



**‘Accelerators’: Targeted Youth Services’ Contribution
Towards the Attainment of Multiple Sustainable
Development Goals (SDGs)**

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March 2022



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Introduction

Community violence

Community violence, defined as the deliberate threat or use of power with the intention of hurting or damaging another person in an environment outside of the home (Krug et al., 2002), is a significant and enduring public health challenge. The challenge is arguably even greater in the context of societies emerging from conflict (Walsh and Gray, 2021). There are significant social as well as economic costs (Bellis et al., 2017). However, not all communities experience the same rates of violence (Esposito et al., 2022) and further, not all individuals within those communities experience the same outcomes as a result of exposure.

In the context of Northern Ireland, police recorded crime as well as emergency department data suggest that rather than being in decline during the transition towards peace, violence as well as paramilitary related harms have actually increased (Ritchie & McGreevy, 2019; Walsh, 2019; PSNI, 2022), with many young people in particular being materially affected (Walsh and Schubotz, 2019, Walsh, 2021; Walsh and Cunningham, 2022). For example, in one of the few studies to explore the effects of violent victimisation on violent offending in the NI context, Walsh, Doherty and Best (2021) found that justice involved youth who had experienced paramilitary violence were more likely to have been convicted of a more serious violent offence. Direct exposure to violence such as this can also have a significant traumatic effect (Finkelhor et al., 2005). Indeed exposure to violence has been shown to be associated with the onset of a wide range of psycho-social issues (Fowler et al., 2017; Walsh, 2019). However, it is also now well established that in addition to direct exposure to violence, being witness to (Guerra et al., 2003), knowing the victims of, and even living in areas of elevated rates of violence, can all contribute towards emotional deregulation, increased hopelessness, greater cynicism about societal rules, and acceptance of attitudes that endorse violence and exploitation (Esposito et al., 2022). In sum, exposure contributes towards a range of deleterious outcomes. At the same time, it has been theorised that there are a range of supports that could buffer against the effects of such exposure, but there is often significant difficulty connecting the right people to the rights supports at the right time (Duffy et al., 2022).

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-paramilitary related harms. 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 and 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 were subsequently 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 - the *'Executive Action Plan for Tackling Paramilitary Activity, Criminality And Organised Crime'*.

Targeted youth services

As part of a coordinated and strategic response, the Education Authority (EANI), supported by the Department of Education has invested considerably in the development and implementation of targeted youth services. These novel services are targeted in order to identify young people who experience a range of vulnerabilities that make them at elevated risk of paramilitary related harms.

SDGs

Whilst these issues are clearly situated within the socio-cultural and historical context of Northern Ireland, the strategic priorities are also intimately connected to wider strategic priorities. It is widely recognised that issues such as violence are highly prevalent and that internationally, the multitude of vulnerabilities that increase risks for children and young people often go unaddressed (Meinck, Orkin and Cluver, 2021). The same is true in the context of Northern Ireland (Bunting et al., 2020). For example, Duffy et al (2022) found that in a non-clinical, community sample of young people aged 12-18, many of those who required additional, and often specialist supports, were rarely connected to these services.

To help understand and respond to the many barriers that children and young people experience in achieving their potential, the UK and Ireland are signatories to the Sustainable Development Goals (SDGs). These goals were adopted by all UN Member States in 2015 and provided a blueprint for peace and prosperity. Core to the SDGs are 17 interlinked goals and 169 targets that cover complex socio-economic issues such as poverty, wellbeing, education and justice. These multi-faceted issues imply the need for integrated approaches which necessitate meaningful and sustainable joined-up working across sectors and an elimination of siloed approaches (UNDP, 2017). This also commits Northern Ireland to contribute towards achieving these wide-ranging goals by 2030. Despite the challenge in the eight years remaining, this remains a strategic priority-even more so in the aftermath of Covid-19. Further, there is a need to identify the ways in which understanding the vulnerabilities facing children and young people within the context they live and attaining these targets can be *accelerated*. One of the most pressing and strategically important questions now and for the next Northern Ireland Assembly mandate in 2022 is:

Which actions or activities can contribute towards the attainment of the interlinked SDGs goals more quickly?

Accelerators

Development accelerators, which are promoted by agencies such as the UNDP are novel approaches by which governments could attain SDG's in a more efficient way. These '*accelerators*' are defined as pragmatic actions in practice or circumstances that have a

beneficial association across multiple outcomes (UNDP, 2017). In essence, accelerators are provisions or interventions that increase protective factors, reduce risk factors and improve outcomes for children and young people across multiple SDG areas (Meinck, Orkin and Cluver, 2021). For example, it might be possible to respond to a lack of access to mental health support, increase access to education for young people in vulnerable situations, and contribute towards a material reduction in violence within one targeted youth work programme and importantly, this would contribute towards the attainment of SDGs 3.4, 4.5 and 16.1 respectively.

Similarly, the INSPIRE framework (WHO, 2016) which was developed by ten global agencies as the first comprehensive package for preventing violence and children and young people has significant utility. The framework includes seven high-level strategies that evidence suggests could contribute towards issues such as reducing violence and aggression. These strategies can also map over onto existing policy frameworks at the national/regional level. These include:

- 1. *Implementation and enforcement of laws***
- 2. *Norms and values***
- 3. *Safe environments***
- 4. *Parent and caregiver support***
- 5. *Income and economic strengthening***
- 6. *Response and support services***
- 7. *Education and life skills***

Twenty-seven *'pathfinding'* countries have already implemented these strategies in a systemic way.

To date, Northern Ireland has no strategic plan to facilitate its active contribution to attaining key SDGs, such as a reduction in community violence. Further, there is no overt embedment of evidence informed frameworks such as INSPIRE to achieve these targets.

It is proposed that EANI targeted youth services, which are embedded within those communities with elevated exposure to paramilitary related harms, community violence, increased rates of mental health and psychological distress, reduced levels of educational

attainment and increased rates of violence and other risk taking behaviours, already employ INSPIRE compliant activities, and collectively these contribute towards the attainment of multiple SDGs. To date however, it has not been clear which of the INSPIRE strategies are actively implemented, nor which of the SDG targets have been addressed through such activities.

Drawing on the SDG accelerator and bottleneck assessment tool (UNDP, 2017) which suggests five steps in a methodical process for attaining the SDGs, this focusses on step 1 ‘*identifying accelerators and drivers that enable progress across the SDGs*’ (see fig. 1). This step helps to identify the accelerators that contribute towards improving outcomes for children and young people in vulnerable situations whilst simultaneously generating evidence for the national contribution towards attaining key SDGs. Additionally, this step can elucidate the drivers that enable the accelerator process.

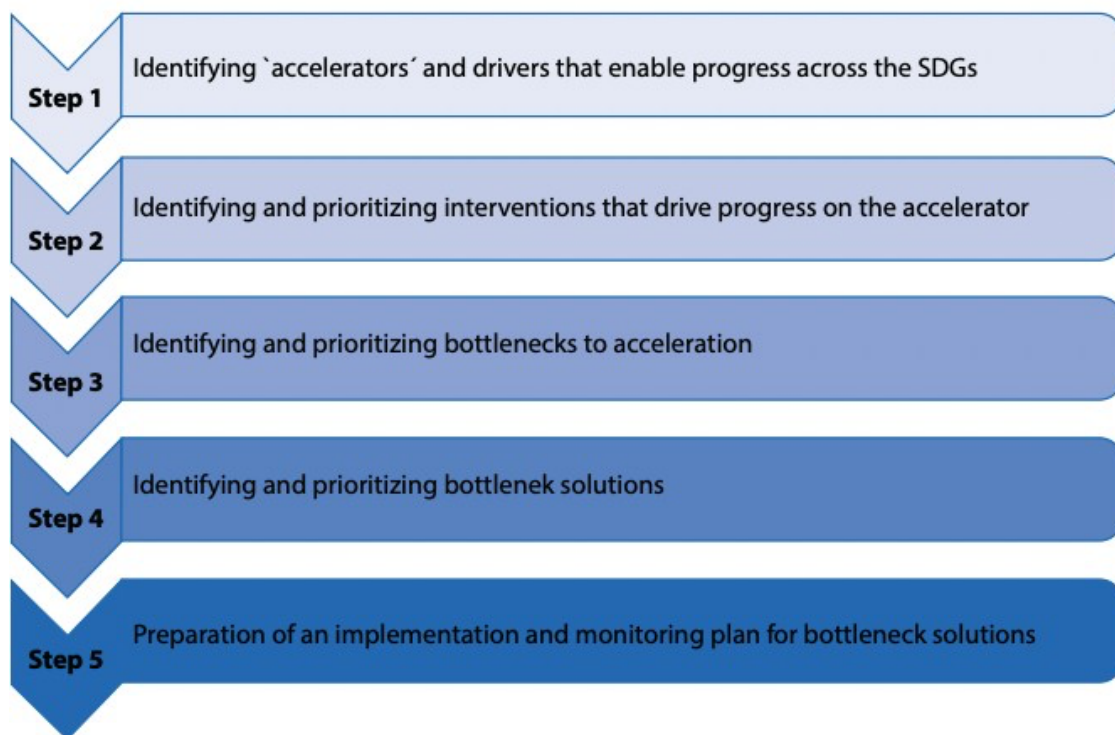


Figure 1: Accelerator process

Informed by the strategic commitment to attain the SDGs by 2030, the drivers of change recommended through the INSPIRE framework, and connecting these to the regional policy context of Northern Ireland in regard to tackling paramilitarism and organised crime, a

conceptual framework for this evaluation has been proposed (see table 1). Set within a socio-ecological context (individual, family, peer, school and community), this conceptual framework outlines how each of the Tackling Paramilitarism and Organised Crime Programmes related to targeted youth responses are in turn aligned to key SDGs and which INSPIRE strategies could conceivably be employed to achieve what EANI have defined as their desired outcomes as a result of such implementation.

Whilst the framework illustrates the alignment of the B13 priorities to the SDGs, only those that are intimately connected to the role of youth services are directly reviewed in this report.

Table 1: SDG framework for targeted youth interventions within TPP

Overarching desired outcome	Paramilitarism has no place and support is available to those who wish to move away from organised crime, violence and criminality.				
System	B13 Priorities	SDG	INSPIRE Strategies	Included	Desired Outcomes (for EA)
Individual	Vulnerabilities for risk of paramilitary harms	16.1, 16.2	Education and life skills	Y	Reduction in incidences of violence; Reduction in substance use Increased optimism
	Resilience	5.5, 16.1, 16.2	Norms and values, safe environments; Response and support services	Y	Increased self-efficacy; Timely and responsive support
	Norms	5.2, 16.1	Norms and values	Y	Reduction in restrictive and harmful gender and social norms
	Victim support (screening)	3.4, 3.5, 16.1, 16.2	Response and support services; safe environments	Y	Identification of those in need of clinical support through the use of validated screening tools
	Victim support (Therapeutic support and intervention)	3.4, 3.5, 16.1, 16.2	Response and support services; safe environments	Y	Engagement and support for victims of violence presenting to ED
Peers	Nurturing networks	16.1, 16.2,	Education and life skills		Reduction in incidences of violence; Reduction in substance use Increased optimism
Family	Families are strengthened to stay in their community	16.1, 16.2	Parents and caregiver support		Increased social supports
	Relationships with adults, guardians		Parent and caregiver support	Y	Increased social supports
Community	Community awareness	16.1, 16.2	Norms and values, Education and skills		

	Community police partnerships	16.3.1, 16.6.2, 16.b.1	Implementation and enforcement of laws; safe environments	Y	Improved attitudes towards the police
	Hot spot policing	16.1, 16.2, 16.3	Implementation and enforcement of laws; norms and values, safe environments		Reduction in incidents of violence, threat, intimidation and exploitation
	Emergency dept	3.4, 3.5, 16.1	Response and support services		Engagement and support for victims of violence presenting to the emergency department
	Collective efficacy	5.2	Norms and values; safe environments; response and support services		Increased social cohesion, community identity and sense of belonging in community
	Cultural norms	5.2, 5.5, 16.1, 16.2	Norms and values		Reduction in attitudes and beliefs that endorse violence
School	Responsive and coordinated models of support	16.1, 16.2	Education and life-skills		Increased educational engagement and attainment
	Capacity building	4.5, 5.2,	Education and life skills		Increased educational engagement and attainment; A safe and enabling school environment
System	Whole society approach	5.2, 5.5, 5.c, 16.6	Norms and values; response and support services; safe environments		Improved collection, management and use of evidence, research and evaluation
	Evidence	16.1, 16.2	Norms and values; response and support services; safe environments	Y	Improved collection, management and use of evidence, research and evaluation

Methods

To undertake this project, a mixed methods methodology was employed. This involved the sequential analysis of quantitative and qualitative and data.

Quantitative data:

A pre/post-test design was employed. Data was collected between April 2021 and March 2022. This involved participants on the programme completing an anonymous survey when their engagement began (within three sessions) and again at the end of their engagement (within five months of engagement). The aim of this was to provide an overview of the young

people and their needs, as well as to capture any changes that took place between these two time points.

The survey instrument that was used contained a mixture of validated and bespoke items across four key areas:

1. About you
2. About your community
3. About your mental health and wellbeing
4. About your experiences of paramilitaries
5. About your perceptions of the law and the police

A range of items captured demographic data including gender, age, religion and the areas in which young people lived. To build on the previous literature regarding the differential effects of gender on both exposure to and respond to violence, a measure of conformity to traditional masculinity was included. The Meanings of Adolescent Masculinity Scale (MOAMS) 'constant effort' subscale (Oransky and Fisher, 2009) included seven items that were scored on a four-point scale (strongly disagree-1 to strongly agree-4) with a possible score of between 7 and 28. Higher scores indicate stronger conformity to traditional masculine norms.

