DEVELOPING WOMEN IN THE COMMUNITY

A formative pre/post evaluation

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Table of Contents

Introduction

As Northern Ireland continues to emerge from the longest running conflict in Europe (Walsh and Schubotz, 2020), evidence has demonstrated that not all communities are equally affected by the persistence of paramilitarism, and even within communities where paramilitary activity is most active, not at individuals are at equal risk of harm (Walsh, 2020). Although there has been burgeoning evidence around the impact of violence and organised crime on young people (see for example, Walsh, Doherty & Best, 2021), there has been a paucity of research around the needs of women in communities that are most affected (McAlister, Gray & Neill, 2007) and robust evaluation of responses that hold the promise of addressing those needs.

Tackling Paramilitarism and Organised Crime

The *'Fresh Start'* Agreement, published by the UK and Irish governments in 2015 (NIO, 2015) set out strategic proposals for addressing some of these most challenging, and often intractable issues. Following this agreement, a three-person panel was established by the Northern Ireland Executive (The Executive) to report with recommendations for a strategy leading to the disbandment of paramilitary groups. Following an engagement and research process, the panel reported mid-2016 (Alderdice, McBurney & McWilliams, 2016). It identified a range of potential barriers 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*". These barriers were translated into strategic priorities and became enshrined in the Northern Ireland Executive's Programme for Government 2016-2021. 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**

The 43 Panel recommendations were translated into a series of commitments in a high-level action plan which formed Phase I of the *'Executive Action Plan for Tackling Paramilitary Activity, Criminality and Organised Crime'.* This ran until March 2021. Phase II of the programme runs between 2021 and 2024.

With an overall programme aim of fostering of *'safer communities that are resilient to paramilitarism, criminality and coercive control,'* phase II, the Programme focuses on supporting people and communities across Northern Ireland who are vulnerable to paramilitary influence. This high level outcome has been translated into two end-benefits:

1. People and communities are safe from the harm caused by paramilitarism

2. Safer communities, resilient to paramilitarism, criminality and coercive control

There is explicit emphasis on stopping harm in the 'here and now' (workstream one), as well as putting in place early interventions (workstream two) to ensure future generations are not exploited or traumatised through paramilitary coercion, control, and violence. Six strategic enablers that are consistent with public health approaches are intended to achieve the high-level outcomes of the programme.

In 2021, the Department for Communities (DfC) launched its programme to target and support women in communities where paramilitary influence is most enduring. The programme sought to contribute towards the attainment of Benefit 2 (Safer communities, resilient to paramilitarism, criminality and coercive control). The aims of the programme were to provide women with the skills, knowledge and confidence to become influencers in their own areas, and to take on leadership roles. Embedded within the programme is access to new opportunities, whilst simultaneously addressing the barriers that prevent women from civic engagement. DfC has committed to contributing towards the attainment of the high level outcomes through five key benefits. These include:

1. Improving how issues relating to paramilitarism are discussed
2. Facilitating the involvement of people in their local communities
3. Strengthening of local networks
4. Increasing local skills and expertise

5. Contributing towards attitudinal change and undermining the legitimacy of paramilitary groups at a local level

In the first year of the programme being led by DfC, local organisations were invited to bid for resources of up to £30,000 to run a project at a local level that would respond to local need and contribute towards the realisation of these benefits. Potential delivery partners were invited to consider the inclusion of prescribed modules, the thematic focus of which included:

- Confidence and self-esteem
- Communication skills
- Personal development
- Teamwork and collaboration
- Self-awareness
- Roles of women within families/communities
- Problem solving
- Leadership

Applications for the first round of funding closed 4th October 2021, with successful organisations commencing their activities between December 2021 and January 2022. It was expected that the projects should last approximately 12 weeks and be completed before 31st March 2022.

The aim of this formative evaluation was to inform the design and delivery of the programme.

The objectives were to capture the needs of the first tranche of participants at baseline, and to examine any material change at endpoint, whilst simultaneously capturing participants experiences of that engagement.

Methods

A parallel, mixed methods pre/post-test design was employed. Quantitative data (in the form of a standardised survey) was complemented by focus group interviews. To increase validity, the survey instrument and interview schedule were designed prior to data collection

and analysis. Participants completed their online survey using a link provided by the delivery organisations within two-weeks of commencing.

Measures

Demographic data

A range of demographic data captured participant's age, gender, religion, ethnicity, employment status and community identity.

Continuous household survey (CHS)

The CHS has been running in Northern Ireland since 1983 comparable data across the UK since 2013. Themes include mental health and wellbeing and participation in civic activities. Two measures were used in this study from the CHS. These included a measure of self-efficacy, life satisfaction and a measure of locus of control.

Self-efficacy is defined as a person's belief about their capabilities to exercise influence over events that affect them. On this measure, scores range from a minimum of 5 to a maximum of 25, with higher scores indicating higher levels of self-efficacy.

Life satisfaction is a self-report item on a Likert type scale. Participants rate their overall life satisfaction on a score of between 0 and 10, with the lowest number indicative of dissatisfaction and the highest score indicative of complete satisfaction.

Locus of control explains the degree to which a person feels that they have control over their lives. A lower score on this measure indicates a more external focus. That is, individuals believe that they have less control over the things that affect them. Conversely, a higher score indicates greater control.

Collective efficacy

The Collective Efficacy Scale (CES) (Sampson et al., 1997) is a ten-item measure for assessing how well communities work together. There are two sub-scale within this measure (social control and social cohesion). The social cohesion sub-scale was used in this study to

assess how likely neighbours are to support each other in times of need. Reponses are scored 1-5 and summed with higher scores indicative of higher collective efficacy.

Mental health and wellbeing

GAD-2

The General Anxiety Disorder 2-item scale, GAD-2 is a short measure used to screen for probable anxiety. The screen has demonstrated validity and specificity to screen for Generalised Anxiety Disorder, panic disorder, social anxiety disorder and post-traumatic stress disorder with an overall sensitivity of .86 and specificity of .70. (Kroenke *et al.*, 2007).

PHQ-2

The two-item version of the Patient Health Questionnaire, the PHQ-2 (Kroenke *et al.*, 2003) is a short measure used to screen for probable depressive symptoms. The PHQ 2 has an overall sensitivity of 84%, a specificity of 72%, and has been found to be effective with younger people (Richardson *et al.*, 2010).

Adversity

The Life Events Checklist (LEC) (Weathers *et al.*, 2013) was included to record potentially traumatic events in the respondent's life. Additionally, two items were included to capture direct and indirect exposure to paramilitary violence.

Analysis

Qualitative analysis

A series of focus groups were facilitated. At the outset of the programme, three focus groups were facilitated with delivery partners and at the endpoint, three focus groups were facilitated with participants. A reflective thematic analysis, using an iterative coding process was employed (Braun and Clarke, 2019). Notes were taken during interviews, and all narrative data was subsequently merged into a single file and an inductive analytical approach was

applied. Several themes were then selected and considered through the lens of this thematic framework.

The strengths of this study is that it both uncovers a rich narrative, illuminating the complexity of paramilitary related harms in the context of a post conflict society, whilst at the same time elucidating the complex needs of women who live in those communities most affected and the impact of responses intended to support them.

Quantitative analysis

A series of univariate descriptive analyses were used to describe the sample. A series of bivariate and multivariate tests were undertaken to examine the relationship between variables of interest. Chi-square tests, were used to investigate possible associations between variables at baseline, whist independent samples t-tests and anova were used to determine within group mean differences. McNemar-Bowker, McNemar and paired t-tests were used to analyse differences between baseline and endpoint.

Findings

Demographics

There were a total of 198 participants who completed a baseline within two weeks of their projects beginning between November 2021 and January 2022. A total of 69 participants (34.8%) also completed a follow-up survey at the end of their project. On average, participants had completed both surveys within 10.5 weeks, however, this ranged between 6 weeks and 14 weeks.

191 participants provided responses on the demographic data at baseline, providing an overview of the women taking part on the programme. On average, participants were 39 years old, ranging between 16 years old and 79 years old. The median was 39 years old.

At baseline, 53% (n=105) of the participants reported to have caring responsibilities for a child. A further 33 (16.7%) reported that they looked after someone with a disability and 22 participants (11.1%) looked after an older person. In total, 63.1% (n=125) reported any form of caring responsibility.

Figure 1 provides an overview of the areas in which the participants lived.

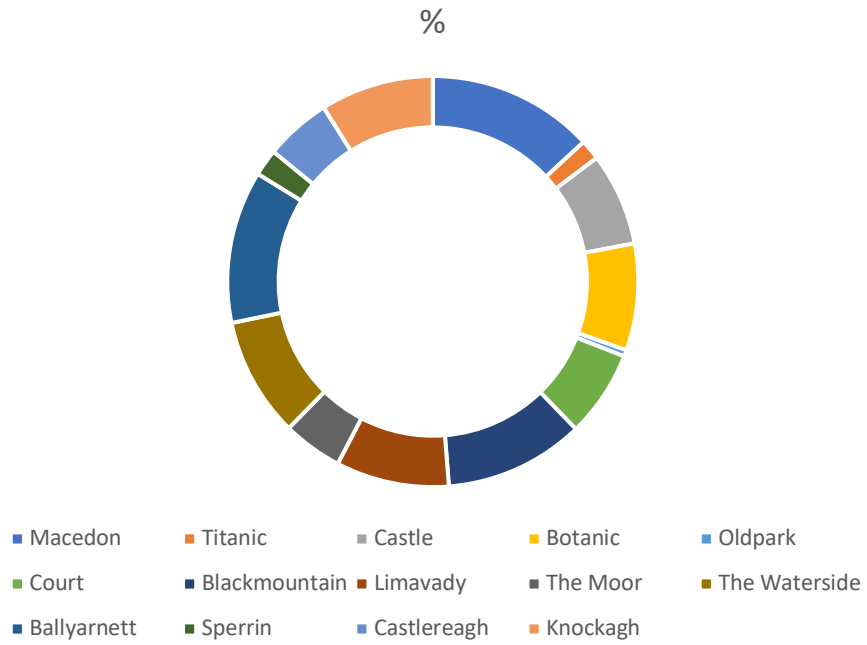

Figure 1: Geographical coverage

The vast majority of participant's identified as heterosexual (92%, n=173). A further eight individuals were gay/lesbian or bisexual (4.2%). Less than five individual's identified as *'other'* and five (2.7%) indicated a preference not to disclose their sexual orientation.

