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Developing Women in the Community

**PROGRAMME
EVALUATION**

**DR COLM WALSH
2023**



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**The Tackling
Paramilitarism,
Criminality,
& Organised
Crime Programme**

**DfC Developing Women in the Community
Extended Groups 2022/2023**

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Introduction

Contextual harm in Northern Ireland and the role of women

This year, Northern Ireland marked the twenty-fifth anniversary of the signing of the Good Friday Agreement—symbolically recognised as the watershed in the Northern Ireland conflict. Delegates from within and outside of Northern Ireland in the lead up to and since the anniversary have forensically examined life here before and after 1998. The consensus: an imperfect peace is better than no peace. There is little doubt that communities have benefitted significantly—materially, psychologically and socially. Life for many is unrecognisable now compared with the decades prior to 1998. Despite these advances, however, there are communities that have not experienced the same level of progress. These communities, which tended to be most impacted by violence and deprivation during the troubles, remain the communities where violence and deprivation continues to be clustered. Just as people have not experienced peace in the same ways, people have not experienced violence in the same ways. Paramilitary activity is elevated in these clusters. Armed groups, purporting to protect communities exploit, manipulate and coerce (Walsh, 2023). These forms of violence affect women in different ways to men (DfC, 2022). Other forms of violence are also highly common, with domestic abuse remaining high, hate crimes at the highest level on record (PSNI, 2023) and Violence against the Person increasing exponentially post-Covid.

Physical injuries sustained from physical violence can be highly problematic, with many seeking medical support (Walsh and Smith, 2022). However, exposure to violence is also known to increase other problems, such as mental health difficulties, with women at elevated risk of diagnosable conditions such as mood disorders and stress related disorders compared with men. Traditionally, the areas have been most economically marginalised in comparison with other NI communities are also those where rates of violence are comparatively higher, and within the context of economic deprivation, women are often most vulnerable to its effects.

The post-Brexit context; the onset of public health challenges during covid-19; as well as the ongoing cost-of-living crisis has only served to exacerbate these issues—making vulnerable groups all the more vulnerable, and these vulnerabilities can become mutually reinforcing. A

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recent study by Walsh (2023) examining the nature of criminal exploitation in NI found that these types of contextual harms can create pathways for criminal harms to endure.

The Cross Executive Programme on Paramilitarism, and Organised Crime (EPPOC)

The *Tackling Paramilitarism, and Organised Crime Programme* works across Northern Ireland to support people and communities at various level of risk and with varying levels of need. Recognising the systemic impact of violence and paramilitarism across a range of outcomes, initiatives are delivered collaboratively by government departments, statutory agencies and partners in the voluntary and community sector. The Programme is an ambitious, multi-disciplinary and transformational change programme working to deliver the NI Executive's priority of addressing the challenging issues associated with paramilitarism and higher-harm violence in Northern Ireland. The overall aim of the Programme is to achieve safer communities, resilient to paramilitarism, criminality and coercive control.

The pilot programme

In 2021, the Department for Communities (DfC) supported by EPPOC launched a pilot programme to support women in communities most affected by conflict and known to have experienced the enduring effects of violence and underinvestment from a range of empirical and administrative data. It is within these areas that paramilitary activity, poor mental health, rates of unemployment and educational underachievement remain elevated and that were targeted by the pilot. The overarching aims of the programme were to provide women living in these areas with the skills, knowledge and confidence to affect change in their local areas and to take on leadership roles in their local communities.

Key to the pilot was providing local community organisations operating within these areas with access to resources and support to design contextual and culturally relevant projects and use those to build sustainable capacity. Applicants were invited to consider the specific needs of women in their local community and consider including a range of thematic modules that focused on:

- Confidence and self esteem
- Communication skills

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- Personal development
- Teamwork and collaboration
- Self-awareness
- Roles of women within the family/community
- Problem solving
- Leadership

The pilot was delivered across fourteen areas during 2021/22, reaching more than two hundred women. A highly positive evaluation was published by Queens University Belfast (Walsh, 2022), with recommendations for further refinement. These observations were welcomed by the project Advisory Board in June 2022 (DfC, 2022) and recommendations embedded into the design of an extension to the pilot.

Conclusions of the evaluation of the pilot:

Despite a relatively short pilot, significant gains were observed with the potential for multiplier effects. That is, at a personal level, the outcomes were related to improved mental health and wellbeing, self-efficacy and collective efficacy. However, the gains did not appear to be limited to individual level improvements. Participants described being connected to wider community networks and systems of support. Many also described taking on volunteering and leadership roles in their local community, thus cascading the impact further.

A number of data driven recommendations were accepted by the Advisory Board and adopted by the Minister. These included the development of a clear Theory of Change in which to anchor future activity to; to define the outcomes in line with the benefits realisation framework; to capture the specific activities in a more coherent way; to embed trauma informed practices within the delivery; and to consider synergies across the programme.

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The current evaluation

Following the external evaluation by Queens University (Walsh, 2022) and the report of the Advisory Board, Minister Hargey (DfC) approved a number of recommendations including:

Recommendation 12- to partially fund the 14 existing organisations from pilot in 2022/23 (£140k i.e., £10k each) to support women into roles within their community up until end March 2023.

The current report captures the experiences and learning from the implementation of recommendation 12 and the added value of the extension of the programme.

The overall aim of the evaluation is to assess the programme's contribution to the wider Executive Programme on Paramilitarism, and Organised Crime.

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 and case study material. To increase validity, the survey instrument and interview schedule were designed prior to data collection and analysis. Participants completed their baseline survey online using a link provided by the delivery organisations within two-weeks of commencing. Another survey was administered before the project closed.

Qualitative data

Focus groups were undertaken with project leaders at the beginning of the project in order to capture aims, objectives and expectations for the locality based responses. The interviews followed a semi-structured format, thus allowing for flexibility in the questions and to allow the interviewer to respond dynamically to themes that emerged inductively.

Focus group interviews were undertaken with participants at the end of the project in order to capture perceptions of the project, experiences before and during it, and to also capture any areas that participants believed that the projects in their local area could be enhanced in the future. Again, the facilitation was semi-structured, with an interview schedule sufficiently flexible to allow for capturing themes that had not been considered a priori.

Quantitative data

Measures

Demographic data

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

Continuous household survey (CHS)

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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-scales 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. Responses 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

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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 with project leaders and with project participants. A reflective thematic analysis, using an iterative coding process was employed (Braun and Clarke, 2019) was implemented. 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.

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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, whilst independent samples t-tests were used to determine within group mean differences. McNemar and paired t-tests were used to analyse differences between baseline and endpoint.

