# Psychologists' Experience of Exo-System Level Work in Community Psychology Projects

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**Thesis declaration form**

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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# OVERVIEW

Community Psychology is a discipline that aims to address underlying social, cultural and political determinants of health and well-being. Co-production, partnership, recognising community expertise and intervening within systems are often drawn upon to address problems disproportionality affecting marginalised communities. These communities have often experienced barriers to accessing statutory mental health services. No research has systematically explored the experience of practitioner psychologists working at the exo-system level using community psychology approaches.

Part one of the thesis is a qualitative meta-synthesis of seven studies exploring resilience factors in refugee children and young people who have migrated.

Part two of this thesis is a qualitative empirical paper exploring the experiences of 17 practitioner psychologists working at the exo-system level with marginalised communities. It considers the personal-professional journey to exo-system level working, competencies, processes and practices used, barriers and facilitators, and implications for professional psychology training and NHS service delivery. Interview transcripts were analysed using thematic analysis and resulted in eight themes. Psychologists' core competencies prepare them to work at the exo-system level and with communities. Work in and outside projects is aimed at effecting change to improve experiences of marginalised communities and systems impacting them. Recognising expertise within communities and partnering with them is imperative in community psychology projects, a letting go of the "expert stance" is necessary for this. However, there are areas for development within this work. Professional training can better prepare psychologists to work in this way by providing opportunity for service development skills and strategic working across organisations.

Teaching on courses should also incorporate learning from other disciplines to support contextualised understanding of mental well-being and psychopathology. NHS services should incorporate expertise from communities, through co-production, throughout service design and delivery to meet their needs.

Part three is a critical appraisal considering the experience of conducting the original research (part two). It considers the professional journey that led to an interest in community psychology, reflexivity and bracketing throughout the research process, and interesting issues that arose in the work around inclusion and the use or not of the title "community psychologist", for those working at the exo-system level with marginalised groups.

*Joint project*

The study was part of a joint project exploring experiences of community psychology projects from the perspective of psychologists, partner agency staff and service users. This work was separate from the partner agency staff and service users studies.

## IMPACT STATEMENT

The current thesis explored 1) resilience factors post-migration from the perspective of refugee children and young people under 18 (CYP) and 2) experiences of psychologists working at the exo-system level in community psychology projects. A key purpose of the empirical paper was to demystify exo–system level working by illuminating early career experiences that lead to interest in this approach, the skills/competencies used and how these may differ from traditional micro-level interventions, barriers and facilitators to the work and future suggestions to develop practice. A qualitative methodology was adopted to conduct a systematic review and empirical study.

The systematic meta-analysis examined studies summarising interviews of refugee CYP on their perspectives of factors crucial for their resilience. This is significant due to the often "missing" voice of refugee CYP in the literature and prevalent focus on adult refugee populations. A significant finding was the importance they placed on reclaiming power and agency when navigating rebuilding their lives in a new country. This could have significant implications for the various contexts that refugee CYP will be in, for example, schools, specialist mental health settings and CYP's supported accommodation. The importance of support that is trauma-informed and provides choice and agency to support empowerment will be crucial. Co-production and service user involvement/participation may be particularly important for service providers and professionals to consider when working with this group of young people.

The empirical paper was concerned with the experience and day-to-day working of practitioner psychologists in projects working with marginalised groups, to create exo-system level change to support wellbeing. To the author's knowledge, this is the first study

to conduct an in-depth exploration of experiences of psychologists working at the exo-system level from a Community Psychology perspective. A key finding from the study was that psychologists' engage in work inside and outside of projects to create systemic change. They use the core skills obtained in clinical training (assessment, formulation, intervention, evaluation) but flexibly apply them throughout their work. The importance of trust and developing authentic relationships with community members were highlighted. A significant gap identified in the knowledge of psychologists doing this work was within the area of strategic working/ service development and navigating working across organisations. Implications for professional psychology training courses are, introducing measures to help nurture and develop strategic level working skills in trainee psychologists, such as through placements. Developing partnerships between local communities and trainee psychology courses may help to facilitate these placement opportunities in a way that is long-term and therefore possibly of greater benefit to said communities.

This study also has significant implications for future National Health Service (NHS) service delivery. The long-term plan for community mental health transformation aims to address current issues by adopting community-focused and integrated service models addressing social as well as mental well-being concerns. This study provides evidence to embed co-production and community stakeholder expertise for truly community-focused services. Commissioners will also have to consider ways of measuring meaningful outcomes for these projects alongside community stakeholders, which often have non-clinical impacts e.g. through partnership working to address systemic barriers impacting communities.

Future research should explore developing models to enhance critical reflection for practitioners working in community psychology projects as this was cited as fundamental for ethical practice in this work.

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# PART 1: SYSTEMATIC LITERATURE REVIEW

A systematic review of qualitative studies exploring resilience from the perspectives of refugee children and young people post-migration.

## Abstract

**Aims:** A number of children and young people (CYP) are forced to migrate each year due to persecution, lack of safety or environmental disadvantage. Understanding resilience factors CYP describe can support the development of interventions to enable adaptive functioning post-migration. The aim of the review was to understand factors refugee CYP cite as contributing to their resilience post-migration.

**Method:** A systematic search of the literature was conducted to identify studies interviewing refugee CYP who had migrated, for their insights on factors they associated with their resilience. Six electronic databases and citations of studies were searched to find studies meeting the criteria. The Critical Appraisal Skills Programme (CASP) tool was used to assess the methodological quality of studies included in the review, the methodological quality of most studies was high.

**Results:** Of the 4,069 studies identified, seven studies met the criteria to be included in the review. Resilience factors refugee CYP identified were analysed. Five analytical themes were produced: *"Regaining what was lost" "Connection is crucial" "Holding on to what helps", "Developing the Individual self"* and *"Reclaiming power and agency".*

**Conclusions:** Several descriptive themes were encapsulated within the analytical themes. Refugee CYP identified a number of factors linked to their well-being and resilience. Re-establishing elements lost as a result of their refugee status and migration journeys, such as material safety and hope and aspirations for the future were crucial. Connection to others as well as flexibly negotiating their previous and new culture post-migration were also significant for functioning well in the new society they joined. Finding ways to "fight back" against experiences of prejudice and discrimination, and reclaim agency and power were important for their identity. Faith was also cited as a key factor used to make sense of suffering. The findings of this review support many of the factors identified in the adult refugee resilience literature. Implications of the findings include

incorporating these factors into potential interventions aimed at increasing resilience in refugee CYP post-migration. In particular support that offers choice and an opportunity for their voices to be heard may be key, for example through co-production and partnership work with faith organisations.