Most participant's identified as ethnically white (94.95, n=188). Less than five individual's reported that they were from an ethnically mixed background. Data was missing for 10 individual's.

Participants were asked about their marital status at baseline. 54.8% (n=102) were single, the largest proportion of the group. 18.3% (n=34) were married; 12.4% (n=23) were separated, but still legally married and; 10.2% (n=19) were divorced. A minority of individual's reported to be widows (4.3%, n=8)

Participants were asked to comment on their perceived religious and political identities. A further question was asked around their perceptions of the areas in which they lived (i.e.

whether they were perceived to be politically neutral or not) (see fig 2). The sample were almost evenly split between Roman Catholic (46.9%, n=90) and Protestant (42.2%, n=81). A minority indicated that they were of no religion (7.3%, n=14) and a further seven individuals (3.6%) indicated that they were of an 'other' religion.

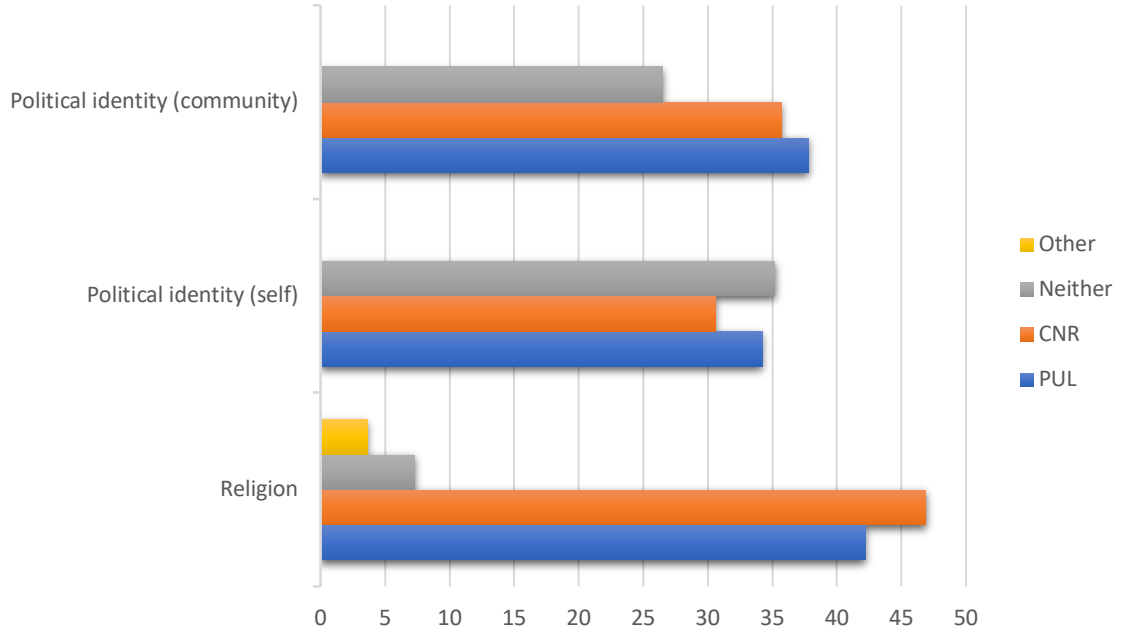

Figure 2: Religious and political identity

Interestingly, 37.8% of those who identified as Roman Catholic did not consider themselves to be either unionist or nationalist. Whilst political identity appeared to be stronger for those identifying Protestant, over one-fifth (21%) indicated that they were neither unionist or nationalist

Those who personally identified as nationalists were more likely than unionists to live in areas that were considered neither unionist nor nationalist (15%). Conversely, only 4.5% of unionist participant's lived in *'neutral'* areas. Interestingly, those who identified as neither unionist nor nationalist appeared to live in areas considered that were politically defined. In fact, only 58% of this group lived in *'neutral'* areas.

At baseline, most women reported that they were not engaged in any employment, education or training (see fig. 3)

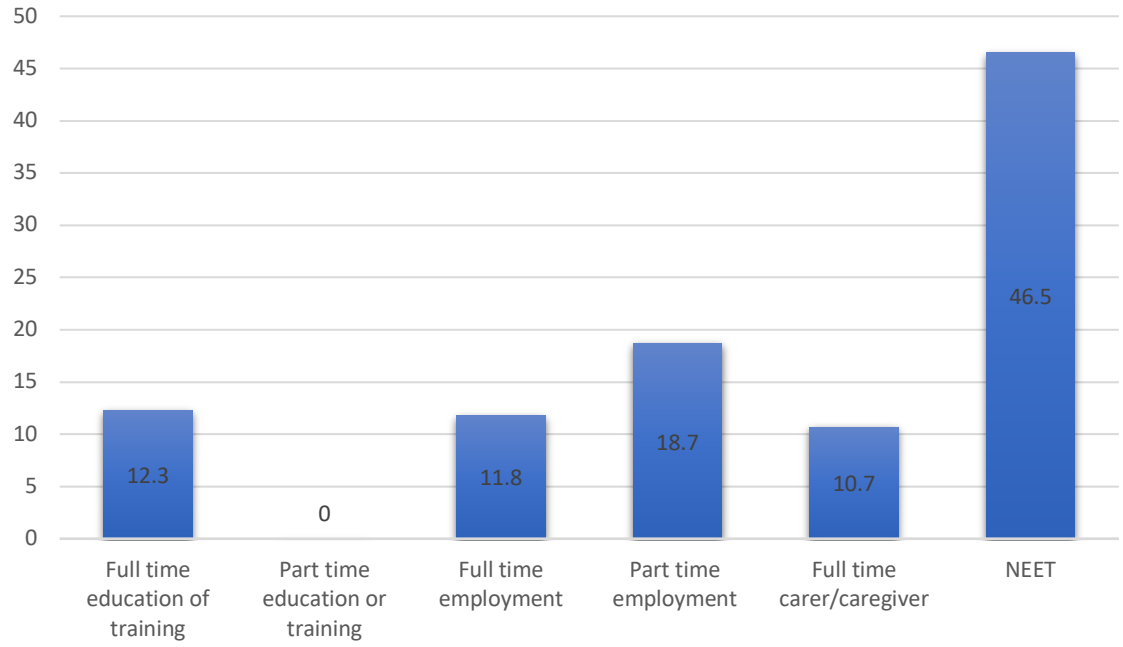

Figure 3: Work/training/education status

There was no statistically significant change across any of these categories between baseline and endpoint. However, interview data appeared to suggest increased motivation to engage in training or employment. Indeed, this was supported by several testimonials .

> ***You're able to be yourself-not just a mum. I'm going to push myself to see what I can achieve. I came into this blind and I've been educated about what else is in the area. I'm currently working towards an OCN now around budgeting***

> ***We got three certificates. We got one for being Hope Ambassadors and an OCN in food hygiene and Volunteering. We had someone from AXA come in as well to empower us into employment and a lady who made her own candles. It gave us ideas about starting our own business and gave us some self-belief***

that we could do something similar. They spoke to us from a personal perspective. This was a real eye-opener. They had problems and look where they are today.

Indeed, local media became interested in the stories across several areas, and captured some of the success (see fig. 4).

16 Derry News DERRY NEWS Pg 16 & 17 DFC Thursday, April 14, 2022

NEWS FEATURE

GRADUATION & AWARDS CEREMONY

Churches Trust 'Women Empowerment Programme' successes

The fruits of five months hard work in a personal development programme culminated recently in the graduation and awards ceremony for 16 local women at the City Hotel.

The local women, in addition to the personal development, have completed Hope Ambassadors training, Mental Health First Aid and OCN in peer mentoring in a pilot programme delivered by the Churches Trust, under the banner of the Developing Women in the Community Project.

The Churches Trust's Developing Women Project was funded by the Department for Communities.

The local women participated in the programme which began in November 2022. The group met weekly, participating in a series of personnel development workshops, study visits and the completion of their qualifications as Hope Ambassadors, as Peer Mentors and as Mental Health First Aiders.

The 'Developing Women in the Community' programme was designed to equip women with the confidence and skills required to take on roles within their communities; give participants the opportunity to volunteer within their communities; provide participants with the opportunity to design and develop a small programme using the skills and knowledge gained from the programme.

Speaking at the graduation dinner, Fiona Fagan, chief executive of the Churches Trust, congratulated the women on their hard work, commitment, and determination.

Ms Fagan said she was delighted the programme had been so enriching for all the participants and thanked the funders, Department for Communities, facilitator Marie Dunn, and indeed, all involved in making the project such a success.

