



Belfast
City Council



Northern Ireland
Housing
Executive



**A Multi Agency Response for the Prevention
of Paramilitary Violence and Criminal
Exploitation:
An evaluation of a pilot project in West
Belfast**

March 2021

Dr Colm Walsh

TABLE OF CONTENTS

| | |
|-------------------------------------------------------|-----------|
| Executive Summary | 2 |
| Introduction | 4 |
| Evidence review | 7 |
| <i>Victim/perpetrator overlaps</i> | 7 |
| <i>Behavioural and social norms</i> | 9 |
| <i>Multi-modal and multi-component interventions</i> | 11 |
| <i>Public health approaches</i> | 13 |
| Methodology | 16 |
| Findings | 18 |
| <i>The evolution of the project</i> | 18 |
| <i>Caseload</i> | 21 |
| <i>The process</i> | 25 |
| <i>Challenges</i> | 29 |
| <i>Impact</i> | 33 |
| Conclusion and Recommendations | 37 |
| <i>Recommendation 1: Measurement</i> | 38 |
| <i>Recommendation 2: Beyond stabilisation</i> | 38 |
| <i>Recommendation 3: Transitions and connectivity</i> | 39 |
| <i>Recommendation 4: Locality perspectives</i> | 40 |
| References | 41 |

Figure 1: Caseload by month 22

Figure 2: Gender overview..... 23

Figure 3: Thematic issues 24

Table 1: Stakeholders contacted..... 17

Table 2: Issue vs outcome 35

EXECUTIVE SUMMARY

Organised crime, violence and paramilitary activity continue to affect many communities across Northern Ireland. Some more than others, and often in different ways. This activity is also often under the radar, but the effects can be far reaching. Within these communities, violence can become normalised and victims can become at elevated risk of perpetrating violence themselves. The issues are complex. As a result, complex responses are required.

This evaluation was an opportunity to critically review a response that has evolved in West Belfast. Through a multi-agency approach led by Belfast City Council, an innovative project has been piloted that draws on the resources of statutory agencies and complements this with the practice wisdom and local knowledge of a community agency.

Although the pilot project, in its current iteration has only been active since October 2020, there is evidence of the potential that the approach can have on individuals who are acutely vulnerable to paramilitary threat and violence.

The data illustrates that in most cases, threats are confirmed, and that by leveraging the combined resources of police, housing, council and community, sector organisations, threats can be communicated, threats can often be lifted, and a process of ‘stabilisation’ can take place.

Applying a public health lens to this work, the project targets individuals on a case management basis and at a tertiary level. This reflects the seriousness of the issues as they become known to the panel. Very often there is a threat to life. Therefore, stabilisation is an appropriate response.

The evidence also suggests that value could be added to the current approach.

Consideration could be given to the data that is collected and how this is used to inform a response and evaluate the impact of the project.

Within the public health approach, stepped support is useful. That is, as stabilisation is achieved, individuals often require thematic and therapeutic supports, for example to address mental health and substance use concerns. Consideration could be given as to how this can become more planned and purposeful, and may include embracing additional partners and/or reflecting on how the panel can more actively engage with other structures such as the family support hubs, the forthcoming city support hub and the youth diversion forum.

A case management approach has significant utility, particularly when it is targeted at individuals whose lives are at risk. To complement this, the panel may wish to consider a locality planning approach. This would help to provide greater understanding of the mechanisms at work at local level, and inform responses that could address the underlying causes of violence, paramilitarism and exploitation.

Given the complex issues facing communities, complex interventions are often required. Programmes vary greatly in terms of content, modality, duration, the population of interest, targets and costs (effectiveness).

Context is also important and understanding local context is critical when seeking to understand and respond to issues. Northern Ireland has a distinct context that has been dominated by pervasive inter and intra community violence stretching back to the 1970's (Fay, Morrissey, and Smyth 1998). Despite the peace accord in 1998, the legacy of conflict has persisted. In fact, administrative data illustrates the upward trajectory in paramilitary violence in some communities (Ritchie and McGreevy, 2019). Violence remains a daily reality in some communities and some young people are at elevated risk of paramilitary exploitation (see for example, Harland, 2011; Walsh & Schubotz, 2019; Walsh, Doherty and Best, 2021).

The 'Fresh Start' Agreement, published by the UK and Irish governments in 2015 set out strategic proposals for addressing some of these most challenging, and often intractable issues and became enshrined in the Northern Ireland Executive's Programme for Government 2016-2021 which, if addressed, "*might go some way toward creating the conditions in which groups would abandon their paramilitary structures and peacefully support the rule of law*" and provide "*a new strategic approach to the discontinuation of residual paramilitary activity*".

Strategic priorities included:

1. Promoting lawfulness
2. Support for transition away from conflict
3. Tackling criminality and criminal exploitation
4. Addressing systemic issues undermining the transition towards peace

43 recommendations were defined, 5 of which were to be delivered by the UK and Irish governments and a '*Tackling Paramilitarism*' project team and board was established and tasked with working towards the attainment of these priority areas through a twin track approach-that is, combining policing and justice efforts alongside activities that will better understand socio-economic issues facing communities where paramilitaries are most active.

One of these recommendation is commitment B13 which states that:

As part of the cross-departmental programme, the Executive Departments with responsibility for Education, the Economy, Health, Communities, Infrastructure and Justice, together with the Executive Office, should all identify the opportunities available to them to both prevent at-risk individuals becoming involved in paramilitary activity and measurably address the underlying issues that put some young people at a higher risk of becoming involved.

Initially, delivery of action B13 was taken forward by the Early Intervention Transformation Programme (EITP) which was led by the Department of Health, and two

strands of work were undertaken. The first focused on programme development; and the second was the provision of funding for the Edges Project pilot in the Newtownabbey area. Edges provided support to families with troubled and/or troubling adolescents between the ages of 13 and 17 to address issues that can put young people at risk of involvement in paramilitary activity. EITP and the Tackling Paramilitarism Programme provided support for the Edges Project in the 2018/2019 financial year, to extend the pilot evaluation, and to maximise project participation. This allowed a robust evidence base to be gathered to inform an in-depth evaluation and future decisions about roll out. The Edges Project has now been completed.

With this priority area, Belfast City Council were provided with funding to support and implement multiagency arrangements (piloted within one small community in West Belfast) to address the associated issues attached to victims of paramilitary groups and those under threat throughout West Belfast. In partnership with other agencies, the Council aim to deliver a targeted, co-ordinated piece of work to address the needs of those under threat of paramilitary violence, with a particular focus on improving communication and co-ordination amongst services funded to work with these individuals and their families within West Belfast.

