-scale open lessons) it was not generally possible to obtain feedback. However, we were able to obtain short phrases of feedback from KS1 (Y2) students at Knowles Primary School, which were delivered to 60 students across two lessons. These showed mainly that the children found the lesson enjoyable, and for some they associated the ‘blue rabbit’ with happiness and learning about their body. These are shown in Appendix 7, and represented below in a word cloud (image 1) to show the key messages from their feedback.

“Thank you for your thought-provoking insight using your own personal and painful experience. This really brought it to the forefront of our minds even more than before.”

Primary school teachers, attendees of FGM training sessions (post-training questionnaire)

“The training was very thorough. [The facilitators] answered all of our questions. It was important that our staff received training delivered by survivors with expertise as it will have much more of a lasting impact.”

Deputy Head and safeguarding lead, primary school (post-training evaluation)



Several also described activities which they had undertaken as a result of the training. One, for example, *had felt comfortable in "Having an open discussion with female parents over a coffee and bringing FGM to their attention. Some of them knew adult females who had this."* Another said that they had: *"Better awareness of talking about this to a family member or an individual and equipping myself with the tools and agencies available for further support."* One participant (a primary school deputy head teacher) fed back on a session they had run as a result of the OAC session:

I went straight to the girls and boys toilets in my Department and taped posters on the inside of the door of each cubicle.

Secondary school teacher, attendee of FGM training session (follow-up questionnaire)

"Although FGM was not directly mentioned, I taught a lesson about keeping safe in the holidays during the last week of term which included the pants rule and who to speak to when not at school. This was as a result of having the FGM training recently and having a heightened awareness of what may occur during school holidays."

Another primary teacher described how they were:

"More aware of children in class, particularly quieter girls and what they may be going through or experiencing at home."

Some described how the training had helped develop wider school policy, for example, in a review of PHSE lessons. Moreover, a head teacher described how:

"Due to the large number of children travelling to at risk countries, we have raised our awareness and vigilance when reviewing holidays and monitoring children's well-being."

Additional feedback

“It has made me more observant as to what’s happening to girls I work with who are at risk”

Teaching assistant, attendee of FGM training session (follow-up questionnaire)

The substantive questionnaires included some additional questions to inform thinking on the way we provide training. Interestingly, prior to the training **websites** were identified as the most popular source of

“[I have] Better awareness of children at risk and having a better understanding of why/what it is thus enabling me to have conversations with children when appropriate.”

Primary school teacher, attendee of FGM training session (follow-up questionnaire)

information (with 68% of respondents choosing this option). However, following the training **online videos** jumped considerably in popularity and were identified as useful by highest number of respondents 76%. This possibly reflects the successful use of video on our training sessions, and reflects findings from other schools work we have carried out in the past¹². Furthermore, delegates suggested a range of other learning resources (in addition to specialist training) that they would consider useful, which included running face-to-face sessions internally, perhaps with an inclusion or safeguarding lead, in-class teaching and materials such as lesson plans and other media such as radio or television documentaries, news articles, leaflets and posters. Finally, prior to their training sessions, just 6.8% of primary school delegates reported covering FGM as an issue related to bodily integrity in the classroom, with 29% using the ‘NSPCC Pants’ materials. Secondary school delegates indicated that 13.7% address FGM in the classroom, 19.5% child exploitation and 38.4% issues of consent. A small number across all delegates indicated other ways the subject is introduced, with examples including that the school nurse mentions FGM in Y5 or Y6 puberty lesson, personal relationships and personal space, pornography. Following the training, over 63% across primary and secondary stated that, as a result of the session they intended to cover these issues in the classroom showing a significant increase following our training.

Final summary and learning points

This section covers learning from and ‘additional outcomes’ of the training delivered. All three counties from the project are addressed here, to ensure that this is shared widely and gives everyone involved an opportunity to develop from our schools work. Feedback on the training OAC provides was overwhelmingly positive, with comments regularly confirming it has been delivered to a high standard. One primary school teacher, for example, said that she

We need regular revisits to this training. It is new to most of us and, as we don't deal with this on a daily basis, it is easy to lack confidence. Though not the same as First Aid training, there is a similarity -if you aren't using some or all of it all the time, you don't feel confident or practised.

Primary school teacher, attendee of FGM training session (follow-up questionnaire)

¹² OAC makes extensive use of film in its training materials and has been reviewed in the new up questionnaires for a range of audiences. Our latest films are available via <https://www.oxfordagainstcutting.org/resources/>.

had been to about nine anti-FGM safeguarding training sessions on FGM and that the OAC session was “*by far the best*”, with others describing it as “*exceptional*”.

We are, though always keen to learn from feedback, and use it in ways to help the training package evolve, and have detailed some learning points below.

Learning points for future projects

The following arose which we would learn from when running similar projects.

- There was a fairly low number of follow-up surveys, which is a typical pattern based on our previous evaluation work even though we now send the follow-up after six weeks (rather than three months) so the training will still be relatively recent for our delegates. Those who completed them, however, gave a really rich set of comments and indication of ongoing work after the training. It is therefore a worthwhile exercise to continue this as part of online evaluation exercises.
- The main areas of concern which come out from the pre-evaluation work (eg, speaking in the classroom and recognising when FGM is planned) have been similar across this and previous schools work evaluation exercises.
- On a small number of occasions, it was helpful to challenge some of the decisions schools took in terms of how the training was delivered, for example, to highlight the limitations of delivering the training in an assembly format. When this has occurred, the feedback from schools has been positive.
- The opportunity to work with a range of community groups, in this case as facilitators, as part of projects such as this is a very positive aspect of this work.
- Delivery to students was well-received, with some of them expressing a wish to be active in anti-FGM campaigning. This offers potential to expand OAC’s youth work, with some of the students invited to join the OAC Youth Wing. As well as taking part in lessons (as indicated in previous feedback sessions), there was also engagement with a small number of sixth-formers who produced their own material on FGM and joined a training session.¹³ A learning point for future projects is that there is scope to give young people some specific actions (in addition to joining the Youth Wing) at the end of lessons.
- Suggestions for improvement in our delivery or course content have been taken on board and will also feed into our learning processes for future projects.
- Some participants indicated that they would like to revisit the subject to refresh and build on their knowledge, or simply have a space to reflect and discuss the implications for their work of FGM and HBA. OAC has been developing a series of webinars to address the constraints placed on our work by COVID-19, and this is a format which lends itself well to creating a discursive space.

¹³ These are featured on the OAC Schools Champions pages: <https://www.oxfordagainstcutting.org/schools-champions/>

Additional outcomes

Finally, we identified a set of additional actions and outcomes that resulted from the training. Firstly, this work enabled us to spread our 'reach' and message, for example:

- Over 420 delegates, and all of the non-OAC facilitators signed up to receive our email newsletter, increasing the reach of our work and core messages. Some participants expressed an interest in joining OAC and supporting our work.
- BBC Look East filmed an interview with OAC facilitator Kaddy Touray, the training session and an interview with a teacher (following a press release by the PCC) and created a piece about FGM.
- OAC were invited to speak at a police conference in October 2018.
- The project also gave us the opportunity to both widen the number of groups we work with across the Thames Valley, in Slough, Reading and Milton Keynes and engage with others expressing an interest in our work. We will continue to build on joint work to tackle FGM.
- Staff took part in the UN's International FGM Zero Tolerance Day (6 February) wearing the blue ribbons designed for this Day by the charity 28 Too Many.
- To amplify the message and increase awareness of the sessions, these were shared on social media after each of the events, with a selection of these images shared throughout this report.
- Pilot the primary school toolkit with groups of Y2 students, which a teacher was able to observe and then deliver internally. Other schools expressed an interest in using the toolkit.
- On one occasion, where two faith leaders joined the training, OAC facilitators and a young film-maker created a short film in the school hall, interviewing the faith leaders and introducing a further way to share the anti-FGM message.
- Several institutions expressed an interest in OAC delivering further training. This included workshops on body image for their students, with the training for the current project offering an opportunity for OAC facilitators to build relationships to develop this further; running a children's workshop for year 6 students, running an assembly for year 8 students and additional primary school lessons.