She concluded by saying: "We continue to go from strength-to-strength in the Churches Trust and now, after coming through Covid, we will see everyone strive for better goals and a brighter future for all.'

Elaine Power, Health Inequalities co-ordinator, the Churches Trust, said: "Churches Trust were delighted to secure funding from the Department for Communities for this project. We realise that giving people the right skills and tools will enable them to make a difference in [illegible] their families and communities.

"Building capacity within communities breaks down barriers and builds good relations and this group of women have been on an amazing journey where they have explored their own personal development and their hopes and dreams for the future – for themselves, their families and their communities.

"They have gained confidence, self-esteem and have also found support from other local women.'

Responding to Ms. Power's comments, course facilitator and director of 'Resilio,' Marie Dunne, said : "We are delighted to have had the opportunity to play our part in supporting people through these emotionally challenging times."

She said she was privileged to work with the Churches Trust and take part in facilitating the Women's Development Project.

The group went on a unique journey from personal development, self-awareness, management and leadership, team work and collaboration.

They, finally, went on to complete the Hope Ambassador programme which gave them knowledge and skills into the science of hope that they can' now incorporate into their own lives and that of their families and the wider community. 'Hope is a teachable skill and now, as they go forward as HOPE Ambassadors, they will play a key role in empowering others within their families and communities.'

Speaking after the graduation, some of the

Group who graduated as Hope Ambassadors in the Churches Trust's 'Women Empowerment' Project at the City Hotel. Front, from left, Katie McLaughlin, Mary Wells, Siobhan McGowan, Nell McCool, Clare Gill, Jo McMonagle and Stacey Kavanagh. Back, from left, Fiona Fagan, chief executive, Churches Trust, Elaine Power, Fiona McCool, Kate Carlin, Jacqueline Power, Marie O'Reilly, Jacqueline Doherty, Lesley Hager, Rachel Casey, Bridget Curran and Marie Dunne, programme facilitator. (PHOTOS: JIM MCCAFFERTY PHOTOGRAPHY)

Figure 4: Press clipping

Religious identity, physical health and mental health issues were not associated with greater risk of self-reporting as NEET. Care giving responsibility however was associated with less chance that an individual would report being in full time employment and being NEET. This

group were also more likely that those without caring responsibilities to report being in part time employment ($x^2\ (4, n = 187) = 58.1,\ p = < .005$).

Health and Wellbeing

Areas in which paramilitary has tended to be most active, are also the areas that experience multiple issues including elevated rates of poor health and wellbeing. These are known to increase vulnerabilities to harm and exploitation. As one participant noted:

> ***There's lots of issue in this area but you see lots of mental health and suicide. I think it's got worse in the last while.***

Through this evaluation, measures were embedded to understand the range of vulnerabilities that were present at baseline and to what extent, resilience was increased through mitigating the risk of harm. To assess the specific mental health and wellbeing needs of participants at baseline, a series of standardised measures were used to capture the mental health and wellbeing of participant's. It should be noted however that these measures were taken in the context of the Covid-19 pandemic and wider declines in personal welling in the UK (ONS, 2021).

Life satisfaction is a standardised measure with comparable data across the UK since 2013. It is routinely used in the NI continuous household survey. Respondents are asked to rate their subjective life satisfaction on scale from 1-10 with 1 being the least studied and 10 being the most satisfied. Scores are further banded into low satisfaction (0-4), medium satisfaction (5-6), high satisfaction (7-8) and very high satisfaction (9-10). The NI average for 2020/21 was 7.8 indicating 'high satisfaction'. Within this sample however, the average score was 5.2 (SD=2.16 range 0-10), a figure 33.3% lower than the latest NI average. Compared with the wider NI population, this sample tended to fall into the 'medium' life satisfaction band. However, 39.2% (n=74) scored within the 'low' satisfaction banding and only 4.8% (n=9) scored within the 'high' satisfaction banding. The latest figures for 2020/21 illustrate that a figure of 7.39 on this measure, indicating that this sample also scored significantly below the UK weighted ten-year and annual average at baseline (see fig. 4).

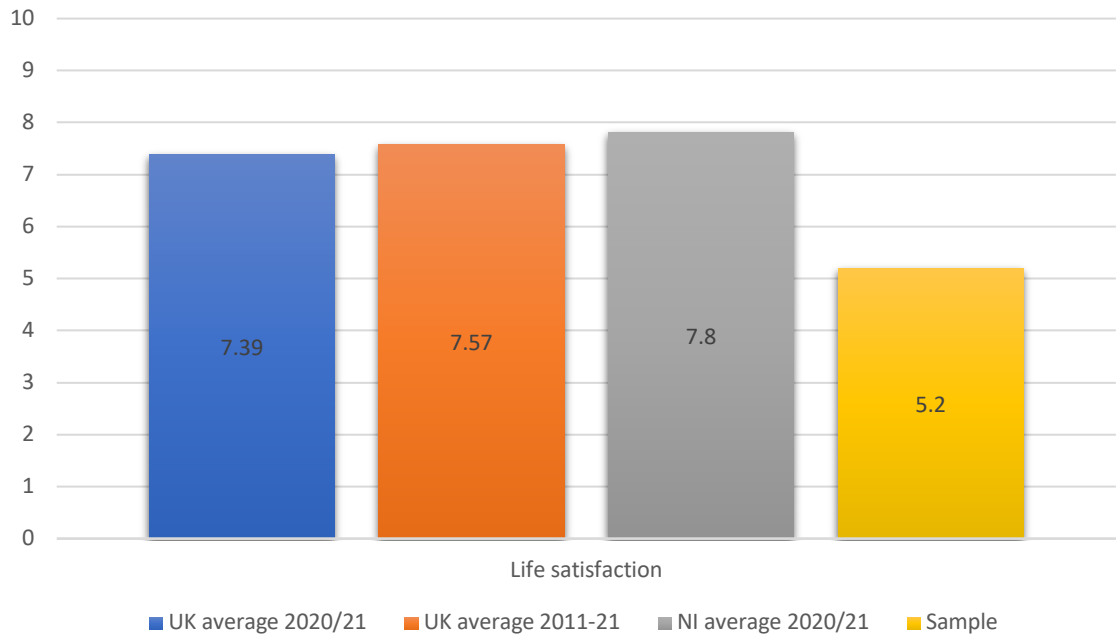

Figure 5: Life satisfaction at baseline

Interview data supported these survey findings. As several noted, mental health was a particular issue that they had struggled with for a prolonged period.

> ***I have had anxiety and depression for years. I can't remember what is was like before I was ill to be honest. Yeah, it affected everything. I looked after the kids but didn't do much else. That probably made it worse.***

> ***You've no idea. I thought that I had nothing to offer. My mum passed and I had my twins and had nothing to offer.***

Comparing this baseline data (m = 5.07) to the endpoint reports (M = 7.39), there was a statistically significant increase in life satisfaction among the group (t(69)= 6.3, p= <.001), with a large effect size (0.37). Whilst it is not clear whether the programme was responsible, or which elements of it contributed to this change, it is clear that based on self-reports, the participants scored higher on this measure of life satisfaction at the end compared to the beginning of the project.

> ***I wasn't looking after myself. I was keeping going for the sake of my weeins. Now I get up, I get showered and wash my hair. I had somewhere to go. I didn't know this area until I got into this group what else was out there. My mental health was so bad and since joining this, I have had a life. I'm out-the craic is good and have met these lovely women. I have something now that makes me worthwhile as a human.***

It was evident that many of the participants appeared to struggle with self-confidence, and this, at times, had a material impact across many areas of their lives.

> ***I was a professional teacher and lost all of my confidence. I felt isolated and issues just kept getting worse.***

On a measure of self-efficacy, participants were asked a series of questions. Responses were scored on scale of 1-5. The responses were summed and the aggregate generated a measure of self-efficacy with a minimum score of 5 and maximum score of 25. In the most recent NI figures, females scored on average 19. Within this sample, the average score was 14.17 (SD= 5.77). 25% of participants scored below the NI average. Further, 63.3% (n=112) fell into the *'low self-efficacy'* banding. This compares with 19.4% across the NI- 226% of the latest NI average (see fig. 6).

