Ipsos MORI
Social Research Institute

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Building a Stronger Britain Together

Black Health Initiative – Summary of key learnings

Third Version

Ipsos MORI

Introduction

1.1 Overview

Black Health Initiative (BHI) is a Leeds-based community engagement organisation which aims to increase equality of access to health and social care in Leeds and Wakefield. They run several community engagement campaigns in partnership with service providers, including NHS Leeds, Leeds City Council, schools, and the local police.

BHI's initiatives include raising awareness of female genital mutilation (FGM) and providing support to survivors and communities; providing a general confidential counselling service to those of African, Afro-Caribbean, and mixed descent; and offering women's health and wellbeing support to women from disadvantaged backgrounds and women from minority communities.

The evaluation activities for the BHI project ran from October 2017 to September 2019. It is worth noting that, following significant delays in delivering the planned BSBT-funded project activities, and difficulties in engaging project beneficiaries in the evaluation activities, the impact evaluation was gradually scaled down to focus on processes and challenges to the project delivery. Indeed, Ipsos MORI was only able to gather data from one post qualitative consultations with the CEO of BHI, and informal discussions with BHI's project manager and the BHI's relationship manager at M&C Saatchi. In summary key lessons learnt include the following, with more detail provided later in the report:

- Planned evaluation activities proved to be a significant challenge for BHI, who had limited capacity and time to support the evaluation, highlighting the need to provide a more dynamic assessment of evaluation feasibility and staff capacity;
- The need to gain project buy-in from the beginning, and throughout the lifecycle of the evaluation;
- Consideration at the outset of the evaluation, supported by input from projects, on the best approach to securing the engagement of project participants where there are personal, sensitive and cultural issues;
- Interdependence of IKS and grant funded activities and impact this can have to project delivery and evaluation activity.

1.2 About the BSBT funded project

Prior to BSBT funding, using previous funding support from Rosa (a charitable fund which supports initiatives that benefit women and girls in the UK) and the Wakefield Clinical Commissioning Group, BHI had already developed 'good practice' learning on how service providers should manage cases of FGM. This included the commissioning of research within Leeds in 2014, culminating with the launching of a report at a regional conference that BHI arranged. The conference gathered people from NHSE, the Clinical Commissioning Group's, police and crime commissioner, the head of Leeds City Council communities, and other strategic individuals to speak on the issue at the conference. They also had recruited 'Credible Voices' – community representatives who give a beneficiary perspective on good practice and who help engage their communities in BHI initiatives to dispel attitudes which sustain FGM.

BHI received £49,582 BSBT grant funding for the following purposes:

- To increase uptake of BHI services for at-risk women and girls in the Leeds area, and to extend the geographical scope by establishing partnerships and referral pathways with service providers in Wakefield (e.g. educators, medical staff, and the police). To do so, BHI used their pre-existing 'multi-agency group' to discuss best practices and referral

pathways. From BHI's previous work on FGM-related issues, the multi-agency group includes key representatives from local service providers (NHS, schools, City Council, police etc) and meets every couple of months (or weeks depending on needs) to ensure that key local issues around FGM are addressed through a range of perspectives.

- To collate existing 'good practice' learning into a **comprehensive toolkit for frontline practitioners** (service providers), such as educators, medical staff, and the police. The purpose of the toolkit is to give users a basic understanding of FGM issues and of the support services available in the local area so that people can be referred appropriately.

- To run day-long **training programmes** to discuss ways in which practitioners can handle FGM cases sensitively and without marginalising communities, survivors, at-risk girls, or families. The comprehensive toolkit mentioned above was meant to be disseminated at the training sessions and to be the basis for the sessions. It is also worth noting that BHI did not have a direct access to potential training participants. Instead, BHI relied on its existing ties with key representatives in each service provision via the 'multi-agency group' to reach out to potential training participants.