"I was unaware of how many types of FGM there are. I am also able to look for the warning signs and be more aware of the seriousness of this matter"

"Brilliantly led. Eye-opening to what really happens and how to look out for signs."

Primary school staff, Buckinghamshire (post-evaluation)

We supported organisations in their anti-FGM work, for example:

- OAC provided feedback for Thames Valley Police on their internal presentation material and added some further resources (map, data charts etc). These slides are now available to officers on their intranet, in the police “Knowzone” intranet.
- We created local versions of our grandmother helplines posters in consultation with local groups, councils and the Oxford Rose Clinic. We now therefore have versions of the poster adapted for Oxfordshire, West Berkshire, East Berkshire and Buckinghamshire.
- Provided 100 hard copies of the poster to ACRE to circulate in West Berkshire; 100 hard copies to Slough Integration to circulate in East Berkshire and 100 to the Somali Outreach Project and Be Bold to circulate in Buckinghamshire.
- This also supported sharing of the work of other groups, for example through encouraging facilitators from community groups to distribute photographs and leaflets relating to their own projects, and introducing schools to these groups so that they could explain their work.
- Contributing to teaching staff professional development, providing certificates of attendance when requested. In addition, the sessions prompted some staff who could not attend on the day to organise subsequent online training.
- Some schools recognised the importance of raising awareness amongst parents, in recognition that this is an area where they can play a positive role. They were able to discuss this with OAC facilitators, including, for example, how to establish a coffee morning and ways to involve local community groups in planning this.
- It was suggested that schools exchange their experiences through lessons plans and discuss ways they have been able to discuss FGM in schools. OAC have been supportive of these ideas, and able to make helpful suggestions.

Finally, we were able to provide focused support on individual cases, including:

- OAC staff were able to provide research on the practices in a specific country of origin of a family of concern for the police and send these to an officer. The police requested a link directly for future advice.
- When approached by staff with safeguarding concerns related to specific individual students or situations, OAC were able to signpost to sources of support. This included directing to/obtaining Home Office material; providing the suggested questions drafted for Health Visitors; linking them with the PCC and appropriate MASH; and advising on contacting Social Care, on a ‘no names’ basis if preferred.

On a final note, we would like to thank all of the delegates who took the time to complete our questionnaires, which allowed us to develop this evaluation and feeds into our continuous improvement. Going forward, OAC’s aim is to raise

“The training was excellent and was made more sobering by engaging with a real victim. The discussion and training was thorough and very suitable for primary school teachers.”

Primary school teacher, attendees of FGM training sessions (follow-up questionnaire)

further funds to extend the programme to other schools and design refresher training for school teams who took part in our training 3 years ago, though this may be subject to restrictions in place because of COVID-19. Our training pack and toolkit will also ensure the sustainability of this work. We are delighted that our charity was able to deliver such a comprehensive programme of training, for all levels of state school with significant numbers of children from FGM-affected communities across the Thames Valley. As a result, many teachers have confirmed that they feel much more confident in identifying the warning signs of FGM, safeguarding girls and making appropriate referrals to Social Care. Teachers also feel much more confident talking about FGM or body rights in the classroom. Our thanks to the Thames Valley Police and Crime Commissioner for their support with this two-year programme.

Appendix 1 – List of participating schools and other institutions for Buckinghamshire

Caroline Haslett Primary School

Elmtree Infant and Nursery School, Chesham

Great Horwood School

Hannah Ball School

Hazeley Academy

Kents Hill Park School (Primary)

Kents Hill Park School (Secondary)

Knowles Primary School

Middleton Primary School

Monkston Primary School

NASUWT Milton Keynes Local Association

Oakgrove School

Orchard and Shepherdswell Academy

Padbury CE School

Rickley Park Primary School

Stantonbury Campus

Train the trainer, Fusion Arts

Water Hall Primary School

Appendix 2 – Languages spoken in schools

The languages identified included:

Afar – Saho

Akan Fante

Akan Twi – Fante

Akan Twi Asante

Amharic

Arabic (Iraq)

Arabic (Sudan)

Arabic (Yemen)

Ebira

Edo / Bini

Efik – Ibibio

Hausa

Krio

Kurdish

Oromo

Pashto / Pahkto

Somali

Swahili

Urdu

Wolof

Yoruba

Note that Urdu and Pashto have not been included for Reading and Slough due to the high numbers of Asian families who live there and this might skew the data.

Appendix 3 – All evaluation questions

Primary Schools – training pre-evaluation (FGM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Identifying signs that FGM may have happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance?
- Talking about FGM in the classroom?
- Referring a case of FGM to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk

What type(s) of resources are most useful to you in learning more about FGM? (Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other (please specify))

Do you cover any of the following issues related to bodily integrity in the classroom? (FGM, NSPCC Pants, Other?)

Do you have any further comments or questions?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))

Please confirm which school you work in:

Primary Schools – training post-evaluation (FGM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Identifying signs that FGM may have happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance?
- Talking about FGM in the classroom?
- Referring a case of FGM to the relevant agency?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom?
(Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other
(please specify))

As a result of this training, do you intend to cover related issues in the classroom, eg, NSPCC
PANTS campaign, human rights, bodily integrity? Yes/no

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor,
School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))

Please confirm which school you work in:

Secondary Schools – training pre-evaluation (FGM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely,
Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Identifying signs that FGM may have happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance?
- Talking about FGM in the classroom?
- Referring a case of FGM to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite
limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom?
(Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other
(please specify))

Do you cover any of the following issues related to bodily integrity in the classroom? (FGM,
Child sexual exploitation, Consent, Other?)

Do you have any questions/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))
Please confirm which school you work in:

Secondary Schools – training post-evaluation (FGM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Identifying signs that FGM may have happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance?
- Talking about FGM in the classroom?
- Referring a case of FGM to the relevant agency?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom? (Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other (please specify))

As a result of this training, do you intend to cover related issues in the classroom, eg, consent, human rights, bodily integrity? Yes/no

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))
Please confirm which school you work in:

Primary Schools – training pre-evaluation (FGM + FM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Recognising warning signs that forced marriage is being planned?
- Responding to concerns that forced marriage is being planned or has happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance on FGM?
- Accessing tools for support and guidance on forced marriage?

- Talking about FGM in the classroom?
- Talking about forced marriage in the classroom?
- Referring a case of FGM to the relevant agency?
- Referring a case of forced marriage to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk
- What forced marriage is
- Why forced marriage happens
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom? (Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other (please specify))

Do you cover any of the following issues in the classroom? (FGM, NSPCC PANTS campaign, Forced marriage, Other issues relating to honour-based abuse and/or bodily integrity (please specify)?)