As this report is written, the programme is transitioning out of the first phase and planning for the delivery of the second phase.

Key to the priority is advancing mechanisms that ‘...*measurably address the underlying issues that put some young people at a higher risk of becoming involved*’.

EVIDENCE REVIEW

Paramilitary violence is violence. This may seem an absurdity, but very often the two are not well connected. This reduces our capacity to understand, and therefore respond to it. Violence is pervasive and it affects many communities across NI. Its economic and social costs are immense.

Despite the watershed moment of the Good Friday Agreement in 1998 and subsequent formation of the devolved, cross community assembly, Northern Ireland continues to be affected by political discord and paramilitary violence. In some areas, the rhetoric from paramilitaries is ramping up. Incidents of so called '*punishment attacks*' have risen.

Masked men have once again been seen on the streets of Belfast during 2021 and as this evaluation is coming to a conclusion, the Loyalist Communities Council have withdrawn their support for the Good Friday Agreement. Whilst time will tell how these changes will affect communities, in medical terms, the prognosis is bad. However, decades of evidence can help orient policy and practice responses in ways that are conducive to change.

VICTIM/PERPETRATOR OVERLAPS

One of the most important aspects of violence prevention is making the best use of data to understand where risks are presenting and once identified, understanding the factors that are underpinning violent behaviours. Widom (1989) was one of the first to comprehensively illustrate a relationship between victimisation and perpetration. As the theory goes, some victims (particularly those who experience more frequent and intense victimisation) are at increased odds of perpetrating violence themselves. Later work

testing the Cycle of Violence theory (see for example Wright et al, 2019) demonstrated that not all those who are victims go on to perpetrate violence-even fewer higher harm related violent crime. So it has become increasingly important to isolate the specific factors that elevate risks for some, but not for others. Strain and Trauma theories can help.

As strains (see Agnew, 1992) increase, individuals can behave in aggressive and violent ways. In the context of Northern Ireland, victims of violence (either directly or vicariously affected) are more likely to engage in higher-harm violence when (1) the strains that they experience are seen as unjust, (2) they are seen as high in magnitude, (3) they are associated with low social control, and (4) they create some pressure or incentive to engage in violent coping.

However, strains alone cannot fully explain violence. What appears to mediate the relationship between victimisation and perpetration are traumatic events and the onset of psychological distress (Farrington and Ttofi, 2020). A recent study by Walsh, Doherty and Best (2021) examined the case files of a cohort of young people who were in custody of the Youth Justice Agency Northern Ireland over a one-year period. The sample appeared to have experienced complex and often co-occurring issues. For example, 84% of the sample had known substance issues and 49% had known mental health issues, both of which are likely to be an underestimate of the true proportion. The sample had also experienced a range of difficult life events. Among other things, these young people experienced maltreatment (37%), sexual violence (8%), community violence (31%), paramilitary violence (29%), domestic abuse (28%) and grief or loss (17%). In fact, 62% of the sample had a known potentially traumatic experience with specific incident types

rising to 8 for some young people. Again, these estimates of prevalence are likely to be an underestimate. They are particularly relevant in the area of violence because they provide opportunities for prevention and the interruption of otherwise problematic pathways.

Associations between exposure to adversity and violence appeared endemic across this sample. 81% of the sample had been involved in known violent offending, with maltreatment, community violence, domestic abuse and paramilitary violence all associated with violent offending. In particular, the odds of engaging in violent crime were 6 times higher for those exposed to community violence compared to those who were not exposed. Further, the odds for engaging in more serious forms of violent offending were times higher for those exposed to paramilitary violence compared to those without known paramilitary threat or assault.

BEHAVIOURAL AND SOCIAL NORMS

In addition to psychological trauma, one of the most enduring legacies of conflict in NI has been the maintenance of maladaptive behavioural and accepting social norms that favour violence. The result has been the tacit acceptance of violence within some communities where violence is not only accepted, but legitimised. There appear to be ways that perpetrators of violence '*neutralise*' or legitimize their violent actions (see Sykes and Matza). Vanderberg (2019) suggests that via '*defensive framing*', a militant, extremist or 'radical' justifies violence as a legitimate response to some form of perceived aggression/threat by an outsider (or outsider group).

Speaking to the theory of Social Ecology developed by Urie Bronfenbrenner (1979), the greater that someone is exposed to these neutralisations, both within and between systems (peers, family, community), the greater the propensity to accept these neutralisations, and in doing so, are at elevated risk of conforming to social and behavioural norms where risks of violence are not only elevated, but probable given the right conditions.

In the context of Northern Ireland we can assume that where young people, who themselves are exposed to various difficult life events, also learn that violence is a legitimate behavioural response to distress, the greater the effects of paramilitary violence and coercion are '*neutralised*', and the greater the opportunity for paramilitaries to exploit these vulnerabilities.

Being male and being young are consistent predictors of violence (Monahan, 2017). Masculine norms endorse attitudes that favour aggression and neutralise violent responses to perceived threat (to self or status). Masculinity theories (see Connell, 1995; Winstok & Weinberg, 2018) are particularly salient when seeking to explain why it is that some males engage in higher harm violence and organised crime, but others don't. Calls to defend the community, protect an identity and contribute towards the righting of perceived wrongs can be consciously leveraged by organised crime gangs keen to exploit these vulnerabilities.

Both community and extremist violence also have a strong association with age. Both show a steep rise in activity during adolescence with a levelling off as young people make

a transition into adulthood. This association, known as the age-crime-curve (see Moffitt, 1993) has recently been applied to violent extremism-and the relationships holds. In their analysis of what links violent crime to extremist violence, Carlsson et al (2019) suggest that mechanisms that link adolescents to increased risk of criminal exploitation include: (1) a weakening of informal social controls, followed by (2) an interaction with individuals in proximity to the group and (3) a stage of meaning-making in relation to the group and one's identity, resulting in an individual's willingness and capacity to engage in the group's activities, including violence.

So what can be done? Decades of research has provided the basis for action. Some responses appear to be more successful than others.

MULTI-MODAL AND MULTI-COMPONENT INTERVENTIONS

The field of violence prevention is diverse. A recent review of reviews found that some prevention efforts produce positive effects, others negative effects and for the many, zero effects. Interventions that understand and respond to specific risk and protective factors show most promise. In particular, programmes that embed group work and individually tailored support to provide safe spaces for young people to critically address social norms (Gavine et al, 2016); gender norms (Atienzo et al, 2017) alongside skills development (Cox et al, 2016) whilst also leveraging support from within young people's natural ecology (Fagan and Catalano, 2013) have significant potential.