**Keywords: refugee children, resilience factors, qualitative research, coping, well being**

# 1. Introduction

## 1.1 Incidence of childhood refugeeism and mental health impact

In 2021, 26.6 million refugees were documented worldwide and approximately 12 million of these were children and young people (CYP) under age 18 (United Nations High Commissioner for Refugees, 2022a). Refugee status is often associated with being part of a persecuted social, religious, racial or political group, war, or conflict (United Nations High Commissioner for Refugees, 2022b). Refugees can be threatened or fearful to the point of being unable to return to their home/ country of origin or forced to make the decision to flee to another country for asylum (United Nations High Commissioner for Refugees, 2010).

The trend of childhood refugeeism is on the rise and more than doubled between 2005 to 2020 (United Nations Children's Fund, 2021). Refugee CYP make up a significant portion of those migrating to another country to seek asylum each year. Between 2010- 2020, approximately 1.8 million CYP sought asylum in Europe alone. On average 51% were unaccompanied without a parent or an adult relative legally responsible for their well-being (Khan, Mahmudlu & Todorovska, 2020). Refugee status and migration for CYP can come with a number of challenges, such as changes in family structure, social networks, and cultural and economic circumstances, which can all further compound the traumatic persecution-related experiences they may have experienced in their country of origin (Khanlou, 2007).

Emotional distress and mental health disorders are associated with childhood refugee status including Post-Traumatic Stress Disorder (PTSD), Depression, Anxiety and emotional and behavioural problems, with unaccompanied CYP reporting greater levels

of these difficulties (Bronstein & Montgomery, 2011; Hodes, Jagdev, Chandra, & Cunniff, 2008; Hodes & Vostanis, 2019). Both pre and post-migration experiences have been associated with these difficulties, and mental health problems have been seen in CYP who have migrated to high and low income countries, although some data suggest children in low-to-middle income countries show greater distress (Fazel, Reed, Panter-Brick, & Stein, 2012; Heptinstall, Sethna, & Taylor, 2004). Alarmingly, a recent review showed that rates of suicidality[1] ranged between 1.79 – 59% for refugee CYP. The wide range was associated with differences depending on age, their countries of origin and whether they were accompanied or unaccompanied during migration (Jin, Dolan, Cloutier, Bojdani, & DeLisi, 2021). It is important to note that migration does not always lead to an automatic improvement in mental distress. Experiences of xenophobia, discrimination, prejudice, racism and inappropriate or inaccessible services can further negatively impact the mental health and psycho-social functioning of child and adolescent refugees, once they have migrated (Frounfelker et al., 2020).

### 1.2 Resilience and Ecological framework

Given the significant evidence of poorer mental health for refugee CYP, interest and attention have turned to the potential benefits of better understanding resilience in this population. Resilience has been defined as the ability of an organism or a system (e.g. child, family or organisation) to adapt successfully when faced with difficult circumstances, situations or adversity and to "bounce back" and recover from stress (Masten & Yates, 2004; Tugade & Fredrickson, 2004). The concept is closely linked with others such as post-traumatic growth, coping and overcoming chronic adversity/risk (Rutter, 1987, 1994). Evidence suggests effective coping is a "primary consequence" of resilience itself (Dyer &

[1] Suicidality encompassed suicidal ideation, suicide plans and suicide attempts in the review.

McGuinness, 1996). An ecological model has been adopted to conceptualise the different "systems" that factors associated with resilience can exist within (Bronfenbrenner, 1979; Cowen, 2000). First used as a model to describe child development it is now also used within the child resilience literature. A description of the model with examples is provided below.

- Micro-system level: systems a child, is directly involved in, such as a school or a family or within-child factors, such as age, gender, self-esteem or even temperament.
- Meso-system level: interactions between micro-factors such as gender associations with self-esteem, or the interaction between two microsystems, such as impacts of the relationship between school and the family on a child.
- Exo-system level: this refers to systems a child is not directly in, but nonetheless impact them e.g. the parental work environment. A high-stress parental work environment for example, may lead to reduced well-being of the parent. This could subsequently interfere with a parents' ability to be attuned to the child, negatively affecting the child's experience of being parented.
- Macro-system level: impact of wider cultural systems on a child e.g. community engagement or support, or a nation's refugee policies.

Factors associated with resilience have been found to be both time and context-dependent, interacting with one another as a complex system, rather than the direct result of one fixed factor (Prince-Embury, 2014). Interventions aimed at increasing resilience have also been a source of interest when considering this population and target factors at the various "levels" of the ecological model.

- Micro-system level interventions include psychopharmacology or trauma-focused therapies (Pacione, Measham, & Rousseau, 2013).

- Meso-system level interventions include creative-expressive psychoeducation and recreational activities in schools, supportive living arrangements, including foster care, and living in settings that do not restrict freedoms (Ager & Metzler, 2017 ; Mitra & Hodes, 2019).
- Exo-system level interventions include equitable access to social care and specialised mental health services and advocacy services (Ager & Metzler, 2017).
- Macro-level interventions include policies supporting the funding of specialised services for this population (Satinsky, Fuhr, Woodward, Sondorp, & Roberts, 2019).

### 1.3 Previous reviews

Despite their challenging experiences, many refugee CYP show an ability to cope with adversity and adjust to their new host countries, indicating some evidence of resilience. A number of quantitative studies have explored associations between resilience and key factors in refugee CYP lives. Previous reviews found age, a strong sense of morality, self-esteem, maintaining cultural identity, peer/parental support, acculturation, religious beliefs, perceived sense of safety, belonging at school, community engagement and social care interventions were associated with positive mental health and better psychological functioning (Fazel et al., 2012; Marley & Mauki, 2019). Some studies suggest younger children fare better than those who migrate when they are older (Scharpf, Kaltenbach, Nickerson, & Hecker, 2021).