A four-point scaled variable was included to capture how safe young people felt in their local areas. This ranged from not safe at all through to very safe.

In order to increase services' capacity to identify those with elevated mental health issues, a series of items captured mental health and wellbeing. Specific risk and protective factors were also captured using validated screening measures. For example, young people were asked by way of a dichotomous variable whether or not there had been a history of mental health issues in their lives and whether this had been diagnosed. Two mental health screeners for commonly diagnosed mental health disorders (anxiety and depression) were employed (PHA-2 (Kroenke, Spitzer and Williams, 2003) and GAD-2 (Spitzer, Williams and Kroenke, 2007)). Exposure to potentially traumatic events has been associated with a range of negative psycho-social outcomes among young people in Northern Ireland, including violent and potentially criminal behaviour (Duffy et al., 2022). The UCLA PTSD trauma exposure

screening tool was used to achieve this. Following exposure to adversity, some young people may develop clinically diagnosable mental health conditions such as PTSD. To capture this, a screener for PTSD was employed (CRIES-8, Perrin, Meiser-Stedman and Smith, 2005).

To document the key needs of the participants and also measure impact, a series of items sought to elucidate young people's exposure to paramilitary violence. These items were informed by Boxer et al (2015) and documented both direct and indirect exposure to paramilitary harms.

Additionally, perceptions of police and policing were captured using the legitimacy of police scale (Esbensen et al., 2001).

To contribute towards the capturing of protective factors, a measure of social support (OSS-3), self-efficacy (MSE-3), personal responsibility (Weinberger et al., 1990), lawfulness (Flewelling et al., 1993) and openness to the future (Botella et al., 2013) were asked.

Both baseline and end-point, responses were coded and analysed. The findings that emerged from this phase of the evaluation directly informed the design and implementation of the qualitative interviews.

A total of 368 young people completed the baseline surveys. These were completed within 1 month of engaging with the programme. A total of 143 of those who completed the baseline, also completed the endpoint. Young people identified their local area at baseline. A total of eleven options were included (*Carrick and Larne, Derry, East Belfast, I don't want to answer, Kilkooley, Clondeboye and Conlig, Kilwilkee and Craigavon, North Belfast, 'Other', Rathcoole, Shankill and Woodvale and West Belfast*). Not all areas equally engaged in this element of the evaluation. Figure x illustrates the six areas where provision was delivered, and most data was captured. There were other areas less likely to engage and for which little data was available (e.g. at baseline Shankill and Woodvale accounted for only 0.8% of all baseline completions)

Qualitative data

A semi-structured interview schedule was developed as the basis for a guided conversation. The schedule was connected across four key themes:

1. The purpose of the interventions
2. The needs of the young people
3. The responses/activities
4. The future directions

Following each interview, this qualitative data was stored in a specialist package called NVivo where the data was analysed thematically.

Findings

Understanding of the targeted youth interventions

Interview data captured workers' understanding of the targeted intervention, their purpose and function. From a Tackling Paramilitarism Programme, the overarching aim is that paramilitarism has no place in communities. The perspectives of the specialist youth workers largely aligned to this, and the fact that they often lived in the areas that they worked in appeared to increase their credibility among young people.

I'm under no illusions-I know how [the paramilitaries] operate. I know them. I live in the same community as them. I understand the context and the gravity. I see the dire consequences of what they do and this programme is about disrupting that-or at least contributing to it

Overarching aim:

PARAMILITARISM HAS NO PLACE
AND SUPPORT IS AVAILABLE TO
THOSE WHO WISH TO MOVE AWAY
FROM ORGANISED CRIME,
VIOLENCE AND CRIMINALITY.

Geographical overview of the sample

The targeted interventions were implemented across key areas known to experience elevated rates of paramilitary related harms (West Belfast; South Belfast; East Belfast; New Lodge and Ardoyne (NLA); Kilwilkee and Craigavon; Derry; Carrick and Larne; Killooley, Clondeboye and Conlig (KCC) and; Rathcoole).

At both baseline and at end-point, participants were asked to indicate the area in which they engaged on the intervention. An 'other' option was also provided. Fig. 2 illustrates the breakdown of those completing the surveys at both time points. It should be noted that despite some areas having proportionally greater representation, this could be due to higher numbers of young people taking part in targeted interventions in those areas as well as higher rates of completion. It is also clear however that there were a number of areas that despite regular requests did not actively engage in the evaluation process.

Geographical overview of areas completing surveys- Top 6 areas

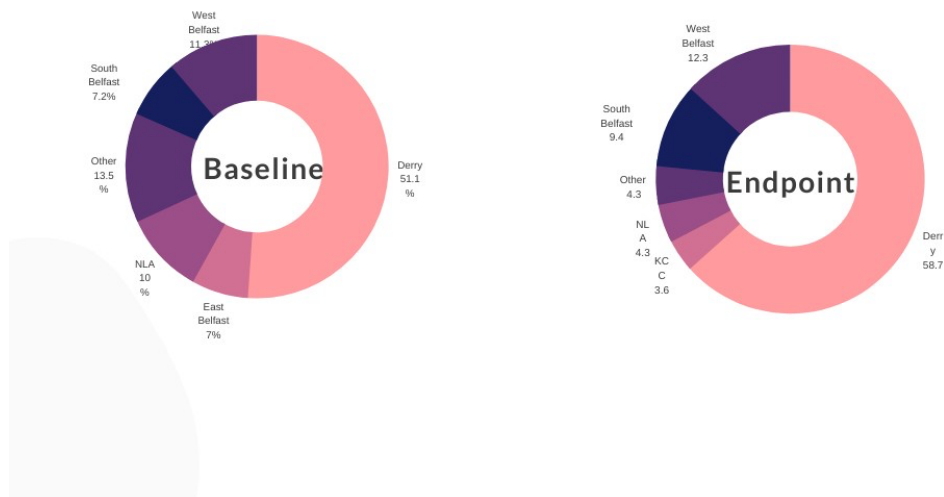


Figure 2: Geographical overview

Key demographics

An overview of the key demographics of the young people are outlined in table 2.

On average, participants were 15.78 at baseline. These ages aged between 10 and 25 years.

Whilst there was a majority of young males engaged at baseline (72%, n=256), a significant minority were young women (see fig. 3). In fact, young women accounted for more than one-quarter of the total sample at baseline (27%, n=97). These observations were also reflected during interviews with staff.



Figure 3: Sample demographics

The majority of my work is with young males-that's just the way it is.

We've had something different going on here. I've been involved in this type of work for a number of years now, and we're seeing more and more girls coming through. There's a lot of issues-drugs, mental health stuff.

The number of young women recorded reduced significantly however at end-point indicating that they were either less likely to complete the programme or complete the follow-up. Less than five young people indicated that they would prefer not to disclose information about their gender.

Just over half of the sample (57.8%, n=204) self-identified as Catholic, whilst 40.5% (n=143) self-identified as Protestant. Only a minority indicated that they were of no religion (n=<5, 1.1%).

A total of 173 provided details on their educational status at baseline. 53.8% (n=93) were in full time education; 9.8% (n=17) were in part time education; (4%, n=7) were in full time

employment; 16.8% (n=29) were in part time employment and; 15.6% (n=27) were not in education, training or employment (NEET).

Table 2: Key demographics at baseline and endpoint

	N	Gender				Age (m)	Religion							
		Male		Female			Catholic		Protestant		Other		None	
		n	%	n	%		n	%	n	%	n	%	n	%
Baseline	368	256	69.6	97	26.4	15.78	204	55.4	143	38.9	<5	.6	<5	1.1
Endpoint	143	116	81.1	22	15.4	15.99	84	58.7	52	36.4	<	.7	<5	.7

Needs of the young people and impact

Sense of safety

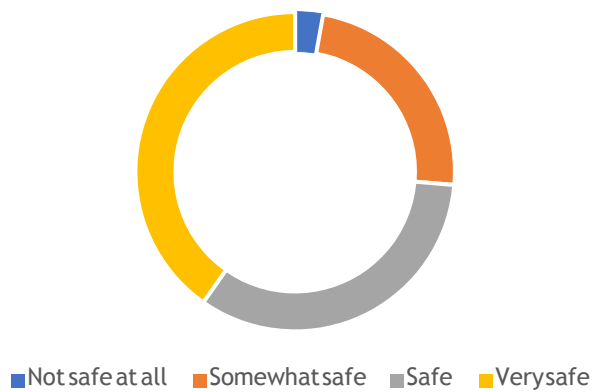


Figure 4: Sense of safety

Fig. 4 illustrates how safe young people reported to feel in their areas. Interestingly, more than two-fifths of the sample (40.2%, n=142) of the young people reported that they felt very safe in their communities. This aligns with other population-based surveys that suggest that in general,

most people feel safe. However, this figure still greatly exceeds the best estimates for NI as a whole. For example, in the most recent Safer Community Survey, the best estimate for fear of crime among 16-29 years olds (a comparable age group to this sample) was 8%. Even for violent crime, the figure was only 16% (NISCS, 2021). When disaggregated by gender, there were some notable differences. For instance, young men were more likely to self-report feeling safe than young women. Further, there was a statistically significant difference in the mean age of young people and their self-reports of sense of safety (see fig. 5). In other words,

those who were younger were more likely to report feeling safe and conversely, those who were older were more likely to report feeling unsafe in their communities.

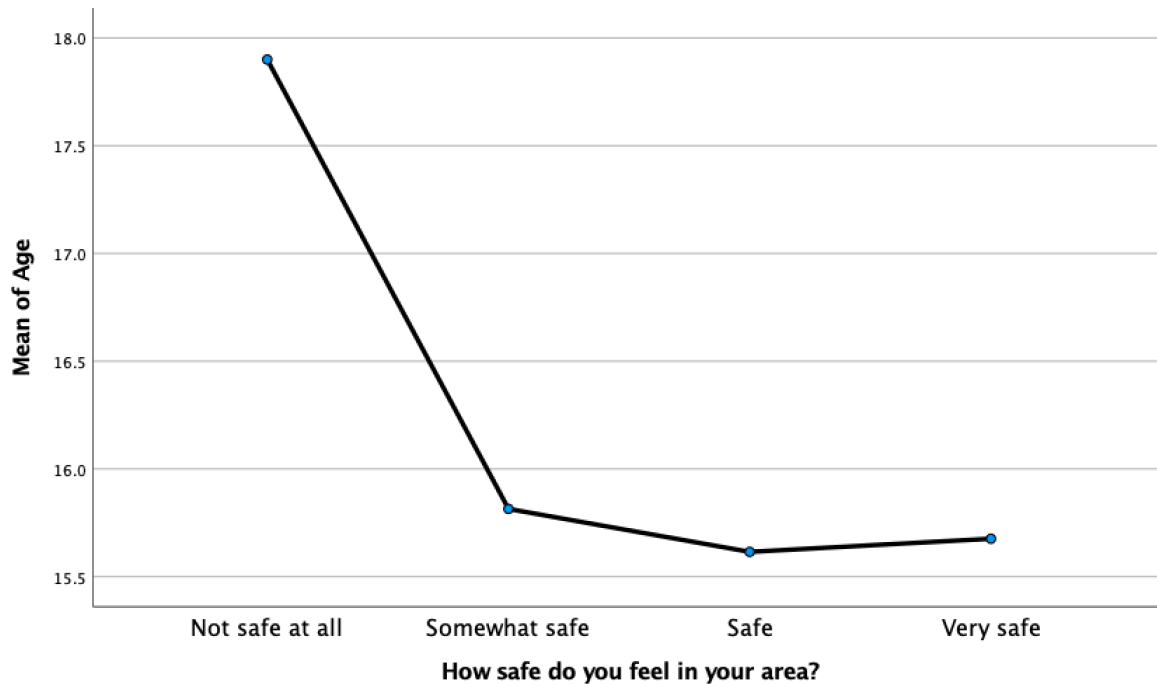


Figure 5: Sense of safety by age

Previous adversity and probable trauma

Of course there are likely to be a multitude of reasons as to why some young people feel safe and others feel unsafe. Indeed, some of those most at risk of harm can be those who self-report to feeling safest in their communities. However, adversity and probable trauma, particularly interpersonal trauma, appears to be elevated within this sample when compared with population estimates (see fig. 6). For instance, compared with the NI population estimate of 37.3% for exposure to any trauma (Bunting et al., 2020), the rate was 93.2% within this sample- a fact expressed by many of the workers on the programme.

You're working with a range of complexities and working with young people that are highly traumatised.

On average, these young people had experienced more than two types of adversity but this ranged from a minority who reported no exposure through to those who reported being

exposed to as many as eight distinct potentially traumatic life events. Likewise in regard to indirect and direct exposure to violence, rates appear to be higher in this group. Whilst the population estimate is 7% for being a witness to familial violence and 9% for being a direct victim of community violence (Bunting et al., 2020), rates in this group were 16.6% and 35.3% respectively.