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))

Please confirm which school you work in:

Primary Schools – training post-evaluation (FGM + FM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Recognising warning signs that forced marriage is being planned?
- Responding to concerns that forced marriage is being planned or has happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance on FGM?
- Accessing tools for support and guidance on forced marriage?
- Talking about FGM in the classroom?
- Talking about forced marriage in the classroom?
- Referring a case of FGM to the relevant agency?
- Referring a case of forced marriage to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk
- What forced marriage is
- Why forced marriage happens
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom? (Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other (please specify))

As a result of this training do you intend to cover any of the following issues in the classroom? (FGM, NSPCC PANTS campaign, Forced marriage, Other issues relating to honour-based abuse and/or bodily integrity (please specify)?)

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))

Please confirm which school you work in:

Secondary Schools – training pre-evaluation (FGM + FM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Recognising warning signs that forced marriage is being planned?
- Responding to concerns that forced marriage is being planned or has happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance on FGM?
- Accessing tools for support and guidance on forced marriage?
- Talking about FGM in the classroom?
- Talking about forced marriage in the classroom?
- Referring a case of FGM to the relevant agency?
- Referring a case of forced marriage to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined

- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk
- What forced marriage is
- Why forced marriage happens
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom? (Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other (please specify))

Do you cover any of the following issues in the classroom? (FGM, Child sexual exploitation, Forced marriage, Other issues relating to honour-based abuse and/or bodily integrity (please specify)?)

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify))

Please confirm which school you work in:

Secondary Schools – training post-evaluation (FGM + FM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Recognising warning signs that forced marriage is being planned?
- Responding to concerns that forced marriage is being planned or has happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance on FGM?
- Accessing tools for support and guidance on forced marriage?
- Talking about FGM in the classroom?
- Talking about forced marriage in the classroom?
- Referring a case of FGM to the relevant agency?
- Referring a case of forced marriage to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk

- What forced marriage is
- Why forced marriage happens
- Who is most at risk

What type(s) of resources would be most useful for bringing FGM into the classroom?
(Please tick all that apply) (Websites, Printed leaflets or booklets, Online videos, Other
(please specify))

As a result of this training, do you cover any of the following issues in the classroom? (FGM,
Child sexual exploitation, Forced marriage, Other issues relating to honour-based abuse
and/or bodily integrity (please specify)?)

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor,
School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify)

Please confirm which school you work in:

Follow-up evaluation (FGM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely,
Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Identifying signs that FGM may have happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance?
- Talking about FGM in the classroom?
- Referring a case of FGM to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite
limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk

Can you give an example of how the anti-FGM training has been useful in your day-to-day
role, eg, in better supporting a family or individual?

As a result of this training, have you covered related issues in the classroom, eg, NSPCC
PANTS campaign (primary only), human rights, bodily integrity? Yes/no

Do you have any thoughts/comments on this?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor,
School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify)

Please confirm which school you work in:

Follow-up evaluation (FGM + FM) (SurveyMonkey)

How would you rate your levels of confidence in dealing with the following? (Completely, Very, Moderately, Somewhat, Not at all confident, Not applicable to me)

- Recognising warning signs that FGM is being planned?
- Recognising warning signs that forced marriage is being planned?
- Responding to concerns that forced marriage is being planned or has happened?
- Responding to concerns that FGM is being planned or has happened?
- Accessing tools for support and guidance on FGM?
- Accessing tools for support and guidance on forced marriage?
- Talking about FGM in the classroom?
- Talking about forced marriage in the classroom?
- Referring a case of FGM to the relevant agency?
- Referring a case of forced marriage to the relevant agency?

Do you have any comments to add to this?

How would you describe your current understanding of the following... (Very limited, Quite limited, Fair, Good, Very good)

- How FGM is defined
- The different types of FGM
- The harm FGM can cause
- Why FGM is performed
- Who is most at risk
- What forced marriage is
- Why forced marriage happens
- Who is most at risk

As a result of this training, have you covered related issues in the classroom? FGM, NSPCC PANTS campaign (primary only), Forced marriage, Other issues relating to honour-based abuse and/or bodily integrity (please specify)

Can you give an example of how the anti-FGM/forced marriage training has been useful in your day-to-day role, eg, in better supporting a family or individual?

Do you have any further comments or questions?

What is your role (tick all that apply)? (Teacher, Teaching assistant, School counsellor, School nurse, Safeguarding lead, Deputy head, Prefer not to say, Other (please specify)

Please confirm which school you work in:

Abbreviated, post-evaluation questionnaire for teachers and other professionals (paper-based)

Would you recommend this course to others? Y/N

How would you rate this training course overall? (Likert scale 1-10)

How would you rate the content overall (Likert scale 1-10)

How would you rate the delivery by the facilitators? (Likert scale 1-10)

Please comment on your experience of this course and why you have awarded the above ratings accordingly (Free text)

How confident were you in the subject matter before you attended this course? (Likert scale 1-10)

How confident were you in the subject matter now you have attended this course? (Likert scale 1-10)

Would you change anything about this course? (Free text)

Please add any other comments you would like to make (Free text)

Which school/organisation do you belong to? (Free text)

Appendix 4 – Delegate comments (collated from post-training questionnaire feedback)

Primary sessions

A very informative training session.

A very well put together and delivered presentation.

I appreciate your time in making us more aware.

Is FGM performed in the UK secretly?

Is there any evidence of a decrease in the cases of FGM nationally and worldwide?

Sex education should be compulsory in school Religion reasons - should not be able to opt out

Thank you for your time - it was an interesting presentation

Thank you very informative

Thank you!

Thank you, very informative.

Thank you. Very informative, I feel confident in knowing how to report suspected cases of FGM.

Thanks

Thank you for your thought-provoking insight using your own personal and painful experience. This really brought it to the forefront of our minds even more than before.

The training was very thorough. Laila and Kaddy answered all of our questions. It was important that our staff received training delivered by survivors with expertise as it will have much more of a lasting impact.

This is the best most beneficial training I have had on FGM for my 8 years teaching. Thank you.

This training was covered better and I think you get a better understanding hearing from FGM survivors. Well done ladies.

Today's training was very interesting clear and easy to understand.

Very informative, very helpful having a doctor with experience from high risk country

Very knowledgeable course leaders.

Why is PSHE not compulsory in safe guarding our children?

Helpful and informative. Previously knew very little about the subject. Now feel very knowledgeable!

I didn't know before this training just how likely FGM could be in families in our community. It was really good to find out how much support is available to survivors, and how much is being done to educate people about such a horrible problem. I feel a lot more confident now to recognise the signs, thank you.

Very informative – I wasn't aware of the different types.

I was not aware that there was more than one type. The training was helpful.

I now have a better understanding of what FGM is and the warning signs.

I feel more confident in being able to recognise the signs from girls in class.

Brilliantly led. Eye-opening to what really happens and how to look out for signs.

I thought that the girl was given anaesthetic before FGM started. I found the presentation very informative. I now know the signs to look for after FGM has taken place.

Greater awareness of the different types of FGM and the longer lasting effects. Thank you.

The training has highlighted warning signs and our response and has made it clear as to what we as professionals can do to help and support.

I am now more aware of signs and have a better understanding of FGM.

Thank you. It's good to hear real-life experiences from women that have gone through this.

It has made me realise how important it is to educate our primary school age girls to make sure that this procedure stops and the next generation of young girls are protected.

I thought the publicity had reduced FGM more than it has. I also thought it only happened in African communities. I also assumed children/girls would be automatically safer in the UK.