- To strengthen ties with target communities by **expanding their existing network of volunteer Credible Voices** from four to seven. The role of Credible Voices – who are in the vast majority women who have been subject to FGM themselves- is to encourage survivors and at-risk women from their communities to make use of BHI support services and to make FGM a more 'talked-about' issue.

They also received **BSBT in-kind support (IKS)** for the following purposes:

- Creation of a **campaign film** to target young males from practicing communities, to be distributed on social media to raise awareness and educate them on what FGM means in practice.

- Creation of a **campaign logo** 'The Cut Ends Here' to be used on the film and printed materials.

- Creation of a **leaflet** providing information on FGM, a pull-up banner with the campaign logo, and a contact card that frontline workers can hand out to FGM survivors directing them to support services. BHI aim to use these in their training sessions and for community engagement.

- **Social media training** for BHI staff to improve how BHI use social media (for all activities). The training covered: best practice examples of content across Facebook, Twitter, Instagram and LinkedIn; tone of voice; tools for managing social channels and creating content; how to use paid social media sites.

Though not initially planned for in their BSBT application, BHI later placed the **comprehensive toolkit for frontline practitioners** (mentioned above) within the remit of the IKS-funded activities. Specifically, BHI decided to embed a link to the campaign film created as part of the IKS-funded activities into the toolkit, and asked M&C Saatchi to support with this.

Rationale for inclusion in Call 2

The project was chosen as one of the Call 2 IDPEs for its unique set of characteristics. These included:

- Contribution to BSBT outcomes: The project is aligned with the BSBT macro outcome '*Fewer people holding attitudes, beliefs and feelings that oppose shared values*', and the micro outcome '*rejection of extremist narratives*'.
- Mode of delivery: Ultimately targeting local communities practising FGM in the region of Leeds, the project has 'capacity building individuals or organisations' as a primary mode of delivery, through the provision of train-the-trainer sessions to local services providers (NHS, police, school teachers etc).
- Grant funding and IKS support: The distribution of BSBT funding across both a grant and an IKS element was also an issue of interest to this evaluation.
- Alignment with the FGM campaign: With its objective to tackle FGM at the local level, BHI also complemented the national BSBT campaign tackling FGM.
- Scaling up of an existing project: Prior to BSBT funding, using previous funding support from Rosa (a charitable fund which supports initiatives that benefit women and girls in the UK), BHI had already developed 'good practice' learning on how service providers should manage cases of FGM. They also had recruited 'Credible Voices' – community representatives who give a beneficiary perspective on good practice and who help engage their communities in BHI initiatives to dispel attitudes which sustain FGM. This was thought to provide a solid platform on which to build BSBT-supported activities.

Summary of evaluation efforts

The evaluation of Black Health Initiative (BHI) was part of the wider BSBT Call 2 In-depth project evaluation undertaken by Ipsos MORI. Preliminary interviews by Ipsos MORI's relationship manager were carried out in February 2018 and the Evaluation Plan was signed off by the Home Office in June 2018. The plan was also shared with BHI's CEO and the project lead – called 'Operations Manager' throughout this report – to seek potential feedback, but BHI did not comment on the proposed approach at the time.

The below table gives an overview of the proposed evaluation activities and what was achieved as of September 2019. In summary, Ipsos MORI was able to gather data from:

- One post qualitative consultations with the CEO of BHI;
- An informal conversation with BHI's relationship manager at M&C Saatchi regarding the delivery of IKS outputs;
- Several informal discussions throughout the project cycle with the Operations Manager via phone catch-ups. This helped to understand the challenges to the delivery of the project, as well as the barriers to the recruitment of potential participants to the evaluation activities.