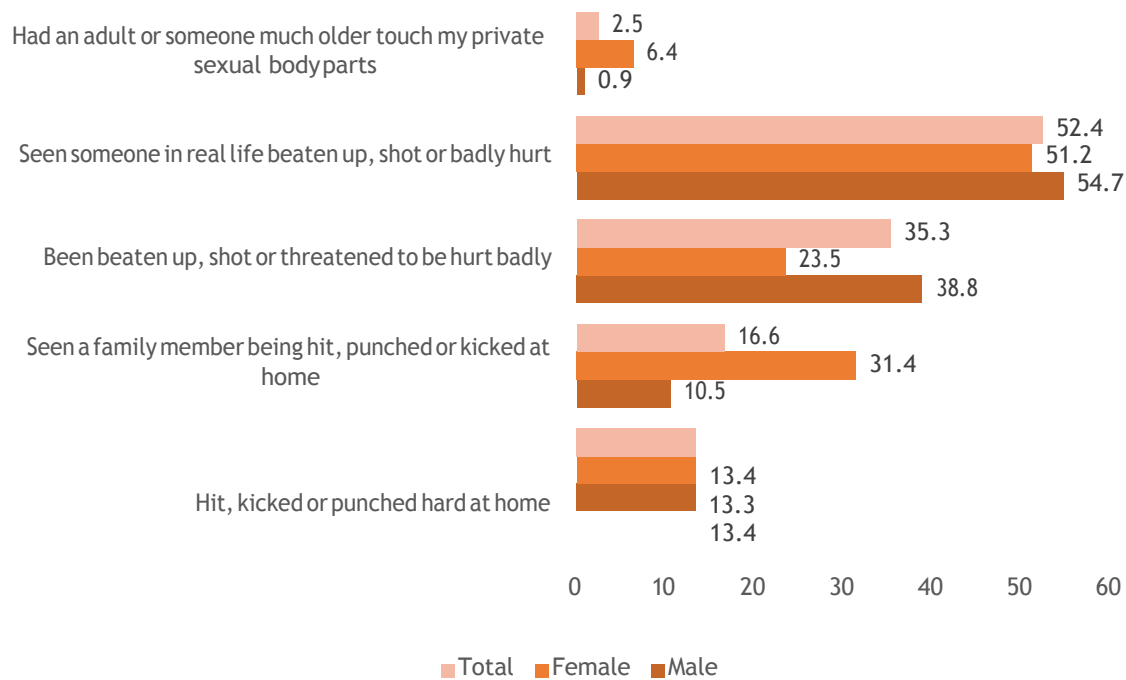


Figure 6: Select violent adversity

Whilst there were no statistically significant gender difference between young men and young women for being hit, kicked or punched hard at home, seeing someone in real life being beaten up, shot or badly hurt, there was a statistically significant difference for young women who were more likely than young men to see a family member being hit, punched or kicked at home ($\chi^2(1, n = 175) = 9.9, p = .002$). Conversely, young men were more likely to report having experienced been beaten up, shot or threatened in the community ($\chi^2(1, n = 203) = 3.9, p = .048$).

There was no positive or negative correlation between the number of adversities being experienced and age, indicating that among this sample, exposure to difficult life events began relatively early.

The group had experienced a range of adversities which placed them at elevated risk of a range of psycho-social difficulties, including mental health disorders and behavioural difficulties. 16.4% (n=40) scored within the clinical range for probable PTSD. There was a strong association with specific types of trauma and probable PTSD. Specifically, those who had experienced direct violent victimisation appeared to be at elevated risk (see fig. 7).

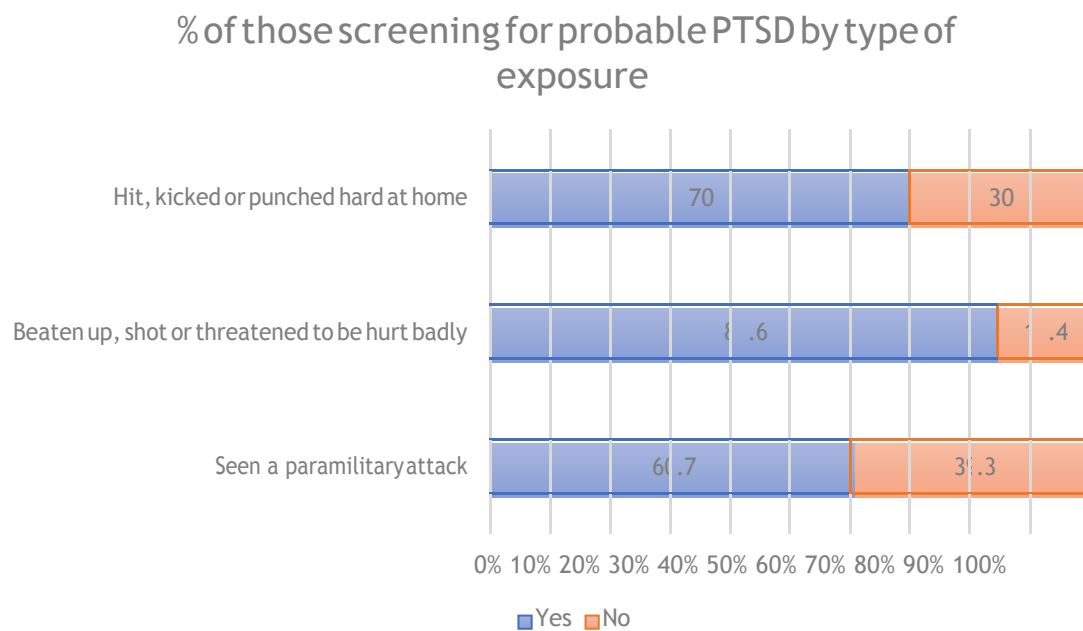


Figure 7: Adversity and probable PTSD

This data suggests that there is a need to find ways of identifying victims of violence, particularly poly-victims as a means of improving outcomes at individual and at community levels.

Age was not associated with either higher or lower scores on the screener for PTSD. There was however a strong correlation ($r=.73$, $p<.001$) between the number of difficult life events that young people had experienced, and the scores on the measure of probable PTSD (see fig. 8)

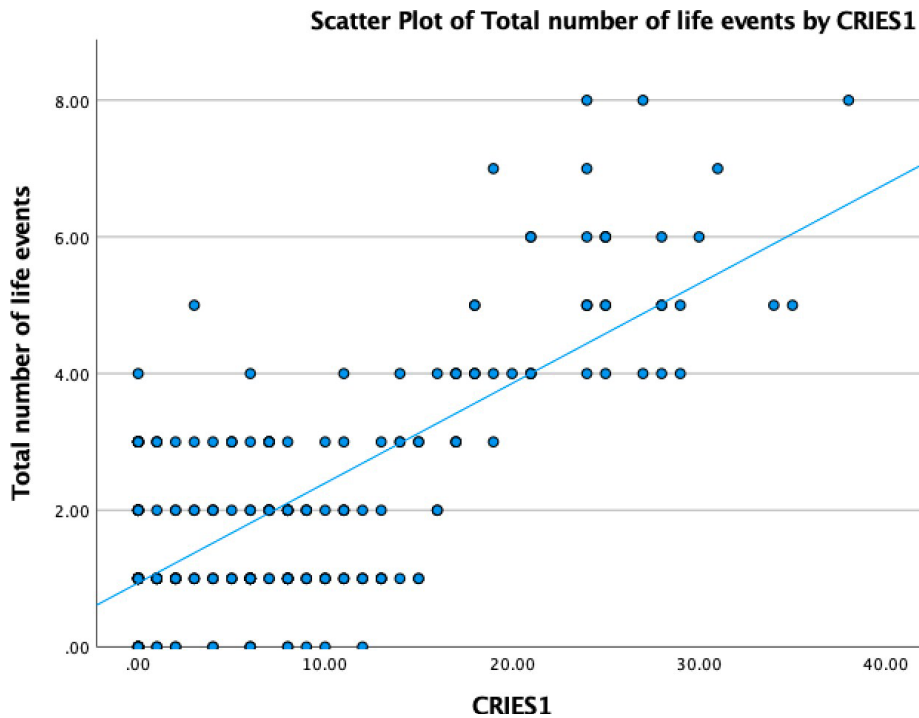


Figure 8: Adversity and PTSD

Perceptions of and exposure to paramilitaries

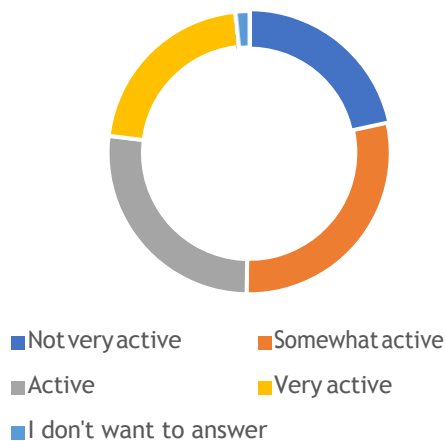


Figure 9: Perceptions of paramilitarism

A number of items were included on the survey to capture young people’s experiences of paramilitaries (both direct and indirect). These items were informed by Boxer et al (2015) who captured criminal exploitation in the context of gangs. The four items included a question on young people’s beliefs about the level of paramilitary activity in their area followed by three dichotomous

questions regarding exposure (threatened, attacked witnessed).

Close to half of this sample believed that paramilitaries were either ‘active’ or ‘very active’ in their communities (see fig. 9).

There's no getting away from it-not if you live here. Other people in other places might not see it-might not want to acknowledge it, but they haven't went away.

This appears to be elevated when compared with other surveys. For example, Walsh (2020) found that only 20% of young people aged 16 agreed that paramilitaries contributed to crime in their areas. Interview data also suggest this elevated rate of exposure. Indeed, some workers believed that such activity was so common that it was normative - and worryingly, that there was very little that could be done to reduce it.

We work in two of the big paramilitary areas. Their role is well established. Everyone knows who is who. It's a kind of unconscious norm. they are part of the fabric. It's the same as McDonalds-it exists and it ain't going anywhere.

There was no significant difference in perceptions of the level of activity based on self-reported religion. For example, less than one-quarter of young people from a CNR background and PUL background believed that paramilitaries were 'not very active' in their areas. Young men however were more likely to report paramilitaries being 'active' or 'very active' compared with young women ($\chi^2(8, n = 330) = 17.49, p = .025$).

Almost one-quarter of the sample (24.9%, n=87) reported having been threatened by someone that they believed to be in a paramilitary group (see fig. 10). A small but significant minority also reported being attacked by someone that they believed to be in a paramilitary group (8%). Just over half (50.9%, n=147) reported being witness to an attack being carried out by individuals they believed to be involved with a paramilitary group.

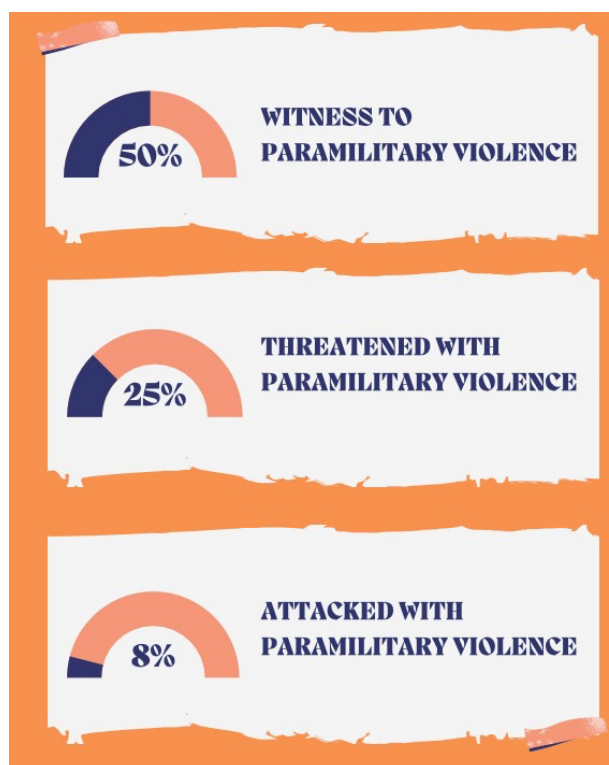


Figure 10: Exposure to paramilitary harms

We've kids- and I say kids to mean kids, that have been badly beaten by these thugs. They beat them up, they threaten them, they might even shoot them and who's doing anything. Kids are left traumatised. Where's the prevention? Where's the support?

Table 3 provides an overview of the various types of exposure to paramilitary related harms and a series of variables that were tested for increasing risk of exposure. Compared with those who were more directly exposed to paramilitary violence, younger age was associated with indirect exposure to paramilitary attack. On average, young people who had witnessed an attack were 15.5 years old ($t(278) = -1.99, p = .047$). This suggests that youth who are most at risk of direct violence tend to be older teenagers. It could also be reasonably assumed that those who are exposed to indirect paramilitary violence when they are younger, are at elevated risk of going on to experience direct violence as they age. However, the surveys were unable to capture this sequence.

THE EFFECTS OF ADVERSITY COULD BE DIFFERENT FOR YOUNG MEN AND YOUNG WOMEN IN AREAS WHERE PARAMILITARY HARMS ARE GREATEST.

Other factors however were associated with paramilitary related harm. For example, greater adversity was associated with more likelihood of both being threatened ($t(257) = 2.43, p = .016$) and being attacked by paramilitaries ($t(254) = 1.74, p = .03$). This was particularly the case for young men. In fact, when disaggregated by gender, the statistical significance disappeared altogether for young women suggesting a specific, gender specific effect of adversity for young men.