I always thought it was a religious practice. I also had no idea it was happening to girls so young.

Shocking.

Very hard to listen – very sad that children so young and defenceless are put through such torture. Hopefully this exposure will help.

A good summary of the signs and symptoms to look out for (both at risk and after FGM had occurred). Video powerful in sharing key messages.

Gained an understanding of the FGM procedure and stages. Would liked to have known more about the laws around it.

[The facilitator] spoke very well and gave us a great insight to what it was like to come from a community that practised FGM.

I feel very informed and would be confident now in being able to identify signs in school.

Really interesting training. I am more aware of what signs to look out for and what to do. It was also interesting knowing the signs and effects.

Much clearer on signs to spot!

Great deal of information – different types, warning signs, responses.

Very informative! Thanks

Interesting to know what signs to look for and what to do if I have any concerns

I feel confident I know what to do if I have any concerns

How to spot signs of FGM and what to do next. Thank you both for being open and honest with your own stories

Very informative, thank you. The personal stories make you realise the brutality of FGM

I was unaware of how many types of FGM there are. I am also able to look for the warning signs and be more aware of the seriousness of this matter

Glad there is support groups out there to help young children who might be at risk of FGM or have had it done

How to identify potential target children/affected children

Leant a lot! Very interesting and informative. More people need to know!

Secondary sessions

A good session, lots to think about - informative and necessarily frank.

Catchy video at the end :)

I could not access the videos as had to complete the training from the pdf - would be good to have the video file links so that I could also view these.

I was shocked about the course.

It's difficult to imagine getting intervention right- is it the adults that we need to educate so that they don't feel pressured?

Really slick presentation, particularly liked the video at the end! Made the message stick.

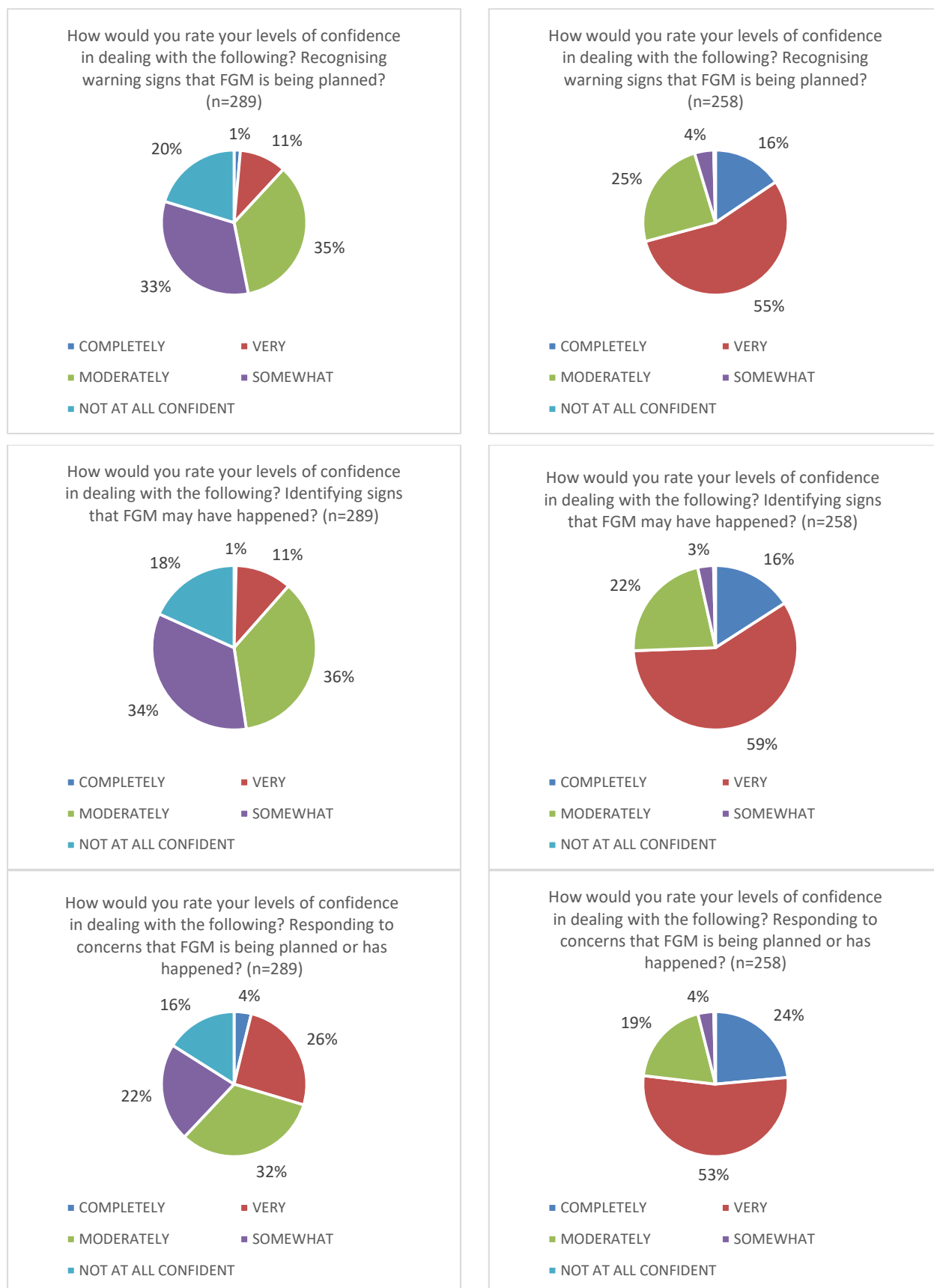
The presenters perhaps need to work a little bit on their style of presentation and how they speak to groups of people (quite quiet), otherwise, very informative.

The two amazing women who completed the training - thank you for sharing

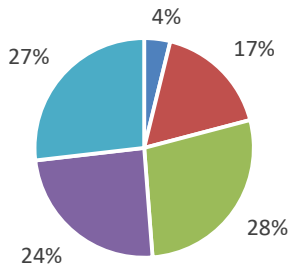
Very informative training - thank you!

Appendix 5 – Full results of feedback questionnaires for Buckinghamshire

Primary schools – pre- (column 1) and post- (column 2) evaluation results

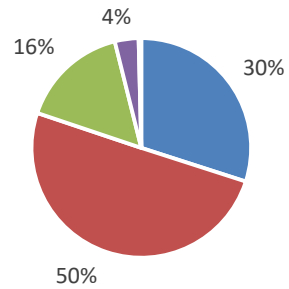


How would you rate your levels of confidence in dealing with the following? Accessing tools for support and guidance? (n=289)



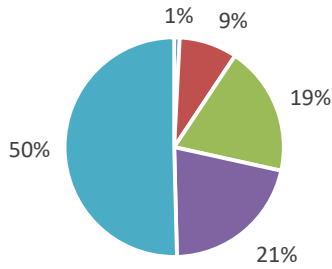
■ COMPLETELY
 ■ VERY
 ■ MODERATELY
 ■ SOMEWHAT
 ■ NOT AT ALL CONFIDENT

How would you rate your levels of confidence in dealing with the following? Accessing tools for support and guidance? (n=258)



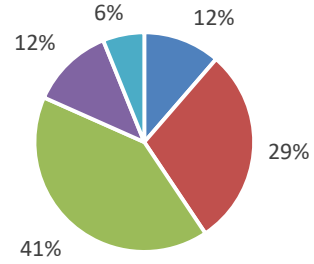
■ COMPLETELY
 ■ VERY
 ■ MODERATELY
 ■ SOMEWHAT
 ■ NOT AT ALL CONFIDENT

How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=289)