Engaging with complexity

The final point in this brief review of evidence is that violence and criminality is complex. It can be understood, but addressing it cannot be achieved in the short term or through single mode approaches. The mechanisms are likely to be related to increased natural social supports (Halsey et al, 2017), changing identities (Maruna, 2001), increased hope for the future (Cloud and Cranfield, 2001), increased maturity (Rocque, 2015) and disrupted social networks that sustained criminal behaviour and increased routine (Basto-Pereira, Comecanha, Ribeiro and Maia, 2015). However, it must be noted that very often, these things can only be facilitated when an individual is in a stable environment and has the motivation to change. That said, in general, Systematic reviews have found stronger effects for programmes that employ various modes of delivery or connect distinct projects to one another within a coherent strategic framework. The most '*effective*' prevention programmes have spent considerable time focusing on collaboration.

One model to enhance partnership working was developed by the Violence Prevention Alliance (2020), which suggests that through collaboration, people come to an agreed understanding of an issue; build trust between partners; develop a workable shared vision; identify strengths within the partnership; establish clear and coherent goals; clarify the role of partners; and identify the mechanisms that will sustain collaboration (Prevention Institute, 2020). In the context of NI, a similar framework has been developed. Through an academic, policy practice partnership the Common Purpose framework enables partners from diverse agencies to coherently develop aims, objectives, a theory of change, roles and responsibilities and engage in a process of unpacking

complex problems, identifying areas for intervention and embed mechanisms to review the impact (Walsh, 2019; Walsh, 2021). This framework is underpinned by a public health approach to violence prevention.

PUBLIC HEALTH APPROACHES

From a strategic perspective, Public health approaches have been touted as effective frameworks for preventing violence and organised crime. The approach is recommended by the World Health Organisation, and in places as diverse as Glasgow and Chicago, their public health approaches are estimated to have significantly reduced violent crime. The public health approach is a logical and methodical framework for understanding and responding to complex issues such as community violence. It begins with collecting data to fully understand the problem. Through this evidence, the problem can be well defined and the areas for action can be agreed. Then, through a partnership approach, these actions are implemented and subsequently reviewed to assess their relative impact on the problem. According to this public health approach, actions are designed at different levels to respond to different levels of need and different levels of risk. At its lowest level, primary approaches are universal. They target known risk factors at a population level to prevent risks becoming problematic. Secondary level interventions target known risks that have become apparent within a target population. This often requires isolating a specific group or individuals, and providing more specialist supports than would be required at primary level. Tertiary interventions are required for a sub group of individuals that are at elevated risk to themselves and to others. This group are very often experiencing significant psycho-social distress, are engaged with statutory agencies, and present with chronic difficulties such as offending behaviours and substance use. This

level of intervention requires highly specialist and intensive support. Some say that applying this public health approach to the NI context and to paramilitary violence cannot be equated with higher harm and organised violence. However three decades of data suggest that we can understand the pathways into paramilitary violence, and recent studies in NI have illustrated groups who are at elevated risk of paramilitary violence and exploitation (Walsh, 2019; Walsh, Doherty and Best, 2021). They are generally younger members of the community, they are male and they have often experienced various forms of interpersonal trauma themselves. Understanding this evidence provides opportunities for interruption.

This evaluation has been designed through the lens of violence prevention evidence.

In general we can be confident that:

1. Those at general but nonspecific risk of violent crime can benefit from prosocial activities where they can engage with other prosocial individuals, are given new experiences, can refine their skills and can have the opportunity to test their values and beliefs in a safe and fun way. (**Primary prevention**)
2. Those who have demonstrated some specific risk can benefit from more targeted and tailored support where they are given opportunities to critically examine their values and beliefs, how these link to behaviour and how new behaviours can be tested and consolidated. This type of approach is often referred to as secondary intervention. Objective and time limited goal

setting is more important for this group. There are opportunities to combine both individual and group work modalities. (**Secondary prevention**)

3. Those who are experiencing significant distress and are involved in persistent and problematic violence (As well as other co-occurring difficulties) often require a different set of approaches. These responses are often highly individualised, less focussed on group interventions and are supported by highly skilled professionals who provide therapeutic and evidence based responses once stabilisation has been achieved. (**Tertiary prevention**)

The current evaluation has been designed within the context of the wider evidence base, as well as being informed by the emerging evidence from the Tackling Paramilitarism Programme.

METHODOLOGY

A mixed methods methodology was employed to undertake this formative evaluation.

This involved the triangulation of diverse quantitative, qualitative and empirical data.

The researcher reviewed the routinely collected data. This data was limited to the TPP meetings. Personal data was redacted and provided to the researcher for analyses. This enabled the extraction of project relevant data from the case notes.

Descriptive analyses provided an overview of the target group, the issues being presented to the panel and actions taken.

Mean difference analysis provided enhanced understanding of variation in responses based on factors such as caseload, average number of new cases brought before the panel.

Statistical tests (e.g. Chi-square, anova and correlation tests) were undertaken to assess for any statically significant association between variable of interest (e.g. being under the age of 25 and elevated risk of drug issues).

To complete the quantitative analyses, qualitative data was also collected.

The researcher developed a semi-structured interview schedule as the basis for a guided conversation around the history, evolution, role, function and impact of the project. This

qualitative data was stored in a specialist package called NVivo where the data was analysed thematically.

During February 21, a total of 9 individuals, representing 5 key organisations were contacted to provide an input into this evaluation of the TPP area based project. The response rate to those request was 78% (n=23) (see table 1).

Table 1: Stakeholders contacted

| Individual contacted | Agency | Responded | Type |
|-----------------------------|----------------------|------------------|------------------------|
| 1. | Belfast city council | Yes | Interview, observation |
| 2. | Belfast city council | Yes | Interview |
| 3. | BHSCT | No | N/A |
| 4. | CRJI | Yes | Interview, observation |
| 5. | CRJI | Yes | Interview |
| 6. | NIHE | Yes | Interview |
| 7. | NIHE | Yes | Interview |
| 8. | PSNI | Yes | Interview, observation |
| 9. | PSNI | No | N/A |

Intensive, semi-structured interviews were facilitated with seven individuals. In addition, a structured observation of the fortnightly meetings was facilitated. The basis for this

written response was the interview schedule and whilst this was limited in the potential to probe and explore issues in an iterative way, it nevertheless provided insight into the mechanics and operations of the project.

FINDINGS

THE EVOLUTION OF THE PROJECT

There have been several iterations of this area based approach, designed to respond to complex community issues. Originally a multi-agency partnership developed based upon a concept implemented by Programme Challenger¹, an innovative programme developed in Manchester to address serious and organised crime. The original aim was to design and implement a locality based approach drawing on place based community planning and coordinated.