The process was also informed by the development of a comprehensive Theory of Change (ToC), (see fig. 1) recommended in the evaluation of the pilot (Walsh, 2023), included in the report of the Advisory Board (DfC, 2022) and adopted as a recommendation by the Minister for Communities. The ToC sets out in a clear manner, the outcomes that the programme reasonably expect to achieve and how these relate to the higher level ‘benefits’ adopted by the TPCOC programme. They also provide the basis for measuring progress. Despite the array of activity identified during the pilot phase, it was evident that these could be clustered into thematic areas. This would enable articulation of the activity much easier and improve understanding of what was done and to what end. The interventions clusters have been informed by the INSPIRE framework for violence prevention, an evidence informed approach to violence prevention, adopted by the UN and WHO.

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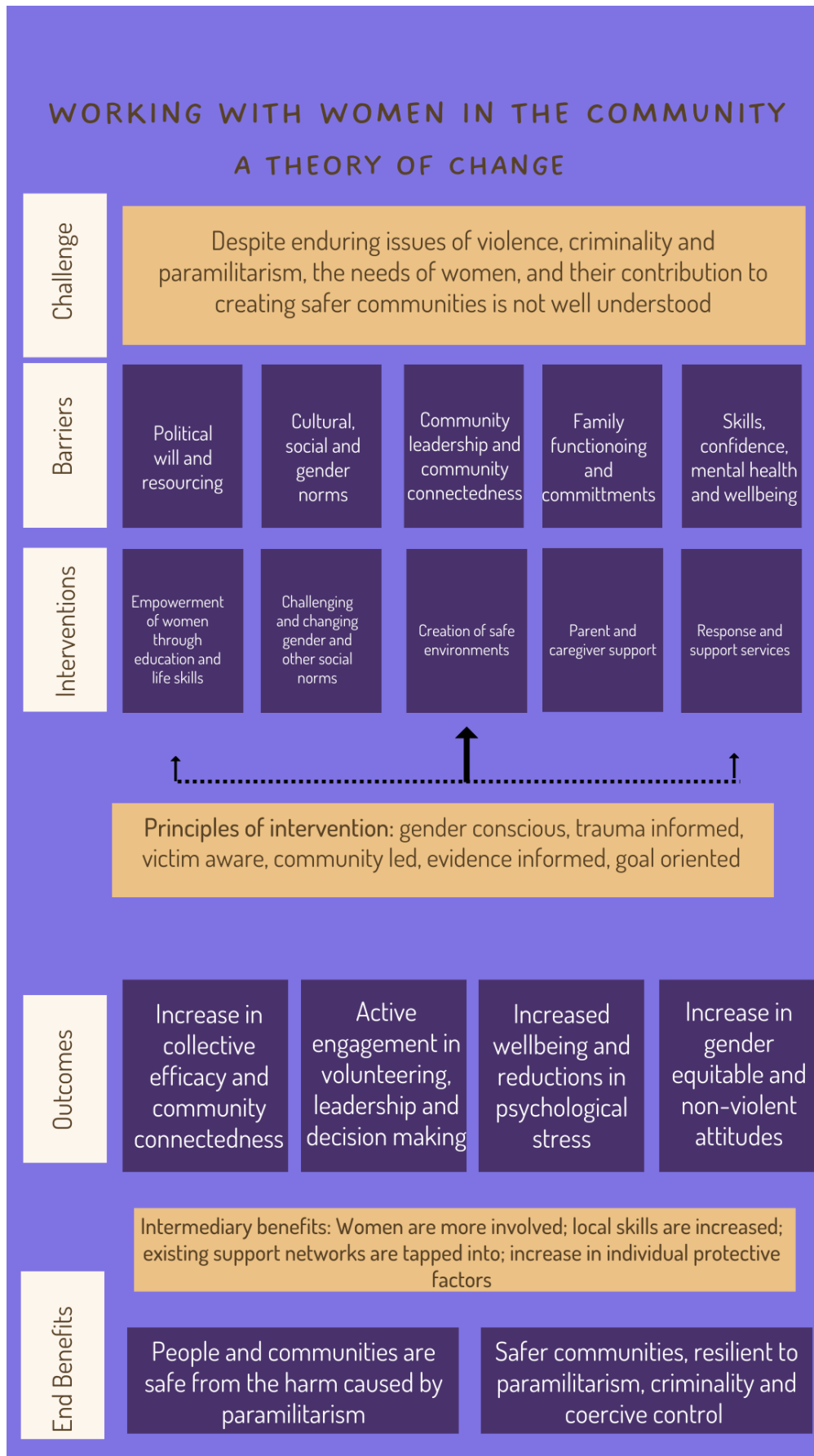


Figure 1: Theory of Change

Findings

Participant characteristics

A total of 226 respondents completed a survey baseline. On average, participants were 38 years old, however, there was significant range (see table 1). Over one-third (35.9%, n=80) of participants lived in areas that they characterised as being CNR. A similar proportion lived in areas that they self-reported to be PUL (38.1%, n=85). There was alignment between how participants characterised the areas that they lived in and their own identity ($X^2(6, n = 223) = 172.37, p < .001$). That is, those who identified as PUL tended to report living in a mostly PUL area. The same was true of other identities. Interestingly, however, CNR individuals were more likely than those who identified as being PUL to live in more politically neutral areas. The participants were overwhelmingly white (93%).

More than four-fifths of the participants reported having caring responsibilities, with the most commonly reported being childcare. However, others also reported caring responsibilities for individuals with disabilities (66%) and with older individuals (44%). Interestingly, age did not appear to either increase or decrease the chances that participants would report to have caring responsibilities. Given the age range, this suggests that even relatively younger women appear to have caring responsibilities. Likewise, relatively older women also retain caring responsibilities for others.

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Table 1: Characteristics of participants

Characteristic		N/M	% /range
	Age	38	13-79
Religion	RC	96	43.6
	Muslim	6	2.7
	Other	7	3.2
	Protestant	97	44.1
	None	14	6.4
Ethnicity	White	205	93.2
	Mixed ethnicity	9	4.1
	Missing	6	2.7
Sexual orientation	Heterosexual	200	92.6
	LGB	9	4.2
Not in education, training or employment		92	42.8
Any mental or physical health issue	Mental	100	87.7
	Physical	82	72.9
Caring responsibilities	Anyone		84.2
	Child	112	84.2
	Person with a disability	34	55.7
	Older person	22	44

N= number M= mean or average

Community and Connectedness

That majority of participants reported at baseline that they felt that they belonged in their communities (67.3%). Although proportionally less participants reported that their communities were ‘close knit’ (49.7%). More than two-thirds of participants believed that they could access support for themselves (68.8%) and/or for their families as and when they might need that support (70.2%).