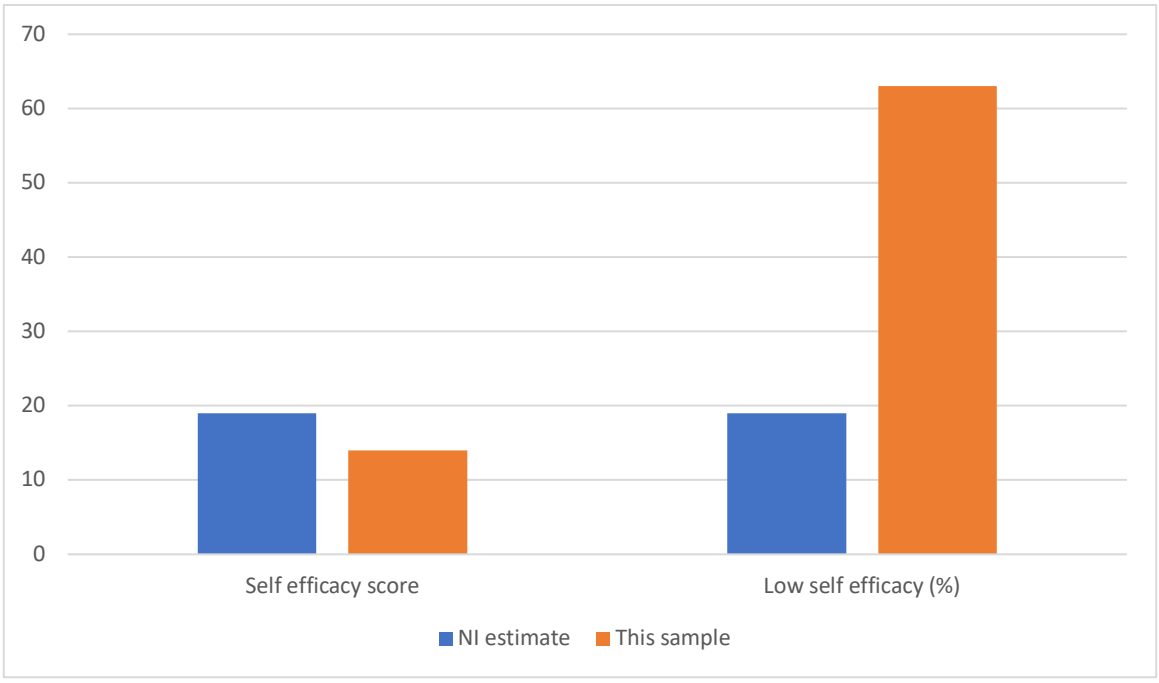

Figure 6: Self efficacy

Whilst this study found supporting evidence for the NI continuous household survey findings that that those who identified as Roman Catholic (13.88) were less likely to score highly on a measure of self-efficacy than those who identified as Protestant (m=15.36), this was not at the point of statistical significance (p=.18). When it came to their families however, the participants appeared to be more confident. Only 11% (n=16) of the sample reported a lack of confidence in managing their children's behaviour.

Comparing this baseline data (m = 14.59) to the endpoint reports (M = 17.91), there was a statistically significant increase in self efficacy among the group (t(69)= 4.17, p= <.001), with a large effect size (0.2). Whilst it is not clear whether the programme was responsible, or which elements of it contributed to this change, it is clear that based on self-reports, the participants scored higher on this measure of self-efficacy at the end compared to the beginning of the project.

Further, participant interviews provided further support around women's own beliefs that their confidence had increased.

> ***I could never have achieved this without the programme and would never have thought that it would have bene possible. It makes me feel some important to have been a part of it and it has given me confidence to go away and achieve things for myself.***
>
> ***If you had asked me to do this stuff at the start, I would have died.***

The Locus of Control is a measure of belief that life is determined by external influences- those outside the control of an individual. On this measure, scores range from 5-25 with a higher score indicating a higher belief in one's own influence over their lives. The average NI score in 2020/21 was 17.1. Within this sample, the average score was 14.26 (SD=3.9), with a minimum score of 5 and maximum score of 20. Whilst females score lower on the NI average (16.9), this sample scored significantly lower again.

Comparing this baseline data (m = 14.37) to the endpoint reports (M = 16.24), there was a statistically significant increase in locus of control scores among the group (t(69)= 4.04, p= <.001), with a large effect size (0.19). Whilst it is not clear whether the programme was

responsible, or which elements of it contributed to this change, it is clear that based on self-reports, the women believed that they had increased control over their own lives at the end of their engagement on the programme. This was also supported by interview data.

> ***It's powerful when women come together. We had the opportunity to make friends and try new things, but it's even more than that. I think we all feel like we have a bit more influence over our lives than we maybe thought before.***

> ***There was 32 in our group and we have a real big bond now. Each person has a personal story and you realise that you're not the only one struggling.***

Cohesion and belonging are important protective factors. Conversely, feeling isolated and without belonging can exacerbate risk. Collective efficacy is associated with multiple outcomes, including help seeking behaviour and rates of violence (Sampson, Raudenbush & Earls, 1997), less domestic abuse (Browning, 2002), and better health (Cohen, Finch, Bower & Sastry, 2006). Participants were asked to consider the extent to which they felt that they belonged in their community. A significant majority reported that they did feel that they belonged in their local area (65.4%, n=91). However, a sizeable minority also believed that they felt disconnected from their local areas (14%, n=26). The remainder were ambivalent (20.5%, n=38). There were no statistically significant differences in regard to perceived belonging and community identity.

To complement this multi-nominal variable, participants were also asked to complete the Collective Efficacy Scale (CES) (Sampson et al., 1997) - a ten-item validated measure for assessing community cohesion. There are two sub-scale within this measure (social control and social cohesion). The social cohesion sub-scale was used in this study to assess perceptions around the availability of support in times of need. Reponses are scored 1-5 and summed. Higher aggregate scores reflect great collective efficacy. In this sample, the women scored on average 12.53 (SD=4.1) with a range of 5-20.

There was a moderate correlation between self-efficacy and collective efficacy (r=3.1, p=<.005) suggesting that an association exists between one's confidence in others and in themselves.

Religious identity was associated with differential scores on the measure of collective efficacy. Whilst both Roman Catholics (m= 12.86) and Protestants (m= 12.22) scored similarly on the measure, those who identified as 'neither' (15.43) or 'other' (14.86) were statistically more likely to score higher on this measure on average (F (3, 288) = 4.1, p = .01) (see fig. 5).

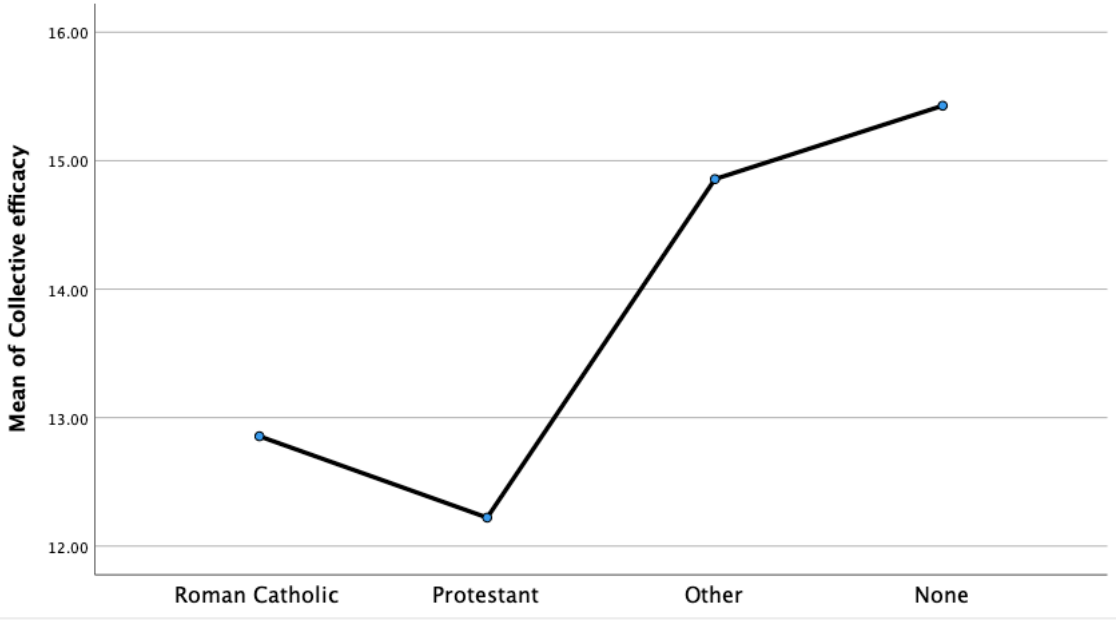

Figure 7: Collective efficacy at baseline by religious identity

Reassuringly, 65.8% (n=99) of women reported that they had others that they could count on for support and that services were available that they could access to support family functioning (80.4%, n=93). However, there was a statistically significant difference between those who felt connected to their communities, and those who did not, with the latter less likely to report having others for support ($x^2\ (16, n = 180) = 113.19,\ p = < .005$).

> ***I was connected into the family hub as both of us we're struggling-me and my daughter. Covid had isolated us. I had just left an abusive relationship and my daughter was lashing out. I had nowhere to go and so much going on. Through this, I wasn't just part of the project but found out about all sorts of other things that were going on.***

An important predictor of post-trauma recovery is the accessibility of social/community supports, as well as confidence in services designed to protect individuals from harm. Whilst being unable to test for statistical significance, it appeared that there was a positive change in the participant's perceptions of community support between the two timepoints. For example, of those who strongly disagreed with the statement that *'there are people in the community who I can count on for support',* 100% agreed with the same statement at end-point. Interestingly, this was particularly the case for those who had been victims of interpersonal adversity such as violence. For this group, 93.6% agreed that there was support in their local community compared with 81.9% of those who had not been the victims of violence. In regard to family functioning and support, there was no statistically significant difference in participant's understanding of, or likelihood of engaging with family support services. This could mean that the women were generally well aware of, and even engaged with family support services, particularly as more than two-thirds (68.1%) reported some awareness of supports at baseline. Again, this has practical implications. Future iterations of the project may not need to focus on the family support element and instead place emphasis on the areas that are likely to be conducive to a stronger impact.

Comparing this baseline data (m = 12.37) to the endpoint reports (M = 13.44), there was also a statistically significant increase in collective efficacy among the group ($t(69)= 2.23$, $p=.02$), with a moderate effect size (0.07). Whilst it is not clear whether the programme was responsible, or which elements of it contributed to this change, it is clear that based on self-reports, the participants believed that they had stronger connections, and a stronger sense of belonging to their community at the end as opposed to the start of their engagement on the programme.

This data was supported by interviews data. Several of the participants reported feeling connected to something for the first time and less isolated.

