

Impact case study (REF3)

Institution: Coventry University		
Unit of Assessment: 4		
Title of case study: Tackling FGM across the EU through a Community Behaviour-Change Approach		
Period when the underpinning research was undertaken: 2010-20		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Katherine Brown	Professor of Health Psychology Visiting Professor, Faculty of Health and Life Sciences	2008-19 2019-Present
Hazel Barrett	Professor in Development Geography	2010 – Present
Yussif Alhassan	Research Associate	2014-17
Kristina Curtis	Assistant Professor	2011-Present
Period when the claimed impact occurred: August 2013 – July 2020		
Is this case study continued from a case study submitted in 2014? Y/N No		

1. Summary of the impact (indicative maximum 100 words)

In February 2020 it is estimated that 500,000 victims of Female Genital Mutilation (FGM) were living within the EU, with an additional 180,000 considered at risk (EP Resolution, 12th February 2020). Although long-criminalised in every EU member state, many girls within African migrant communities remain vulnerable to FGM.

Building on their innovative work on health behaviour-change, Coventry University researchers identified that targeted, community-level approaches could bring about lasting eradication of FGM. Production of the REPLACE Toolkit led a radical shift in the way FGM was tackled in the EU, informing guidance on practice for local councils and charities, and policy for governments to enable the elimination of FGM in the long-term.

2. Underpinning research (indicative maximum 500 words)

Coventry University (CU) has built a strong reputation for research into the effectiveness of public health interventions, and barriers to their success amongst different groups. Since 2004 Professor Katherine Brown has worked with other CU researchers on studies exploring how to increase the effectiveness of public health campaigns, using applied health psychology and participatory approaches to develop and evaluate behaviour-change interventions (R1, R2).

FGM is recognised as a global problem. Laws to convict those perpetrating FGM are rarely implemented and the 'health approach' used by campaigners – stressing the risks of FGM associated with medical hygiene – has resulted in some communities using 'milder' versions of the practice. Since 2010, Brown and Professor Hazel Barrett – whose research focuses on community engagement – have used applied health psychology and participatory approaches to evaluate and develop behaviour-change interventions which aim to end FGM.

Led by Barrett and Brown from 2010-11, REPLACE (Researching FGM Intervention Programmes Linked to African Communities in the EU), was a 12-month pilot project funded by the European Commission 'Daphne III Programme' which set out to use health behaviour-

Impact case study (REF3)

change approaches to end all forms of the harmful practice (G1). Research established that behaviour-change approaches were vital to ending FGM, as other approaches – whilst effective in raising awareness – had limited success in putting an end to deep-seated and traditional practices (R3).

Working in the UK with women's health charity FORWARD, and the Federation of Somali Associations, Netherlands (FSAN), REPLACE used Participatory Action Research (PAR) to collect information concerning practices and beliefs around FGM in Somali and Sudanese communities. The information was co-generated and interpretations were debated by members of the communities to contribute to the research process. A systematic intervention development approach (Intervention Mapping) was used to identify the key barriers and facilitators to behavioural change, and then mapped to evidence-based strategies to address these (R3).

By gathering data specifically relating to a target group using PAR, REPLACE designed a methodology (the REPLACE Approach) to identify the current state of attitudes underpinning practice in a community, and so model appropriate interventions based on behaviour-change psychology. (For example, researchers found that religious beliefs were important in relation to FGM for those who took part, but that these could be used to support the elimination of the practice, rather than its continuation (R4).) The project established that successful communication was key to behaviour-change strategies, and tailored intervention work to promote and support real behaviour change.

Led again by Barrett and Brown from 2013-16 the EC funded REPLACE2. This project implemented the REPLACE Approach in a range of migrant African communities within the EU, including those who had taken part in the initial pilot. Collaboration continued with FORWARD (Foundation for Women's Health Research and Development) UK and FSAN (Federatie Somalische Associaties Nederland) Netherlands, whilst the new collaborators CESIE (Centro Studi ed Iniziative Europeo) Italy, APF (Associação Para o Planeamento da Família) Portugal and GES (Gabinet d'Etudis Socials) (Spain) were introduced. Research consisted of the evaluation of data provided by these parties, identifying that 'community champions' should be used to help deliver effective behaviour-change interventions (R5). Research from the two projects was distilled in the publication of the REPLACE Toolkit, which provides extensive guidance on best practice for use in community-led behaviour-change interventions.