There appeared to be a genuine desire among most participants to contribute to the community. Whilst many had previous experience of leadership and/volunteering, a higher proportion reported that they would like to engage in leadership roles and to volunteer (see fig. 2). Participation also appeared to be related to belonging. For example, 100% of those who reported not feeling a sense of belonging in their local area neither volunteered nor held a leadership role ($X^2(4, n = 209) = 10.04, p = .04$). Of course, the direction of influence

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is not clear, and it is perfectly reasonable to assume that through participation, belonging could be enhanced.

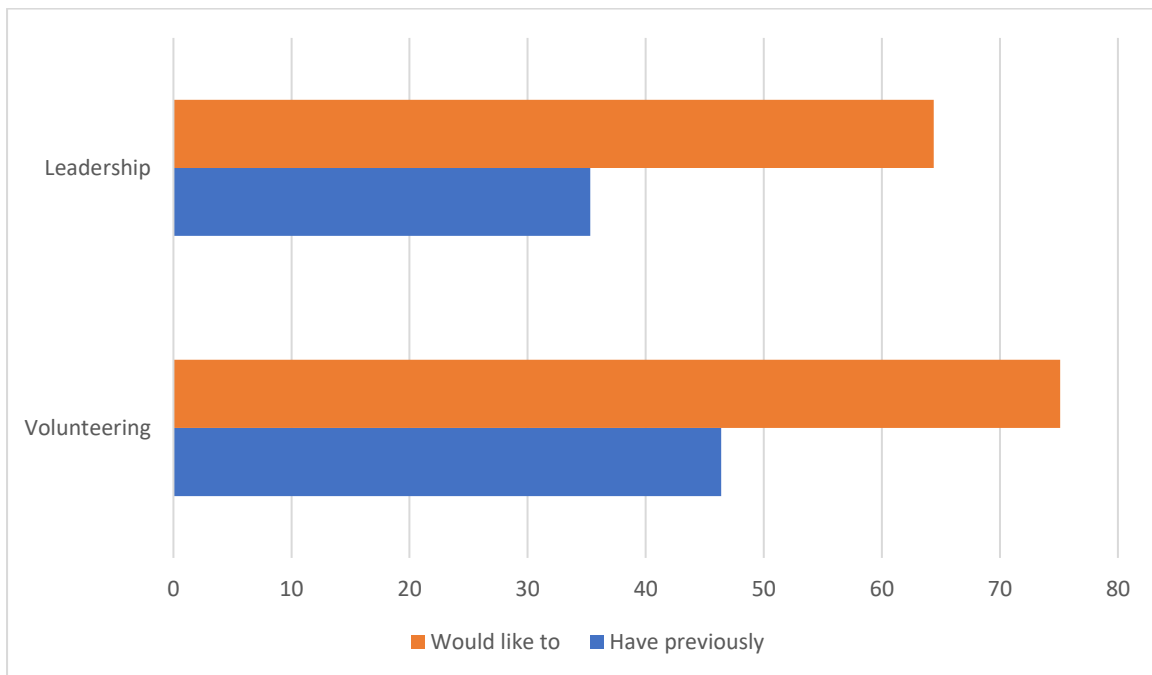


Figure 2: Leadership and volunteering at baseline

Most participants reported feeling safe in their communities. In fact, 59.7% (n=129) agreed or strongly agreed with the statement that ‘my area is safe’. Only 11.1% reported feeling unsafe, with the remainder ambivalently reporting. Sexual orientation nor known mental health issues was not related to increased or decreased sense of safety among the participants. However, community identity was related to sense of safety. Specifically, those from a nationalist area were significantly less likely to report feeling safe in their communities compared with either those from a PUL area and those from areas not explicitly perceived as nationalist or unionist ($X^2(12, n = 216) = 67.59, p = < .001$).

Contextual harm

Despite only twenty-four individuals reporting that their community was unsafe (11%), it appears that at baseline many of the participants reported having had experienced a range of contextual harms. For example, one hundred and twenty two individuals (62.3%) reported that paramilitaries continued to be active in their communities, with almost one-in-five (18.9%) reporting being directly threatened by the paramilitaries and almost two-fifths (38.3%) reporting being a witness to paramilitary violence. However, these contextual harms

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were not isolated to paramilitary activity. On average, each participant reported experiencing two specific difficult life events such as violence in the home and violence in the community (See fig. 3). This ranged between 0 and 8 distinct life events, with interpersonal violence highly prevalent (52.2%) and also highly inter-related. For example, 57.4% of those who reported experience domestic violence, also reported being witness to violence in the community ($X^2(1, n = 226) = 15.84 p = < .001$) and 27.8% of participants who reported domestic violence also reported being the victim of sexual violence ($X^2 5.69, 1, p = .02$). Prevalence of adversity and potentially traumatic responses was an observation that remained stable since the evaluation of the pilot. A recommendation following the pilot was to embed a trauma informed training programme. This appears something that the programme team at DfC invested heavily in. For example, project leaders were invited to take part in trauma informed training facilitated by the Safeguarding Board for Northern Ireland and there was evidence that participants engaged in trauma informed training at a local level as well.

We had opportunities to explore ACEs and trauma informed approaches. It literally lifted a weight off people's shoulders because they connected with this on a very real level. All the trauma that they had experienced made sense.

I can't tell you the difference that this has made. We did 'heal your life' course. Fantastic! I couldn't praise the girl enough. It changed everything in my life. I'm not joking. I feel like a person now.

Interestingly, older age was associated with greater likelihood of reporting being the victim of domestic violence at home ($t(222) = 2.17, p = .03$) and younger age was associated with greater likelihood of being exposed paramilitary violence ($t(220) = -1.65, p = .04$). There was no statistically significant difference in the age of the individuals and sexual violence or community violence.

There was a statistically significant correlation between the number of difficult life events experienced and the age of participants. That is, maybe unsurprisingly, older participants were more likely to report experiencing multiple types than the younger participants ($r = .21, p = .001$).