The project evolved very much within the context of a locality based issue-an issue where a West Belfast community were perceived to be '*under siege*' (Org 2) from a sub-group of young people who were responsible for the majority of violence and anti-social behaviour. This group of young people were also at elevated risk of paramilitary threat and violence themselves. Given the issues, and the intersection with safeguarding, the Children's Commissioner had a vested interest in ensuring that the rights of children

¹¹ <https://www.programmechallenger.co.uk>

established under the UN Convention on the Rights of the Child² (e.g. Article 19) were upheld, and that efforts were made by agencies to mitigate risks. The multi-agency partnership that developed aimed to help agencies understand who was vulnerable and what could be done to mitigate these risks.

Within this model, a professional witness programme also emerged. The aim of this NI based project would be to coordinate a response to serious crime and to enhance the mechanisms by which community members could report crime, thus enabling statutory agencies to respond before (or instead) of paramilitaries taking action against alleged perpetrators.

As the project evolved, it was clear that the professional witness approach was not having the desired effects. The reasons for this are outside the scope of this evaluation. The project shifted from applying a locality based approach, towards a case management approach. That is, responding to the issues of individuals as and when they presented through members of the panel. Through the case management approach (or threat safeguarding as defined by PSNI), individuals' needs could be considered and responded to in order to mitigate perceived risk. The project's geographical remit also extended beyond a specific community to include the whole of West Belfast. The reasons appeared logical, particularly as the structures that were being responded to were wider than one community of a few streets, but at the same time, were relatively well confined to one area of the city.

² https://www.unicef.org.uk/child-rights-partners/wp-content/uploads/sites/3/2016/08/CRC_summary_leaflet_Child_Rights_Partners_web_final.pdf

‘The people that want to do harm aren’t contained in one ward. There are structures there and so makes sense to stay within the West’. (Org 3)

It was decided that a community organisation with decades of expertise working within West Belfast would add significant value to the project. As one respondent noted *‘CRJ do this day in and day out. We needed people on the ground and a gap for them has always been statutory support attached to their work’* (Org 1). Another commented that *‘the work was taking place to some degree anyway but now there’s a process behind it and it’s supported with dedicated resources’* (Org 4).

Despite this shift, the focus remained on addressing the harms done to individuals as a result of paramilitarism and violence in West Belfast. The panel comprised of CRJI, which joined existing members which was led by Belfast City Council and other standing members including, the Northern Ireland Housing Executive (NIHE) and Police Service of Northern Ireland (PSNI).

One respondent commented that the importance with which this project was given, was reflected in the membership- *‘Senior representatives of each agency were actively and consistently engaged in the process’* (Org 2). Like any well-functioning operational project, implementation takes time. Fundamentally, trust is required and relationships need to be productive.

‘...it took time to develop relationships. There was an issue around understanding each other’s role and responsibilities...and limitations’ (Org 1).

However, through interviews and through observation, the panel appear to have consolidated these efforts, and those fundamental ingredients have provided the basis for developing the project further.

Whilst efforts have been made to engage other potential partners, including representatives from the Belfast Health and Social Care Trust (BHSC), their representation has been more fluid. As noted later in the report, this can cause practical challenges.

CASELOAD

A total of 73 cases were reviewed between the period October 2020 and February 2021, slightly lower than what organisations believe to be the annual average of 230 cases. During this period, the team received 14.6 cases each month on average. Fig. 1 provides an overview of the cases referred over this period.

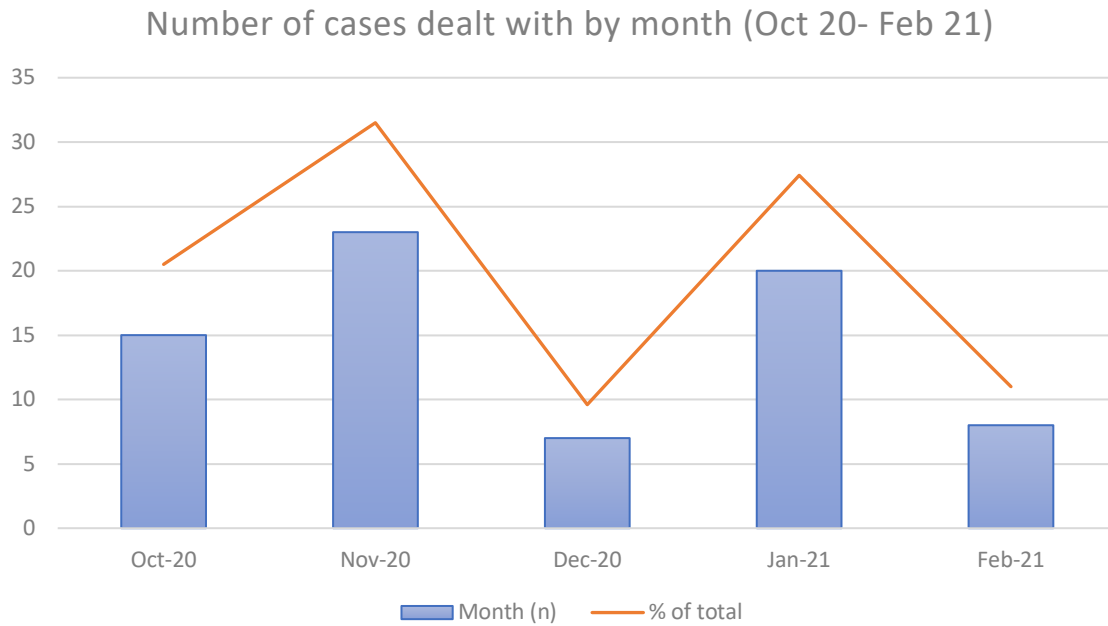


Figure 1: Caseload by month

As illustrated in figure 1, patterns of referral vary considerably month by month, however given the relatively short time period being reviewed, it is difficult to make any generalisations about the overall trends. It does appear logical though that referrals dip during Dec and rise considerably in Jan. This would align well with other data that suggests a depressed number of new referrals in the lead up to Christmas, followed by an elevation in concerns early New Year.

During phase II, it will be useful to monitor these trends to predict periods of increased and decreased demand so that the team can prepare. This is noted along with other recommendations at the end of the review.

The majority of cases referred were male, reflecting wider patterns across the justice system. Only 11% of all referrals within this period were female (see fig 2). This is important to illustrate not only as a means of outlining the population, but as it raises

questions for the project team as they refine the approach. Although this does reflect wider patterns across the justice system, the question is why? Why is it that the majority of all cases, which are coming into the project, often with threats to life are male, and often young men? This question needs to be asked and critically engaged with as it could provide the basis for a response that is gender conscious and could potentially target the root causes of some difficulties in communities. For now, it remains an observation that raises questions.