> ***My own family say to me -you have a life now. I never had a life for four years***

> ***We haven't been really ever given the opportunity to do things. I am a busy mum with five kids. This has opened doors for me. For example, I kept myself to myself. I'm getting to meet other women and it's helped me with skills. Me personally it's had a big impact. It's had an impact on my children as well.***

There's an issue with childcare and that was all put in place. It's been night and day the difference.

Participants were also asked to complete a series of measures and screeners to assess their wellbeing and mental health. Two of the most common clinically diagnosable disorders include anxiety and depression (see table 1). 55.1% (n=109) scored above the threshold of 3 for probable anxiety whilst 51.5% (n=102) scored above the threshold for probable depression.

Table 1: Physical and mental health at baseline

Physical or mental health issues		Physical health		Mental health		Probable anxiety		Probable depression	
N	%	N	%	N	%	N	%	n	%
106	54.1	79	74.5	95	89.6	109	55.1	102	51.5

**Missing data was excluded from analyses*

On both the screener for anxiety and the screener for depression, there was a statistically significant change between baseline and endpoint. Both of these measures illustrate reduced scores and appears to show improvements in mood and reductions in probable anxiety ($t(69)= -5.96$, $p= <.001$) and depression ($t(69)= -6.61$, $p= <.001$), with a large effect size (0.34). In fact, the effect sizes were even stronger for those who scored within the clinical range for depression (.73) and anxiety (.8) at baseline. This suggests that there were mental health benefits across the sample generally, but that these were stronger for those participants with more significant mental health needs at the outset.

Whilst these findings do not demonstrate a causal link between participation and improvements in mental health, there was certainly some support for this connection during interviews, with several participants commenting on their mental health before taking part on the programme and their belief that their mental health had tangibly improved.

Indeed, across the sample, an overwhelming majority of women believed that their mental health had improved (see fig. 8).

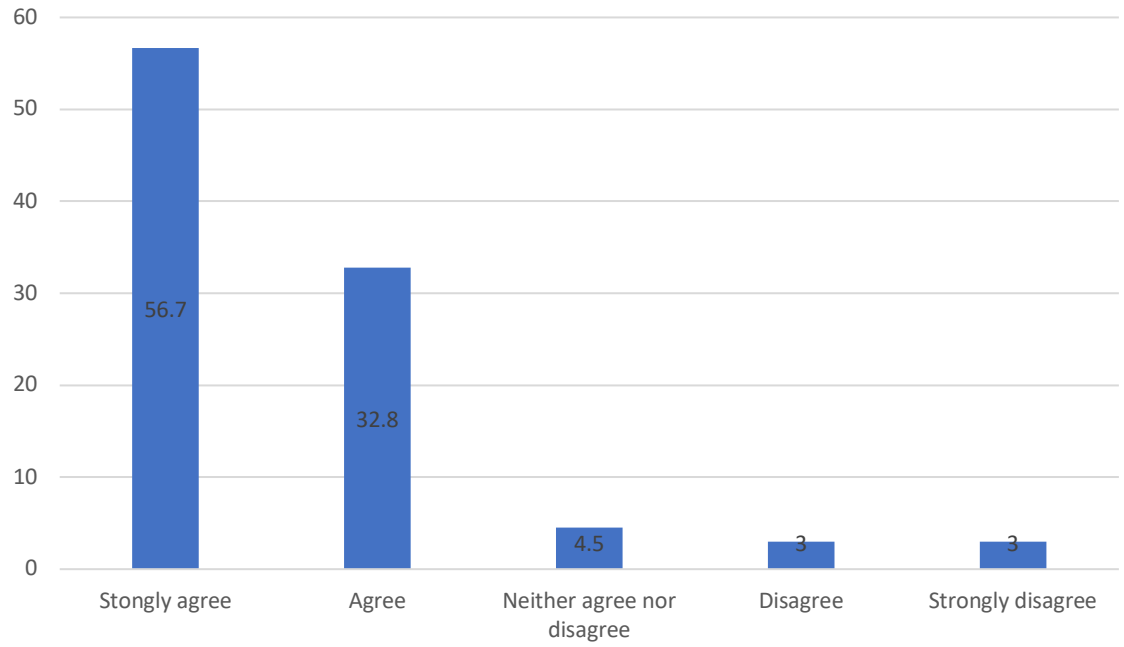

Figure 8: Improvements in mental health

This was confirmed during interviews, with several participants describing the impact on their mental health.

However, many of the women that took part in interviews were also concerned that given the benefit, their projects were ending. It appeared that in some communities, there was limited resources to continue to support the women. In other however, there was evidence of multiplier effects. For example, in one area, the women continued to meet themselves whilst in others, they were connected in with more sustainable activity.

> ***This was life changing. Honestly. Prior to this I was in a deep depression. This empowered me. I developed new skills and was able to teach my daughter about coping strategies as well.***

> ***It has given me a totally different outlook on life. We all put ideas forward and [the organisation] listened to us. We're now doing things ourselves. As a***

group, we decided to do a craft day and sold the stuff and the money went to women's aid. It's something I would never do before.

There was no support once we left [the project]. We were pretty much cut-off. When you have mental health issues, you can think straight, but you also have no help.

Combined, this suggests that projects that remain limited to the 10-12 weeks of provision could be of limited value and in their proposals, organisations should be encouraged to consider issues of sustainability, synergy and multiplier potential.

Personal Safety

Whilst most women reported feeling safe in their areas, it is evident that across the sample, a significant minority (12%) did not feel safe in their communities at baseline. One might expect that this may in part be due to the high levels of exposure to community violence (57.5%, n=102) and domestic violence experienced by the sample (41.4%, n=82). 57.6% (114) of the sample experience some form of interpersonal violence either in the home or in the community. In fact, as figure 6 illustrates, participants appear to have been exposed to a range of difficult and often violent life events.

I realised that I hadn't moved forward. Me and my children were living in the past-with the trauma.

This exposure includes both direct and indirect victimisation, where participants were attacked or witness to attack in the home and in the community. However, there was no statistically significant difference between the groups and sense of safety. This may reflect the wider impact of exposure to violence with both direct and indirect exposure equally likely to elevate concerns for personal safety. Therefore context and cognitions, rather than experience could be the target for support and intervention.

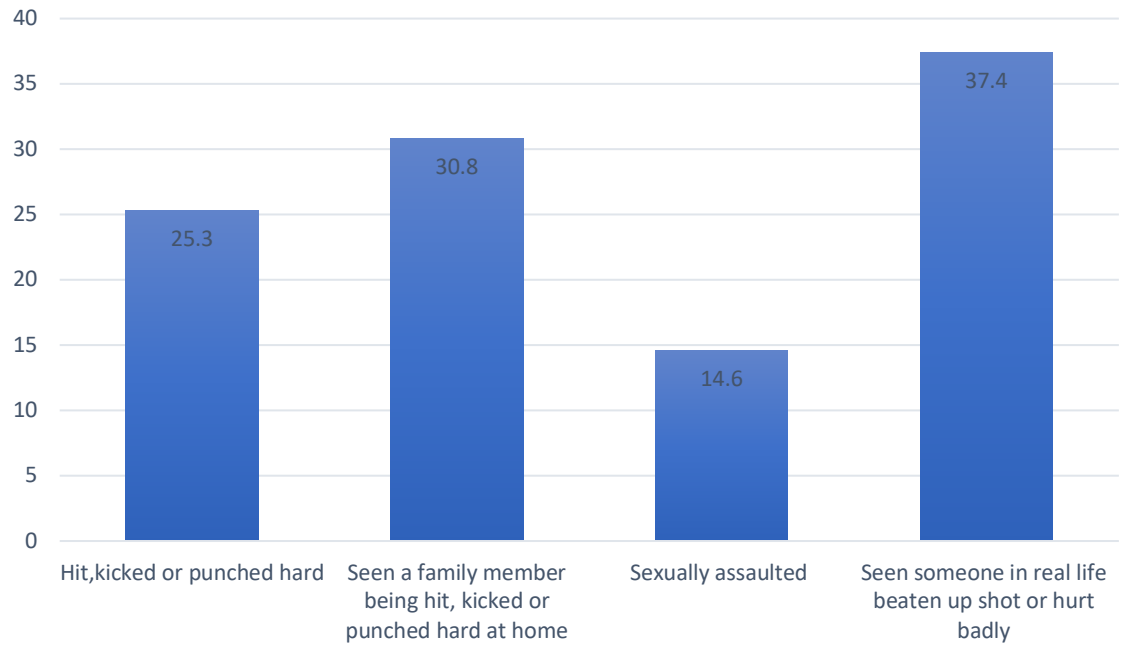

Figure 9: Exposure to violence

However, there was also a statistically significant association between sense of belonging and safety, with those who felt less belonging, reporting feeling less safe (x^2 $(16, n = 184)$ $165.1, p =< .005$). In fact, compared with 85.7% of those reporting feeling safe falling into the 'belonging' category, none of those fell into the 'lack of belonging' category. This suggests that connectedness may exacerbate or temper senses of safety, with community context predictive of emotional and behavioural responses.

In addition to exposure to wider incidences of violence, it appears that the women were also exposed to a range of paramilitary style violence. Almost one quarter of the sample (24.9%, n=42) believed that paramilitaries were *'very active'* in their local areas (See table 2). Further, 18.9% (n=37) reported to have been directly threatened or attacked by those they believed to be part of a paramilitary group and 32.2% (n=67) reported being witness to a paramilitary threat or attack. Worryingly, across the sample, only 4% (n=25) felt that the police could be trusted to keep people safe. Maybe unsurprisingly, it was women within areas that paramilitaries were considered most active that confidence in policing appeared to be lowest (x^2 $(16,\ n = 43.97)$ $p =< .005$). 47.3% of respondents indicated that they not trust the PSNI to keep people in their community safe. A further 37.3% were on the fence. In fact, only 4% (n=7) individual's reported strong confidence in PSNI. Despite this modest level of

confidence, respondents remained willing to contact the police. For instance, 65.8% (n=131) of individual's agreed that they would contact the police. Therefore contact cannot and should not be a proxy for confidence in the policing process.