3. References to the research (indicative maximum of six references)

R1. Wallace, L. M., Brown, K. E. & Hilton S. (2014). Planning for, implementing and assessing the impact of health promotion and behaviour change interventions: a way forward for health psychologists, *Health Psychology Review*. 8, 1, p. 8-33.

<https://doi.org/10.1080/17437199.2013.775629>

R2. Curtis, K, Fulton, E., and Brown, K. (2018) Factors influencing application of behavioural science evidence by public health decision-makers and practitioners, and implications for practice. *Preventative Medicine Reports* 12, pp.106-115.

<https://doi.org/10.1016/j.pmedr.2018.08.012>

R3. Brown, K.E., Beecham, D., & Barrett, H. (2013). The Applicability of Behaviour Change in Intervention Programmes targeted at ending Female Genital Mutilation in the EU: Integrating Social Cognitive and Community level Approaches. *Obstetrics and Gynecology International* (Special issue). Article ID 324362. <https://doi.org/10.1155/2013/324362>

R4. Alhassan, Y., Barrett, H., Brown, K.E., & Kwah, K. (2016). Belief systems enforcing female genital mutilation in Europe. *International Journal of Human Rights in Healthcare*, 9(1), 29-40.

<https://doi.org/10.1108/IJHRH-05-2015-0015>.

Impact case study (REF3)

R5. Barrett, H., Brown, K., Alhassan, Y., and Leye, E. (2020). Transforming social norms to end FGM in the EU: an evaluation of the REPLACE Approach, *Reproductive Health* 17:40. <https://doi.org/10.1186/s12978-020-0879-2>

G1. Barrett, H. (PI), Brown, K. (2010-11) 'Researching FGM Intervention Programmes Linked to African Communities in the EU (REPLACE)'. European Commission, Daphne III. Total grant: £151,000.

G2. Barrett, H. (PI), Brown, K. (2013-15) 'Researching FGM Intervention Programmes Linked to African Communities in the EU (REPLACE2)'. European Commission, Daphne III. Total grant: €650,000 (£529,100).

4. Details of the impact (indicative maximum 750 words)

Coventry researchers designed the REPLACE Approach to change the way FGM was tackled within the EU. This has driven EU and UK policymakers, women's charities and intervention practitioners to look beyond awareness-raising activities towards embedding and enabling the tools to eradicate FGM within communities.

Facilitating Change in Communities

The findings of REPLACE were implemented in REPLACE2 from late 2013-2016, when researchers collaborated with the following charities to identify migrant communities with high prevalence of FGM across the EU.

Location(s)	Migrant Communities	NGO
Palermo, Italy	Eritrean and Ethiopian Communities	CESIE
Amsterdam and Rotterdam, Netherlands	Somali Community	FSAN
Lisbon, Portugal	Guinea Bissau Community	APF
Banyoles, Spain	Gambian and Sengalese Communities	GES
Bristol, London, UK	Somali and Sudanese Communities	FORWARD

Following a 'Cyclic Framework for Social Transformation', Brown, Barrett and Alhassan supported local charities to assess community readiness to end FGM using REPLACE principles; they then tailored intervention activities to suit specific community needs, and evaluated these post-implementation (S1).

In Italy for example, CESIE worked with 47 participants from the Habeshà community to identify 'peer group champions', and trained them to lead interventions based on identified needs for 'confronting each other about ...gender issues and community'. 'Champions' led creative workshops based on 'photography, video editing and oral storytelling' to facilitate discussion about 'sensitive topics', enabling them to better approach FGM (S1). In the Netherlands, practitioners identified that false perceptions of FGM as a religious obligation were a major barrier to change for the Somali community. Working with CU researchers, the group devised a 'Koranic School lesson' with an Islamic scholar to effectively show there 'no...authentic religious text' supports the practice (S1).

Evaluations (S2) showed the interventions were successful in changing understanding and conversations around FGM: community members gained knowledge on FGM's 'serious consequences' to health and an acceptance it was not 'a requirement of Islam' (Spain, Portugal). Many involved were no longer 'in favour of carrying it out', some former FGM supporters

Impact case study (REF3)

'changed so much that they [were] now active against it' (Netherlands), whilst others now 'felt empowered to talk' about FGM's harmfulness to others (UK) (S2).