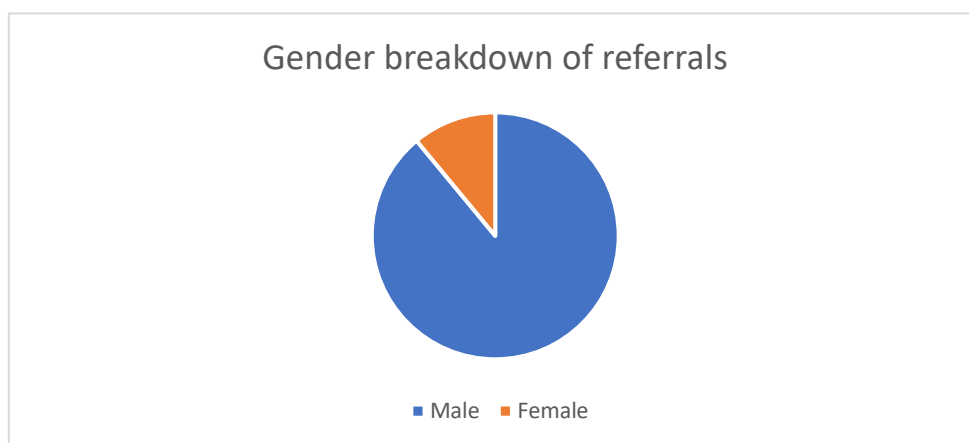


Figure 2: Gender overview

Almost one-third of all cases were under the age of 25. However, this is somewhat skewed by the fact that the ages for 34% of all cases was unknown. Despite the small comparison group, females (m=34.7) tended to be older upon referral to the panel than males (m=26.9). Respondents generally felt that there was as downward trajectory in the age of individuals under threat.

'It has definitely become younger. It used to be we were dealing with people in their early twenties, but now it's 17 or 18. The youngest we have right now is 13' (Org 4)

Despite working predominantly in the West Belfast area, there is evidence of need extending into other part of Belfast, including North Belfast. 16.4% of cases either lived in, or resided in North Belfast at the point of referral. Given the partners presence already extends into North Belfast, scaling up this approach appears to be feasible.

The majority of known issues were related to drugs (28.8%) (see fig. 3). However, this must be tempered with the fact that it was not clear what the index issues were for just over half of the cases (50.7%). Further, it is likely that for many of these individuals, a number of complexity issues contribute to elevated vulnerability. It would be useful to capture these vulnerabilities in a more standardised way with some thought given to validated scales for doing this.

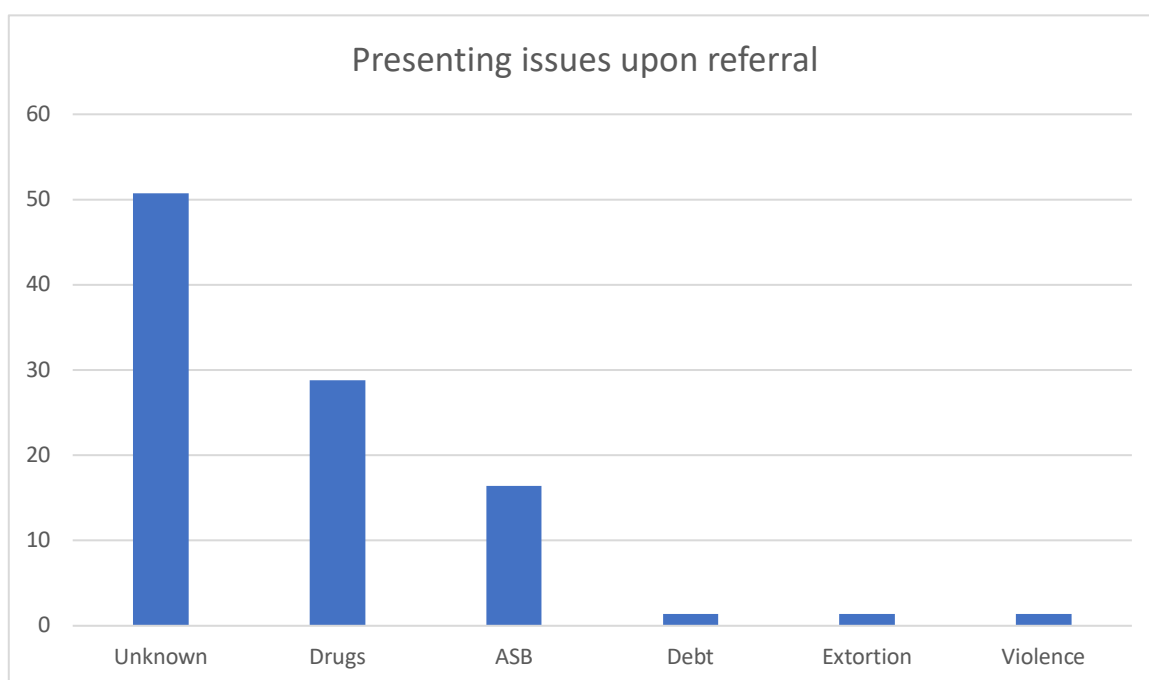


Figure 3: Thematic issues

What began as a weekly ‘*conversation*’ regarding the issues within a specific community, evolved to become a fortnightly case management review. This move towards an action oriented approach was seen as helping to foster a strategic mindset.

‘...there wasn’t anything getting done and there was a perception around how serious we were. I put a team of 5 in and developed a criteria. Early on [in this project], things were organic but there needed to be structure. Now there are actions and there are updates’.

(Org 3)

The reasons for this shift towards case management was illustrated across interviews.

‘there was too much risk involved-we needed a case management function to look at individuals and support them...’.

What remained, despite this shift was the capacity for organisations to openly share important information. This was perceived by members of the panel as one of the most important aspects of the process.

'information comes to the panel that would never have been known if it wasn't being presented by our partners.' (Org 1)

'You really benefit from the additional information and it cuts through all of the red tape. The net result is that you get to the help quicker.' (Org 2)

The importance of this appeared to be confirmed through the structured observation. Through observation, it became clear how this information sharing could add significant value. To illustrate the point, a young man was referred into the panel for a threat that had been confirmed. PSNI were keen to communicate this active threat to the young man, but were unaware of his current location. NIHE were able to advise that the young man presented as homeless the previous day and had provided a contact address. The team were able to establish that the address provided was known to them. As a result, PSNI were able to engage this individual to communicate the threat whilst the panel considered a wider response to mitigate the risk. The approach was very much one of stabilisation, i.e. ensuring that basic needs such as accommodation were met and threats were lifted before any developmental or therapeutic work could be considered. In another illustrative example, a member of the panel shared how the partners were able to identify another individual under threat of death, locate them, communicate the threat, but also facilitate agreement that the threat would be lifted as the individuals received support for underlying mental health issues.