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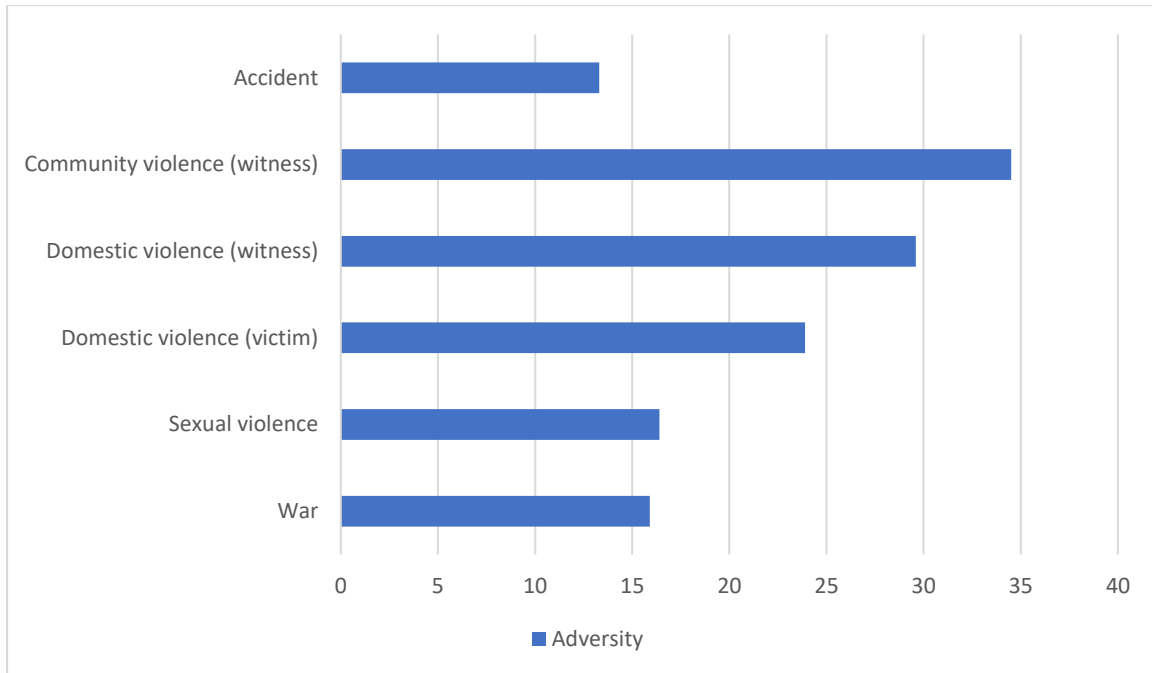


Figure 3: Participant adversity

Adversity is now well-established to be connected to the onset and duration of a wide range of psycho-social outcomes. These include contributing to the development of, and exacerbating mental health difficulties, an issue that was highly prevalent across the group. Almost nine-in-ten participants reported having a known mental health issue (87.7%). To enhance these self-reports, the surveys also includes validated mental health screeners for anxiety and depression. 48.7% of participants screened positively for probable depression and 53.5% of participants screened positively for probable anxiety. These are two of the most commonly diagnosed mental health difficulties and are also highly inter-related. In this group, 75.5% of those with probable depression also screened for probable anxiety ($X^2(1, n = 226) = 39.68, p < .001$). Further, there was a positive correlation between the number of adverse life events experienced and scores on the measure of depression ($r = .19, p = .005$) and also on the measure of anxiety ($r = .22, p = .001$). Being exposed to interpersonal violence appears to be highly important in regards to mental health. For example, 65% of those with a mental health issue reporting being exposed to interpersonal violence compared with only 21.4% who had not experienced such violence ($X^2(1, n = 114) = 9.73, p = .002$).

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Despite the harms that had been experienced, some of which appear to be criminal, only 32.9% of all respondents reported that the police could be trusted to keep their communities safe. Those with greater confidence in the police to keep communities safe were more likely to also report that their own communities were safe ($X^2 = 90.84, 14, p < .001$). Likewise, those who reported greater levels of paramilitary activity in their communities were also more likely to report feeling less safe ($X^2(20, n = 193) = 55.76, p < .001$). Maybe unsurprisingly, those living in those same areas were also least likely to report confidence in the police to keep them safe ($X^2(20, n = 191) = 43.56, p < .001$).

Outcomes

A total of 103 participants were matched with pre and post surveys representing 49% of the total number of baselines collected. Participants reported being involved in a range of activities. These includes mixed modal support such as group work (87.1%) and individual mentoring (74.2%), as well as various thematic activities such as those that challenged participants attitudes and beliefs (74.2%). Findings from the evaluation of the pilot had highlighted how some participants had wanted more opportunities to discuss the issues that affect them in the community such as violence and paramilitarism. Evidence from this evaluation demonstrates that groups had proactively sought to create safe spaces in which issues such as these could be discussed and the impact of those discussions.

There's a big issue with paramilitaries here. Everyone knows it but when do you talk about it? You don't and maybe you felt like you can't? My wee boy got into bother and turned to different things. This group has help to reduce the barriers and stigma.

Through these conversations, we got to know the local women better, these conversations came up-drugs, paramilitaries and deprivation and housing.

We asked the women about what they wanted and something they wanted to look at was women's role in conflict and conflict resolution. We did a 4 week course on that.

In [our area]-in the first group we gave women a voice and talked about situations re the troubles and at the start, people were very interested and told their own stories.

This second phase, it's crazy the stories that are being told. They are able to learn

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from each other and realised that they have a lot in common. What brought them together so closely was being able to talk about their ACEs and conflict. One of the ladies described issues as just normal. Our group has gelled and feel together from the pilot. This has took a long time to develop

The majority reported being engaged in these activities on a weekly basis with a small number reporting daily contact (see fig. 4).

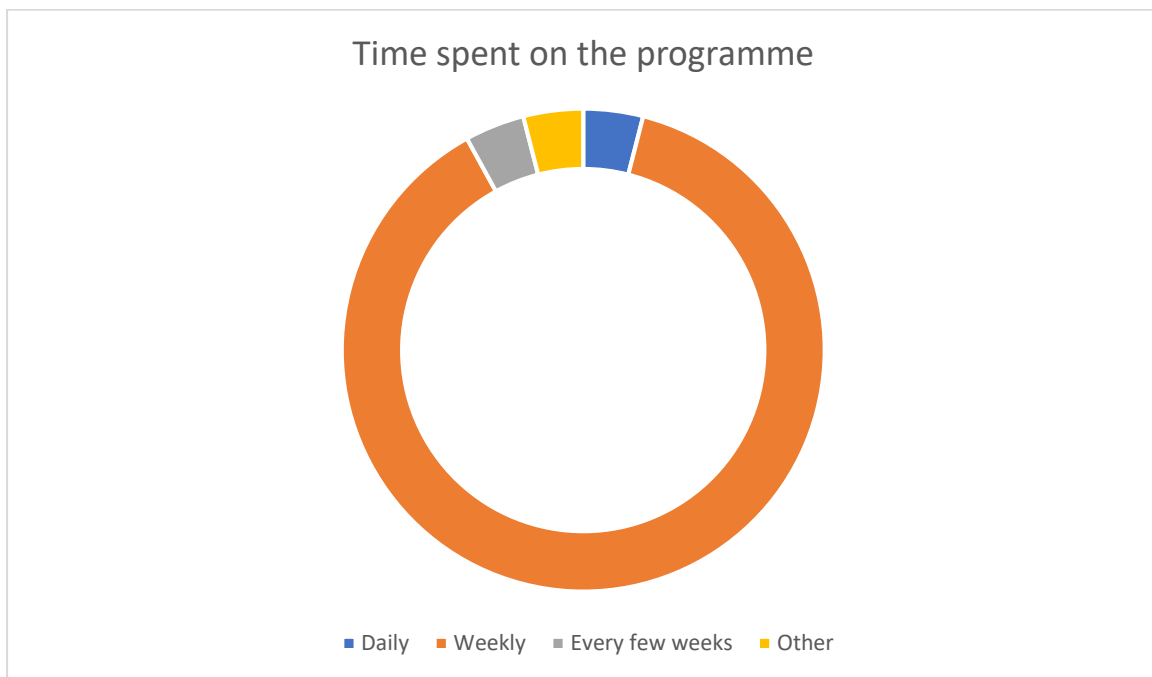


Figure 4: Time spent on the programme

Aligning these activities to the INSPIRE framework for violence prevention, participants described programmes using a variety of approaches such as education and life skills and family support (see fig. 5).