Whilst resilience factors in refugee CYP have been explored extensively in the quantitative literature there has been little systematic exploration of resilience factors from their perspective. Accounts within the qualitative adult refugee resilience literature may provide some tentative insights into this. Staying hopeful/positive, having supportive relationships

with family and friends, following religious practices, a sense of meaning, volunteering, work and activism, have all been cited as essential by adult refugees for well-being and resilience (Alessi, 2016; Hawkes, Norris, Joyce, & Paton, 2021; Sossou, Craig, Ogren, & Schnak, 2008; Walther et al., 2021). However, little is known about how these may or may not be relevant for the child refugee population. For example, work which is cited as important for adult refugees would not be possible for younger refugees in the same way, due to restrictions on employment by age. As such, exploration of these factors from CYP's perspectives may shed light on unique age-specific factors. The apparent bias toward exploring resilience from the perspective of adult refugees may be explained in part due to assumptions around the inability of younger refugees to articulate this knowledge in interviews, due to their immaturity. It may also reflect a biased view that childhood refugees are "doubly—vulnerable" and therefore lead researchers to not seek their voices and opinions. Refugee CYP are often "seen but not heard", and the lack of systematic exploration of their experiences of resilience and contributing factors may perpetuate this (Ashing, 2021; Kader & McMahon, 2021).

It is difficult to draw clear conclusions from the existing literature on post-migration CYP. In a review of 15 studies, self-identified resilience factors of CYP in low-income countries with ongoing armed conflict were explored. Afghani CYP described *"Tarbia*", *(a strong sense of morality and correct behaviour),* and *"Wahad", (family unity and honour)* as crucial for well-being. Palestinian CYP reported *"Sumud" (adherence to ideology, connection to the land, steadfastness and struggle to persist).* Rwandan CYP discussed "*Kwihangana" (perseverance), "Kwigirira Ikizere" (self-esteem/confidence)* and *"Kuera Neza"'(good parenting) "Kwizerana" (family unity/trust) and "ubufasha abaturage batanga" (collective/communal support*) (Tol, Song, & Jordans, 2013). These accounts provide some insight into CYP's conceptualisations of resilience and also alluded to how varied

and culturally specific these can be. Nevertheless, the fact that these CYP remained in areas of ongoing conflict, presents a challenge to the comparability of these findings to CYP post-migration. Other resilience studies of CYP in areas of ongoing conflict cited youth education, supportive relationships and social participation as crucial (Wilson, Turner-Halliday, & Minnis, 2021). As evidence has shown, resilience factors are both time and context specific. The extent to which the conflict environments themselves impacted these findings must be taken into account. It is difficult to know if these particular factors would be identified by CYP who had migrated to higher-income countries, or who were in areas without conflict. Tol and colleagues also adopted a particularly broad definition of resilience, including any factors that increased well-being (promotive) and any that led to a reduction in symptoms (preventative) even if mental health diagnostic criteria continued to be met (2013). Some further studies attempted to address the gap in exploring young refugees' perspectives of resilience, including young people in their mid-teens to mid-twenties. They found social support, acculturation strategies, education, religion and hope were all sighted by refugee youth. However, due to the wide age range, it is again difficult to know how applicable these findings are (if at all) to younger refugee CYP (Sleijpen, Boeije, Kleber, & Mooren, 2015; Sleijpen, Mooren, Kleber, & Boeije, 2017).

Despite the many quantitative studies exploring resilience factors in refugee CYP, few have explored the personal perspectives of refugee CYP from a bottom-up approach, that is considering the factors they themselves identify as important for their resilience. Those that have, included CYP in areas of active conflict and those in significantly different developmental stages, such as early adulthood. Exploration of the perspectives of refugees has been emphasised as fundamental as it allows opportunities for *"fuller expression of their experiences in their own terms"* (Korac, 2003). For refugees who are often subject to harmful narratives in mass media as "economic threats" to the receiving

countries, this may go some way in challenging these negative stereotypes that can be associated with prejudice and discrimination (Beste, 2015). Furthermore, developing a greater understanding of resilience from the perspective of children and adolescents may provide key insights for acceptable resilience interventions for this cohort, which may have long-term positive social and economic implications for individuals, as well as societies (D'Albis, Boubtane, & Coulibaly, 2018).

### 1.4 Aims of the current review

Despite the significant challenges experienced by refugee children and adolescents, many show significant resilience associated with individual, family, school, community and societal factors (Pieloch, McCullough, & Marks, 2016). Few studies have qualitatively explored the experience of resilience from the perspective of refugee CYP. This review aims to provide an updated synthesis of qualitative research on refugee CYP's perspectives, on factors influencing resilience post-migration, since that conducted in 2015 (Sleijpen et al., 2015). Trends in the numbers of CYP being displaced and meeting refugee status continue to rise in relation to political instability, social unrest and economic and environmental uncertainty in various regions around the world (Braithwaite, Salehyan, & Savun, 2019; Epule, Peng, & Lepage, 2015). Gaining insight into factors refugee is important for the promoting and developing of resilience interventions and support for this group.

## 2. Method

### 2.1 Developing the review question

The SPIDER mnemonic tool was used to clarify the research question to be answered in the current review (Cooke, Smith, & Booth, 2012). The tool aims to encourage reflection on the ***S****ample*, ***P****henomena of* ***I****nterest,* ***De****sign,* ***E****valuation,* and **R**esearch type in

qualitative research and is comparable to the PICO tool used for quantitative research development (Richardson, Wilson, Nishikawa, & Hayward, 1995). See Table 1 for the completed SPIDER tool for the current review.

*Table 1 SPIDER Tool*

| **SPIDER** | **Present review** |
|---|---|
| S – Sample | Any refugee CYP (under 18) who has migrated to another country to seek refuge either alone or accompanied. |
| PI – Phenomenon of Interest | Narratives of refugee CYP settling into another country. Studies that explored the pre-journey experience of refugee CYP were also included as long as they had migrated and were discussing resilience factors post-migration. |
| D – Design | Any qualitative design (Interviews could be structured or unstructured, group or one-to-one with (a) researcher(s). |
| E – Evaluation | Views, experiences and perceptions of child refugees regarding the phenomenon of interest. |
| R – Research type | All qualitative research including, CYP's perspectives of factors important to their resilience. Mixed-methods studies were also included if qualitative data was distinct from quantitative. |

**Primary Question:**

What factors do post-migration refugee children and young people describe as important to their resilience?