'There is a guy who will not engage with anyone and was told by [paramilitary organisation] that he was going to be shot dead. But, when we looked at his background,

there were significant mental health issues and addictions. He wanted to move from [one area] to [another area]. The [paramilitary organisation] said that he would be given space to take part in a programme'. (Org 3)

It was evident that the partners each had a role to play in this instance, not only in the context of information sharing but actions being taken as a result of reviewing that information. This distinction is important. From the perspective of multiple respondents, the panel is focussed on action. Further, the formalisation of the partnership represents a marked shift in how actions had been taken previously, and increased accountability.

'CRJ have these conversations but there was no process around it, so there was an opportunity to lose things. Before this [the project], I would have said 'can you look at X', now I can see them myself and we can plan and review things together. There is more clarity of purpose and there's an opportunity to challenges each other. There is accountability. Actions are put into place and reviewed at meetings.' (Org 3)

These examples taken from a structured observation, combined with an interview response, highlight important aspects of partnership and process, but also illustrates the evolution of the project. From its inception, the project has moved away from an area based project towards a case management project. Whilst there are merits in both, it would be important for the project to consider how they strategically sit within a wider locality based approach to understanding and addressing these complex issues. Some points for consideration are noted in the recommendations.

From a review of minutes, it was apparent that an average of 15.3 hours were provided to each individual referred. This ranged from a minimum of 4 to a maximum of 30.

It appears that those under the age of 25 were more likely to receive additional hours than older individuals (16.9 vs 14.5), although this was not at the point of statistical significance. Males were more likely to receive elevated hours of support than females (15.7 vs 12.8), although this has to be tempered with the fact that there is such a low female population for comparison.

It appears that there is a statistically significant difference between the hours of support received for individuals depending on the nature of their presenting issues ($p=.026$). Anova tests illustrated that hours of support on average ranged from 8 for those presenting with '*extortion*' as an issue through to 19.75 for those presenting with '*ASB*' as a presenting issue. Conversely, there was no statistically significant difference between the nature of the threat (active or not active) and the number of hours of support received. On average, those with an active threat received 16.32 hours of support and those who were not under a confirmed/active threat received 15.46.

It is not clear how these hours were calculated, or what is involved in terms of the support provided. It would be useful during phase II to standardise a way of capturing the core elements of support that are provided and measure these.

CHALLENGES

A running thread throughout this report is the point that context is important. With this in mind, it must be highlighted that this project, as it is designed now developed in the final quarter of 2020. With the New Year came a global pandemic. The onset of Covid had an affect across service provision. Beyond this project, agencies struggled to respond and took time for staff to adjust to alternative ways of working.

'It has to be taken in consideration it was set up, it's the first year, it was a pandemic, we're trying to get partnerships up and running and you're dealing with complex issues.' (Org 4)

Beyond operational effects, Covid had an effect on social issues such as drug use (with reduced availability) and community based and personal crime (due to reduced mobility).

Despite these temporary changes, the project was able to respond relatively quickly by implementing a series of public health changes. Screens were introduced into the CRJI office, masks were worn by partners, social distancing was adhered to and sanitiser was available. This enabled most partners to meet in person throughout the height of the pandemic. Other partners who were unable to attend in person were able to engage in review meetings through enhanced access to digital technology and the purchase of IT equipment.

One of the most strategic challenges for the project is to consider how to move individuals beyond the process of ‘stabilisation’ and through to preventative supports. From tertiary intervention to secondary prevention within the public health framework. Some of the respondents identified ways that this could be done.

‘Where I see this going is to build on the core decision making group and layer up practical supports....once you deal with threat management, you need to address the underlying causes. We know that it’s mostly males...[and] there are usually drugs issues. We need to have a baseline survey or risk assessment to understand what can help them. But, we also need to engage with creative responses. We need to understand how to identify needs and identify what can help.’ (Org 3)

Others talked about a menu of options that could be available to the panel (Org 1), or a process for explaining to individuals what the project can offer-something like a welcome pack (Org 2). Across the interviews however, there was a sense that after investing energy into fostering the relationships and supporting at risk individuals, there was space to consider how to connect need to ‘*what works*’ and develop a process for facilitating this.

If the membership and commitment made by members of the project is one of the strongest assets, then this is also a significant challenge. It was noticeable by their absence that other partners appear to attend the panel meetings less consistently.

Given the numbers of young people coming through the panel, and the concerns for which they come to the panel about, significant safeguarding issues exist. Whilst it appears that a representative from the Belfast Trust has been named, there is little evidence that they are actively involved in the project. This presents several challenges.

Firstly, it limits the response by the panel. Secondly, concerns are often raised by the Trust on a highly responsive basis rather than on a planned and purposeful way.

‘Social services could be a bit more involved. They still ring at 5.30 on Friday.’ (Org 4)

Another challenge in the coming year will be replicability. The project has been operating for a limited time in West Belfast, and is continuing to refine its approach. There has been a small number of individuals from North Belfast who have availed of the support provided through the project. However, the team will now formally extend provision into North Belfast. This replication (like any other) will be challenging.

‘North Belfast is a very different environment. It’s disjointed. Identities are not the same and it’s still a conflict environment. CRJI gets the vote in the West because they can talk to the West.’ (Org 3)

There is a recognition that context is important and that what works in one context will not necessarily apply in another. From an implementation science perspective, adaptation is often required. The panel have considered this and built adaptation into the design of

the replication site, including the inclusion of another organisation called Northern Ireland Alternatives. It appears that the structure is core and this will continue but the change in membership will contribute towards addressing the heterogeneity identified above.

Relatedly, there is a challenge around sustainability. It is clear that the partnership that has developed thus far is working. Trust has been established and roles and responsibilities are clear. This is very positive but there is a risk that these successes are at least partially the result of the personnel that are currently involved. As in any organisation, individuals can and do move up or across. Some leave altogether. In time, this will happen here too. There are therefore potential issues with sustaining the momentum that has been developed without a reliance on individuals. There is however evidence that this risk has been considered and efforts have been taken to mitigate against it. For example, within PSNI, a number of inspectors are involved in the delivery of the project and so enhances consistency. Within CRJI, the lead has begun to coach another member of the organisation so that the response from this agency can be consistent with or without this current lead.