Table 2: Community safety

	My area is safe		Police can be trusted to keep people safe		Paramilitaries are active in my community	
	N	**%**	**N**	**%**	**N**	**%**
Strongly agree	25	13.1	7	4	42	24.9
Agree	86	45	38	21.5	64	37.9
Neither agree or disagree	57	29.8	66	37.3	52	30.8
Disagree	18	9.1	42	23.7	7	4.1
Strongly disagree	5	2.5	24	13.6	4	2.4

Interestingly, there was a statistically significant difference in the responses around trust in the police between baseline and endpoint. Whilst it is not clear what project mechanisms might account for this, it is clear that those who were most positive, continued to remain positive in regard to the capacity of police to keep communities safe, whilst those who were most negative, were more likely to become more positive in their responses $(x^2\ (9,\ n =\ 59)\ 3.96,\ p =\ .001)$. This was particularly the case for those who reported living in a mainly nationalist or republican area. There was a small, but not significant increase in participant's likelihood to contact the police (73.8%) suggesting no attitudinal change in this area.

At baseline, there was equal likelihood that women living in either CNR or PUL areas would be threatened or attacked by paramilitaries, suggesting that despite the array of paramilitary groups, exposure to women in these areas did not differ. Attacks (direct or indirect) took place exclusively in the women's local communities. In other words, threats, attacked or

intimidation towards this sample did not take place in cases where women (who perceived themselves to be for example CNR) were attacked in another community (e.g. PUL or vice versa). Interestingly, 18.9% (n=7) of those who were threatened or attacked, perceived that their communities were neither CNR or PUL. Age was not associated with increased or decreased likelihood of direct harm threat or witnessing paramilitary related harm.

There was a statistically significant association between exposure to other forms of violence such as domestic abuse and being attacked by paramilitaries ($x^2\ (1, n = 196)\ 16.63, p = < .005$) and also being threatened by paramilitaries ($x^2\ (1, n = 196)\ 6.69, p = .01$). This points to the presence of poly-victimisation where some women exposed to specific forms of violence are at greater risk of also being exposed to additional forms of violence. Using a proxy for poly-victimisation, a variable was created to count these exposures (directly at home, indirectly at home, directly in the community, indirectly in the community and sexual violence) with a potential range of between 0 and 6 distinct exposure types. On average, this sample had experienced 1.6 distinct types, with some women experiencing 0, and others experiencing all 6. There was a small, but statistically significant correlation between this measure of poly-victimisation and anxiety (r= .19, p=.007), depression (r=.18, p=.011), reduced life satisfaction (r=-.28, p=<.005) and collective efficacy (r=.17, p=.02).

Women who felt least safe in their communities were also statistically more likely to report paramilitaries being most active in their areas ($x^2\ (16, n = 168) = 56.74, = < .005$). For example, 75% of those who reported feeling least safe strongly agreed that paramilitaries were active in their local areas compared with only 9.5% of those who felt safe in their local areas. This is an indicator that the presence of paramilitaries is associated (directly and indirectly) with sense of safety.

Several of the projects directly targeted community safety issues and embedded risk mitigation strategies in the delivery. For example, the EmpowerHER project was designed based on the findings of consultations with young women. One of the strategies that the group had focussed on was *'Ask for Angela'*. Originally developed by Lincolnshire County Council and later adopted by the Metropolitan Police in England, the initiative involves training for staff working in bars and nightclubs so identify vulnerable women who are at risk. The participants then surveyed 17 bars across Belfast to explore the extent of their

knowledge of this strategy. The findings identified that a significant minority were unaware of this and more than 2/3 did not publicise it.

Given the recent concerns regarding spiking in public spaces, the project also focussed on six key themes:

1. Identity
2. Self defence
3. Leadership
4. Mentoring
5. Training
6. Volunteering

In another area, women also focussed on community safety. The DOVES roaming community safety programme was developed following a community mapping training and reflected the outcome of that process to respond to community need. The participants partnered with other women from another project who had significant expertise in supporting older, vulnerable and isolated people. The synergies extended to the provision of home security products which the participants were able to purchase at a discounted rate. More than 120 safety packs were delivered and 120 people benefitted from door-to-door safety check-ins. Feedback from beneficiaries included:

> ***It is great to see women taking the lead. As a pensioner who lives on her own, I felt very safe when the women called to check-in on me and gave me the safety pack. They made me feel very safe.***
>
> ***I really appreciate the fact that someone took time out of their day to check to see how I was doing – really thoughtful and caring.***

Despite these actions, and the generally positive appraisal by the participants, there was no statistically significant change in participant's sense of safety at a wider programme level. An analysis at a specific project level was not possible. That is, those who initially reported feeling safe were equally likely to continue to report feeling safe, but conversely, those who reported feeling least safe continued to do so. This could be an area for groups to consider

in the next round and specifically, to engage with evidence around the activities that could most likely contribute to enhancing women's sense of safety.

Several women commented that there was a notable absence of addressing what one participant described as the 'elephant in the room' -the troubles.

The troubles has had a big impact on our community, and sure you can still see the damage it's doing. This needs to be addressed

An element that was really ignored was the troubles-what happened and what is still happening. It affects us, it affects our kids and we don't talk about it

It would be worth considering how projects can acknowledge the legacy of conflict, the reality of ongoing paramilitarism and its effect on women and their families in future iterations.

There did not appear to be any statistically significant association between paramilitary activity and perceived mental health issues at baseline. There were no difference in the mean scores on any of the mental health screening measures between those who lived in areas of elevated paramilitary activity and those that that did not. However, life satisfaction appears to be reduced for those who agreed that paramilitaries were active in their local areas (M= 4.8, SD=2.1) compared to those who disagreed (M= 6.86, SD= 2.6). Although this was just at the point of statistical significance ($F(4, 162) = 2.33$, $P = .059$). However, this relationship appeared stronger for older members of the sample (See fig. 7). Whilst older individuals scored higher on the measure of life satisfaction in areas of reduced activity, this did not appear to be the case for younger women indicating that other contextual factors appeared to be affecting their general wellbeing.

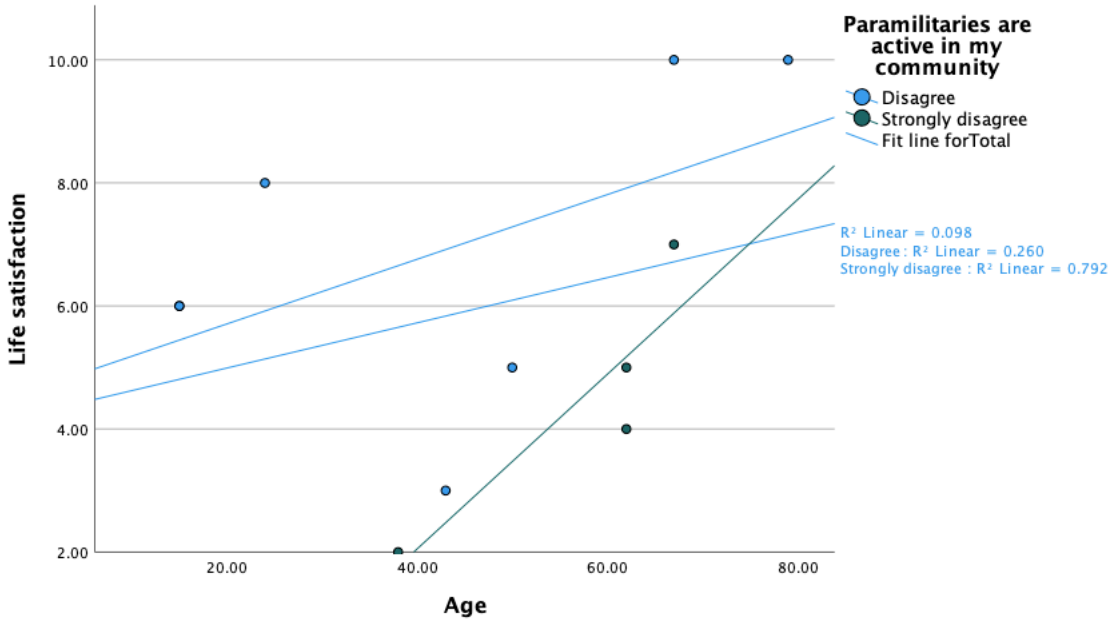

Figure 10: Life satisfaction by age and paramilitary activity

Whilst paramilitary activity was not associated with elevated mental health and wellbeing issues, given the nature of this sample, and the higher rates of exposure to paramilitarism, as well as mental health issues compared with the wider NI experience, it is likely that these differences are not adequately captured within this sample. To detect such associations, comparisons with a wider, representative sample could be considered.

There was no statically significant difference in the number of adverse life events experienced by the women and mental health outcomes, suggesting that those with greater, and those with lesser exposure were equally likely to see improvements in mental health and wellbeing.

Whilst not at the point of statistical significance, those who reported living in areas that paramilitaries were least active, were more likely to score higher on the measure of collective efficacy. As a measure of community cohesion and belonging, this suggests that despite the general increase in scores, at end-point, the impact of paramilitarism continued to affect women's sense of connectedness to their communities (see fig. 11).