## 2.2 Search Strategy

The purpose was to identify all available peer-reviewed qualitative studies exploring factors cited by refugee CYP as contributing to their resilience post-migration. The following stages of the search were conducted for the current study: a scoping review of the current evidence on childhood resilience in refugees on Google and Google Scholar. This was to identify current terminology most aligned with the research area and to identify the latest reviews/ gaps within the literature. Once this was achieved, the following six databases were searched systematically on the 20th November 2021: Child Development and Adolescent Studies, OVID PSYCINFO, OVID MEDLINE, CINAHL PLUS, SCOPUS and Web of Science. The databases and search terms used were generated from previous reviews, discussed with thesis supervisors and with a specialist librarian in psychology, to ensure the appropriateness (see table 2, for full search strategy). Search terms were linked to three main concept clusters, focused on resilience, childhood, and refugee status. Truncation of words was used, this is indicated with '*' highlighting root words that have different endings, for example the truncated word *(child*)* identified papers with words such as children, children's, childhood etc. The resilience, child and refugee-focused terms were searched together for example *(child* OR adolescen*)) AND (resilienc*)) AND (refugee*)).*

Finally, the references of all included studies were checked for any relevant papers that met the inclusion criteria. Following the search, all papers found were imported to an EndNote library, de-duplicated and then assessed against the full review criteria.

*Table 2 Summary of final search terms*

| *Cluster 1: Child terms* | *Cluster 2: Resilience terms* | *Cluster 3: Refugee terms* |
|---|---|---|
| *Child** | *Resilienc** | *Refugee** |
| *Adolescen** | *"Post traumatic growth"* | *Asylum seek** |
| *Youth** | *"Postraumatic growth'"* | *Asylum-seek* |
| *Boy** | *"Post-traumatic growth"* | *Migrant** |
| *Girl** | *Cop** | *Unaccompanied* |
| *"School age*"* | *"Wellbeing"* | |
| *"School-age*"* | *"Well-being"* | |
| *Minor** | | |
| *Teen** | | |

## 2.3 Screening and selection Inclusion criteria

Inclusion for the current study were (i) studies exploring the experiences and perceptions of refugee CYP aged 18 and under, any factors they discussed as contributing to their functioning, adaptation, well-being or resilience, following migration, (ii) participants will have migrated from their country of origin to another country, (iii) studies reporting mixed (quantitative and qualitative) results on resilience of refugee CYP migrating to another country, if the interview data is reported separately, is substantial to draw conclusions from and can be extracted for this review, (iii) any dated study, (iv) published in English, (v) primarily a research paper (not review), (vi) any qualitative methodology and analysis as long as CYP were interviewed directly. See Table 3 for detailed inclusion and exclusion criteria.

*Table 3 Inclusion and exclusion criteria*

| Component | Inclusion Criteria | Exclusion Criteria |
|---|---|---|
| **Population** | Children and young people aged 18 or under. | Adults; Parents; Caregivers; Families, Professionals (unless data separate and distinguishable from that of CYP), studies that retrospectively interviewed adults who had been refugee children. |
| **Phenomenon** | Resilience factors | Resilience factors pre-migration, still in the country of origin or facing persecution. |
| **Language** | English | Non-English |
| **Publication Date** | Any date | None |
| **Papers** | Qualitative; Mixed-methods; Peer-reviewed papers; Primary research paper; Studies that have a primary or secondary focus on the experiences of refugee CYP who have moved to another country and discuss factors contributing to their well-being or resilience. | Quantitative studies; Non-peer reviewed papers; Letters; Editorials; Conference papers/abstracts/presentations Theses; Systematic, Reviews; Meta-analyses; |

## 2.4 Quality Assessment

To measure the quality of papers included in the review the Critical Appraisal Skills Programme (CASP) tool for Qualitative research was used (Critical Appraisal Skills Programme, 2018). This tool is designed to test methodological rigour and quality, by considering the results, trustworthiness and relevance of published qualitative research. The tool consists of 10 questions, to rate the quality of the research, each with a possible **"YES"** scored as **1** and **"NO"** or **"UNSURE"** scored as **0** to provide an overall score out

of 10. Scores rated above seven were considered to be of high methodological quality. Due to the limited amount of literature within the area, papers of all quality were included in the current review.

## 2.5 Data extraction and assessment of relevance

A Microsoft Excel Sheet was used to extract study characteristics and to store the quality assessment of studies (CASP rating). Areas populated into the spreadsheet included, *study aims, author(s), title, year of publication, age of participants, country of origin, host country post-migration, number of participants per study, study setting, sampling approach, methodology, data analysis, phenomena of interest, the language of publication* (see Appendix 1). Microsoft Word was used for the analysis (coding) of the extracted results sections.

## 2.6 Data analysis and synthesis

A qualitative meta-synthesis was conducted for the review. The analysis for the current review was conducted in line with Thematic Synthesis (Thomas & Harden, 2008). Within an integrative synthesis, the primary sources of data e.g. results from studies are considered to be able to be compared and aggregated. As the purpose of the review was to understand child and adolescent refugees' perspectives on factors key to their resilience, an integrative rather than interpretative approach was identified to be better suited for the synthesis. Various frames of resilience factors have already been identified within the quantitative literature, as such the aim was not to develop new concepts/ or identify new factors of resilience but to explore which of these if any CYP themselves sighted as key to their personal accounts of resilience. This was therefore a deductive approach.

For Thematic Synthesis four key steps are highlighted:

**i.** Reading each paper in detail

**ii.** Line-by-line coding of the results extracted

**iii.** Initial development of “Descriptive Themes”

**iiii.** Developing higher level “Analytical themes”

An initial in-depth reading of all papers was completed and themes and sub-themes highlighted in each paper were extracted (see appendix 2). These were transferred to a Microsoft Excel sheet, grouped by similarity of content and colour coded into an initial framework (see appendix 3). This step was to help familiarise the reviewer with the literature and provide an overview of all papers included in the review.

All of the “results”/ “findings” sections of each paper were extracted into a Microsoft Word document and sentences were coded according to their meaning. Each line had at least one code applied and most lines had multiple codes assigned. For example, the line, “*Their present interpretation of themselves, however, was as survivors and agents of their own future.”* – Extracted from Goodman (2004), was assigned two codes *(1) “Retelling their story* and *(2) “The importance of agency”.* A screenshot example of a coded results section can be seen in appendix 4.