Table 1.1: Overview of proposed and achieved evaluation activities

Proposed evaluation activities	Achieved evaluation activities
Measuring outputs (grant and IKS)	As per the evaluation plan, the impact evaluation of BHI included a review of outputs, using: • monitoring data from BHI regarding the grant-based activities, for instance: o the number of Credible Voices recruited; o the number of women accessing services; o the number of service providers attending the training sessions; o the number and type of different services represented by attendees; o and the number of service providers to which toolkits are distributed; • monitoring data from M&C Saatchi for the IKS-based activities, including: o the number of leaflets/posters/ contact cards produced and the places to which they are distributed; o the number of video views; o and the number of BHI staff who receive social-media training. Given delays to the production and dissemination of the toolkits and issues with the scheduling of training sessions, it became increasingly obvious that conducting an impact evaluation would be challenging, and the scope of the evaluation was scaled down to focus on processes. Outputs and impact measurement were rendered out of scope, and the review of monitoring data (either from BHI or M&C Saatchi) became redundant. However, following delays on the delivery of the toolkit, Ipsos MORI liaised with M&C Saatchi to discuss challenges to IKS delivery. Informal discussions with BHI's relationship manager at M&C Saatchi revealed that the toolkit was not initially seen as an IKS output, but rather became one as BHI decided to embed a link to the campaign film (created as part of the IKS-funded activities) into the toolkit. While this change was welcomed by M&C Saatchi and appeared well-founded, plans as to how to take it forward were not clear. M&C Saatchi also noted inconsistent engagement and communications from BHI regarding the IKS activities, and highlighted that they were unaware that the grant activities depended on IKS outputs delivery i.e. that the toolkit was necessary for delivery of the training sessions. The toolkit was finalised by M&C Saatchi in April, after which it was reviewed and tested in a 'template training session' at the end of April by BHI, Credible Voices and the 'multi-agency group'.
BSBT combined pre/post Train-The-Trainer questionnaires with service	A total of 40 pre-and-post Train-The-Trainer questionnaires were ordered and delivered to the Operations Manager to distribute to service providers taking part in the training day (note that at least 20 people were expected to take part, but an extra

providers taking part in the training	20 questionnaires were delivered to cover for a potentially high uptake of the training sessions). Due to the busy schedules of service providers, it proved challenging to secure their participation for a full day of training, as well as to find a day when all interested participants could attend. It is also worth noting that BHI only had indirect access to service providers and relied on a key representative within each service provider to engage potential participants and introduce them to BHI. Coupled with delays in finalising the toolkit (which was meant to be the basis for the training sessions), this led to significant delays in scheduling the training sessions with service providers. Whilst the training sessions were initially planned to take place between December 2018 and January 2019, the first training event (and only one to date) occurred in the second half of June 2019, towards the end of the evaluation fieldwork window. This resulted in 15 questionnaires being handed out during this one training session, compared to an expected 20. Despite regular follow ups from Ipsos MORI with BHI, no completed questionnaires were received by Ipsos MORI.
BSBT combined pre/post Train-The-Trainer questionnaires with service providers NOT taking part in the training	The evaluation plan referred to the possibility of including a control group of non-trained service providers in the evaluation. It became apparent during the evaluation period that including a control group in the approach would not be feasible. This was namely due to difficulties in securing the participation of trained providers in the qualitative interviews and likelihood of a similar response from non-trained providers to complete the questionnaire. Furthermore, the anticipated number of participants in the training would not have offered a statistically significant sample size against which to compare findings.
Post qualitative consultations with trained service providers	Up to 6 post qualitative consultations were planned with trained service providers and/ or key representatives of service providers taking part in the 'multi-agency group'. Ideally, these were due to take place a couple of weeks after attendance at the training in order to capture impacts the training and toolkit might have had on service providers in their daily jobs, and subsequent impacts on end-beneficiaries (i.e. survivors or at-risk women). Due to delays in scheduling the training sessions, a decision was made that the scope of the qualitative work would need to be reduced. Attempts were then made to secure interviews with service providers shortly after their participation in the training to gather feedback on the delivery of the training, the relevance and accessibility of the toolkit presented, as well as skills gathered during the training. Despite efforts from both the Ipsos MORI relationship manager and the Operations Manager in July and August 2019, no interviews with service providers were conducted as none of 15 participants to the training responded to the invitation. Informal discussions with the Operations Manager revealed that engaging service providers was often difficult due to time constraints and competing priorities. In this