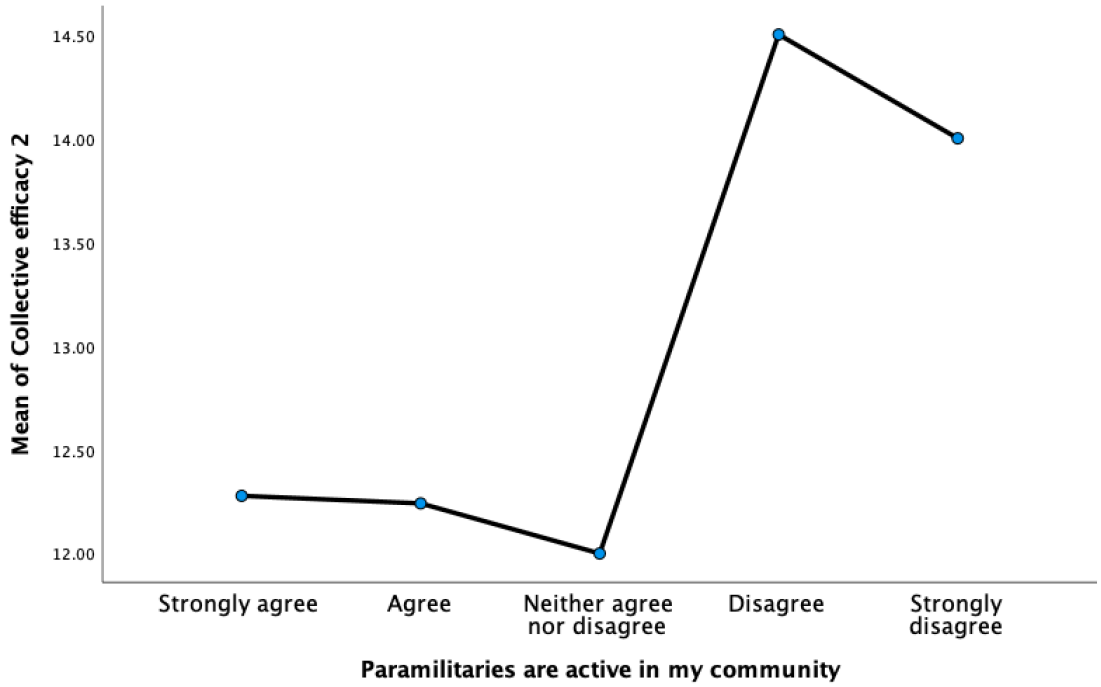

Figure 11: Influence of paramilitarism on collective efficacy

Leadership and volunteering

At baseline, a minority of women indicated at baseline that they had a leadership role in their communities (30.95, n=60). However, almost half believed that they had the requisite skills to take on a leadership role (46.9%, n=91) and more than three-fifths of the sample (62.4%, n=121) believed that they had the relevant contacts in their areas to take part in activities if they chose to do so. The level of paramilitary activity did not appear to materially affect participant's likelihood to engage in leadership roles and/or volunteering opportunities. This must be caveated however in that all of the women lived in areas designated as being under the influence of paramilitary groups. Consideration of a control group could enhance evaluations moving forward.

Regardless, by endpoint there was a significant increase in the number of participants who indicated that they both had the skills, and had taken on a leadership role in their area. Further, almost three quarters of those at end-point believed that they could meaningfully influence decisions in their local area (see fig. 12).

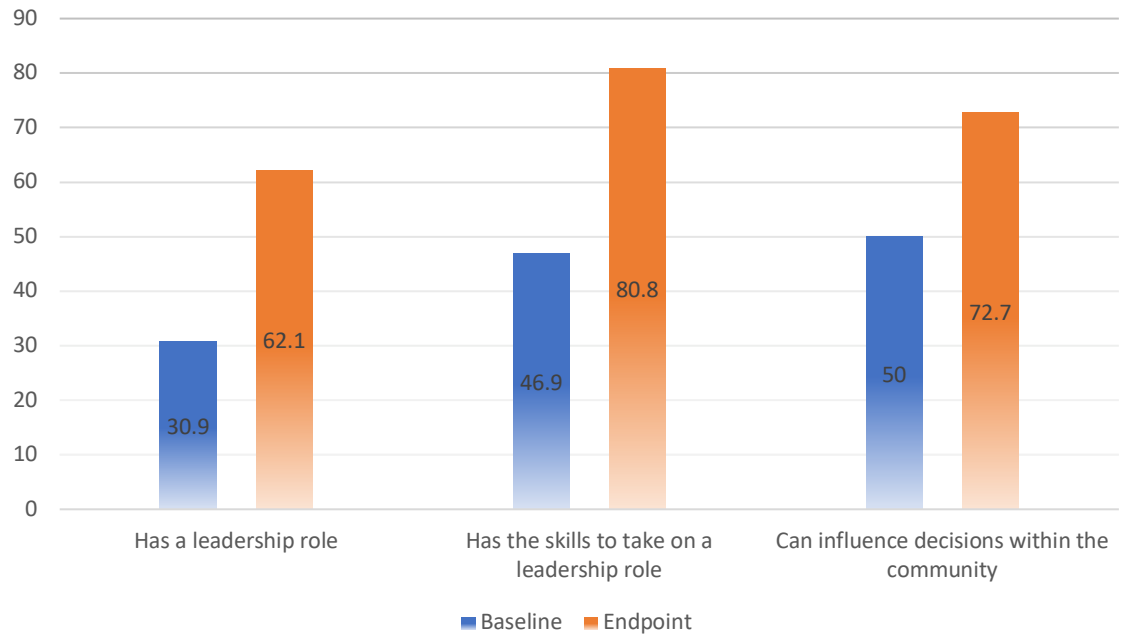

Figure 12: Leadership (baseline vs endpoint)

> ***I volunteered to do other women's eyebrows-something that I haven't done since I had a stroke.***
>
> ***I have started to volunteer and it's great to help and there are loads of other courses that give me the push to do things.***

This appears to have been particularly the case for victims of violence. This group were statistically more likely to take on a role compared with participants who had not been the victim of interpersonal adversity ($x^2\ (2,\ n = 66)\ 10.48,\ p = .005$). It is not clear why this might be the case. If the relationship persists, future evaluative exercises could unpack the reasons why.

Understanding the barriers that prevent women from engaging in leadership roles is important and has practical implications. For instance, by targeting the areas that are most likely to yield higher dividends could be a focus for the programme moving forward. Several factors appeared to affect women's belief in, capacity to engage in leadership roles. For example, at baseline only 25.6% of those with a caring role appeared to have taken on a leadership role (x^2 $(1,\ n=\ 194)$ $3.96,\ p=\ .03$). This may in part be because those with caring responsibilities often need support, and among this sample, having someone to count on for support also affected the likelihood that participant's had taken part in leadership roles (x^2 $(4, n = 181)$ $13.17, p = .01$). Whilst 50% of those who strongly agreed that they had social supports took on a leadership role, only 9.5% and 0% of those who disagreed or strongly disagreed respectively, reported taking on such a role. To test this idea, responses were compared with average scores on the measure of collective efficacy. Those who had taken on a leadership role scored higher (m=13.38) compared with those who had not (m=11.45, SD= 4.57; t (84) = 2.98, p = .004). That said, this association was not observed at end-point possibly because the distance between scores at end-point had considerably narrowed. In other words, given the general tendency for participants to have a stronger sense of belonging to their communities, differences were more difficult to observe.

Self-efficacy on the other hand was not associated with a difference in leadership roles at baseline or at endpoint. This is an important observation given that the focus for many interventions target (and measure) increases in self efficacy. If however the primary outcome is to enhance opportunities for, and engagement in leadership, it future projects may wish to target collective efficacy as opposed to self-efficacy and confidence.

Interestingly, higher scores on the locus of control were associated with less likelihood to engage in leadership roles. Differences in associations between this outcome (leadership)

and measures suggests that there could be a need to review how this is captured in future. In addition to taking on leadership roles, 40.1% (n=77) of the women at baseline indicated that they volunteered. This increased significantly by endpoint, with 77.1% (n=54) of the participants reporting that they engage in voluntary work (see fig. 13). There was a strong association between leadership and volunteering however suggesting that there could be some overlap in the responses. For example, 75% of those who reported having a leadership role also reported volunteering.