Table 3: Relationship between key variables and paramilitary harms

Type of paramilitary exposure	Association		n	%	χ^2	Df	P
Indirect	Gender	Male	89	64	5.2	4	2.67
		Female	49	35.3			
	Experience of youth service		77	55.8	.38	2	.981
	Violence (home)		10	13	.15	1	.627
	Violence (community)		28	31.1	4.91	2	.065
Direct (threatened)	Gender	Male	61	25.3	1.2	4	.877
		Female	22	23.4			
	Previous youth service		45	54.2	.07	2	.966
	Violence (home)		11	36.7	15.9	1	<.005 **
	Violence (community)		30	68.2	35.4	2	<.005 **

Direct (attacked)	Gender	Male	19	8.3	.122	2	.941
		Female	8	8.9			
	No previous youth service		13	48.1	.038	1	.846
	Violence (home)		<5	50	4.6	1	.032 *
	Violence (community)		<5	80	8.98	1	.003 **
* = <.05, ** = .005							

Risk taking

Some risk taking behaviours, while somewhat normative and even developmentally appropriate, can increase vulnerabilities to paramilitary harms. As such, understanding these behaviours and reducing their prevalence may be an area ripe for interventions. It was evident that there was an appetite among most of the workers to understand need using the evidence informed tool and standardised approach to evaluation. Others however were less open to such approaches and this is evident in the overview of the baseline and endpoint data. In one of those areas that were least likely to employ the evaluation framework, they indicated that they relied primarily on their own observations.

I don't really use measures or things like that. I can see what's happening. I can see the change. Like there has been a massive reduction in drug use. There is a connection between the worker and the young people that is more important than any tool.

Other teams appeared to use a number of other approaches in addition to the survey tool. For example, in one area they preferred to use 'Outcome Star' despite advising that this did not easily connect to the specific areas of the targeted interventions, and despite the availability of a dedicated tool for the programme. In this area it was evident that the focus of intervention then appeared to be less targeted and more generic.

The Outcome Star is used at the one-to-one level and feeds into our group work. We're doing health and wellbeing, cooking and healthy eating. We need a measurement of justice stuff and we're working on this now.

This type of resistance towards standardised approaches to evidence is not uncommon, particularly in sectors such as youth work that place such emphasis on the relationship or the ‘therapeutic alliance’. However, there are benefits to avoiding the sole reliance on anecdotes.

Firstly, reliable measures can enable a more sophisticated analysis of issues at local level. Indeed, the issues that workers believe to be most pressing may not be the most significant issues at all. Asking the right questions in the right ways is a challenge, but using tried and tested means of questioning is likely to generate more reliable responses. Indeed there is evidence that in some areas, this can contribute towards refinement of the intervention itself.

It’s hard to figure out who is who and what their needs are. It usually take time-like weeks and weeks. I have a group of eleven young people. I did the survey with them and from that, it was clear who was core and who was peer. It sped the whole process up. Out of the eleven, seven appeared to be core and four appeared to be peer. This is a good tool for helping us judge the networks-to see who is who and what sort of work needs to take place by engaging the young people themselves in a conversations about their issues.

Secondly, a standardised approach allows programme level analyses across areas in a way that anecdotal evidence does not allow for.

The residential was a good opportunity to see everyone on the programme. It was the first time that I even met some of them. But, we also got an insight into what was going on across the programme-the different issues that communities have and why there should be a different focus in some of them.

To illustrate this, young people who completed the survey were asked about their risk taking behaviour and attitudes towards ‘lawfulness’ (see fig. 11). Almost two thirds of young people indicated that they would use alcohol within the next month (63.2%); over one-third suggested that they would be involved in a fight in the next month (35.3%) and; more than one-fifth reported the intention to use drugs within the next month (21.4%). Interestingly there was significant variation across the areas however. For example, intention to use drugs ranged from 0% in Kilkoooley, Clandeboye and Conlig to 66% in Shankill and Woodvale-again illustrating differential needs across different areas. By engaging with the data, the

teams delivering targeted youth interventions could be more evidence informed in their response.

The combination of qualitative and quantitative data also illustrated some interesting divergence.

Issues are cyclical here. They come round about every five years. At the minute the big issues are to do with drugs. The place is flooded with cheap stuff and it is easily accessible. Things changed to vaping drugs and every week kids were going to hospital. We are concentrating all our efforts on addressing that is the big issue.

That as it might be, the findings from the survey data for this particular area found that less than 20% of young people self-reported an intention to use drugs in the following month. This raises a number of questions- not least the basis on which some workers are designing their intervention, but further- if their observations are correct, whether they are actually engaging the most appropriate target group.

Overall however it is evident that this sample have a multitude of complex issues. Not least in the area of risk taking. These areas of risk taking, together with five other items formed a 'lawfulness' scale, derived from the likelihood of violence and offending scale (Flewelling, Paschall and Ringwalt, 1993). Scores on each item of this measure have a potential range of between 1 and 4, with higher scores indicating greater propensity to break the law. Conversely, lower scores are an indicator of increased motivation to comply with the law (or lawfulness). Within this sample, the average score was 2.4. There were no gender differences in regard to scores on this measure, although that observation must be tempered with the fact that only eight young women completed the measure at baseline. Changes at end-point are outlined below.

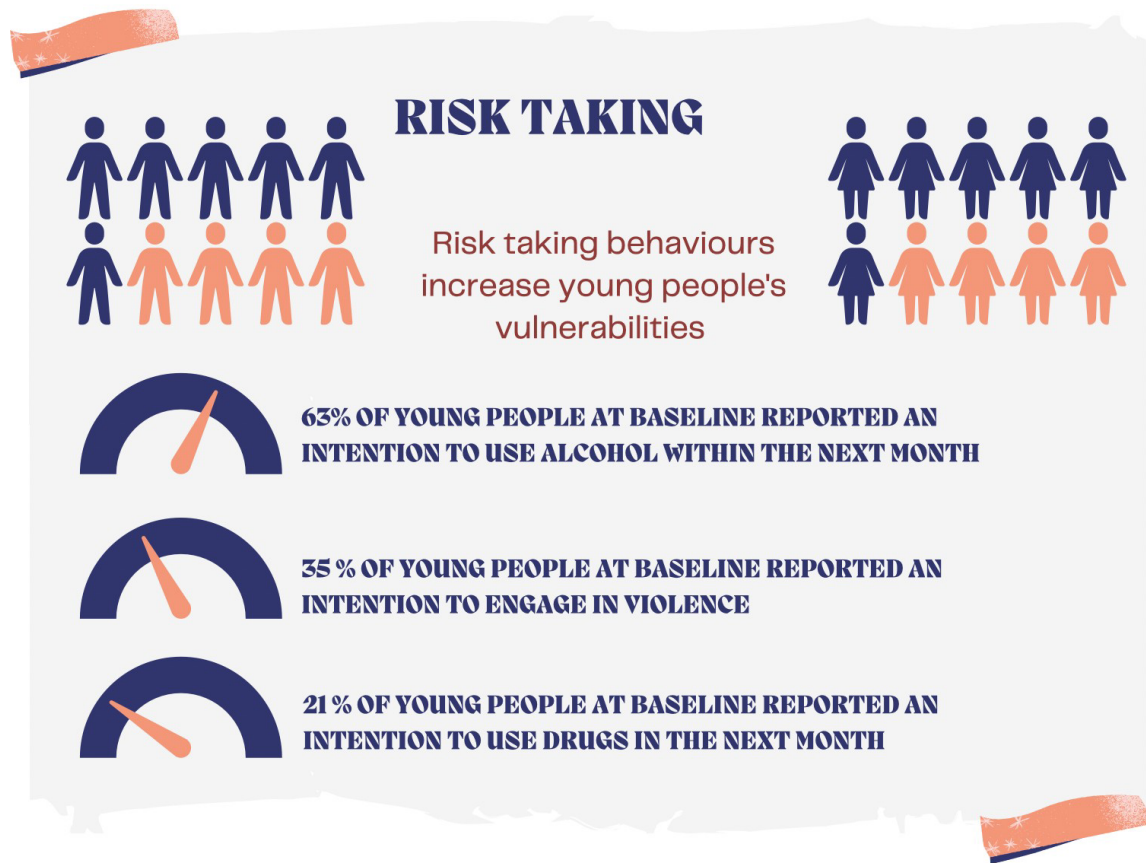


Figure 11: Select risk taking at baseline

Although the age range for these young people clustered around the mid-teens, age was associated with changes in some risk taking behaviours. For example, younger age was associated with increased risk of fighting, whilst older age was associated with higher risk of alcohol and drug use. This could have practical implications for the ways in which intervention components are designed and the themes that inform the delivery. In contrast to the reliance on anecdotes, workers with access to these insights might decide to actively design their responses to target risk taking in ways that account for the differential effects of age.

Strong associations were found between various exposures to violence and a range of risk taking behaviours. The strongest relationships were found between exposure to violence in the home, community and paramilitary type violence and self-reported intention to engage in violence (see table 4). Exposure to family and community violence was also associated with elevated risk of substance use and drugs but interestingly, paramilitary exposure did not seem to have the same effects on these types of risk taking behaviours.

Table 4: Association between risk taking and key variables

Risk taking	Association	n	%	χ^2	Df	P
Fighting	Witness to paramilitary attack	281	61.8	4.49	1	.034 *
	Threatened	347	33.1	7.39	2	.027 *
	Attacked	330	12.9	4.44	1	.035 *
	Violence (home)	171	23.9	5.57	1	.018 *
	Violence (community)	203	60.7	23.69	1	<.001***
	Mental health issue	364	60.9	.54	1	.463
Alcohol	Witness to paramilitary attack	282	54.8	1.09	1	.243
	Threatened	346	28.6	5.04	2	.08
	Attacked	330	8.1	.0	1	1
	Violence (home)	171	12.1	.012	1	.913
	Violence (community)	203	42.5	7.62	1	.006 *
	Mental health issue	363	62.4	4.87	1	.027 *
Drugs	Witness to paramilitary attack	282	57.4	.51	1	.476
	Threatened	347	38.6	11.07	2	.004 **
	Attacked	33§	14.5	3.66	1	.06
	Violence (home)	171	41.2	10.34	1	.001 **
	Violence (community)	203	81	46.71	1	<.001 ***
	Mental health issue	364	74	9.52	1	.002 **

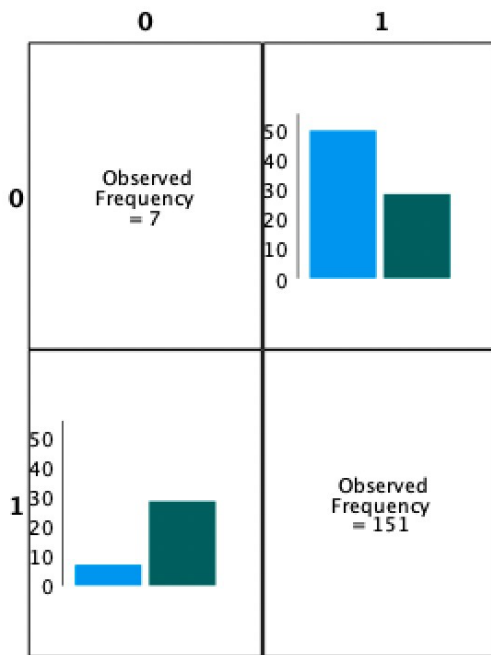
* = <.05, ** = .005 *** = <.001

There is a need to recognise the complexity of issues affecting young people. Whilst the temporal order of issues is not clear from this data, what is clear is that there is an association between young people's behaviours and exposure to difficult life events such as violence at home and in the community. This data suggests that young people exposed to such adversity often experience them in multiples. That is, victims are often poly-victims, experiencing a range of violent events both directly and indirectly. This data also suggests that the needs of those exposed to different forms of violence may differ. For instance, those exposed to paramilitary violence may demonstrate increased levels of aggression and elevated drug use.

For workers who relied solely on their own observations, interviews were limited in the extent to which they could meaningfully describe the change that took place as a result of the intervention. For example, one worker suggested:

Well I know. I know that the young people are at less risk now and that they are making better decisions.

Whilst this may indeed be the case, it is difficult to know how risk is defined, which risks were addressing (and how) and in what context they now make better decision. In contrast, most teams also facilitated young people’s completion of the pre/post test tools. At endpoint, this demonstrated that there was a statistically significant change in young people’s attitudes towards lawfulness. In other words, it appears that participants were more inclined to hold more favourable attitudes towards lawfulness at the end of their involvement in the interventions ($t(67) -5.42, p = <.001$). Further, there was a change in young people’s level of individual responsibility close to the point of statistical significance. This indicates greater appreciation of civic role and intention to engage in behaviours that contribute towards collective efficacy ($t(69) -1.83, p = .07$).



There also appeared to be concrete behavioural change as well as attitudinal change across some areas. For example, in regard to risk taking behaviours, there was statistically significant changes between time 1 and time 2 around violence ($p = <.001$). In particular, there were significant reductions in self-reported intent to engage in violence (see fig. 11). Whilst 41.4% of young people reported an intention to engage in fighting at baseline, this reduced to only 3.3% at endpoint.



Figure 12: Change in violence between baseline and endpoint

Victim screening (MH screeners)

The cumulative and aggregate evidence points to the significant developmental impact that violence has on individuals (Fowler et al., 2009) through mechanisms such as psychological trauma (Walsh, 2020). Additionally, we know that when identified early, victims can recover from the traumatic effects of exposure to violence. However, there is a challenge in that identification (Duffy et al., 2022). Despite a general consensus across the teams that there was significant mental health needs, many felt underpowered to articulate this to other professionals and to advocate on behalf of young people to secure the supports they could benefit from.