For the extension, the work was very focussed and targeted. For example, in our group there was support for children with autistic children and supporting parents as educators.

The things we did were fun, but they were also useful. Like, with the cost of living and all that there, people don't have the same money to make things. We did a cookery course, teaching us about slow cookers and recipes that could do three days' dinners. It was so handy and healthy.

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I signed up to this programme as I had heard about the Solihull approach and I was interested in learning more. I am always keen to learn different ways to manage and support my children's behaviour and emotions, so thought this was a great opportunity. I found the programme excellent. It promoted my understanding of my children's behaviour and triggers and encouraged me to look at myself and my own reactions and responses to my children in stressful situations. It gave me an opportunity to reflect of my approach to my children, in particular how I took time to connect with them and understand what is going on behind the behaviour. Since I did the programme I have made a conscious effort to play with my children and talk to them and help them manage their big emotions. I have noticed that my children have become much calmer and our household is much more peaceful as a result!

Interestingly, there was some variation in the types of approaches across group types. For example, those from a PUL community were more likely to have engaged in approaches that target norms, family support, and the built environment; those who felt less safe did not engage in either work around norms or the built environment; those with mental health issues were no more or less likely to engage in attitudes and belief work, family support or mentoring, all of which could potentially help improve outcomes further. So, whilst it is to be commended that the areas during this phase of the programme can more coherently describe what they are doing and align this to international frameworks such as INSPIRE, it is not clear how well these approaches are connected to the needs of their specific target groups. For example, it was clear that participants benefited from specific focus on thematic areas such as income strengthening and/or education and life skills.

We were doing personal development, but that was all connected to upskilling too. Like we worked with a seamstress who helped the group get ready for international women's day and they learnt new skills

I have completed an OCN in Community Development at Levels 2 & 3, personal development training and training on the different social issues that affect our community here in [my area]

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However, it appears that whilst this might be a useful approach for those who are not in education, training or employment, but this group were equally likely as other groups to engage in such areas (64.3%/60%). It would be useful for sites to use the DfC data to help refine the process for deciding firstly the mode of delivery and secondly the types of INSPIRE approaches that could more closely respond to the needs of their particular group. That said, the majority of participants (82.8%) reported that they understood the purpose of their role on the project, however, only a minority of participants reported that their personal goals had been achieved fully (8.3%) or even a little (16.7%). Further, there was some evidence that the activities had a material impact on tangible outcomes such as training and employment.

Where am I now? I am in a part time job with a Community Organisation and through the training and education I received through the program I have been accepted into university to do my community degree, this has changed everything for me my outlook on life, I now have a better understanding of how our communities work and what it takes to build our communities and the very important role we as Woman have and can play to bring about lasting change- Thank you for this amazing opportunity.

Understanding the pathways for women who are more isolated appears to be an important area. Connecting women to the support when they could benefit most was possible through relationships. Sometimes these were familial networks and in other cases, these were through professional relationships. As one participants noted:

I have benefitted from new skills that help with my community work but also my personal life too. Being pushed out of my comfort zone like doing some of the training and the photographic exhibition was hard but looking back now I can feel they were really good things to do. We are hoping to do other programmes and keep the momentum we have built going. Can't thank [the organisation] enough especially X for all her help and support and for encouraging me and the other women to get involved – loved it!

In another case, a participant in her thirties described how her sister has seen an ad for the programme on social media and encouraged her to join. The women explained that she hadn't

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left her home *'in a very long time'*. She described herself as *'a recovering alcoholic'*, and her background was quite complex. She left school when she was 15 with no qualifications following a relationship that was *'very negative'* and eventually realised that she was the victim of persistent domestic violence. Despite the impact of these experiences, the participant recognised that there was an opportunity to build a better life for her and for her two teenage children. Together with the coordinator, she set small achievable goals each week, and each week celebrated those wins. The participant described how the group gave her some confidence back. How it helped her trust other people again, and how it makes her feel worth something. She described how being able to access other opportunities through these contacts were vital. Afterschool programmes helped the children and she was able to sign up to accredited courses, achieving 2 separate OCN's-something that she described as being deeply proud of being the first qualification she had received. The participant described how she now plans to rent a chair in a local salon and get back to work.