All codes were imported into Excel and assessed for similarities and differences. Codes describing similar constructs were grouped and collapsed into one code. From the initial 57 codes identified, 14 descriptive themes were created. Whilst descriptive themes remain conceptually “close” to the original studies themes, analytical themes are called to “*go beyond*” this, providing a new understanding and hypothesis of the aggregated data (Thomas & Harden, 2008). This requires the reviewer to reflectively synthesise the data.

# 3. Results

## 3.1 Study selection

A total of 4,069 papers were identified in the initial search. After a process of duplicate removal, 1,951 papers remained and of these, 1,810 did not meet the criteria for the review and were excluded. The remaining 141 papers were subsequently screened and a total of 7 papers were eligible for the current review. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) template was used showing the exclusion process of papers throughout the literature searching stage in full, please see Figure 1.

## 3.2 Study characteristics

Studies in the review were published between 1999 – 2021. Sample sizes ranged from 5 – 55 with a total of 197 children and adolescents included in the sample. The majority of participants were from countries in the Middle East and Sub-Saharan Africa. The types of interviews conducted within the studies varied. Perumal (2014) conducted both individual and paired interviews with CYP, whereas Gibson (2002), Goodman (2004), Iraklis (2021) and Maegusuku-Hewett and colleagues (2007), conducted individual interviews. Almqvist & Hwang (1999), Perumal (2014) and van Es et al (2019) all included views of parents and or professionals, (not analysed) alongside child data, which was included in the review. All the included studies adopted a solely qualitative approach.

Studies had broadly similar aims, objectives and research questions, however the approaches to analysis varied. Five studies aimed explicitly to understand the factors refugee CYP described as important for their resilience post-migration, (Almqvist & Hwang, 2016; Gibson, 2002; Goodman, 2004; Iraklis, 2021; Maegusuku-Hewett, Dunkerley, Scourfield, & Smalley, 2007). Perumal (2014) looked at settlement

experiences, academic/career aspirations of refugee CYP in a South African refugee school programme and links to resilience. She aimed to describe the strengths and factors linked to resilience for these CYP and share them to support the “conscientizing” of the public. Conscientization is a term often associated with Liberation Psychology. It describes the act of making conscious links between the socio-political and the individual, to work towards the liberation of marginalised people from oppressive socio-political structures (Martín-Baró, 1994). Van Est and colleagues explored the experience of unaccompanied refugee minors the challenges they faced, as well as their sources of strength and resilience. For detail on analyses type per study and further descriptive characteristics, see table 4.

**Table 4**
*Study Characteristics*

| Study No | Author (s) Year | Title | Publication country and language | Country of origin | Phenomena of interest/ Study aims | Method and Data Analysis | N | Ages | Sex |
|---|---|---|---|---|---|---|---|---|---|
| **1.** | **Almqvist & Hwang 1999** | Iranian Refugees in Sweden coping processes in children and their families. | Sweden, English | Iran | To describe the variety of coping strategies both emotion-focused coping and problem-focused coping used by young Iranian refugee children. | Parent and child interviews (child data analysed). Qualitative Inductive Analysis. | 39 | 6-10 | 29 males 10 females |
| **2.** | **Gibson 2002** | "The Impact of Political Violence: Adaptation and Identity Development in Bosnian Adolescent Refugees." | USA, English | Bosnia | To examine how cumulative experiences of genocidal survival, forced migration, and cultural assimilation, affect the developing sense of self for Bosnia adolescent refugees now living in the USA? | Individual interviews. Thematic Analysis | 5 | 14-18 | 2 Males 3 Females |
| **3.** | **Goodman, 2004** | Coping with trauma and hardship among unaccompanied refugee youths from Sudan. | USA, English | Sudan | To explore how unaccompanied minor refugee youths, who grew up amidst violence and loss, coped with trauma and hardships in their lives. Specific aims were to identify strategies the refugee youth used to cope and to examine the effectiveness of those strategies. | Case-centred, comparative Narrative Analysis. | 14 | 16-18 | 14 Males |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **4.** | **Iraklis, 2021** | Family bonds in the midst of adversity Insights into refugee children's coping ways. | Greece, English | Iraq, Syria and Afghanistan | To explore refugee children's ways of coping and the potential protective function of their coping ways in buffering possible ACEs negative impact | Semi-structured interview & Interpretive Phenomenological Analysis | 26 | 6-11 | 7 Males 19 Females |
| **5.** | **Maegusuku-Hewett, Dunkerly, Scourfield & Smalley, 2007** | Refugee children in Wales: Coping and adaptation in the face of adversity. | UK, English | Not included | To understand the coping strategies and adaptation identified in both cohorts of refugee children and young people | Individual interviews (2 studies A & B summarised in one paper). Thematic Analysis | 54 - A: 47- B | 9-18 | Not included |
| **6.** | **Perumal, 2014** | Refugee children's enactment of resilience within the South African school system. | South-African, English | Zimbabwe, Burundi, Congo, Mozambique, Eritrea, Rwanda, Kenya | To understand the students' personal family biographical details; their pre-flight; flight and settlement experiences; their social and academic experiences on the Refugee Bridging Program; as well as their short and long-term academic plans and career aspirations | Individual and paired interviews. Narrative and Critical Discourse Analysis. Parent, child & professional interviews (child data analysed) | 30 | 5-13 | 15 Males, 15 Females |
| **7.** | **Van Es, Sleijpen., Mooren, te Brake, Ghebreab, & Boelen, (2019)** | Eritrean Unaccompanied Refugee Minors in Transition: A Focused Ethnography of Challenges and Needs | Netherlands, English | Eritrea | The aim of this study was to explore how these youths are best supported to improve their lives in the Netherlands, specifically by (a) identifying key challenges faced by Eritrean URMs living in | Semi-structured interviews, focus groups and 1:1 interviews. Thematic Content Analysis.<br><br>professionals and child interviews (child data analysed) | 18 | 16-17 | 7 Females, 11 Males |

| | | |
|---|---|---|
| | | a children's living group in the Netherlands and (b) exploring their needs to overcome these challenges. |