Mental health is one of the biggest issues that we all have to deal with. It sometimes goes above my remit. I'm trained to a certain level-like I'm trained in support young people who are actively suicidal, but there's times I'm like 'is this something

that EA want me to do?’ and ‘does this young person need proper clinical support?’.

Having an evidence based, but reliable mechanism to more accurately identify and define the mental health needs of young people could be useful. In this sample 58.3% (n=214) self-reported to have a known previous mental health issue. This compares with a population estimate of around 16% for any mood or anxiety disorder within this age-group (Bunting et al., 2020). Young women (71.1%) were significantly more likely than young men (52.9%) to report a previous mental health concern ($\chi^2 (2, n = 353) = 10.28, p = .006$), as were those who identified as Protestant. In fact, compared with those who identified as Catholic, affirmative responses among Protestant youth were 42.6% higher ($\chi^2 (4, n = 353) = 23.42, p = < .005$). It is not clear why this might be the case given that the factors that are known to contribute towards concentrated levels of mental illness are likely to be experienced across communities. That said, there could conceivably be distinct issues within particular areas of the Protestant/ Unionist/Loyalist community in the aftermath of the Spring 2021 riots and it may just be that these targeted interventions reach that population which is currently experiencing greater levels of apathy towards the political system, mistrust in the police, lack of hope for their own futures and heightened sense of extraneous risk (Walsh, 2021).

Adversity, particularly exposure to violent adversity was strongly associated with elevated rates of mental health issues ($\chi^2 (1, n = 204) = 25.49, p = < .005$), however the effect sizes were larger for young men than they were for young women, suggesting that while young women were generally more inclined to report mental health difficulties, violent victimisation had a distinct effect on young men.



Figure 13: Mental health at baseline

43 % (n=103) of those who completed the screener for probable depression scored above the clinical cut-off. Further, 12.7% (n=27) of those who completed the screener for probable anxiety scored above the clinical cut-off. Interestingly, there were no gender differences in regard to screening for probable depression, however, there were gender differences in regard to anxiety, with young women more likely to screen for probable anxiety ($\chi^2(1, n = 197) = 13.12, p = .001$). Both of these observations are in line with previous population based surveys (Bunting et al., 2020).

There was no correlation between the measure of psychological distress and other mental health outcomes such as depression and anxiety. Again, this tends to diverge from the wider evidence, where those experiencing trauma often experience cooccurring mental health difficulties (Duffy et al., 2021). In fact, there was no association between young people who self-reported to a mental health issue and any specific mental health disorder. It is not clear why this is the case with this sample. One possible reason is that there is a misunderstanding among young people around the distinction between common mental health issues (such as

low mood) and mental health conditions (such as clinical depression which these screeners test for). Another potential reason is that the completion rates of the depression and anxiety screeners were only around 64% and 61% that of the PTSD screener. Therefore it is difficult to understand the practical implications of this. Whilst it would be useful for further data on this, formal and non-formal educationalists could consider ways to introduce psycho-education activities into projects specifically targeting mental health and wellbeing.

Table 5: Mental health and violent adversity

	Association	n	%	χ^2	Df	P
Mental health issue	Paramilitary activity in area	340		7.16	4	.127
	Witness to paramilitary attack	288	54.8	9.57	2	.022 *
	Threatened	329	31.2	18.36	2	<.001 ***
	Attacked	332	55.1	.99	1	.32
	Violence (home)	172	25.8	11.32	1	.001 **
	Violence (community)	204	55.1	25.49	1	<.001 ***
* = <.05, ** = .005 *** = <.001						

A series of mental health screeners were used to identify those who had self-reported to be victims of various forms of violence and mental health outcomes including probable PTSD (see table 6). Across a range of exposure types, there was statistically significant associations between those with probable PTSD and exposure type. In particular, those who had experienced direct violence at home ($p < .001$), those who had experienced direct victimisation in the community ($p < .001$) and those who were witness to an attack carried out by those that young people believed to be members of a paramilitary group ($p = .03$).

Although not at the point of statistical significance, nor the purpose of the interventions, only 77.5% ($n = 31$) of those who scored within the clinical range for probable PTSD at baseline still scored within that range at endpoint. It does suggest that either there was a process of natural recovery during that period and/ or the supports that were available helped to reduce psychological distress among this group.

At endpoint, there were no measurable differences in either probable depression or anxiety, two of the most commonly experienced mental health issues among young people. Whilst there was no statistically significant change, this is not the purpose of the targeted

interventions and few youth workers are clinically trained. That said, recognising the potential mental health needs of young people could provide youth workers with confidence and data to leverage supports from elsewhere. At both a programme and local team level, the data should to inform decisions about the menu of supports available to the teams and in the following year, consideration could be given as to how therapeutic needs are met either within the programme, or via signposting on to clinical services.

Gender Norms

Adherence to traditional, and often restrictive gender norms such as hegemonic masculinity (Connell and Messerschmidt, 2005) has been theorised and demonstrated to contribute towards more positive appraisals towards violence, emotional restrictiveness and gender inequitable attitudes (Lourenco et al., 2009; Kato-Wallace et al., 2016). Whilst these socially constructed ideas of what it means to be male and the standards of male ‘performances’ can be potent- they are also highly malleable (Thompson, Kingree, Zinzow and Swartout, 2015). Research has shown that ‘gender transformative’ practices that recognise the differential needs and experiences of young men and young women can help to address the norms that contribute towards heightened aggression and reduced wellbeing (Amin et al., 2018; Miller et al., 2019). This survey captured participants’ attitudes towards masculinity using the Meanings of Adolescent Masculinity Scale (MOAMS) ‘*constant effort*’ subscale (Oransky and Fisher, 2009). The seven items were scored on a four-point scale (strongly disagree-1 to strongly agree-4) with a possible score of between 7 and 28. Higher scores indicate stronger conformity to traditional masculine norms. On average, all participants scored 14.8 on the MOAMS measure. This ranged between 7 and 28 (SD=4.32). There appeared to be a difference in mean scores on this measure between young people who reported differing levels of paramilitary activity (see fig. 13). In particular, the average score for young people who were uncomfortable disclosing any details about paramilitary activity were significantly higher than other groups ($F(4, 318) = 7.07, p = <.005$) (for figure above). This could suggest that restrictive gender norms coalesce with community context to create/reinforce community norms and values (suspicion of external influences, no ‘touting’ and fear of repercussion) to prevent some young people from discussing paramilitary influences in a critical way. 26.4% of those who completed the MOAMS measure were in the ‘*high*’ group, indicating high adherence to traditional and often restrictive gender norms. Only 37.1% were in the low adherence group (see fig. 14).

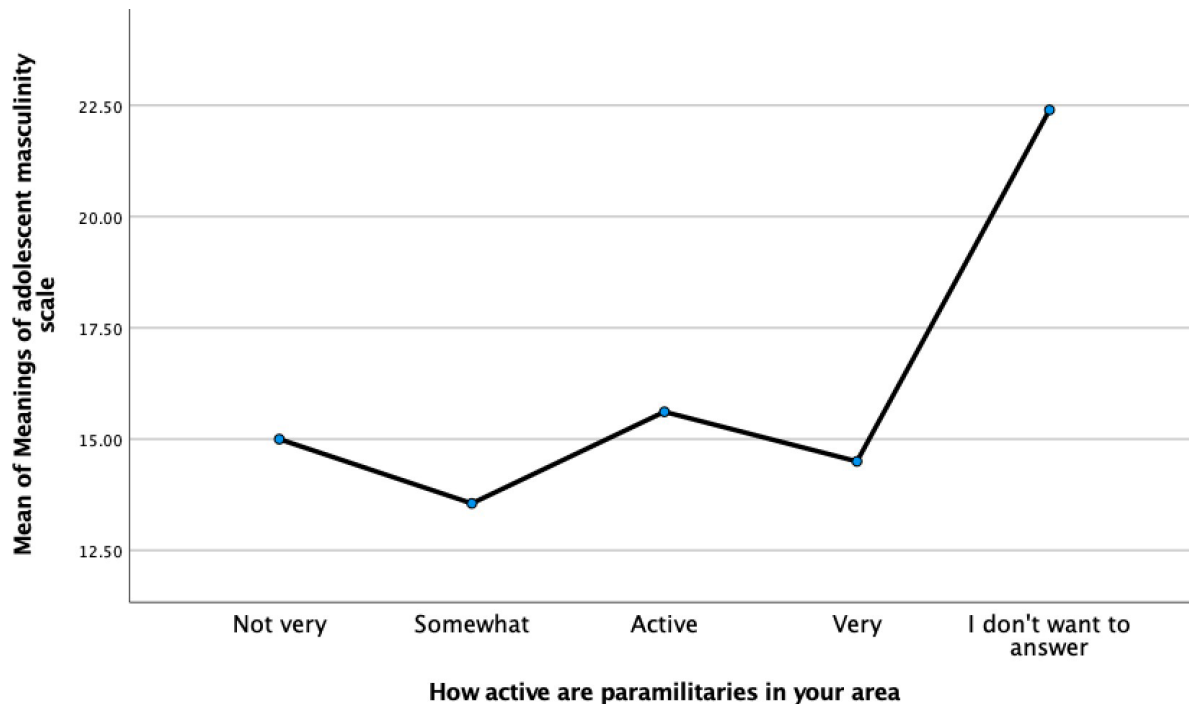


Figure 14: Gender attitudes and perceptions of paramilitaries

Whilst there are hypothetical links between greater adherence to masculine norms and elevated exposure to violence, this was unable to be tested using the current sample given that 100% of those who had completed the measure of masculinity had experienced both community violence and domestic abuse or violence in the home.

GENDER CONSCIOUS PRACTICES

There is evidence that the issues affecting young women and young men are different. There is an opportunity to develop and test gender conscious practices that take account of these differences, provide safe spaces to reflect on, and challenge restrictive norms and connect activities to the realities of young men and young women

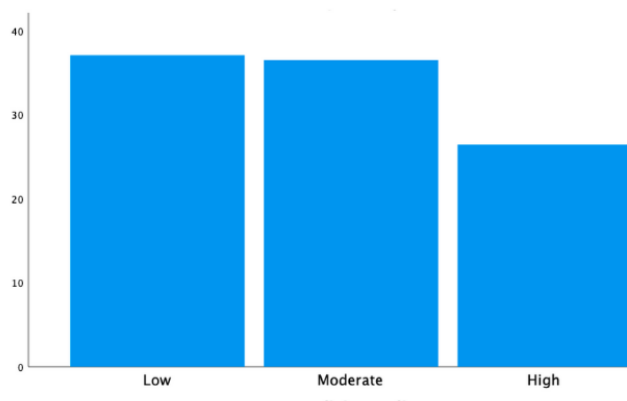


Figure 15: Gender conscious practices

A suitable comparison group with less exposure to violence could provide evidence of this correlation.

At endpoint, there was no statistically significant change in gender attitudes indicating that those that held traditional and restrictive gender attitudes were equally likely to retain those at the end of their programme. Whilst this is maybe unsurprising given that there is little evidence of specific, gender conscious activities taking place where young men are provided with safe spaces to critically reflect on, and engage with their attitudes and beliefs in regard to being male and masculine norms, it also provides a direction of travel. Masculine norms are well established to be associated with elevated rates of aggression, mental health and risk taking. Having a specific focus on activities aimed at addressing these would be useful in the next phase of the interventions and indeed there is a co-production process currently ongoing to design and pilot a gender conscious mode of practice.

Family and community

Resiliency

Research has shown that young people who have been victims of violence, but who are more resilient, have less internalising difficulties and present with less externalising difficulties (Deblinger, Runyon and Steer, 2014). Personal resiliency is a somewhat difficult construct to capture (Spratt and Kennedy, 2021), but can be thought of as the experience of adversity and positive adaptation to it (Luthar and Cicchetti, 2000), and has been associated with how young people recover (or not) after experiencing traumatic events (Luthar, Cicchetti and Becker, 2000). Resiliency can also be thought of as related to individuals characteristics (such as self-efficacy) as well as being situated at multiple levels of the social ecology (Spratt and Kennedy, 2021). Scores on the measure of self-efficacy ranged between 5 and 20, with higher scores indicating higher levels of self-efficacy. The average score amongst this sample at baseline was 14.19. Interestingly, there was no difference in mean scores on efficacy for those exposed to paramilitary, community or domestic violence. This is interesting insofar as self-efficacy is often a target of intervention and measurable outcome with the assumption that increased self-efficacy could increase protective factors. For this sample however, it is not clear how targeting this construct could actually have a tangible effect on exposure to a range of violence types. Self-efficacy was however related to other key outcomes that could then be indirectly related to such outcomes.

Maybe unsurprisingly there was a difference in mean scores for those who reported a known mental health challenge compared with those without. The former scored significantly lower on the measure of self-efficacy ($t(348) = -3.98, p = <.001$) (see fig. 15). There was a small but negative correlation between the level of adversity experienced by young people and their self-efficacy indicating that with more hardship comes reduced self-belief ($r = -.15, p = .013$).