	case, establishing contact with service providers was made even more difficult due to the one-off nature of their engagement with the project.
Post qualitative consultations with BHI delivery staff	Ipsos MORI was able to conduct one telephone interview with the CEO of BHI's. It is worth noting that there were two staff members ensuring the delivery of BSBT activities: the CEO of BHI and the Operations Manager, and both were suffering from severe resource constraints which impacted their involvement in the evaluation activities. The Operations Manager was working part-time in BHI, and consequently, her engagement with evaluation activities was inconsistent and unpredictable. The CEO was working full time, but her time was split across a variety of other projects, among which the BSBT-funded programme. She was not involved in the day-to-day delivery of BSBT-funded activities, and her role consisted of supervising the Operations Manager and overseeing the delivery of BSBT activities. She could provide good insights on the overall rationale for the programme, its objectives, delivery model and key delivery challenges. Only one interview took place with the CEO of BHI, and insights from the Operations Manager could only be gathered through informal discussions. Attempts to schedule a more formal interview for the purpose of the evaluation was unsuccessful.
Post qualitative consultations with BHI's Credible Voices	Up to two interviews with Credible Voices were planned. BHI reported that engaging Credible Voices to take part in interviews for the evaluation was proving very challenging due to the sensitivity of FGM issue, and the stigma and taboo attached to it in the women's respective communities. As such, Credible Voices did not feel comfortable discussing these issues with third parties in a formal setting, and most declined to participate in the interviews with Ipsos MORI. Only one Credible Voice initially accepted the invitation to participate in an interview in June 2019, but the interview was rescheduled three times, with no interview eventually scheduled. The last attempt by BHI and Ipsos MORI to reschedule the interview in July and August 2019 remained unanswered.

Lessons learned

- Engaging survivors on personal/sensitive/cultural issues: As described previously, most (though not all) Credible Voices – volunteer community representatives – were women who have been survivors of FGM themselves. When approached by BHI to participate in an interview with Ipsos MORI, the volunteers declined due to the sensitivity of FGM issue, and the stigma and taboo attached to it in the women's respective communities[1]. An alternative approach, discounted at the evaluation design stage, could have been to ask someone they already knew and trusted, such as a member of BHI staff, or another familiar practitioner, to conduct the interview. Not only would this have been very resource intensive to the staff (both on their time and time that would have been required for interview briefing) but also it would have been difficult for the representatives to speak openly about their views on the project and organisation. As a result, limitations of gaining the participation of credible voice volunteers were set out at the evaluation planning stage.

  "[…] the only challenge that we have is when outside bodies want to speak to [Credible Voices] or want to use them as part of their publicity, or give them more exposure than what they're wanting. I think there's still a lack of understanding and sensitivity around FGM, and so people say 'We want to speak to them, we want to interview them' - they don't necessarily want to be involved like that, they just want to help develop and support their communities." *BHI Delivery Staff*

  For similar reasons, BHI reported that it was challenging for them to record monitoring information and keep track of (1) the referrals made for women who have been survivors or at-risk of FGM abuse, and (2) the subsequent actions taken by those women who have been referred to other services. The latter remained relevant even when the women were referred to other BHI programmes, as the Operations Manager might not have oversight of the various programmes.