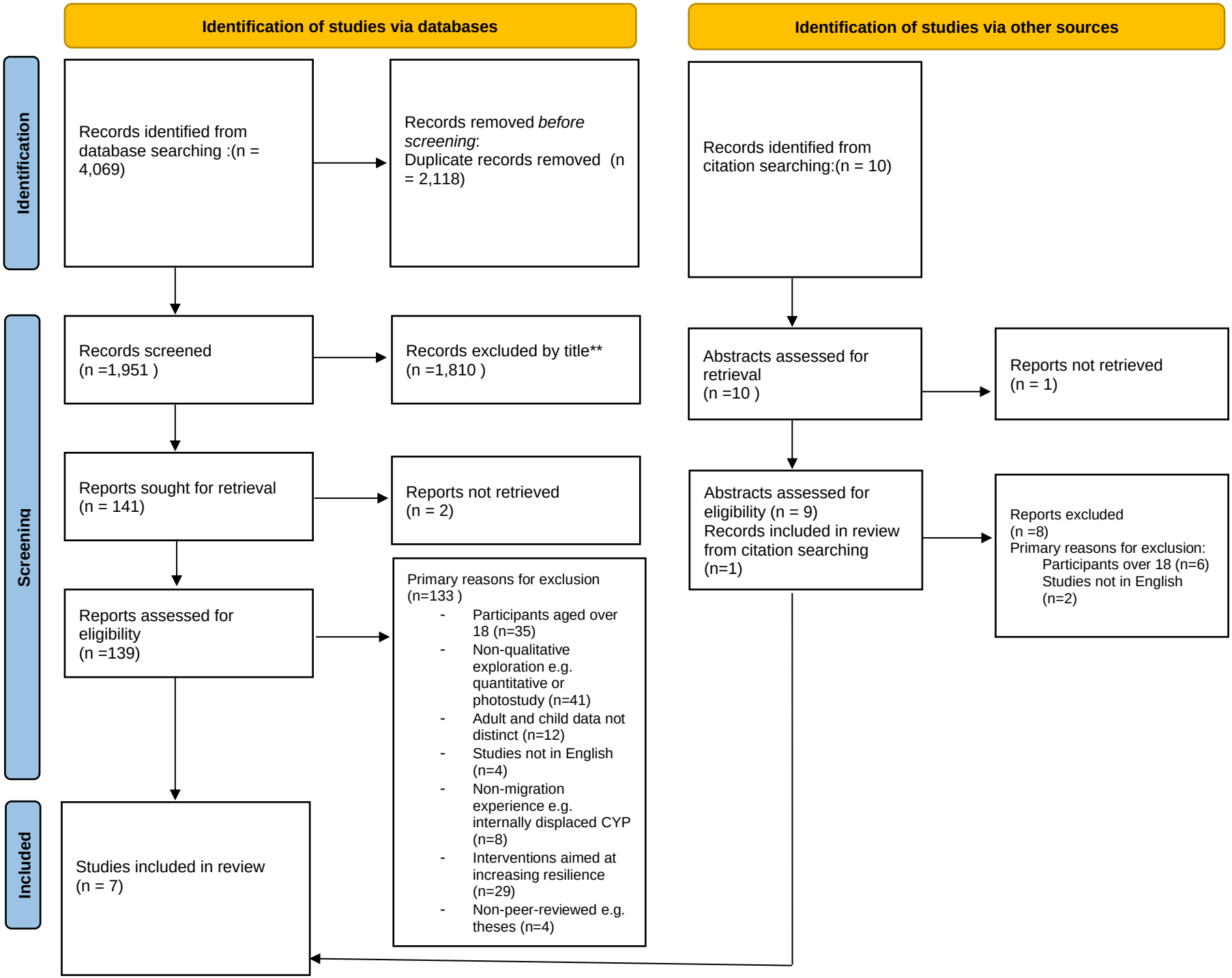


***Figure 1:*** *PRISMA flow chart: schematic overview of the selection process of studies eligible for review*

### 3.3 Methodological quality

For the CASP tool, scores ranged from 0 (lowest methodological quality) to 10 (highest methodological quality). Papers in the current review ranged between scores of 7 and 10, indicating a generally consistently high quality of studies included. One of the most common areas not considered in the studies was addressing the relationship between participants and researchers. Potential power dynamics between child participants and adult researchers may have impacted the information obtained. For example, CYP may have felt nervous or unsure about expanding on answers, having not met researchers in a previous context. Some studies failed to share details of the ethical considerations taken into account for their studies. This is pertinent, given the often traumatic experiences refugee CYP have faced. CASP rating scores are summarised in Table 5.

*Table 5 CASP methodological quality*

| No | Study | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Score | Classification of quality[2] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1.** | Almqvist & Hwang 1999 | Y | Y | Y | Y | Y | N | N | Y | Y | Y | 8 | High |
| **2.** | Gibson 2002 | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | 9 | High |
| **3.** | Goodman, 2004 | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 10 | High |
| **4.** | Iraklis, 2021 | Y | Y | Y | N | Y | Y | N | Y | Y | Y | 7 | Medium |
| **5.** | Maegusuku-Hewett, Dunkerly, Scourfield & Smalley, 2007 | Y | Y | Y | Y | Y | N | N | Y | Y | Y | 8 | High |
| **6.** | Perumal, 2014 | Y | Y | Y | Y | Y | N | Y | Y | Y | Y | 9 | High |
| **7.** | Van Es, Sleijpen., Mooren, te Brake, Ghebreab, & Boelen, (2019) | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 10 | High |

See footnote below for CASP questions summary

[2] Studies were categorised as high quality (above 8), medium quality (5-7) and low quality (below 5). Abbreviations Y = Yes, N = No. Q1 Clear statement of aims; Q2 Suitable qualitative methodology; Q3 Appropriate research design,; Q4 Proper recruiting strategy; Q5 Adequacy in data collection; Q6 Relationship between researcher and participants addressed; Q7 Ethical considerations; Q8 Rigor in data analysis; Q9 Clear statement of findings, Q10 Overall value of research. Scoring key, Y (Yes) = 1, N (No) = 0

### 3.4 Synthesis of results

Five analytical themes were developed in the current review '*Regaining what was lost, Connection is crucial, Holding on to what helps, Developing the individual self, Reclaiming power and agency'.* These were comprised of 13 descriptive themes in relation to refugee children and adolescents' perspectives on factors impacting their resilience post-migration. An overview of the analytical and descriptive themes can be found in table 6.