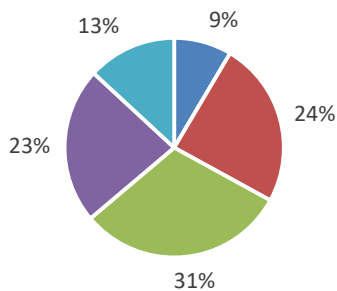
■ COMPLETELY
 ■ VERY
 ■ MODERATELY
 ■ SOMEWHAT
 ■ NOT AT ALL CONFIDENT

How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=258)



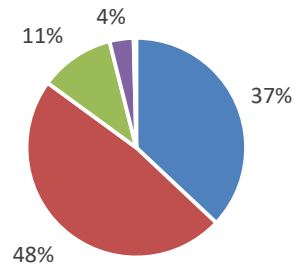
■ COMPLETELY
 ■ VERY
 ■ MODERATELY
 ■ SOMEWHAT
 ■ NOT AT ALL CONFIDENT

How would you rate your levels of confidence in dealing with the following? Referring a case of FGM to the relevant agency? (n=289)



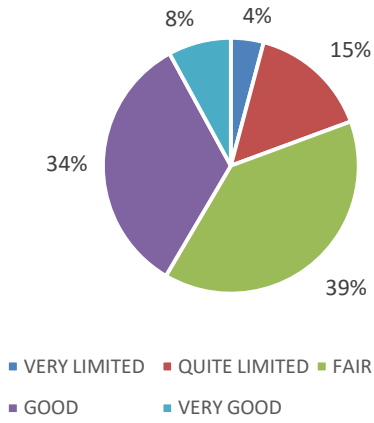
■ COMPLETELY
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How would you rate your levels of confidence in dealing with the following? Referring a case of FGM to the relevant agency? (n=258)

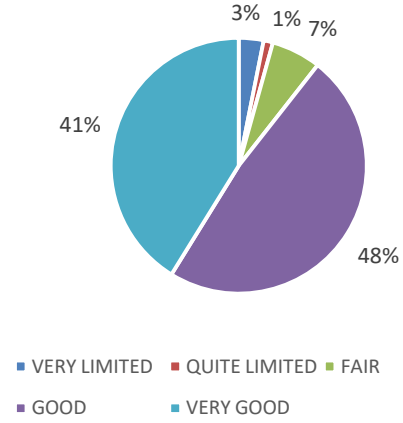


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 ■ NOT AT ALL CONFIDENT

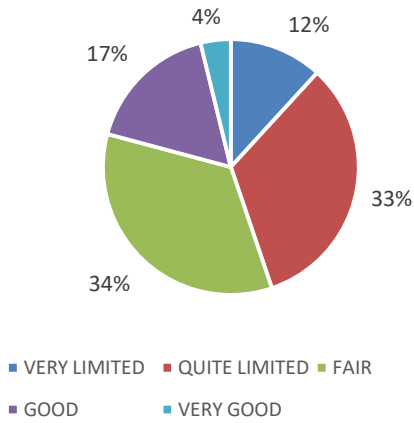
How would you describe your current understanding of the following... How FGM is defined (n=289)



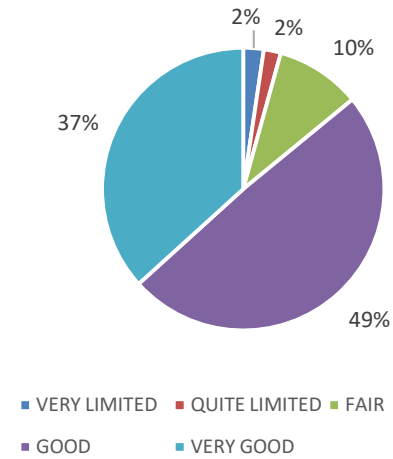
How would you describe your current understanding of the following... How FGM is defined (n=258)



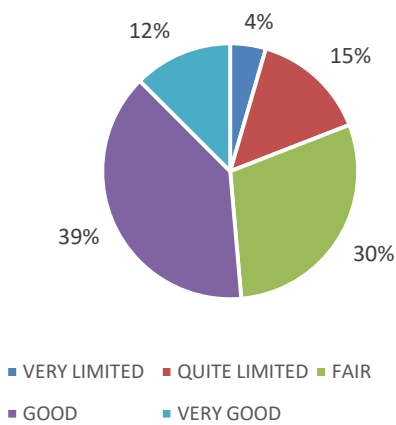
How would you describe your current understanding of the following... The different types of FGM (n=289)



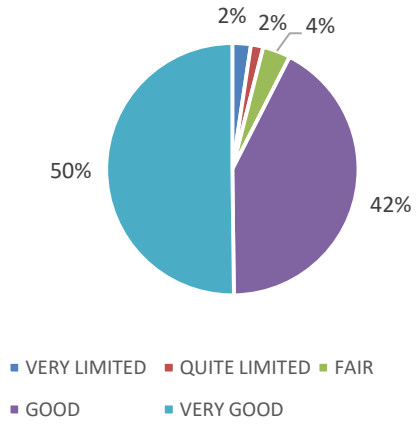
How would you describe your current understanding of the following... The different types of FGM (n=258)



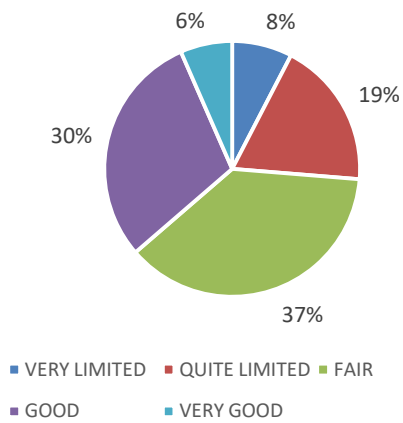
How would you describe your current understanding of the following... The harm FGM can cause (n=289)



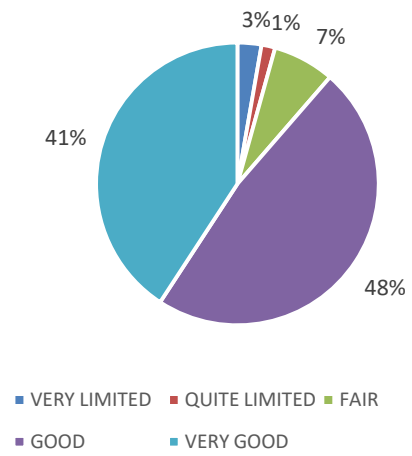
How would you describe your current understanding of the following... The harm FGM can cause (n=258)



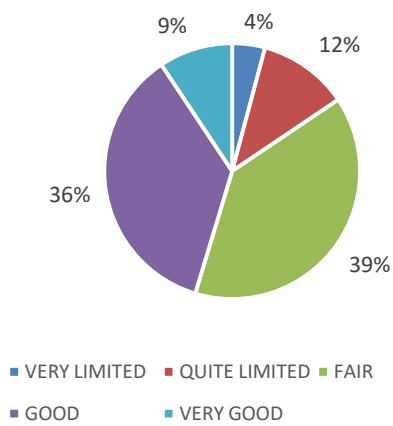
How would you describe your current understanding of the following... Why FGM is performed (n=289)