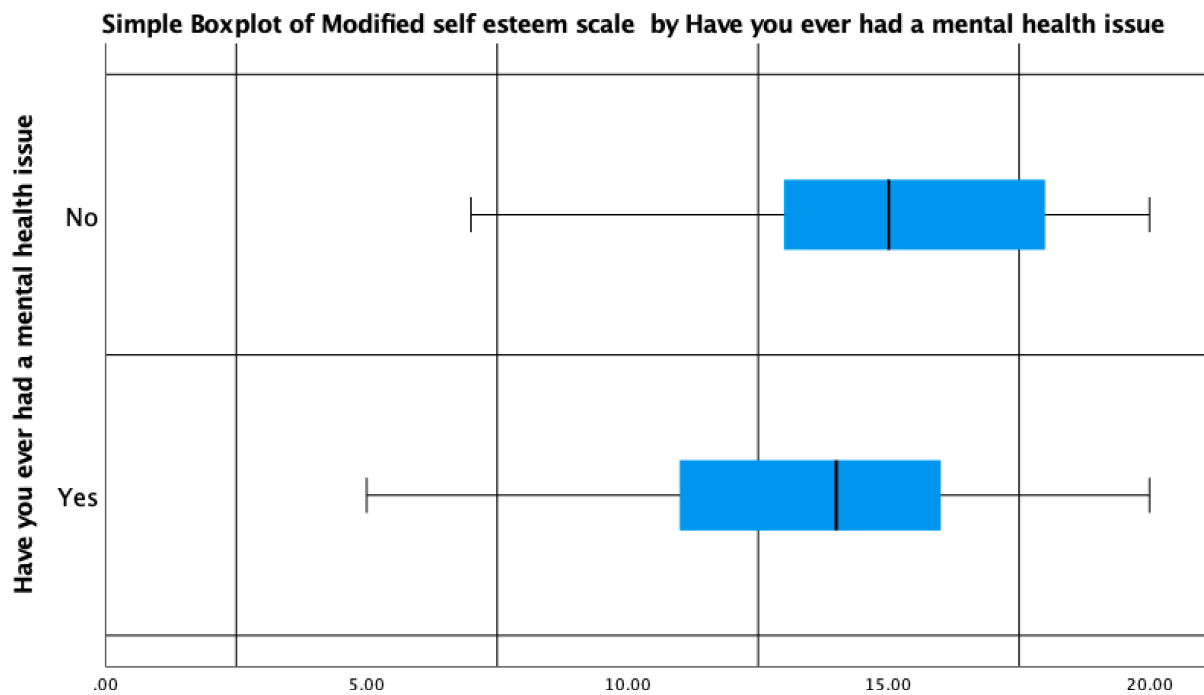


Figure 16: Self esteem and mental health

Applying a social ecological framework in the context of resiliency (Spratt and Kennedy, 2021), this survey also sought to capture the range of supports that young people believed that they had access to. This builds upon the seminal evidence by Bellis et al (2017) and Hughes et al (2018) who demonstrate the importance of social supports and role models to buffer the effects of potentially traumatic experiences. Youth services are one mechanism where vulnerable youth can potentially access such social supports. As such, targeted youth services best operate within a resilience framework which complements the trauma informed approach (Spratt and Kennedy, 2021) in recognition of the multitude of complexities that these young people experience. As youth workers noted:

It's all about the relationships. When you tell someone who has a deeply held belief that they're wrong-that just doesn't work. We need to user a softer approach based on our relationship.

Most of my stuff is therapeutic in nature. It's about creating spaces where young people can talk about issues that affect them. All of my work is therapeutic. It's all about emotional connection.

Case examples, when effectively used can be a useful tool for illustrating complex needs, responses and impact. As fig. 16 illustrates, they can be employed for a variety of reasons and each with a different function. Using the most appropriate method and being clear on the purpose is important if the case studies are to fulfil their potential.

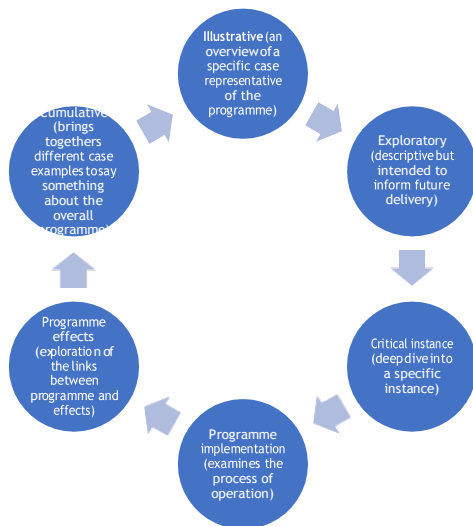


Figure 17: Purpose of case studies

Despite routinely capturing their work via case study illustration, it is clear that generally, the studies used by the team do not adequately capture the level of complexity or the work being undertaken. As one worker commented:

“We’re working with complexity. We need to get beyond the superficial stuff and find out what young people’s ‘deep needs’ are. What are their needs? How can we address those needs?”

Relationships are key and I don’t think that you can teach that to understand those deeper needs”

This is confirmed through analyses of the survey data and through interviews with the staff. To illustrate the point, an representative example of a case study is presented in fig. 17 with elements of the original changed to protect the worker and their team.

The format for illustrating case example is useful insofar as it provides a standardised structure for staff to coherently capture the work that is taking place. There are other strengths. In this example, the worker is able to outline some key needs and the mode of delivery (i.e. individual work). However, there is little insight into the key problems/issues/challenges being addressed, how the worker (along with the young person and family) made sense of the factors driving those problems/issues/challenges and in turn, how the response could meaningfully address those factors. This was further evidenced during the interviews. One worker indicated that “ *[the programme] can fit the need and be adaptable. I’m currently working with young women and the focus is on OCN and arts and crafts*”. Beyond the

- Is in Training and Education
- Drugs intake Cannabis MDMA
- Known to the police
- He has a few charges which for drugs related
- A lot of his friends and family friends have died through suicide.
- He has support from his mother, but their relationship is up and down
- Has a lot of anger issues and feel he can't cope or explain his emotions?
- Young Person want to seek help to get him back on to the right path and stop taking drugs.
- He wants a career in Joinery.
- He is a great footballer, but this has deteriorated
- Has a stable home life though there is a lot of issues within the family home
- Had a death threat by a criminal gang
- Mum does struggle to control him and his brother
- Does not attend any other Youth Provider.
- Finds it hard to sleep at night due to fear of his home being targeted

2. Indicate the Intervention(s) (*What? Why?*)

- Meet with young person on a one to one basis to establish and build on relationship.
- Support him with any issues that may arise for him.
- Refer young person to Private Play Therapist to help deal and regulate his emotions
- Individual work with him on the use of drugs and drug counselling
- Help him to build on his aspirations and to take responsibility for his actions and know that their consequences for everything that he does.
- One to one session on emotions and how to recognise triggers

- Fitness sessions with PT which help with tension, negatively, focus more, reduce negative energy, and increase motivation.
- Long- and short-term goals
- Alternative therapy for help with stress and anxiety

3. Impact of Intervention(s) (*any impact on risk factors?*)

The impact of interventions will help him to reduce his intake of drugs, make better use of his time. The work on his emotions and with the play therapist has help young person to recognise when he is getting agitation and what his triggers are, this then helps him to try and regulate his emotions better. He can now deescalate situations where he can put coping strategies in place. Working with PT and in the fitness room, this has increased his fitness level, increased his motivation and reduced negative energy that is around him. He is focus more and does attend tech which he is out on placement as a joinery apprentice. He has started to see that there is more to life than drink and drugs. His self-confidences have increased, and he has good aspirations for the future. Helping him with taking responsibility for his actions and to make him realise that every action whether its good or bad has consequences no matter the outcome, this will help him to abide by the law and respect it.

Figure 18: Adapted case study example

clear benefit of pro-social engagement and structured activity, it is not clear how these types of approaches respond to the needs that are evident through the survey data and buffer against the risks within the community. It could be useful to consider and apply a framework that is more closely aligned to the target areas of the project. For example, some staff have already been trained in the PETIOLE framework used as a guide for the development of illustrative and exploratory case studies. In the absence of such case example, the survey data and the interview data fill the gaps.

Just over half of the sample (55.5%, n=196) indicated that they had taken part in youth services previously. In other words, a significant minority had no prior experience of non-

formal, positive youth development programmes prior to these targeted interventions. This is maybe unsurprising when a significant minority of young people scored within the banding of 'poor' social supports (see fig. 18). In fact, 31% (n=114) were within this band. 28.1% (n=52) indicated that they had no adults that they admired at all in their lives. Despite young women scoring marginally higher on the measure of social support at baseline, young men were significantly more likely to report having poor social supports($\chi^2(2, n = 353) = 15.27, p = < .001$), compared with young women.

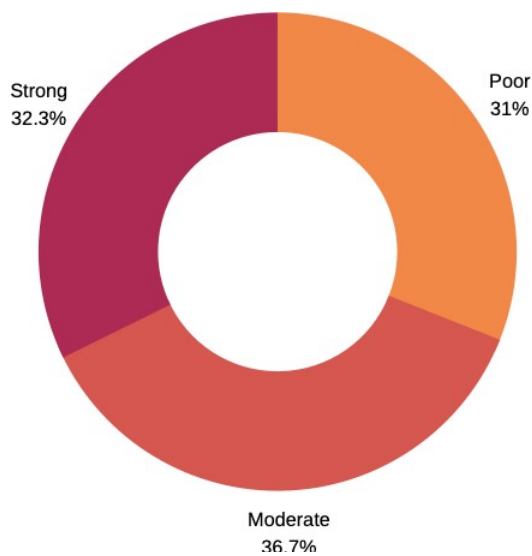


Figure 19: Social supports at baseline

Contact with social services, and in particular, a history of being on the child protection register can be used as a proxy for measuring family functioning. Those on the child protection register are often at elevated likelihood of being exposed to a range of adversities at home and among family. Only 13.1% of the sample (n=44) had been on the child protection register. Using this as a proxy for family functioning, this data suggests that for the majority, family life appeared to be functional.

There was a positive and moderately strong correlation between the self-efficacy scores and scores on the measure of social support ($r=.53, p = < .001$), indicating that those with greater access to positive social support could have increased self-belief (see fig. 19). This could add evidence to the need for appropriate and accessible mechanisms for vulnerable youth to access positive and sustainable social supports.

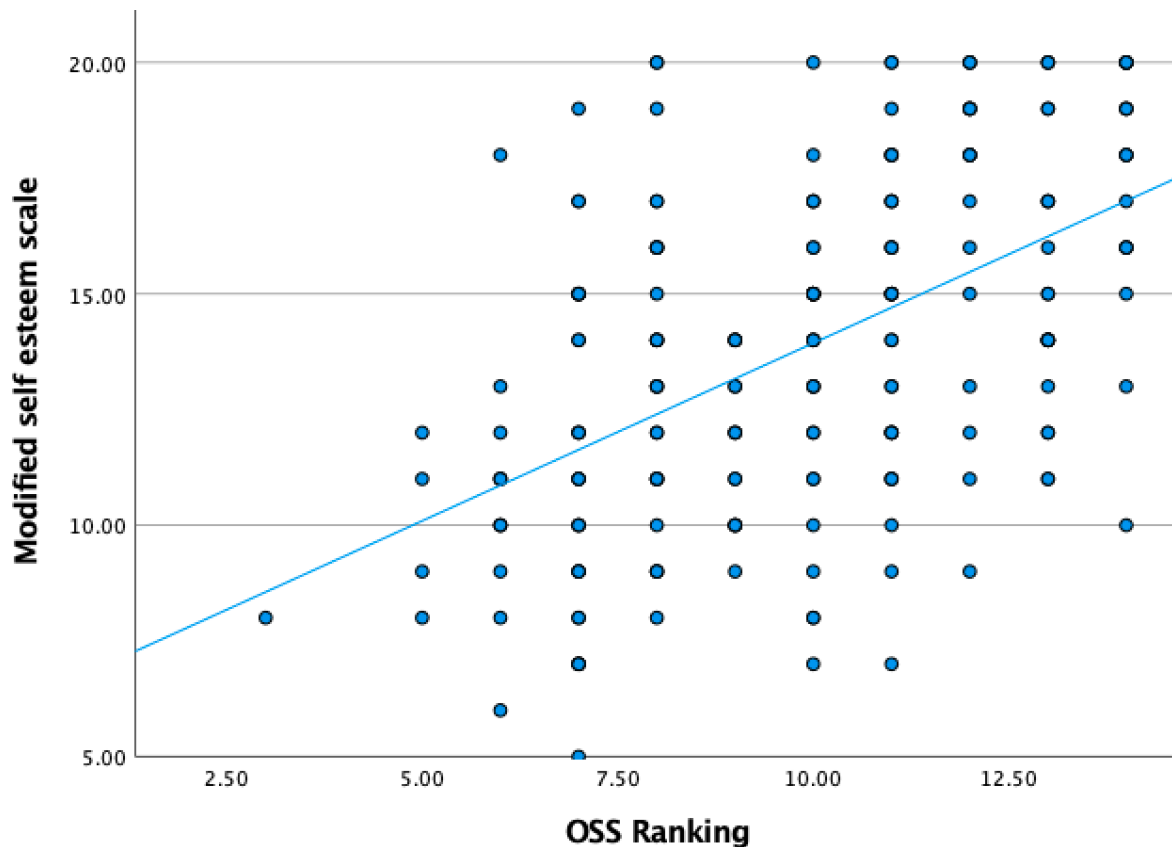


Figure 20: Correlation between social support and self esteem

Hope for the future

Most research on risk for has provided an incomplete picture by focusing mainly on vulnerability factors and omitting processes that may explain adaptive functioning and general psycho-social well-being. A positive view of the future is a process associated with attaining desired goals and enhanced wellbeing. This was summarised well by one of the Engage workers during interview:

It's about aspirations and hope and thinking 'I can do something different'. Paramilitaries prey on hopelessness and move into the areas that are lacking in identity or need drugs and feed off that. My role is about challenging ideas in a real way and giving hope

Openness to the Future is a construct characterized by positive affectivity towards the future, which can be a protective factor for mental health, risk taking and other vulnerabilities. The Openness to the Future scale is a valid and brief measure of openness to the future that has

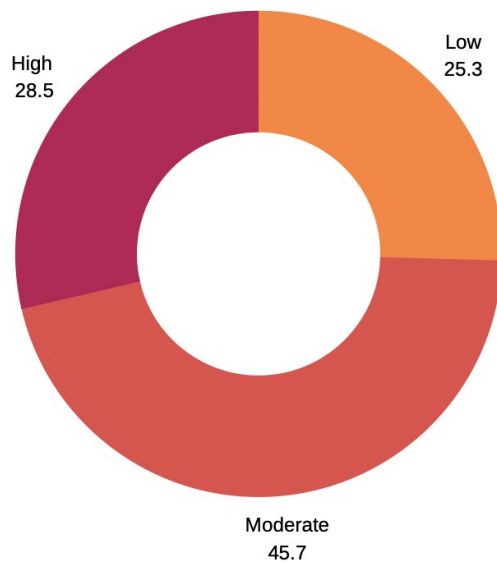


Figure 21: Hope for the future at baseline

been tested with clinical and community samples. It has 10 items with responses ranging between 1 and 5. The scores there range between 10 and 50 with higher scores indicating higher levels of hope for the future. Scores for this sample reflected the possible upper and lower ranges. On average, young people scored 35.43 (SD= 6.9). From these scores, young people were banded into three groups: low hope (20th percentile), moderate hope (50th percentile) and high hope (75th percentile). Just over one-quarter of young people were in the low hope group, and only less than one-third of all young people were in the

high hope group indicating that many young people engaged in these programmes lack a general optimism about their lives and their control over their own futures (see fig. 20). This was supported across the areas during interviews. As one youth worker commented:

Looking at my cases, one of the biggest things affecting them is aspirations. Basically they are non-existent. Young people in this community don't see good things for themselves or believe that anything will come of them.

There was a statistically significant difference in the levels of optimism between males and females. Females were more likely to be in the 'low hope' group, whilst males were more likely to be in the 'high hope' group ($\chi^2(4, n = 352) = 17.22, p = .002$). This suggests that there are particular needs of young women that need to be considered and that hope for the future has a gender dimension to it not yet taken into account in the design and facilitation of many targeted interventions.

Maybe unsurprisingly, there was strong and positive correlations between self-efficacy and hope for the future. In essence, young people who had more self-belief also tended to have more hope for the future ($r=.56, p<.005$).

There were statistically significant associations between young people's sense of safety ($\chi^2(6, n = 353) = 13.17, p = .004$), previous mental health issues ($\chi^2(2, n = 365) =$

8.39, $p = .015$) and social supports ($\chi^2(4, n = 366) = 54.18, p = < .005$). Indeed, those with the least supports available appear to be more likely to have lower hope than other young people who believe that social supports are available and accessible (see table 7).

Table 6: Openness to the future

		Openness to the future		
		Low	Moderate	High
		%		
Social supports	Poor	44.2	41.6	14.2
	Moderate	21.5	54.8	23.7
	Strong	11.9	39.8	48.3

At endpoint there was a statistically significant change in self efficacy, with young people scoring higher on this measure indicating increased rates of self-belief at the time they were leaving the programme ($t(70) 3.01, p = .004$). Interestingly, there was no statistically significant change in the measure of social support indicating that young people believed that they had the same, or similar access to social supports at the point that they were leaving the programme as when they began the programme. It is not clear why this might be the case given the nature of the programme. One reason could be the variable modes of delivery. For example, in some areas, both group work and mentoring is the norm. In other areas, the primary focus is on group work. There are several interviews that support the variable approaches to delivery.

My groups are adaptable. I can do one-to-one, groupwork and outdoor work. I'm lucky because there are so many opportunities. The young people usually prefer the group work but so that's what I do.

The lads I work with aren't always ready for group stuff. I start with mentoring-taking them out one on one-maybe meeting them in school, or going for a coffee. I tend to chat with them about stuff that's going on for them and then integrate them into the groups

It could be that in the absence of positive one-to-one relationships, young people may be less likely to recognise that supports that are available to them. From a methodological perspective moving forward, the evaluation could ensure that greater attention is paid to capturing the mode of delivery, types of support and activities that young people engage in in order to discern the mechanism that connected input to outcome and impact.

There was no significant change ($m = 34.5$) in levels of optimism towards the future between baseline and end-point overall. However, there were some interesting changes observed for those who could be considered most at risk. For example, those who reported that paramilitaries were either 'active' or 'very active' in their communities, as well as young people who reported feel unsafe in their communities were more likely to see an increase in levels of optimism between the two time-points. It is not clear why this might be the case but it could be that the effects of the targeted interventions are stronger for those who are most vulnerable.

Attitudes towards the police

With the advent of the GFA came the challenge of enhancing the legitimacy of police as well as the wider justice system. Concrete efforts were made to implement structural as well as aesthetic changes. This appears to have had some impact. In a recent study, 58% of respondents believed that their community were confident in reporting ASB to police, a rise on 49% in 2017 (Walsh, 2020). However, these data appear to show that amongst some young people, particularly those engaged in phase II of these targeted interventions, the issue of policing remains contentious.

A measure of legitimacy of policing was used at both time-points. The scores ranged between 1 and 5 with higher scores suggesting more favourable attitudes towards the police. At baseline, the average score on the measure of attitude towards the police was 2.45 ranging between 1 and 4.5. This suggest that whilst some young people are more favourable towards police, on average many question the legitimacy of the police. This is illustrated by disaggregating some of the measure's items. For example, 61% ($n=204$) of the young people believed at baseline that the police were prejudiced against their community. Interestingly, there did not appear to be any significant difference between young people of different

religious backgrounds (see fig. 21) with young people from Protestant, Catholic backgrounds equally likely to hold these views.

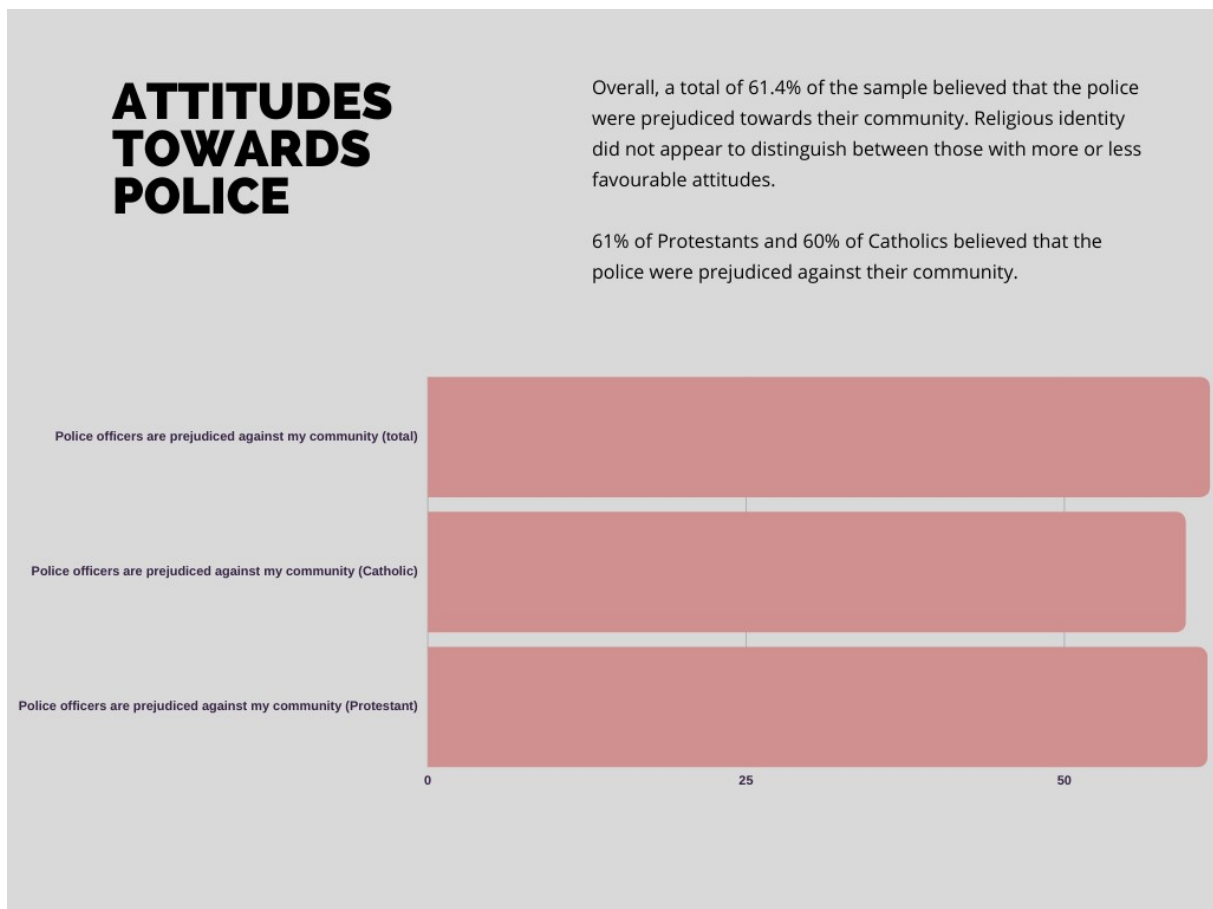


Figure 22: Attitudes towards the police

There appeared to be a strong association between these attitudes in areas that were considered to be most active in regard to paramilitary activity (See fig. 22). On average, those who reported paramilitaries either being active or very active, as well as those who refused to respond, were more likely to score lower on the measure of police legitimacy ($F(4, 337) = 4.33, p = .002$). This relationship could present significant challenge but also practical opportunities.

POLICE LEGITIMACY

On average, those most likely to report paramilitaries being active in their areas, were more likely to question the legitimacy of police

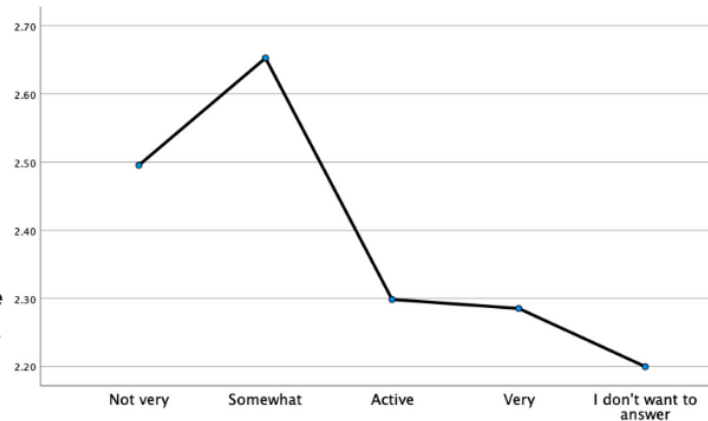


Figure 23: Police legitimacy

Further, those who had been directly affected by paramilitary violence (threatened ($p=.006$) or attacked ($p=.044$)) as well as those who had experienced community violence ($t(232) = -3.99$, $p < .001$) were more likely to score lower on the measure of police legitimacy. One potential reason for this is how safe people feel in their own communities. Those who report feeling safer, generally tended to be more favourable towards police. For example, 37.5% ($n=90$) of those who reported that police were respectful towards them were those who reported feeling 'very safe'. This compared with only 4.2% of those who reported feeling 'not safe at all (see fig. 23).

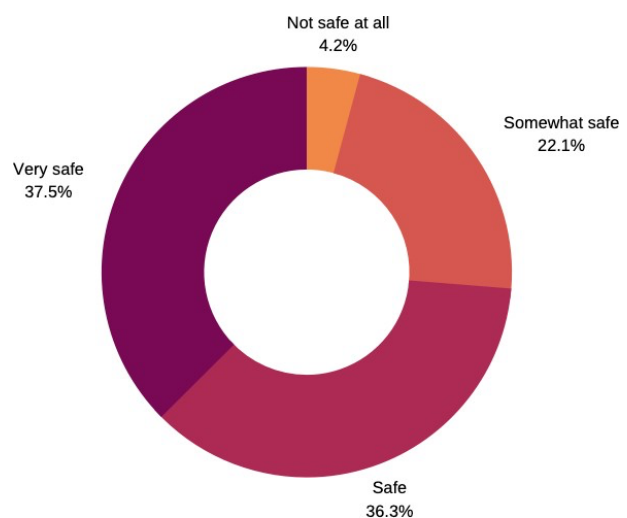


Figure 24: Police legitimacy and sense of safety

At endpoint there was no statistically significant change in young people

attitudes towards the police when compared with their attitudes at the outset of their involvement in the programme. It is not clear why this is the case but there is some evidence that in some areas, activities designed to enable young people to critically engage with issues around policing, legitimacy of institutions and have the opportunity to physically engage with, and pose challenging questions to police is more routine, whilst in other areas, actively discussing such issues, or facilitating similar activities is much less common.