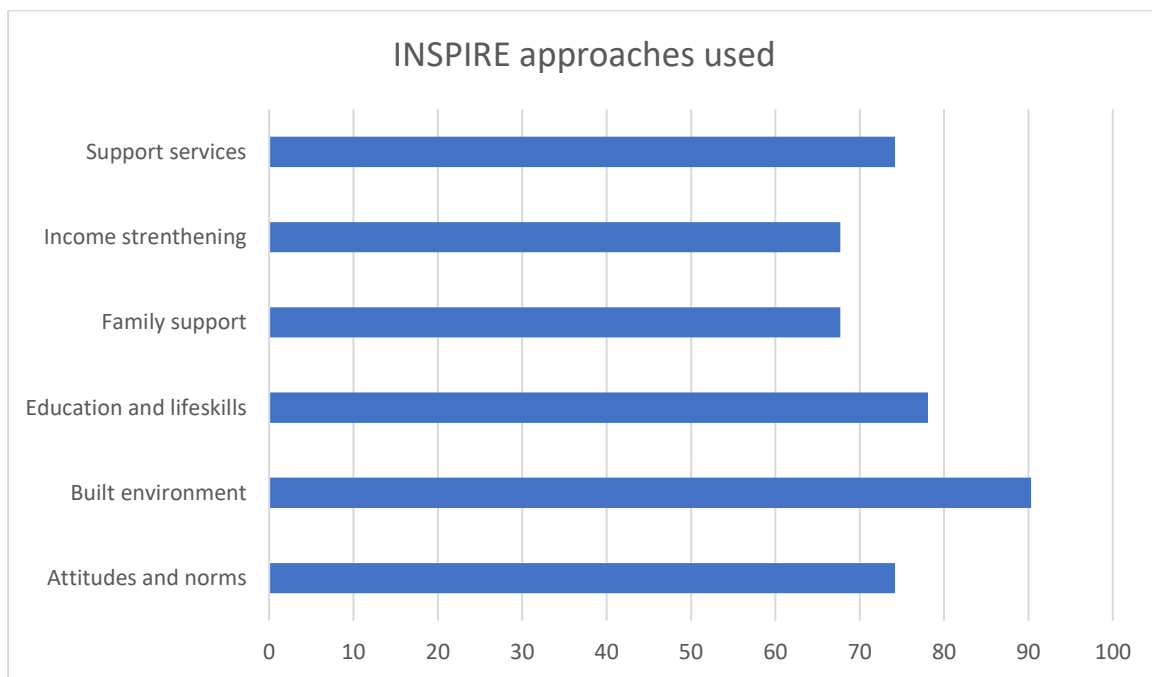


Figure 5: INSPIRE approaches implemented

The baseline data and qualitative evidence demonstrates the complexity of mental health and wellbeing needs of the participants. As noted by one local leader, *'as the survey data illustrates, the needs of women were often complex'*. However, the majority of participants

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reported that their mental health had improved since the beginning of the programme (88.6%). As several participants commented:

[This programme] has helped me with my mental health and wouldn't leave the house and I come out every day. I was sick looking at the same four walls and the girls are brilliant. We've had two residential's".

What I will say though is that my mental health has improved leaps and bounds. Even during the programme a couple of sad things happened that could've impacted and affected me a lot worse than they did and I know that that was because I had the other women to lean on and we had each other. Coping skills and learning to take time out for yourself is definitely a game-changer for me as I never felt like I could relax.

Further, it appears that participants were more aware of the supports that are available to people in the community at endpoint (89%), and that they were confident in accessing those supports (87.5%). To complement the self-report responses, validated screening instruments were used across multiple time-points. Using McNemar's tests for repeated measures, these also show improvements across a range of mental health and wellbeing measures. For example, 39.3% of those with probable depression at baseline, no longer scored above the clinical threshold at time 2 ($p=.021$). This was not the case with probable anxiety. The programme did not routinely offer therapeutic treatment and therefore it is not wholly clear what specific factors contributed to these changes, however, what is clearer is that the participants generally appreciated the time together, the positive spaces to interact with one another, and to contribute to something meaningful. Combined, these appear to be the mechanisms underpinning the changes in wellbeing.

As one participant explained, she had been living in a very difficult situation for some time. Two of her children had diagnosed developmental disorders and all three were presenting with challenging behaviours. Combined, this meant that the participant was spending a lot of time attending court, hospital, school, and social work meetings. She was unable to work and this was contributing to her own deteriorating mental health. Home was not a safe place and she had been a victim of domestic abuse herself. She described how the programme had a tangible effect on her wellbeing. Having time away from home and the routine challenges meant that she was able to get some breathing space, speak with other women and complete

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several training programmes. One of the most important achievements for the participant was achieving her Level 5 in leadership and management. The participants explained how she is currently an active committee member in the area and has found strength and support from others-something that she wants to pass on to others in the community.

Despite issues of violence and personal safety emerging from the baseline data, there was no statistically significant change in participant's sense of safety across the two time points regardless of perceived community identity.

Across a range of metrics, participants had observable improvements in regard to personal development. For example, in regard to self-efficacy at baseline ($M=14.73$, $SD= 5.4$), there was a statistically significant improvement by end-point ($M=18.07$, $SD=5$), $t(101) = -5.2$, $p<.001$). Likewise, there were improvements in regard to locus of control scores at baseline ($M=14.62$, $SD= 2.98$) and end-point ($M=16.21$, $SD=3.8$), $t(101) = -4.1$, $p<.001$).

Participants generally self-reported that they felt more connected to their community and that they were more aware of the supports available. For example, 68.85 of participants at baseline agreed that they had a support system, but this increased 85.6% by endpoint. Further, 67.3% of participants reported that they felt that they belonged in their local community at baseline, this increased by a further 10 percentage points to 77.7% at endpoint. To test objective and observable improvements in this regard further, a measure of collective efficacy was used. There were a statistically significant decline between baseline and end-point on this measure ($t(101) = 2.1$, $p=.04$), however, this was just at the point of significance and further, the effect size was small ($\eta^2=.05$).

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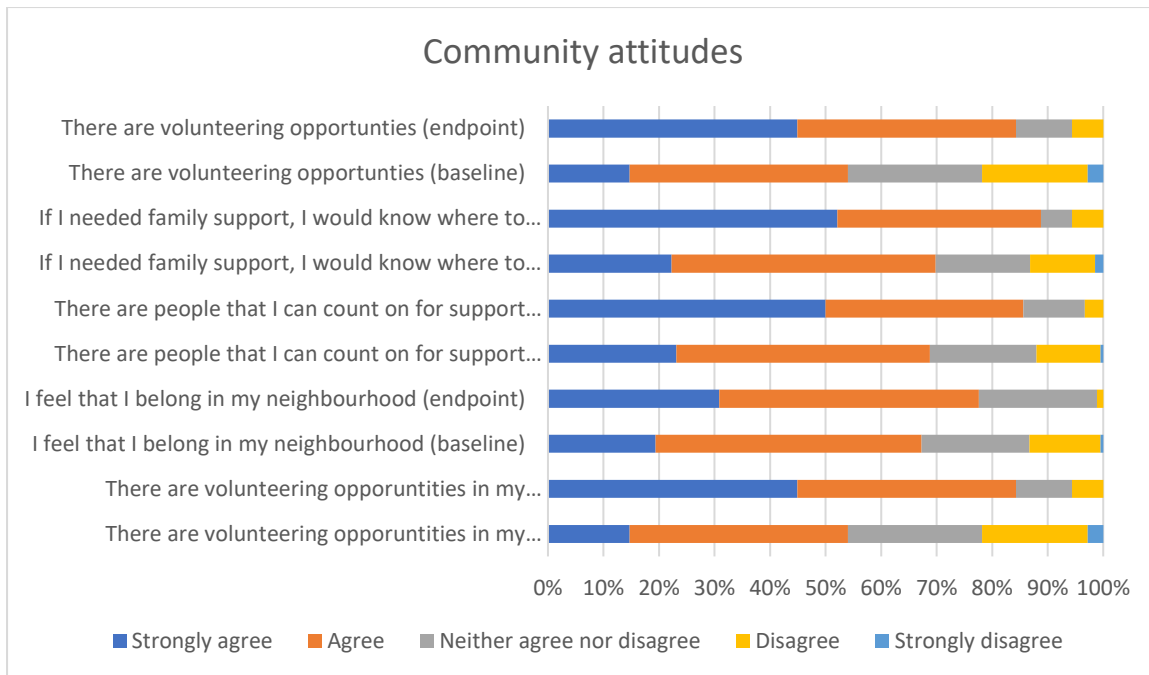


Figure 6: Community attitudes

Participants generally self-reported that they felt more involved in the community and that they had more opportunities to be actively involved in the community as volunteers and as leaders (see figs. 7 and 8). For example, at baseline, 35.3% of participants reported having had a leadership role in the community. This increased to 60.8% by endpoint. Similarly, 46.4% of participants reported that they volunteered in their local community at baseline. This increased to 79.2% by endpoint. This data supports qualitative evidence taken from interviews.