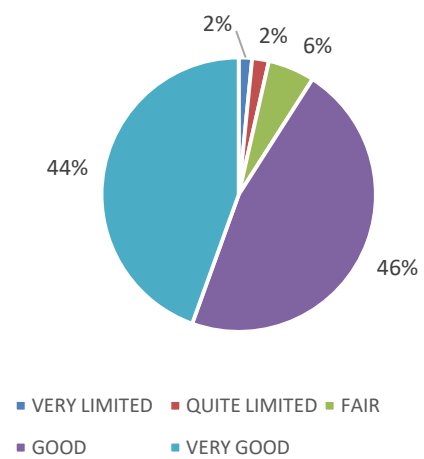
How would you describe your current understanding of the following... Why FGM is performed (n=258)



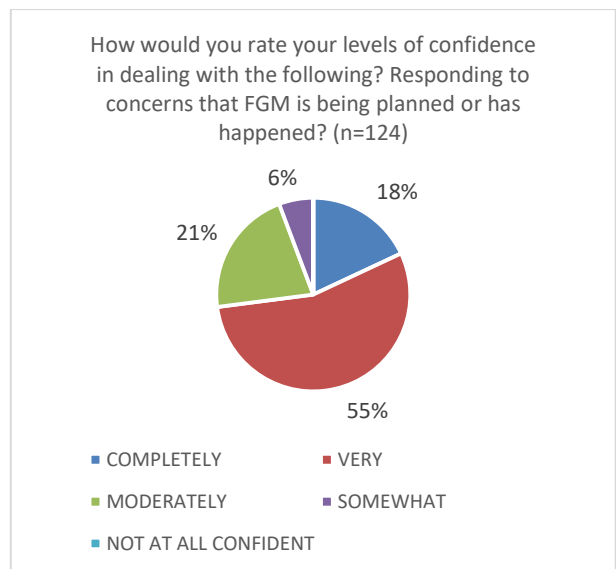
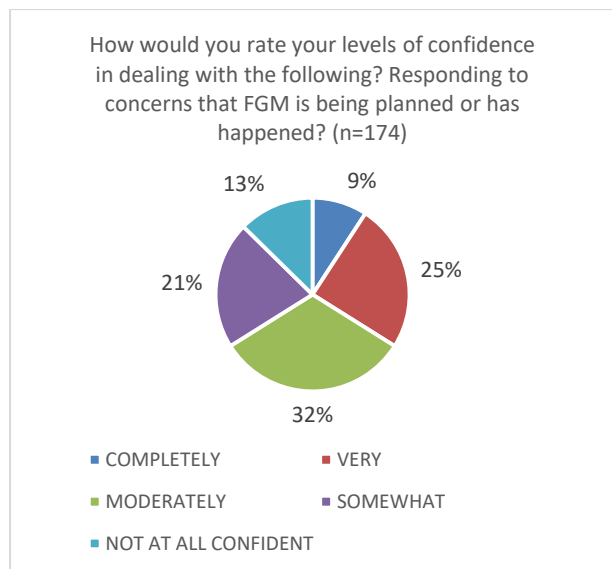
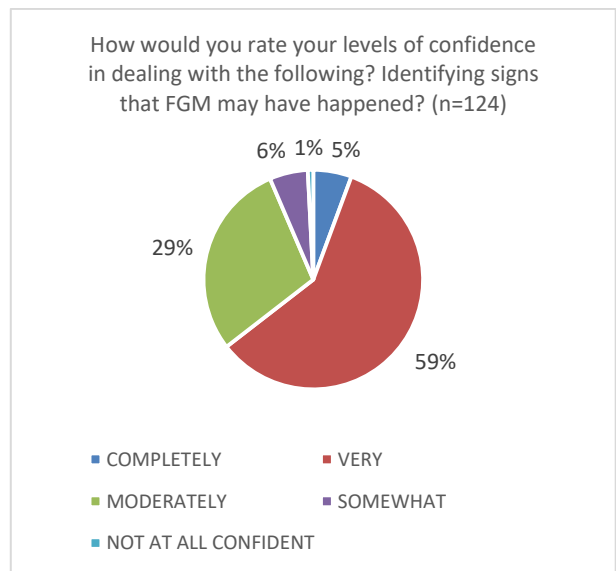
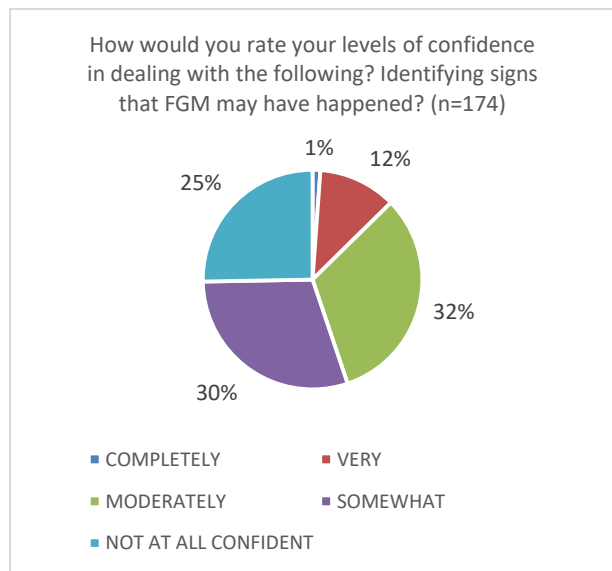
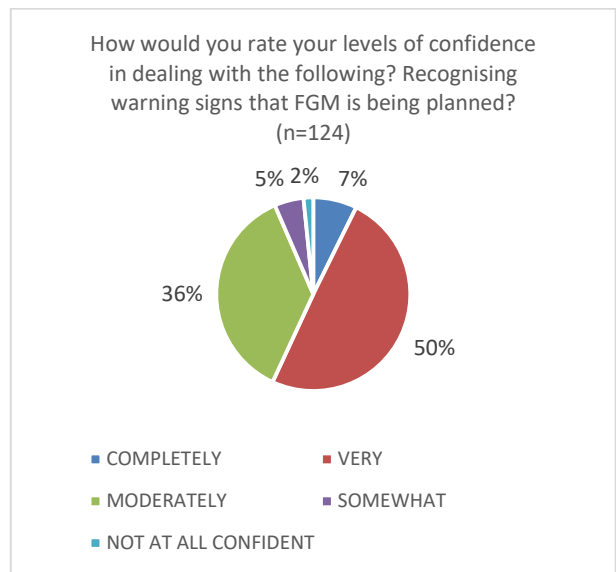
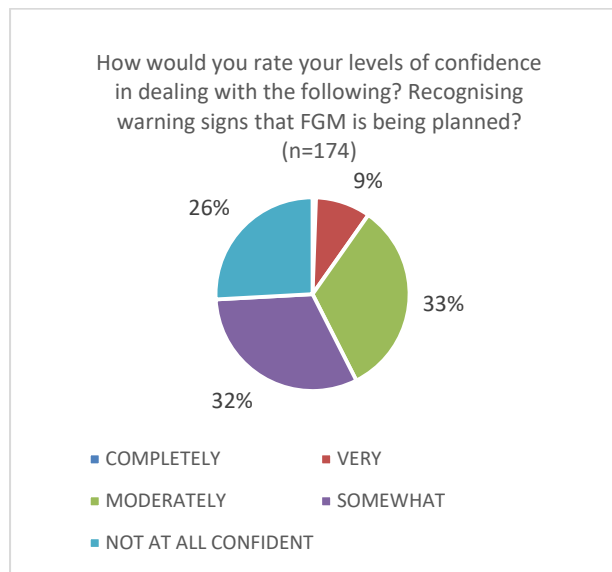
How would you describe your current understanding of the following... Who is most at risk (n=289)