*Table 6 Overview of Analytical and Descriptive Themes from the synthesis.*

| Analytical Theme | Descriptive Themes |
|---|---|
| **1. Regaining what was lost** | Future-focused thinking |
| | Material safety |
| | Holding onto life through hope |
| **2. Connection is crucial** | The importance of relating with others |
| | Navigating experiences and expectations intergenerationally |
| | Collective coping |
| **3. Holding on to what helps** | Negotiating previous and new culture |
| | Making sense of suffering through faith |
| **4. Developing the Individual Self** | Adopting desirable traits and attributes |
| | Being normal despite “abnormal” circumstances |
| **5. Reclaiming Power and Agency** | Fighting back |
| | Finding the “silver-lining” in trauma experiences |
| | Avoidance as resistance |

### *3.5. Regaining what was lost*

Three descriptive themes were encompassed in this analytic theme: *'Future-focused-thinking' 'Material safety'* and *'Holding onto life through hope'.* This analytic theme captured how CYP "regained" materially and cognitively that which was lost or disrupted in migrating to another country as a refugee.

#### *3.5.1 Future-focused Thinking*

CYP made references to the optimism they felt about their future lives in their new settled country. A number of statements about plans for the future were made, particularly around education, which they hoped would lead to good careers in the future. This was linked to valuing education and a desire to achieve careers through which they could help or support others who had similar experiences. Future-focused thinking may support resilience, by allowing refugee CYP to begin to imagine a future in which they are safe and can positively contribute to society. In contrast to their experiences of migration, which can often be characterised by fear of persecution, death and where safety in the here and now is the main concern (Hopkins & Hill, 2008). Future-focused thinking may therefore be "regained" and act as a form of resilience post-migration, once in relative safety.

*"I think a lot about my people who remain behind… If I can learn to make a good thing for my future, then if I achieve the good, I can help them another time in the future." (Goodman, 2004 page 1187)*

*"Since I will study, I will have a good future. I hope I will be somebody later on. If I get my education I will be somebody. If I start building my life good like the way I've started now I will*

*finish my high school and go to college. If I finish and I have a lot of knowledge, then in the future I will be able to manage my own life. Or with the knowledge that I have, maybe I will become a Teacher, or a Doctor, or an Engineer. I will teach other people, I will show them."*

*(Goodman,2004, page 1191)*

Young people's sense that the future would be better than their past experiences also seemed to be linked to reasons for them to work hard in their new host country and achieve academically and socially. This was a way they appeared to manage the present:

*All eight interviewees in study B and many of the participants from study A demonstrated high aspirations for their futures, together with a strong sense of the value of delayed gratification — that their future will become the way they wish it to be through their hard work at school and their self-discipline outside school*

*(Maegusuku-Hewett et al., 2007, page 314)*

*3.5.1.1 Material safety*

Material safety was highlighted across the studies as important for young people's functioning post-migration, they described this being linked to positive mood. Many highlighted the importance of having safe space with loved ones, particularly family members, for them to flourish. Material safety in the form of food, housing, and access to leisure activities, were all highlighted as crucial, particularly after being uprooted from their home countries and losing these possessions. Material safety was also linked to a sense of control and gratefulness for what they had, relative to other CYP who may take these necessities for granted.

*"We are living now in an apartment with my family. . .. It's small but we can sleep at night. . . .we are not in danger now.. I feel good" (Iraklis 2021, Participant 23, page 225)*

*"It's only us (family) in the apartment.. which is nice. . . especially at nights."*

*(Iraklis, 2021, participant 26, page 225)*

*"Now I have my belongings (in) my house, they are safe, Yes I feel safe now".*

*(Iraklis, 2021, participant 5, page 225)*

*"During school lunch you have french fries and a cheeseburger and he [another student] was like oh damn, these french fries are not fresh you know. I was like "don't complain, that's food, you know. Be glad you have that. I didn't even have that, I was seven days without bread you know, don't complain man".*

*(Gibson, 2002, page 38).*

*3.5.1.2 Holding on to life through hope*

Child and adolescent refugees consistently referenced hope as a key element of their resilience and well-being. In many cases young people likened hope to a source of "life" and a loss of hope was often described as a type of "death". A lack of hope was linked to witnessing multiple traumatic events pre and during their migrations journeys, such as loss of contact with family members and friends. These experiences made it difficult to hold on to hope of their own survival. However, they reported that hope post-migration made them feel more "human" and believe they could have a better life. Hope was also referenced as a way of managing familial separation post-migration.

*"Now we feel like people, now that we have hope for our future." In the end, feeling like a person involved having hope. With hope for the future, he felt like a person, and he counted at last. This is an eloquent testimonial to the necessity of hope in human lives. "*

*(Goodman, 2004 page 1189)*

*"I speak with Grandad in Iran on the phone, I hope he will come here too."*

*(Almqvist & Hwang, 1999. Page 176).*

Hope was also described as a construct that could be shared between young people. Particularly for minors who were unaccompanied post-migration, hope was described as being "transferred" between them, suggesting an important social element to the development of hope. This shared hope appeared to be associated with perseverance through difficulties for child refugees.

*"And if they [other refugee children] hadn't advised me, maybe I would have lost my hope and then died." (Goodman, 20024 page 1185)*

### *3.5.2 Connection is crucial*

This analytical theme encapsulated three descriptive themes: '*The importance of relating with others',* 'N*avigating refugee experiences and expectations intergenerationally'* and *'Collective coping'.* All focused on the importance and impact of relationships with others on resilience.

#### *3.5.2.1 The importance of relating to others*

Connection with professionals (if unaccompanied including mentors, teachers, residential staff), family and peers were described as crucial for developing emotional ties that helped young people to overcome challenges they faced building a new life. As such, relationships were a key factor

impacting resilience. Family connections were intrinsically tied with safety. Connection with peers was cited as important for a number of reasons. Peer connections were described to help with navigating the new culture of the society, for example, friends helping CYP learn the language once settled. Friendship was also cited as important in helping refugee CYP to manage and navigate experiences of prejudice/racism within the school context. This was crucial for their well-being and functioning in the new country. As such, peers may not only support by providing companionship, but also by challenging and intervening in the social exclusion of refugee CYP. This was seen across older and younger children in the studies.