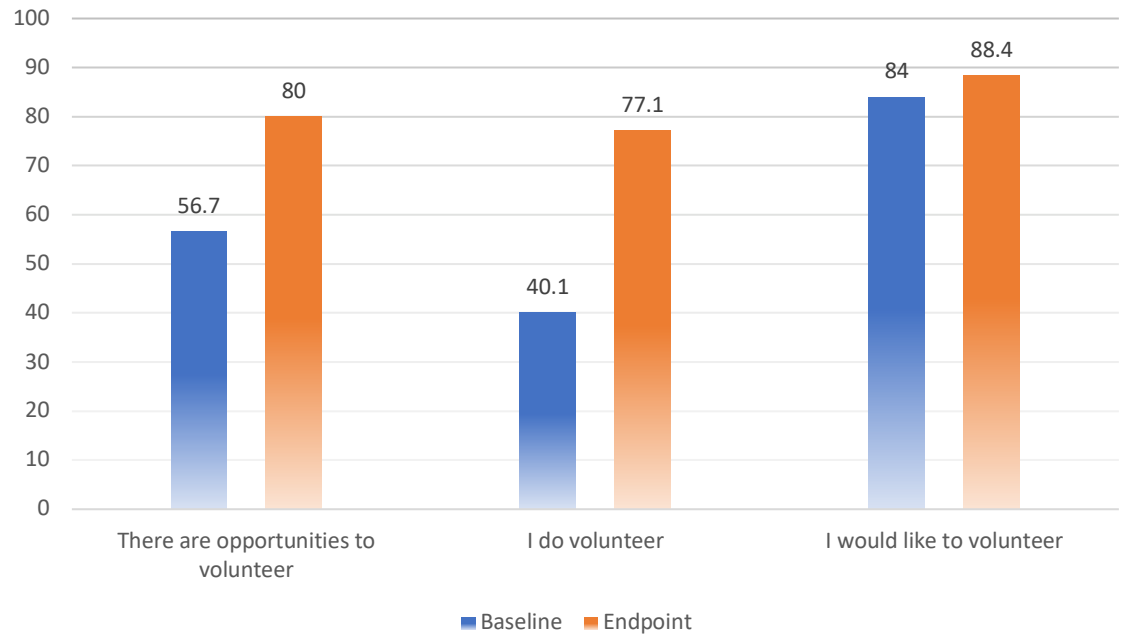

Figure 13: Volunteering (baseline vs endpoint)

Conclusions and Recommendations

This programme offers a distinct opportunity to understand and respond to the needs of women living in communities affected by ongoing paramilitarism and the legacy of conflict and contribute in a measurable way to the attainment of the benefits defined in the Tackling Paramilitarism and Organised Crime plan.

Data from this formative pre-post evaluation illustrate the complexity of needs affecting these women and placing some at greater risk of paramilitary harm and exploitation. In particular, there were elevated rates of interpersonal trauma, significant challenges in regard to

education and employment, elevated rates of mental health and wellbeing issues, lower levels of community connectedness, reduced sense of personal safety, and a lack of confidence in policing to keep communities safe. All of these factors may contribute towards paramilitary related harm. Specifically:

- Most women were not engaged in full time training or employment. Caring responsibilities were associated with elevated risk of being NEET.

- Mental health and wellbeing issues were elevated across this sample compared with NI estimates. This includes reduced rates of life satisfaction, locus of control and self-efficacy.

- Social supports buffer against the deleterious effects of many issues including material deprivation, mental health and trauma related complexities. At baseline, the majority of women reported that they did not feel a sense of belonging in their community, but a similar figure believed that they still had access to supports and services. A validated scale of collective efficacy complemented these self-reports to confirm lower rates of connectedness to the community across the sample.

- Across the sample, there was evidence of significant rates of interpersonal adversity. In particular, more than half of the sample had experienced interpersonal violence, with 57.5% directly affected by community violence and 41.4% affected by domestic abuse. Further, almost one-quarter (24.9%) reported that they lived in areas where paramilitaries were *'highly active'.* Indeed, many participants experienced poly-victimisation. That is, there is evidence that they had been exposed to a range of violent adversity, across a range of contexts. There was a correlation between these experiences and higher rates of anxiety, depression, life satisfaction and collective efficacy. In particular, violence appeared to affect connectedness to community, with those most directly affected by violent trauma, also most likely to fall into the *'lack of belonging'* category.

- Worryingly, there appeared to be low confidence in the police to keep communities safe. Only 4% of this sample believed that the police could be trusted to do so. Further, it was in those communities most affected by paramilitarism that confidence

was lowest. This illustrates that there are issues beyond the scope of this programme to address, but are intimately connected to other areas of work. It is vital that coherent conduits enable shared learning so that policy priorities can be informed by relevant data such as this.

Despite the complexity of needs, the data demonstrates that across a range of areas there was a significant impact in a relatively short period of time. Whilst interview data captured the requests from organisations to extend the implementation period, this evaluation suggests that gains can be achieved quickly and rather than extend the period, it could be prudent to facilitate a greater number of projects within the same time period.

These gains were particularly observed in regard to mental health, self-efficacy and collective efficacy, all of which are related to benefit 1 (increased resilience to paramilitarism and coercive control). There was also evidence of areas that the Programme Board, Department and delivery partners could consider as the programme is refined.

- Overwhelmingly, the participants believed that their engagement on the programme had a positive effect on their mental health with 89.5% strongly agreeing or agreeing to the statement at end-point. (Benefit 1)

- Further, there was a statistically significant increase in life satisfaction and self-efficacy, a statistically significant increase in accessibility of social supports/services as well as collective efficacy, and reduced rates of probable depression and anxiety. Despite these significant changes over a relatively short period, it is not known if, and for how long these changes might be observed. A T-3 follow up could help to identify the extent to which these gains are sustained. (Benefits 1, 2, 3)

- Whilst there was no observable impact on employment or training, almost half of participants believed that they had the skills to do so even at baseline. Further, there was a significant increase in participant's belief that they have the skills to engage in such provision and indeed this was evidenced by the fact that there was more than a thirty percentage point increase in the rate of women engaged in volunteering by the end of the project. (Benefits 2, 3, 4)

- Whilst it was evident that many women lived in contexts that were characterised as being violent, there was no statistically significant change in women's sense of safety. (Benefit 1)

- Few women at baseline reported a lack of confidence in managing their children's behaviour. Further, there was no evidence of any impact in the area of family functioning and/or the take-up of family support services by end-point. (Benefits 3, 4)

In light of this formative evaluation, a number of recommendations are proposed for consideration. These include recommendations for the strategic development of the programme, the commissioning of services and also for consideration by the local projects delivering on the priorities.

For consideration by the Department for Communities:

Recommendation one: Whilst it is evident that each organisation which bid for the resources do so in the context of local need, and the skills available within their respective organisations, it could be beneficial to the Department to elucidate the mechanisms by which impact is achieved and to develop a coherent Theory of Change (ToC) that is aligned with the programme benefits that have already been defined (specifically community resilience). Despite a variety of activity, this ToC could be applicable across the sites.

Recommendation two: To help to facilitate this, there is a need to better define the primary outcome, as well as a series of secondary outcomes that are aligned to the Benefits Management system agreed with the wider Tackling Paramilitarism and Organised Crime Programme.

Recommendation three: There is a need to capture the specific activities being undertaken and to examine their relative effectiveness in achieving the desired outcome (see recommendation one). Whilst there has been an observable and measurable change across a number of areas, there is a question around whether this impact could be enhanced through being more targeted (in regard to the population and response), as well as being more considerate of how projects could explicitly embed evidence informed responses in their projects.

Recommendation four: In order to help facilitate this, it is recommended that a pre-application process is facilitated to help orient potential applicants towards designing projects through an evidence and trauma informed lens. This could involve leveraging resources from other areas of the Tackling Paramilitarism and Organised Crime Programme (e.g., the SBNI sponsored trauma awareness training).

Recommendation five: It would be useful for a third time point during evaluative cycles to assess the extent to which the changes that were observed with this sample are sustained over time.

For consideration by the local project teams:

Recommendation six: Despite the significance of personal safety, few projects specifically addressed this issue, and even where they did, there was little evidence of impact in this thematic area. There is a need to focus on personal safety and violence.

Recommendation seven: Whilst the data from this study infers change across a range of areas in a relatively short period of time, it is also clear that in some area's synergies had led to multiplier effects, thereby extending the impact. In future iterations of the programme, it would be useful for potential applicants to specifically consider potential synergies with other activities/resources and define anticipated multiplier effects.

Recommendation eight There is some evidence that projects did not actively engage participants in conversations or provide opportunities to critically reflect on the legacy of conflict and its contemporary impact, specifically, the impact on women and communities. In future iterations, applicants could consider how this could be consciously embedded into the design of their projects.

A summary of the key points:

As a core element of the Phase II Tackling Paramilitarism and Organised Crime Programme, the Women in the Community projects contributed to the realisation of several key benefits, including the increased participation of women in their

communities; the strengthening of local networks and; increased accreditation and skills. There is evidence that by participating in the projects, participants have gained increased protection against the factors that could make them more vulnerable to paramilitary harms. This is particularly the case in regard to self-efficacy, collective efficacy, mental health and wellbeing.
198 participants completed the baseline surveys prior to their engagement in the programme. (Benefit 2)
Most women report feeling safe in their communities, and yet they also appear to have experienced a range of difficult life events at home and in the community. There is also some evidence that some women struggle to understand and respond to the trauma of their own children and that where skills were imparted, multiplier effects were observed. It would be useful to consider how projects could more consistently embed a trauma informed approach and provide participants with trauma conscious tools. (Benefits 1, 3, 4)
On measures of health and wellbeing, this sample represents a cluster of women from different communities who score significantly below the UK and NI averages. At end-point, there was evidence of statistically significant increases in mental health and wellbeing. (Benefit 1)
A sense of community belonging and access to social supports are important predictors of psycho-social outcomes. Many women in this sample self-reported to feeling disconnected from their communities and reduced access to social supports. At the end of this programme, there were increases in participants sense of belonging. (Benefits 2, 3, 4)

Women who reported feeling least safe, were those who were at elevated risk of paramilitary harms and also least likely to have confidence in policing. This suggests that some of those most vulnerable to harm, are least likely to trust the services that could meaningfully help them. There is a need to specifically address the attitudes and beliefs that increase the legitimacy of paramilitaries at a local level and leverage these insights to other areas of policy and practice. In particular, there is a need to ensure that policing policy embeds evidence gleaned from studies such as this into their local policy strategies. (Benefit 5)