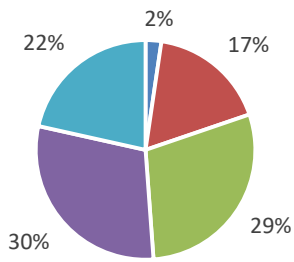
How would you describe your current understanding of the following... Who is most at risk (n=258)



Secondary schools – pre- (column 1) and post- (column 2) evaluation results

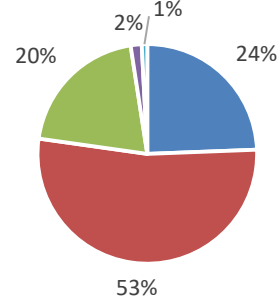


How would you rate your levels of confidence in dealing with the following? Accessing tools for support and guidance? (n=174)



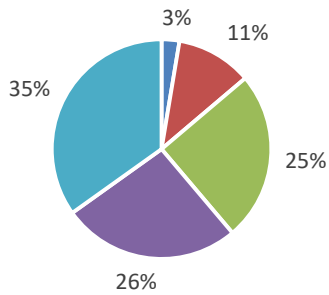
- COMPLETELY
- MODERATELY
- NOT AT ALL CONFIDENT
- VERY
- SOMEWHAT

How would you rate your levels of confidence in dealing with the following? Accessing tools for support and guidance? (n=124)



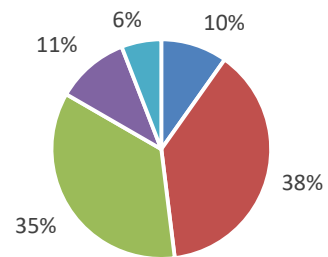
- COMPLETELY
- MODERATELY
- NOT AT ALL CONFIDENT
- VERY
- SOMEWHAT

How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=174)



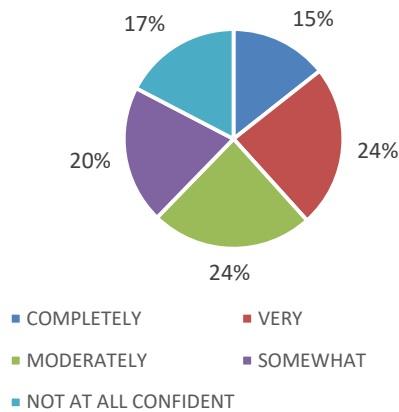
- COMPLETELY
- MODERATELY
- NOT AT ALL CONFIDENT
- VERY
- SOMEWHAT

How would you rate your levels of confidence in dealing with the following? Talking about FGM in the classroom? (n=124)

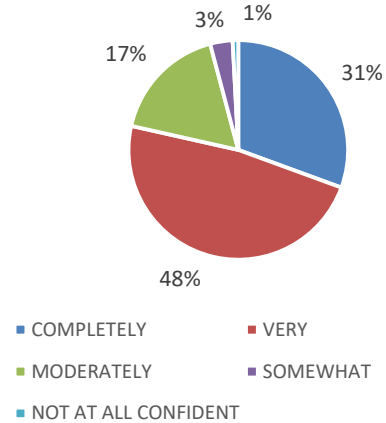


- COMPLETELY
- MODERATELY
- NOT AT ALL CONFIDENT
- VERY
- SOMEWHAT

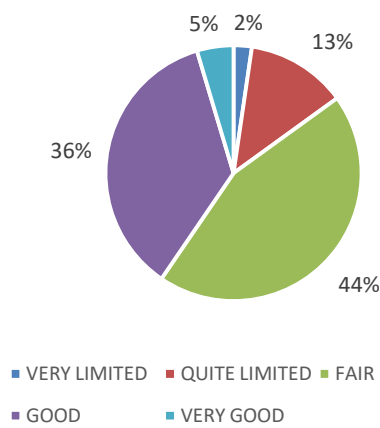
How would you rate your levels of confidence in dealing with the following? Referring a case of FGM to the relevant agency? (n=174)



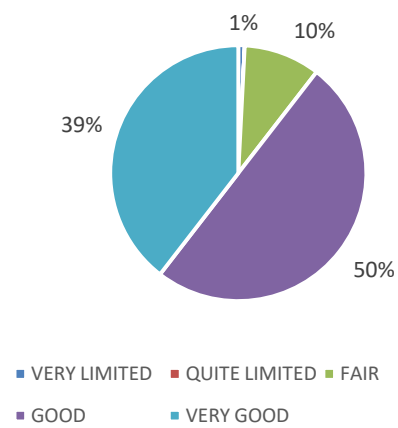
How would you rate your levels of confidence in dealing with the following? Referring a case of FGM to the relevant agency? (n=124)



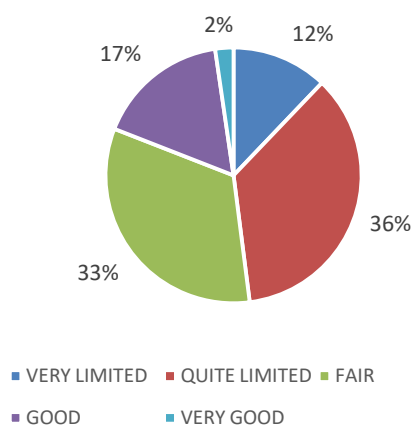
How would you describe your current understanding of the following... How FGM is defined (n=174)



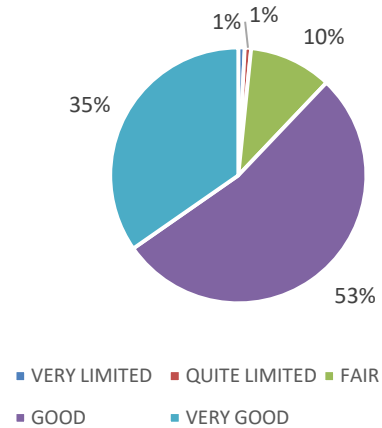
How would you describe your current understanding of the following... How FGM is defined (n=124)



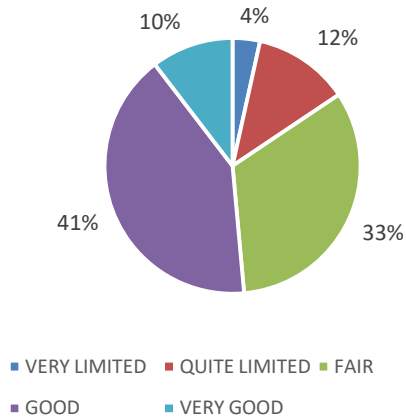
How would you describe your current understanding of the following... The different types of FGM (n=174)



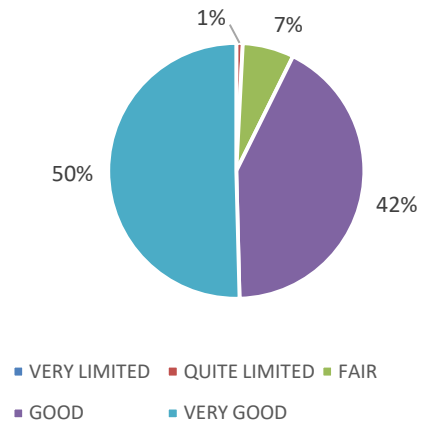
How would you describe your current understanding of the following... The different types of FGM (n=124)