Interestingly, the project considers the wider impact of paramilitary threat, violence and exploitation. As one of the partner commented, the effects are widespread and whilst there is a need to address the most direct victim, there is also a need to wrap around supports to others.

'we identified that there is a need to support people in a wraparound way. Like the mummy. It's mostly mummy's that are left to deal with all of this and there's no support for them' (Org 4)

This element is not well recorded but is an important element of the project that should be captured as part of the routine data collection.

IMPACT

Within the relatively short time of the pilot, it is evident that the process has reduced the vulnerability close to one-fifth of those referred (19.2%). 5.5% of cases were *'referred'*, 11% of cases were *'ongoing'* and it was not known what the outcome for 64.4% cases were as details were not documented on either case files or the pilot overview.

Because of the high proportion of males represented on the pilot, analysis disaggregated by gender was not undertaken. However, as already noted, it would be worth unpacking this and connecting this observation to the wider research evidence to inform the development of the project.

Analyses was run on others characteristics of the target group.

In particular, to understand if age (above or below 25), average amount of support hours, nature of the threat and presenting referral, issue affected individuals likelihood of a positive outcome³.

Those who were under the age of 25 appeared to be proportionally at higher odds of having threats lifted compared with those who were over the age of 25 (25% vs 12.5%). It is not clear if this infers more flexibility afforded to younger referrals or less effort that may be placed on supporting older referrals. Regardless, the observation is interesting and worth unpacking further during phase II of TPP.

There didn't appear to be any of statistically significant difference between age and others factors such as the average hours of support provided. Sometimes threats appear to be 'on hold' rather than lifted completely. This is not ideal, but within this context, the panel can ensure that individuals get to a place of safety and organisations have time to ensure basic needs are met. Again, the time appears to be made available for stabilisation to take place.

'there was a family living in [name of area] and they were under threat. They were told they had 24 hours to leave the house and this was on a Saturday when few organisations are available to get things in motion. The threat was then changed until Monday and this gave us time and space to get accommodation and stuff sorted out'. (Org 4)

³ The proxy outcome is defined as 'threat lifted'

Examining the nature of the index concern and the outcome, those with drugs issues appear to be more likely to have their threats lifted than those with other issues (see table 2). Again, this is an interesting observation and may reflect the motivation of the individuals, the increased recognition of the impact of addiction or the availability of support for those with addiction compared with these other complex needs. There is also evidence that the mechanisms for recording outcomes, including expansion beyond the threat itself, is explored during phase II.

Table 2: Issue vs outcome

| ISSUE | Lifted | Referred | Ongoing | Unknown |
|-----------|-------------|----------|---------|---------|
| | Outcome (%) | | | |
| ASB | 16.7 | 0 | 33.3 | 50 |
| DEBT | 0 | 0 | 0 | 100 |
| DRUGS | 42.9 | 14.3 | 9.5 | 33.3 |
| EXTORTION | 0 | 100 | 0 | 0 |
| VIOLENCE | 0 | 0 | 0 | 100 |

60.3% of the threats against individuals were considered ‘active’ based on the information held by the members. 11% of cases were undocumented so it is unknown whether these were active or not. Anecdotally, members of the panel were of the opinion that the approach was having a tangible impact. As one respondents noted:

'Threat safeguarding is the priority...there were 22 people in the last few months supported by the project and there was [only] one person shot-and they were part of an organised crime group' (Org 3).

The inference therefore is that those coming through the panel are being supported and that the risk of harm from paramilitaries is reduced. There are multiple examples of this throughout the report, and each one varies in comparison to the others. Another illustrative example demonstrates the impact of communication between partners and paramilitary organisations that without these mechanisms, individuals' lives would be in danger.

'There was a large drug find in the area. The family of a young man came into the office and told us that PSNI had not been in touch with them. This was strange because I had told PSNI about the threat but they assessed the risk as 'low' so didn't go out to the house. The problem with this was that [paramilitary group] they thought the wee fella was sticking his two fingers up to them when he was seen in the community. I had to then explain to them that the police hadn't actually been out to the home so he didn't know about the threat. That's a situation that could have got worse very quickly but we were able to sort it out and we were also able to add another process into our panel so that actions coming out of the communications are clearer. Like, if we'd known that the police weren't going to go to the house then we could have done it' (Org 4)

In addition, resources that would otherwise be applied towards addressing the physical and mental health impact of paramilitary violence, as well as the resources required to

investigate and bring to justice perpetrator of this violence are (at least theoretically) freed up.

‘For me, it’s about service delivery and increasing community confidence. These people tie up resources. If people get shot, or if they get threatened then we need to act. Taking this approach is preventative. It prevents harm. We are involved in a partnership where 21 of 22 people have not been attacked or have had someone visit their door’ (Org 3).

CONCLUSION AND RECOMMENDATIONS

In conclusion, this pilot project has provided a strategic framework for stabilising individuals and groups of individuals who are at imminent risk of violence from paramilitary organisations and organised crime networks.

Without this multi-agency panel, it is likely that organisations would continue to work in these communities and try to mitigate these risks. However, through this panel information is shared, decisions are jointly taken, resources are pooled and accountability is increased. This adds significant value.

Despite the relatively short period of implementation, combined with the difficulties experienced during Covid, there is evidence that threats can be lifted, individuals can be supported and basic needs issues can be addressed. These are important as crisis escalate and the stabilisation process is consistent with a public health approach for individuals

receiving tertiary levels. As the project evolves, continues to be refined and extends into another geographical area, a number of recommendations are outlined for consideration by the partners.

RECOMMENDATION 1: MEASUREMENT

In order to more accurately capture the needs of the target group, as well as more measurably estimating the effects of the project, it would be worth considering how the partners could refine the tools and methods that they use to collect project level data. This could include the collection of additional data such as the presenting/index issues, services already involved with individuals and measurable outcomes in a consistent way. Additionally, the project could access support from TPP to consider validated measures that could be embedded within this framework to enhance the rigour of measurement.

RECOMMENDATION 2: BEYOND STABILISATION

From a public health perspective, many of those being supported through this project are within the tertiary level of support. That is, they are very often in crisis and their lives are in danger. The evidence from clinical practice suggests that this process of 'stabilisation' can be highly effective in reducing vulnerability and creating the conditions for individuals to engage in targeted support provision. In essence, this partnership provides the team and space to mitigate the threat to life, address basic needs issues, such as housing and signpost into treatment for those who present with chronic issues such as substance misuse. However, this process of stabilisation is on its own insufficient for address the longer term outcomes. It would be very useful for the partnership to develop

a conceptual map of where this specific project is situated within the context of the public health approach and develop a process map that 1. Allows for this period of stabilisation but crucially, 2. is followed by targeted support as service users move from tertiary support back through to secondary supports.