I've been involved in the community for years now, but the majority haven't and this has given them the confidence to take part and lead things...people are using their skills for others and one person in our group has joined a management committee.

I have had opportunities to put my skills into practise by piloting a drop-in service within the Centre for other women, completing additional training through the Centre to become a group leader for our maternal mental health support group and becoming a member of the Centre's Management Committee. Recently as a group we developed a survey to assess the education and health needs of women in [the area], 52 local women completed this survey online and the results will be used to apply for funding for future education and health programmes in the Centre. Two years ago I

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would never have had the confidence to do this type of work but my confidence has grown greatly by taking part in the programmes.

We're trying to get all of the community involved and start community programmes. We have all of these suggestions and are going to go to the council to get funding for it. The bonds that we have built will never be broken. This community has. This girl sitting beside me has started volunteering with Carrick. This is start of trying to pull the community in.

One of the best things I felt about the programme initially was that we were all asked what we needed to make ourselves feel better and become effective leaders, like skills and training and confidence building workshops. Some of us have been doing different things in the community for years but never really had any formal training in certain things or if we did we forgot it ha-ha! Although my family would say I am outgoing and can talk all day long, I am not like that during all situations and can feel quite nervous and anxious at times especially when it involves others or taking the lead. It's better to hide behind someone who knows what they are doing. But the workshops and training have helped me gain confidence and become a better communicator. I've also learnt skills on how to meet others in the middle as I can be quite stubborn but I'm always willing to learn. Learning how to work restoratively and the restorative circles was useful for me to help diffuse issues on a personal level too.

Maybe unsurprisingly, the effects appeared to be stronger for those in part time work ($p=.002$) and those not in education, training or employment ($p<.001$).



Figure 7: Leadership at baseline and endpoint

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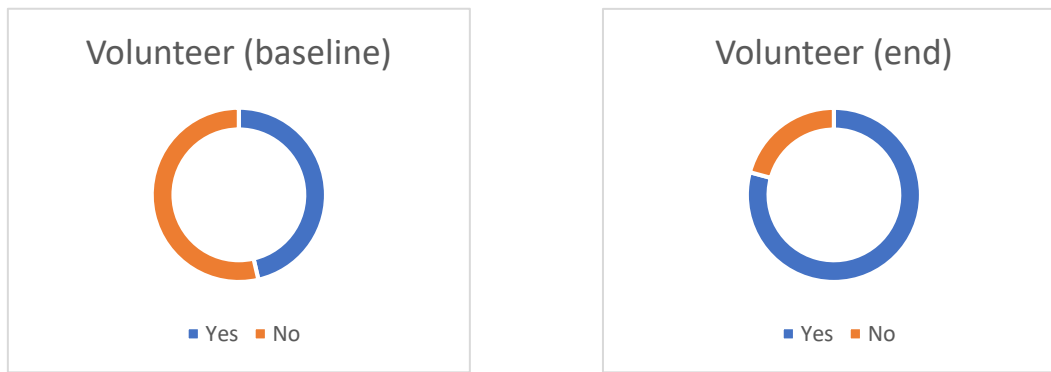


Figure 8: Volunteering at baseline and endpoint

An important outcome that is more difficult to measure through the standardised survey tool was the synergies that were created between the participant's groups regionally, and also the multiplier effects that emerged from the women driving the activities in a new, but complementary way.

A few of the different groups had met across and we're working on different things together. I'm working with young people from one group for example.

It's quite amazing what these women are doing with such little investment. They are engaged with community counsellors who are helping them find a venue where they don't have to pay rent and now looking to set up a constitution and get funding. That is no doubt going to benefit the rest of the community?

There were many reports of how the participants in one area created bonds with women involved in the programme in another area, with several starting their own 'WhatsApp' groups to exchange ideas and were adamant that regardless of funding, would sustain those relationships and sustain the hope that they, as community leaders, could make a positive difference.

We have a WhatsApp group of 60 women in it and we want this to continue. Even if you don't have the funding will continue on.

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We have already been supporting each other at different events – it's brilliant to see and hear what other women are doing in their communities and it gives me a buzz to think we could do the same.

Maybe, however, the journey for women and the wider impact on participants can be best summarised by the voices of the women themselves. One participant, succinctly described their specific context before taking part in the programme and the impact that it had on them, and whilst the details are in many ways unique to them, the sentiments mirror what many women described during this process.

My Journey: One woman's reflections

*As I sit here and reflect over the last year and attending the launch of the “Woman Empowering Woman” in November 2022 I just say to myself what a journey what an immensely powerful, inspiring life changing journey this has been for me -
WHY*

I am a 52-year-old Woman, a mother of 4 grown up children and come from a broken very toxic marriage which was a mixed marriage, my children and I lost our home we lost so much, and I had lost all confidants all my self-belief in myself, but somehow, I mustered up the courage to walk into a room filled with Woman that I barely knew.

I had received a letter to invite me to join the group from the lead partner, a beautiful inspiring and empowering letter and I felt so special that I was selected to be part of this group that someone had taken the time to write a letter to me and had thought about me I felt worthy for the first time in many years.

Starting off with self-esteem sessions, self-care one to one sessions were top of the agenda and with our group sessions my confidants began to grow I was not alone so many women living with the same doubting beliefs and low self-esteem and the biggest revelation for me was I was no longer a victim I could fix this I could move on from the toxic relationship, yes I had my bad days still but I have a network of Woman and leaders that held me up when I fell down and as I did for them as we did for all of us , what a feeling what a feeling of belonging . My self-esteem had

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grown so much. I engaged totally in the training and education element of the programme and shocked myself at just how intelligent I was. It opened my mind up completely and I now have a thirst to learn.

As we entered the peace and conflict element this for me was a total revelation. The pain the suffering endured by so many of the woman within, their courage and bravery when they opened and told their journeys through the conflict. It took a while for me to talk about my story through the conflict as I was from 'the other side' so to speak, but I did talk of my experiences and we shared so many stories we cried and we laughed and what has made us even stronger and so respectful of each other and our backgrounds and cultures and traditions is that we all came to the same conclusion it was not worth it - the conflict was not worth all the pain and suffering.