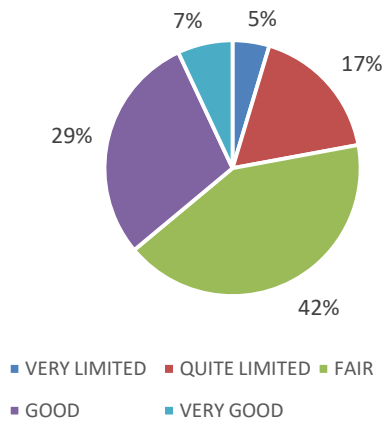
How would you describe your current understanding of the following... The harm FGM can cause (n=174)



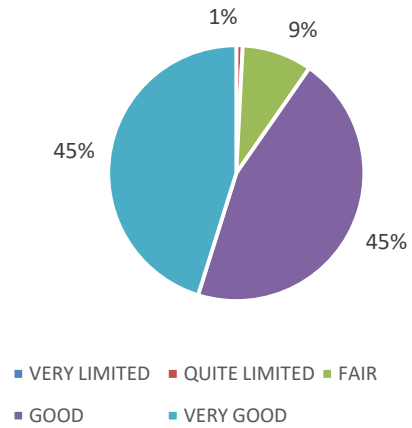
How would you describe your current understanding of the following... The harm FGM can cause (n=124)



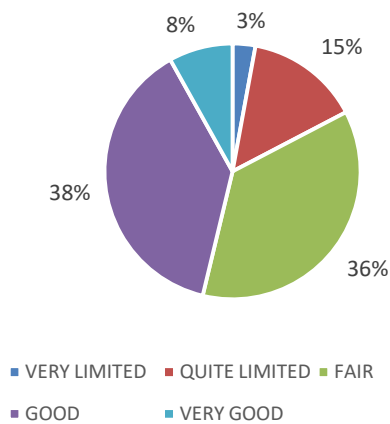
How would you describe your current understanding of the following... Why FGM is performed (n=174)



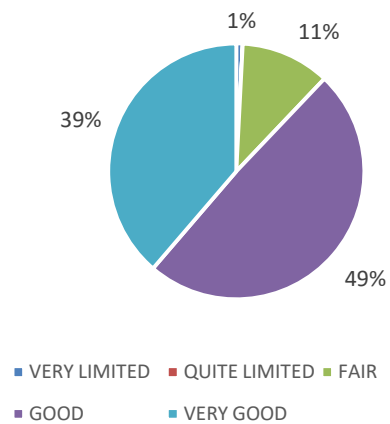
How would you describe your current understanding of the following... Why FGM is performed (n=124)



How would you describe your current understanding of the following... Who is most at risk (n=174)

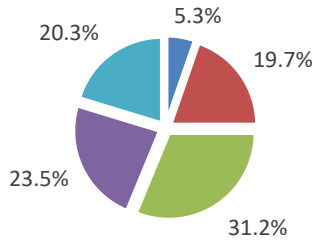


How would you describe your current understanding of the following... Who is most at risk (n=124)



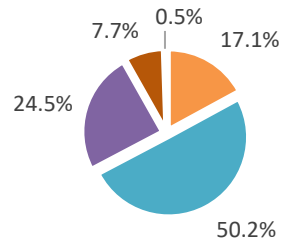
All counties: FGM-related training: confidence in responding to concerns about FGM

Pre-training: How would you rate your levels of confidence in responding to concerns that FGM is being planned or has happened? (n=1188)



- COMPLETELY
- MODERATELY
- NOT AT ALL CONFIDENT
- VERY
- SOMEWHAT

Post-training: How would you rate your levels of confidence in responding to concerns that FGM is being planned or has happened? (n=1394)



- COMPLETELY
- MODERATELY
- NOT AT ALL CONFIDENT
- VERY
- SOMEWHAT

Appendix 6 – Additional feedback from schools

----- Forwarded message -----

From: McKenzie, Miss L <lmckenzie@thehazeleyacademy.com>

Date: Mon, Feb 25, 2019 at 7:37 AM

Subject: Feedback

To: Kate Agha (kate.agha@oxfordagainstcutting.org) <kate.agha@oxfordagainstcutting.org>

Hi Kate,

Apologies for the late feedback from Hazeley. Just to say the assembly was excellent and your two colleagues were outstanding.

The only feedback for improvement would be voice projection. Teachers are used to projecting their voices so we need to remember that not everyone is used to delivering to large audiences and we could have set up microphones for you. Do you think your colleagues would have felt comfortable using these? It is something we need to think about for the future when we have visitors into school.

Thank you again.

Kind regards,
Lesley

Hi Dot,

Many thanks for the slides and just to say thank you again for an excellent assembly. The student and teacher responses were really positive regarding the information that you gave and the fact that you were able to end with the students feeling positive. Your presentation was really appreciated by the school, thank you for giving out this very important message in such a sensitive way.

Kind regards,
Lesley

Email received in July 2018:

Dear Kate,

As we prepare to break up for the summer, I just wanted to thank you for the superb training provided by Leila and Kaddy. It was hard-hitting stuff and certainly made our staff aware of the short and long impact of FGM on women. We have displayed your posters around the school and will continue to have them up over the summer in our holiday play scheme.

I have recommended your training to colleagues in other schools and will continue to do so - anything to spread the message and signpost survivors to support groups.

If you need any quotes from schools to use in publicity materials, please don't hesitate to ask.

Thank you again.

Kind regards,

Sandra Ottaway

Deputy Head, Caroline Haslett Primary School

Appendix 7 –Feedback from Y2 students on ‘Blue Rabbit’ lesson

BLUE RABBIT LESSON FOR YEAR 2 STUDENTS AT KNOWLES PRIMARY SCHOOL,
MILTON KEYNES ON 11 May 2018 - *The children were asked to write one word of feedback about the lesson. (A few were illegible.)*

LESSON 1

Good
I know how to speak and the rabbit is a good friend.
Super
I think the colouring was good.
I liked the lesson
Rabbit I am so happy.
I loved the lesson.
Good
I like it so much, so good I want to go to sleep now, I am tired of it now, it is so good, I like the lesson.
It was great.
I feel excited of this lesson and I loved it.
The lesson is super.
PANTS lesson brilliant.
It was bad.
It was good and exciting.
Good
Fun and good.
I learnt a lesson.
Lovely and nice.
Good
I love it, it was great.
I liked the lesson

LESSON 2

I love it so want you to come againwhen will you come again?
I loved the lesson for you. You are a nice teacher.
It was nice and good.
You have to have energy, you need food.
It was nice blue rabbit.
I liked colouring.
I loved the lesson.
Good, very good
Good x 2
Other cannot touch your body.
Bad and good.
Yes it was amazing with blue rabbit.
That was a good lesson.
Good and happy.
Interesting and brilliant.
It's good.
It was nice. I liked the film.
I am really pleased.
Ok
I really liked the lesson.
Yes I liked.
I like it!
It was wonderful, thank you for that lesson.
It was great.
It was great and fantastic.
It was good.
Good and fantastic.



OxfordAgainstCutting

ProtectingGirls&Women

Acknowledgements: Many thanks to the Office of the Police and Crime Commissioner, Thames Valley for supporting this work. Thanks also to: all of the facilitators; those who took part in the training and took time to feed back; and Laura Cottle for her support as Research Assistant.

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