RECOMMENDATION 3: TRANSITIONS AND CONNECTIVITY

In order to achieve this, it would be useful for the partners to identify key organisations that provide targeted supports and those which that the project could potentially leverage support from to support these transitions or graduated responses that reduce the vulnerabilities of individuals coming through the project.

Relatedly, the TPP has invested in a range of targeted provisions that are being facilitated at different levels of the public health approach. As it currently stands, it is not clear how the current project connects to other areas of TPP in any meaningful way. As noted by one respondents:

‘There is nothing that gels things together. You have all the policing stuff going on and I actually don’t know what EA are doing. You need to see things from different lens’s and join it up. It’s a huge piece of work.’ (Org 1)

It would be prudent for the project team to reflect on this project connects to these other project and to the wider TPP programme. Actions being implemented through phase II of the TPP will help to facilitate these connections

RECOMMENDATION 4: LOCALITY PERSPECTIVES

There is evidence that even with the relatively low numbers and the measurement tools still in their infancy, the case management approach that has developed has been successful in helping to reduce the vulnerabilities of individuals being presented to the multi-agency panel. In addition to helping these individuals then ‘step down’ through complementary supports, there is significant value in considering how a locality based approach could be implemented. The panel are highly motivated and highly committed. They are also well placed to achieve this. All statutory agencies have strategic presence across the city and CRJI chair the community safety group, the Outer West Family Support Hub and are also partners in another TPP project called ‘*Aspire*’ which is led by the Probation Board (Ritchie and McGreevy, 2019). There is real potential to extend the remit of the group beyond addressing individuals needs as and when they present to understanding and preventing these issues at a community level. This would require the development of an local area plan with key actions logically linked to the context of those areas. It may also require consideration of additional agencies that could add value through their participation. There is precedence for this within TPP. Through a novel police, EA and community partnership, a framework for developing, implementing and reviewing local area plans was developed called Common Purpose (Walsh, 2020; Walsh 2021). The framework provides the steps required to critically examine complex community problems, gain alignment on the aims and objectives, consider the wider evidence in regards to a response and facilitate a review of actions against desired

outcomes. There is potential for this project to implement the Common Purpose framework as a means of enhancing its wider locality response.

REFERENCES

- Agnew R (1992) Foundation for a general strain theory of crime and delinquency. *Criminology* 30(1), 47–88.
- Atienzo, E. E., Baxter, S. K., & Kaltenthaler, E. (2017). Interventions to prevent youth violence in Latin America: A systematic review. *International Journal of Public Health*, 62(1), 15–29.
- Basto-Pereira, M., Começanha, R., , Ribeiro, S., Maia, A. (2015) Long-term predictors of crime desistance in juvenile delinquents: A systematic review.
- Bronfenbrenner, U. (1979) *The Ecology of Human Development*. Cambridge, MA: Harvard University Press
- Connell, R. W. (1995) *Masculinities*. Cambridge: Polity Press.
- Cox, E., Leung, R., Baksheev, G., Day, A., Toumbourou, J. W., Miller, P., & Walker, A. (2016). Violence prevention and intervention programs for adolescents in Australia: A systematic review. *Australian Psychologist*, 51(3), 206–222.
- Fagan, A. A., & Catalano, R. F. (2013). What works in youth violence prevention: A review of the literature. *Research on Social Work Practice*, 23(2), 141–156
- Fay M, Morrissey M and Smyth M (1998) *Mapping Troubles-Related Deaths in Northern Ireland 1969–1998, 2nd ed.* Derry/Londonderry: INCORE.
- Gavine, A. J., Donnelly, P. D., & Williams, D. J. (2016). Effective-ness of universal school-based programs for prevention of adolescents. Special Issue: *Interventions for Violence*, 6(3), 390–399.
- Hasley, M. (2018) Child victims as adult offenders: Foregrounding the criminogenic effects of (unresolved) trauma and loss. *British Journal of Criminology*, 58, 17-36
- Ritchie, J., and McGreevy, G. (2019) Aspire-changing lives to make communities safer. *Irish Probation Journal*, 16
- Harland, K. (2011). Violent youth culture in Northern Ireland: Young men, violence and the challenges of peacebuilding. *Youth & Society*, 43(2), 422–430.
- Maruna S (2001) *Making good: How ex-convicts reform and rebuild their lives*. American Psychological Association Books: Washington DC

- Moffitt, T. (1993). 'Life-course persistent' and 'adolescent-limited' antisocial behaviour: A developmental taxonomy. *Psychological Review*, 100, 674-701
- Roque, M. (2015), 'The Lost Concept: The (re)Emerging Link Between Maturation And Desistance from Crime'. *Criminology and Criminal Justice*, 15, 340–360.
- Sykes, G.M., Matza, D. (1957) techniques of neutralisation: A theory of delinquency. *American Sociological Review*, 22, 664-670
- Topitzes J, Mersky J and Reynolds A (2012) From child maltreatment to violent offending: An examination of mixed gender and gender specific models. *Journal of Interpersonal Violence* 27(12), 2322–2347.
- Walsh, C. (2020) *The 3 P's: Personal safety, policing and paramilitaries*. ARK 135. Available at: <https://www.ark.ac.uk/ARK/sites/default/files/2020-11/update135.pdf>
- Walsh, C. (2019) *Pathways and Outcomes: A Review of what Administrative Data in NI Can Tell Us about the Prevalence and Prevention of Paramilitary and Serious Youth Violence*. Belfast: Department of Justice.
- Walsh, C. and Schubotz, D. (2020) Young men's experiences of violence and crime in a society emerging from conflict. *Journal of Youth Studies* 23(5): 650–666.
- Walsh, C., Doherty, K., and Best, P. (2021)
- Widom, C.S. (1989) Child abuse, neglect and adult behavior: Research design and findings on criminality, violence, and child abuse. *American Journal of*, 59, 355–367.
- Zeev Winstok & Michael Weinberg (2018) From Posttrauma to Gender and Back: A Gender Motivation Theory-Explanation of Gender Differences in Trauma Exposure, Symptoms, Diagnosis, and Implications. *Journal of Aggression, Maltreatment & Trauma*, 27(9)
- Wright K, Turnovic J, O'Neal E, et al. (2019) The cycle of violence revisited: Childhood victimisation, resilience and future violence. *Journal of Interpersonal Violence* 34(6): 1261–1286.