Informing Local and Government Policy and Practices

Coventry City Council (CCC) embedded the REPLACE Approach into their efforts to combat FGM, after becoming the first UK local authority to condemn it in a full council motion (December 2013). CU researchers worked with Coventry Public Health Department and Voluntary Action Coventry to deliver two events on FGM in August and September 2014, speaking with over 80 minority community members, social and healthcare professionals and to 'shape the service specification' (S4). Recommendation 1a of CCC's 2015 FGM 'Scruco Report' called for 'prevention through community engagement', with 'recruitment of local community champions' (S4). This pioneering strategy for community-led behaviour-change resulted in CCC's inclusion as one of three examples of good practice by local authorities within the UK Government's 'FGM Resource Pack', first published July 2014 (S5, p.9). It describes how from 2016 'over 3,500 professionals' and '90 community champions' were trained by CCC to facilitate the REPLACE Approach, across a two-year programme (S5, p.9).

The West Midlands Police and Crime Panel's 'FGM Taskforce' used REPLACE when scoping how community engagement could be 'embedded into early help/prevention initiatives across the region' in 2016 (S6). Brown and Barret worked with Southwark Council to inform their FGM strategy, and local authorities including Leicester and Oxford also adopted it in interventions (S7). Beyond the UK the Public Health Association of Australia cited REPLACE research to support principle three of a 2018 formal policy position, that 'behavioural change leading to the abandonment of FGM is most successful when communities are engaged' (S10).

Informing EU Approach to FGM

The REPLACE Toolkit and Handbook were key outputs of REPLACE2, launched in October 2015 at the European Parliament in Brussels (S3). A West Midlands MEP certified the approach as 'tried and tested across five different EU member states... 'flexible and tailored': making 'use of the assets and skills that lie within communities to help them bring about change for themselves' (S3). As the first EC-funded FGM intervention to employ behaviour-change models, the REPLACE Approach widely influenced strategy. It was cited as an example of 'promising practice' by the Council of Europe in their 2014 'tool to end FGM', which stated it 'is crucial to determine... belief systems and... barriers... to ending FGM within each community' to 'maximise the impact of prevention activities' (S8, p.13).

The REPLACE Approach has been used subsequently in EU-funded interventions to eradicate FGM amongst migrant populations in countries including Germany, the Netherlands, Sweden, Portugal, France and Italy. Major transnational projects CHANGE (2014-16) and CHANGE Plus (2016-2018) both built 'on the behaviour change approach developed in the EU-project REPLACE FGM' (S9), which was also utilised in CHAT (2016-18), and Let's CHANGE (2018-2020) (S9). Indeed, the European Parliament 2018 resolution 'on zero tolerance for Female Genital Mutilation' drew on the approach in calling for 'training representatives of local communities to promote not only legislative change but also behaviour change in their communities' (S9). Informed by REPLACE2, 'Community champions' or 'change agents' are now used to facilitate communication and prompt behaviour change on FGM across the world.

5. Sources to corroborate the impact (indicative maximum of 10 references)

S1. Collated materials. REPLACE 2 Project overview, Centro Studi ed Iniziative Europeo (CESIE) Website.

S2. Collated testimonials. Evaluation of the REPLACE 2 Intervention.

Impact case study (REF3)

S3. MEP, 'Foreword'. In Barrett, H., Brown, K., Alhassan, Y., Beecham, D. (2015). 'The REPLACE Approach: Supporting Communities to end FGM in the EU: A Toolkit'. Coventry University. ISBN: 978184600062

S4. Report. FGM 'Scruco Report', Coventry City Council, 2015.

(REPLACE 2 is mentioned at point 4.4, p.2, which informed Recommendation 1a, see points 6.7 and 6.8, p.5)

<https://www.coventry.gov.uk/downloads/file/17910/fgm_scruco_report> [Accessed 31.12.20]

S5. 'Female Genital Mutilation Resource Pack', UK Government. First published July 2014, updated February 2020.

<<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>> [Accessed 31.12.20]

S6. Report. 'Tackling Female Genital Mutilation (FGM) in the West Midlands – Six Month Progress Report', West Midlands Police and Crime Panel, (21 November 2016), p.9.

<<http://westmidlandspcp.co.uk/wp-content/uploads/2016/11/ITEM-06-FGM-Progress-Report-21-NOV-16.pdf>> [Accessed 31.12.20]

S7. Collated materials. Use of REPLACE by Local Authorities.

S8. Document. 'Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence: A tool to end female genital mutilation', Council of Europe (November 2014).

<<http://www.pharos.nl/documents/doc/istanbulconventionfgmguide.pdf>> [Accessed 31.12.20]

S9. Collated documents. EU FGM intervention projects using the REPLACE Approach, 2014-20.

S10. 'Female Genital Mutilation: Policy Position Statement'. Public Health Association Australia, 2018. <<https://www.phaa.net.au/documents/item/2823>> [Accessed 31.12.20]