The responses are evidence that issues of legitimacy continue to affect some communities and the evidence points to increased police-youth conflict where legitimacy is lower. Understanding areas where this is more important could help refine responses. However, it remains important to acknowledge the difficulties in some areas, how contentious such contact can be, and the potential threat that can be posed towards youth workers facilitating such contact.

*This sort of sort of stuff doesn't just happen-no matter how much people want it do.
If I rush straight in-my place would be closed down. Do you know what I mean?
The young people who we all know are vulnerable could be more vulnerable. We
need to tread carefully for all sorts of reasons.*

There is a strategic question for the programme, the local areas delivering on the programme around what is required to enable safe but critical spaces to be facilitated. It seems that in some areas, despite the sensitivities and contentiousness, these activities are facilitated. It is beyond the remit of this evaluation to fully capture why this is the case in some but not all areas. Moving forward, the team could reflect on the mechanisms that have enabled this to take place and the characteristics of the teams that have helped to facilitate this.

Conclusions and recommendations

Understanding the needs

Community violence is a significant and enduring public health challenge. This challenge is arguably even greater in the context of societies emerging from conflict such as Northern Ireland. However, not all communities experience the same rates of violence and further, not all individuals within those communities experience the same outcomes as a result of exposure.

Police recorded crime and emergency department data suggest that rather than being in decline, higher-harm or paramilitary related violence has actually increased (Ritchie & McGreevy, 2019; Walsh, 2019). Young people are materially and disproportionately affected (Walsh and Schubotz, 2019, Walsh, 2021). Direct exposure to such violence can have a significant traumatic effect (Finkelhor et al., 2005) and has been shown to be related to the onset of a wide range of psycho-social issues (Walsh, 2019). However, it is also now well established that in addition to direct exposure to violence, being witness to (Guerra et al., 2003), knowing the victims of, and even living in areas of elevated rates of violence (Fowler et al., 2009), can all contribute towards emotional deregulation, increased hopelessness, greater cynicism about societal rules, and acceptance of attitudes that endorse violence and exploitation (Esposito et al., 2022). In sum, exposure contributes towards a range of deleterious outcomes and interrupts normal developmental pathways. At the same time, there are a range of supports that could conceivably buffer against the effects of violence. The challenge is often connecting the right people to the rights supports at the right time (Duffy et al., 2022). In the first instance, we need to understand the needs of young people and identify those most vulnerable.

The structures that have been created around the targeted youth interventions in Northern Ireland have greatly contributed to how we understand the multitude of issues that affect some young people-issues that make them at elevated risk of harm and exploitation. For example, this data illustrates how the approach has helped to understand the range of adversities that young people experience, as well as their differential effects. Taking one type of exposure, young people in this sample were 289% more likely to experience community violence compared with the NI estimate-an indicator of elevated need and increased rates of vulnerability. Unsurprisingly, there also appear to be elevated rates of mental health issues, including potential mood and stress disorders that could at least in part be attribute to such adversity (see table 8).

Table 7: Needs vs population estimates

	Need	NI comparison
Any potentially traumatic event	93%	37%
Violence direct (community)	35%	9%
Violence direct (home)	13%	3%
Violence indirect (witness in community)	52%	17%
Violence indirect (witness at home)	16%	7%
Sexual violence	35%	2%
Any paramilitary violence	48%	N/A
Any mood disorder	48%	13%
Probable PTSD	16%	2%

Further, there is evidence that some of the workers who had more actively engaged with the process had used the survey instruments as tools to engage young people in critical conversations.

I did a session on masculinity. That reason for that was straight out of the questions that the young people did in the survey. I developed a session around the acceptability/not acceptability of violence and it worked really well

Connection with SDGs

These issues are complex in singles-even more so in multiples. Understanding how best to identify the root causes and invest in strategies that address multiple issues simultaneously could be an innovative approach.

The SDGs provide a coherent framework to situate these issues within and the concept of ‘accelerators’ acknowledges that targeted interventions may have an impact that is cross-cutting- something that contributes to the attainment of multiple outcomes concurrently.

Fig. 24 illustrates that SDGs that appear to be being targeted via these interventions.

SDG Accelerators

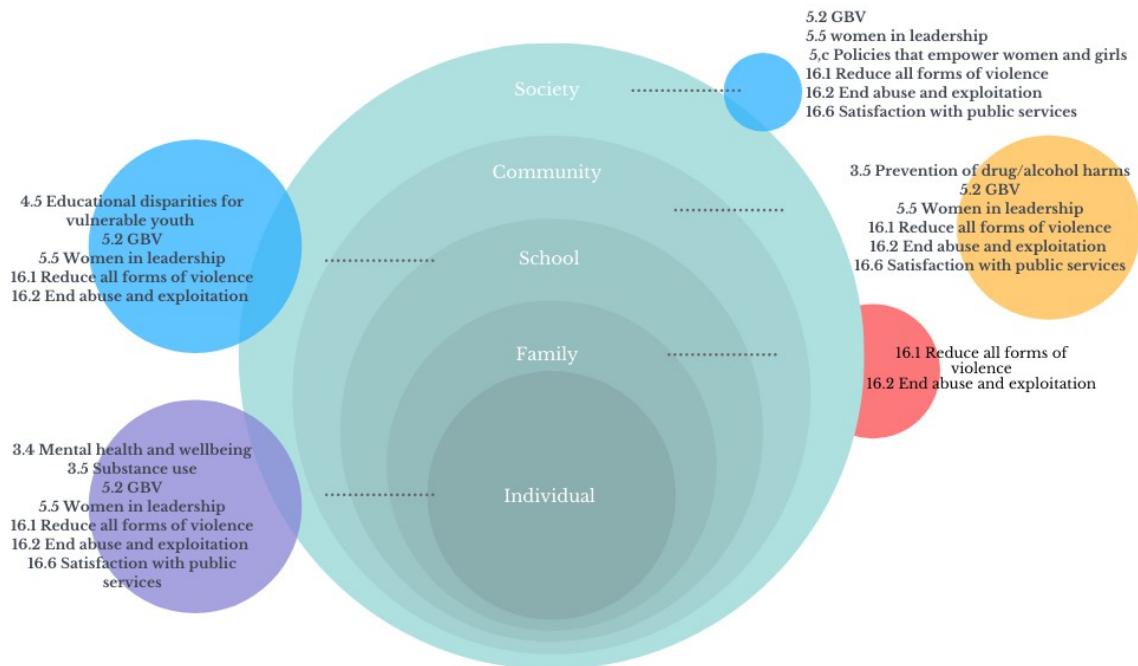


Figure 25: SDG accelerator areas

As fig. 24 illustrates, these targeted youth interventions cut across eleven distinct SDG target areas using a variety of approaches aligned to the INSPIRE framework (see table 9).

Collectively, these targeted interventions have contributed to change in measurable ways. For example, in regards to increased lawfulness, attitudes towards violence and aggression, reduced levels of risk taking behaviour and increased levels of self-efficacy. These are well established protective factors that may reduce levels of vulnerability.

Conversely, there are other areas where the anticipated change was not observed as strongly. For example, in regard to young people’s attitudes towards the police, mental health and wellbeing (mood and stress related symptoms), gender norms, social supports and hope for the future. It is not clear why there was less progress in these areas, but could be areas that some sites could focus in on more closely moving forward. For example, in regard to gender norms, an innovative, evidence informed model of practice is currently being co-produced between EANI and Queen’s University. This has significant utility in gender transformative

practice and a component that would complement the targeted interventions. Whilst currently being piloted in one area, there is potential for this to be brought to scale.

In summary, the Tackling Paramilitarism and Organised Crime Board have approved a series of strategic priorities. These are aligned to the SDG target areas and operationalised via the targeted youth intervention approaches. The intervention activities are closely aligned to the INSPIRE strategies for violence prevention, and the findings of this evaluation is that given the level of complexity, such activities can accelerate progress against multiple areas concurrently. Indeed, this work has contributed towards the attainment of eleven SDG target areas (see table 9).

A summary of the key findings

Table 8: A summary of the key findings

System	B13 priorities	SDG	Inspire strategies	Mechanisms	Desired Outcomes (for EA)	Key findings
Individual	Vulnerabilities for risk of paramilitary harms	16.1, 16.2	Education and life skills, safe environments, response and support services	Social support Problem solving Goal setting Pros and cons Behaviour substitution Social reward and reinforcement Reduction in exposure to cues	Reduction in incidences of violence Reduction in substance use Increased optimism	Significant reductions in risk taking behaviours, particularly violence No change in levels of optimism at a sample level, but evidence of change among those most vulnerable
	Resilience	5.5, 16.1, 16.2	Norms and values, safe environments, response and support services	Social support (emotional) Goal setting, prompts/cues, (Mentoring and group work, Volunteering)	Increased self-efficacy, Timely and responsive support	Increased rates of self-efficacy Implementation of agile responses, but not clear if this is implemented to the same degree across the sites
	Norms	5.2, 16.1	Norms and values	Values and beliefs, Incompatible beliefs Behaviour substitution	Reduction in restrictive and harmful gender and social norms	No significant changes in traditional masculine norms Development of a gender conscious programme ongoing

						Need to capture gender equity more generally
	Victim support (screening)	3.4, 3.5, 16.1, 16.2	Response and support services; safe environments	Information	Identification of those in need of clinical support	Implementation of range of MH screeners (mood, anxiety and stress) Identification of those with probable clinical concerns Need for a mechanism to connect need to support
	Victim support (Therapeutic support and intervention)	3.4, 3.5, 16.1, 16.2	Response and support services, safe environments		Engagement and support for victims of violence presenting to ED	Victimisation rates elevated in this sample Identification of those in need of additional and potentially therapeutic services
	Relationships with adults, guardians		Parent and caregiver support	Social supports	Increased levels of perceived social supports	No significant change in perceived social supports between T1 and T2
	Community police partnerships	16.3.1, 16.6.2, 16.b.1	Implementation and enforcement of laws, safe environments		Improved attitudes towards PSNI	Work taking place to challenge police responses to young people as well as community attitudes towards police. The approach could be standardised and challenges explored. No significant change among young people in regard to their attitudes towards police
School	Responsive and coordinated models of support	4.5, 16.1, 16.2	Education and life-skills	Goal setting, restructuring the social environment,	Increased educational engagement and attainment	Sample are mostly of school age with elevated rates of NEET. Some examples of

				problem solving,	A safe and enabling school environment	school based work taking place, but there is a need for a review of targeted interventions in schools for a consistent approach and specific focus on the measurement of engagement and attainment
Societal	Evidence	5.2 5.5 5.c 16.1, 16.2			Improved collection, management and use of evidence, research and evaluation	There is a need for specific measurement of young women's exposure to violence in the home and in the community to better understand the experiences of young women There are women in positions of leadership across the targeted interventions

There is of course ongoing progress that can be made despite the significant work being undertaken and as such, a number of recommendations are made for the teams to consider:

Practices

1. It is recommended that the team work with the evaluator to establish an objective implementation framework for the range of targeted interventions
2. It is recommended that consideration be given to standardising the ways in which young people are identified, defined as core, peer, sibling and the potential utility of approaches such as network analysis
3. It is recommended that each of the 'core' young people have well defined and measurable goals aligned to the overarching aims of the programme

4. It is recommended that specific focus is paid to a series of thematic areas, including: peer relations, gender conscious work and police/community engagement within these targeted interventions

Partnerships

5. It is recommended that in the areas where there continue to be significant issues regarding police/community engagement, spaces are created for those issues to be acknowledged and explored. In line with recommendation 15 of the 'From Scoping to Supporting' report (Walsh, 2021), barriers preventing the meaningful engagement with PSNI should be understood and responded to
6. It is recommended that consideration is given to identifying/clarifying the pathways into and importantly, out of the programme. In line with recommendation 14 of the 'From Scoping to Supporting' report (Walsh, 2021), there is potential for the development of a 'stepped response protocol' to help guide the decisions that practitioners take.

Programme evaluation

7. It is recommended that the programme continue to collect baseline and end-point data and in line with the 'From Scoping to Supporting' report (Walsh, 2021), ensure that all units at site level engage in this process
8. It is recommended that young people be more actively involved in the evaluation process
9. It is recommend that consideration be given to how sites document cases in order to better reflect the work being undertaken and to maximise their impact
10. It is recommend that the interventions capture the specific INSPIRE strategies that young people have access to, and which accelerators are most effective and for whom are measured.
11. It is recommended that the programme team alongside the evaluator identify the core components of targeted youth interventions to ensure some level of fidelity. This would also prepare the intervention for the application of more robust evaluation designs.

In conclusion, the investment by the Tackling Paramilitarism and Organised Crime Programme and Department of Education has resulted in the design and implementation of targeted youth services that are delivered by specialist practitioners. There is evidence that these can have the benefit of addressing multiple issues that young people experiences. Additionally, this work can contribute to a range of outcome areas, thereby accelerating progress towards multiple strategic objectives. Understanding the needs of young people vulnerable to community harms, violence and criminal exploitation is paramount, and the EANI have invested significantly in developing this specific infrastructure over the previous two years. This evidence has illustrated the complex needs of young people who are engaged through these targeted interventions and elevated needs compared with the wider youth population. Building on these insights, there is scope to develop a common theory of change, understand the responses in a more robust way, and identify the specific accelerators that are most likely to contribute towards positive outcomes across a range of areas.