Where am I now - I am in a part time job with a Community Organisation and through the training and education I received through the program I have been accepted into university to do my community degree, this has changed everything for me and my outlook on life. I now have a better understanding of how our communities work and what it takes to build our communities and the very important role we as Woman have and can play to bring about lasting change-

Thank you for this amazing opportunity.

Conclusions

Women live within the context of nested relationships and structures. Where these contexts are safe, stable and secure, they can facilitate women to develop and contribute and achieve their potential as leaders in the community. However, some contexts are an impediment to this and are harmful. Contextual harms may include a range of systems factors such as poverty and deprivation, abuse and neglect, and exposure to violence. These contextual harms can impede development and exacerbate a range of issues. They can be defined as the presence and cumulative impact of risk related structural, social, psychological and educational factors that collectively contribute towards criminal harm (Walsh, 2023).

In line with the evaluation of the pilot programme, these data illustrate the range of issues affecting women. Many of their lives are impacted greatly by a range of contextual harms that have, often over years, impacted on their psycho-social functioning and general wellbeing. This is exacerbated by women's inability /or lack of confidence to access the supports that are available in the community.

The findings from this evaluation demonstrate that the 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 Executive Programme on Paramilitarism and Organised Crime. Further, the approach provides part of a sustainable response to reducing the risks associated with the contextual harms that women often experience in areas most affected by conflict and which continue to experience elevated rates of paramilitarism.

The overall aim of the evaluation was to assess the programme's contribution to the wider EPPOC. The Department (DfC), with guidance from the Advisory Board, set out clearly during the pilot which of the Benefits that this programme would specifically address.

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As noted in fig. 1, it was agreed that those benefits included:

- 1. Women are more involved*
- 2. Local skills are increased*
- 3. Existing supports are tapped into*
- 4. There is an increase in individual protective factors*

This evaluation demonstrates clearly and objectively, using a range of data that the programme is achieving these intermediary benefits that combined with other efforts, are likely to contribute to societal wide and more sustainable changes. Indeed, the end benefit aspired to is that:

- 1. People and communities are safe from the harm caused by paramilitarism and;*
- 2. That there are safer communities, resilient to paramilitarism, criminality and coercive control*

Using a range of validated scales (e.g., wellbeing and mental health screeners) as well as interview data, this evaluation shows significant progress across two-time-points in regard to community involvement (volunteering and leadership) opportunities; increases in self-efficacy and self-belief; significant evidence of participants engaging in local supports, creating synergies across wider supports, and where gaps exist, planning to create new supports; and given the changes across these metrics, there is clearly an increase in individual protective factors.

A coherent Theory of Change has helped the programme articulate its higher-level purpose in an objective and measureable way. It has also enabled the programme team to communicate to groups at a local level their contribution to addressing locality based needs in a culturally and contextually appropriate way, whilst still maintaining alignment to the overall programme.

Connecting the activities to the INSPIRE framework has provided the programme with an evidence informed language that enables diverse activities, each with a common purpose, to

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be clustered in a way that facilitates the design of locally based projects, as well as improves the evaluation of them.

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Recommendations:

In light of this formative evaluation, a number of recommendations are proposed for consideration by the Department. These include recommendations for the strategic development of the programme and ultimately, enhancing the outcomes for women and their communities.

1. Being able to connect activities to the INSPIRE framework for violence prevention proved highly valuable. It provided a coherency to an area that involves disparate and highly variable activities. It also situates the range of activities within an evidence supported framework. Whilst this was useful, further value could be added by connecting the design of phase II to the area profiles. For example, there is now sufficient evidence to support communities in how they understand the priority issues emerging for women in their specific locality. In addition to anecdotal and case study evidence, there are interview and survey data. Combined, these could help to inform the specific thematic needs in local areas (e.g., training or sense of safety).
2. A recommendation during the pilot evaluation was to embed a culture of goal setting so that participants understood the purpose of their participation; that they were actively involved in formulating those goals; and that they were encouraged by seeing the progress made towards those goals. The evidence from this evaluation suggests that although goal setting has been advanced, most did not feel that their personal goals had been achieved. It is unclear why this is the case given that on aggregate, participants were found to have experienced statistically significant changes. Regardless, it would be useful for the projects to consider a review process that takes account of these perceptions and where participants do not feel that they have made sufficient progress towards their goals, understand why this is the case.
3. It is evident, given the profile of participants, that the range of contextual harms that many have experienced have contributed to, and/or elevated challenges that the participants could benefit from support to address. It is clear from the interview data that the women benefitted from peer support. A minority reported that their exposure to creative interventions were also useful, enabling them to understand the experiences that they have had and make sense of their responses to those

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experiences. Whilst this is useful, there is also evidence from the data that suggests that for some women, more complex needs were not sufficiently addressed by the activities available. It is maybe unreasonable to assume that they could be. The programme could acknowledge not only the strengths, but also the limitations of such a programme and consider ways in which participants could be connected to the wider EPPOC programme, as well as evidence-based, and more specialist supports.

4. Women who live in the context of violence-in the home and in the community- are less likely to feel safe. Across the pilot and the current evaluation, it is clear that many women do not feel safe, despite becoming more involved in the community. There is a need to understand and address sense of safety and given that there was no statistically significant change, consider what might add value with regard to this.

5. One of the factors identified during the pilot that was believed to contribute to the primary problem of understanding women’s roles in the attainment of safer communities is not well understood. Further, several barriers related to this were found to be related to prevalent gender norms and wider societal attitudes that at least tacitly endorse violence. In order to understand this further, future evaluations should specifically capture these dominant gender norms and violence related attitudes which are held by the participants and assess, to what degree, more equitable and non-violent attitudes are found at the end of the project.

6. Developing Women in the Community is nested within a wider, and highly strategic cross-executive programme aimed at reducing the prevalence of violence and influence of paramilitaries and other forms of organised crime. During this wider programme, there was significant emphasis placed upon testing new and novel ideas, as well as evaluating the efforts that have been traditionally funded. This has culminated in a body of high-quality evidence around ‘what works’. However, the pieces thus far remain siloed. There is significant utility in the Department reflecting on the learning and considering if/how the activities through these projects connect to the wider learning across the programme. Data linkage has significant potential to connect individuals and families who traverse multiple systems seeking support. This is a real possibility and for the Cross Executive Programme to consider how to achieve this. The programme provides support for those involved in the justice

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system, young people who are disengaged and marginalised in the community and victims of violence, young and old. We have already seen through the current evaluation how the Developing Women in the Community programme has connected into trauma informed training facilitated by the Safeguarding Board for Northern Ireland who are funded through the Cross Executive Programme. More synergies like this could create multiplier effects, but also provide a genuinely joined up approach, for what are complex and cross-cutting issues.