  "Again, we're talking about an issue that is very taboo and there is a level of secretiveness around it. If we suggest that they should go somewhere, they very rarely come back to say they've been there." *BHI Delivery Staff*

- Dynamic assessment of evaluation feasibility and staff capacity. A lesson learnt for further funding calls would be an early review of the capacity of small scale projects to take part in evaluation expectations, adapting any evaluation requirements accordingly. Whilst there was rationale to include BHI in the Call 2 IDPEs due to its unique set of characteristics (see above), the planned evaluation activities proved to be a significant challenge to BHI. The organisation had limited capacity to dedicate to the evaluation activities as there are only two people at BHI overseeing the BSBT-funded FGM programme. It became clear through engagement with the project that complying with evaluation demands went beyond the core activities (train-the-trainer) being delivered, especially as both service providers and Credible Voices proved to be challenging audiences to engage in project and evaluation activities. Challenges regarding engagement and capacity of the staff at BHI were raised several times prior to and during the evaluation design stage. Based on the experience we had communicating and engaging with BHI at that time, the risk register of the evaluation plan focused on those issues and highlighted the implications these might have for the evaluation (which, overall, turned out to materialise).

[1] One woman initially agreed to participate in a qualitative interview with Ipsos MORI, but the interview was rescheduled three times, with no interview eventually scheduled.

- Interdependent IKS and grant-funded activities. Deviating from what they initially proposed in their application, BHI decided to embed a link to the campaign film created as part of the IKS-funded activities into the toolkit (which was initially meant to be a grant-based activity). M&C Saatchi were asked to support with this, and the toolkit became- at least informally- part of the IKS outputs to be delivered. This has created an inter-dependency between the grant- and IKS-funded activities, with the delivery of the grant-based activities (i.e. the training with service providers) depending on the finalising of an IKS-supported output (i.e. the comprehensive toolkit for service providers). This has had a significant implication for delivery and the evaluation: the finalising of the toolkit took longer than expected which had a knock-on effect on the delivery of grant-funded activities, delaying the delivery of the training sessions.

  Whilst allowance should be given to a degree of flexibility in the delivery of activities, it was apparent in this instance that a change in approach, that is the granted funded activity becoming dependent on the IKS, should have been more closely reviewed to ensure that a clear delivery plan was communicated to all stakeholders.

- Indirect access to project participants. As part of their mode of delivery (train-the-trainer), BHI did not have direct access to and contact with service providers who could potentially participate in its training sessions. The project was depending on a third party – usually a key representative in each different service provider (NHS, police, schools)- to provide a wider list of potentially interested participants. This led to difficulties in recruiting enough participants, and in scheduling training sessions as per the initial schedule. This also had implications for the evaluation activities, namely to securing post-training qualitative interviews with some of these service providers (see point below on gathering evidence retrospectively).

  "[…] we were supposed to be doing some training with the local authority, and we were waiting for a particular individual to bring staff together, because it's not mandatory training, we had to negotiate on availability of staff, and that was proving problematic […]" *BHI Delivery Staff*

- Gathering evidence retrospectively. Whilst the quantitative data collection (pre-and-post questionnaires) was designed to coincide with the training activities, the qualitative elements were scheduled to take place a few weeks after delivery to ensure that service providers had time to familiarise themselves with the toolkit presented in the training sessions, and to embed it into their daily working practices. Given the difficulties encountered in delivering the training sessions and conducting evaluation activities, attempts were made to secure interviews one or two weeks after the delivery of the training, without success. However, in projects such as this where there is a one-off intervention and a flexible approach to implementation and ongoing monitoring, an evaluation approach integrated with programme delivery (e.g. observations/interviews on the day of the teacher training) is likely to have been more successful.

- Securing project buy-in from the beginning. When developing the evaluation plan, the Operations Manager was involved in deciding what activities would be possible. However, despite various follow-ups, the project did not explicitly sign off the evaluation plan once it was shared with them. Whilst there was no formal need for a sign off from the project, this lack of buy-in carried through the project cycle and could explain the difference in expectations between the evaluators (Ipsos MORI) and the project.

- Continuity of Ipsos MORI relationship manager. Feeding into the point above, due to internal staff availability and re-structuring, the Ipsos MORI RM for BHI changed four times. These changes led to some discontinuity in the communications and outreach to the project, which did impact on BHI's engagement with the evaluation.

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