Irkalis highlighted:

*The importance of family bonds as an essential element in children's way of coping with adversities. Several children also reported enjoyable interactions and shared activities with their family members (like playing together) and the unconditional love and support they had from them in difficult situations.*

*"My mother playing with me almost all the time. . . (participant 20)*

*I knew that my father would protect us. . . when I was afraid I went near him. . . ( participant 24)*

*(Iraklis, 2021, page 22).*

*"A good mentor answers all your questions, or if they do not have the answer they let you know who they are going to ask the questions to try and get an answer to your question."*

*(Van es et al, 2019, page 164).*

*I am the only boy from Iran in my class… they tease me call me nasty names. I have got a friend in the sixth grade, If they are mean to me I fetch him and he can hit them." To be accepted by peers, at school and have at least one friend to play with were described by most*

*children as the most important aspect of their current life situation." (Almqvist & Hwang 1994 page178-179)*

*3.5.2.2 Navigating refugee experiences and expectations intergenerationally*

Refugee CYP discussed some intergenerational expectations held by their parents which seemed to positively impact their functioning. They described that their parents' desire for them to be safe and succeed in the new countries, was an important motivator for them to thrive. One young person described the role of her parents' expectations stating:

*"They're [parents] relying on us… we're the reason they brought us into this country to do something with our lives that they hadn't had a chance to. I don't want to disappoint them… They work for us all their life, they raise us properly... I think it's about time we give them something back". (Gibson, 2002, page 39).*

Therefore, functioning well in this new society appeared to be linked to "giving back" to parents, in response to their efforts to bring their CYP to a new country for a better life.

This desire to give back to parents was also described by children/adolescents who were separated from or who had lost their parents and were therefore unaccompanied. The desire to "give back" to parents (as well as others of the same community) was powerfully framed by one young person as a protective factor against committing suicide, post-migration:

*We were born by our parents for a certain reason—that later on we would remain and represent them, and we will help people here. If you kill yourself, what have you done? It is not good to get to the point where you kill yourself. You would not be*

*there for your parents, and maybe you wouldn't be there for all the people who might need you… (Goodman. 2004, page 1188.)*

*3.5.2.3 Collective coping*

Children and young people in the studies reported knowing others had gone through similar challenges helped them to cope. This concept of collective coping was described as crucial for helping refugee CYP to 'keep going', despite challenges they faced. This may suggest that resilience has group or potentially a cultural dimension and supports ecological ideas of resilience (Cowen, 2000) as not solely being a trait of individuals, but possibly shared.

*"We encourage each other, advise each other not to give up, to still struggle for the future life. I encouraged myself and also I listened to other kids…"what is happening is not happening to me alone." (Goodman, 2004, 1183).*

### *3.5.3 Holding on to what helps*

Two descriptive themes were included within this wider analytic theme, *'Negotiating previous and new culture'* and '*Making sense of suffering through faith'.*

*3.5.3.1 Negotiating previous and new culture'*

CYP in all the studies reported the importance of navigating both their culture of origin and the host country's culture. The ability to assimilate was associated with "fitting in" and finding common ground with peers. This theme was found amongst younger children and older teenagers across the studies. The strategies used to navigate cultures varied for the refugee CYP. Some adopted

complete assimilation of the new culture in relation to cultural dress, language and values, identifying fully as from the country they had migrated to.

*"I think I am Swedish because I have forgotten most things, a while ago I could no longer speak Farsi, I couldn't remember… I think it is easier with Swedish." (Almqvist & Hwang, 1999, page 180)*

*"Ahmadou reflects that while he's from Africa, he identifies as 'Welsh 'cos like I've got used to everything over here like." (Maegusuku-Hewett et al. 2007. Page 318)*

Other young people discussed the importance of taking a hybrid approach, adopting and negotiating elements from both their culture of origin and the new culture. This was a delicate balance, said to facilitate optimal functioning and resilience.

*I can say like myself now, I take 50 per cent of my country, my culture, 50 per cent of British culture and I've mixed it and I'm in the middle and I'm going in the correct way. But if I just take 10 per cent more or 20 per cent more of British way I lose my way I forget my culture. If I take 20 per cent more from my culture I will be having difficulty to stay here, to live a good life in this country, because everything is different. (*Gibson 2002. page 40)

*Back home, all people covered like you know covered with stuff* [referring to wearing the niqab] *so I'm gonna do as well, everybody's gonna do and then it's gonna be the whole generation doing it. So in this country now you see some people wearing,… but I don't wear it … I wear the fashion stuff like other people are wearing. (Maegusuku-Hewett et al. 2007. Page 316)*

Others did not assimilate at all and maintained a sense of "holding-on" fully to their culture of origin as a form of resilience e.g. one young person stated:

*"I can't say I'm American. I don't feel American. I'm Bosnian. It's where you started your life, so, you know, it'd be your roots" (Gibson, 2002, page 41).*

The need to take a flexible and adaptable approach to negotiating cultural identity was highlighted across the studies. How they negotiated this varied. For example, the ability to be flexible in the dress they wore, may have helped them to modulate how they were treated. Developing similar interests to other young people in the form of music and sporting activities may have helped to solidify peer relationships, which have a protective function, also bolstering resilience (see subtheme *3.5.2.1*). This suggested a fluidity in cultural identity for refugee children and adolescents and the need to adapt it to function well, over time and as they continue to develop. In each case, refugee CYP appeared to find an optimal way of negotiating their previous and new cultures to function optimally, in a sense achieving a sort of cultural "equilibrium". Maegusuku-Hewett and colleagues captured this by summarising:

*Ethnic identities are not fixed but are contingent on the social context and they are not taken for granted, but work has to be done to construct or reconstruct them in any given social situation. It is our contention that cultural identities will feature in some way for all resilient children. (2007)*

*3. 5.3.2 Making sense of suffering through faith*

Religion was named as a crucial resource linked to coping and resilience in five of the seven included studies. Many CYP made sense of their suffering in their being uprooted, migrating and settling into a new country as "God's will' and made peace with their experiences as a result. They

also expressed thankfulness to God for their survival. Acceptance of hardship seemed to be associated with faith in God, even if the reason for their suffering was unanswered. Faith may have the protective function of providing a place to draw strength from when facing challenges.

*"Today is today and tomorrow is tomorrow. I did not get angry because I know that God is there and he can watch. … so everything that happens in my life I just say thank you to God for every day." (Perumal, 2014, page 449).*

*"When we have problems, we pray, because He (God) is the only one who can help us (Eritrean URM)"* (Vans-Sleijepen et al., 2019, page 168)

All CYP who mentioned using religion to cope, continued to practice their religion in their new host country:

*They spent time reading their Bibles; watching evangelical TV broadcasts and listening to gospel music. Their affiliation to the church community was significant in helping them develop resilience. (Perumal, 2014, page 451).*

*"I believe that I am now alive because of God. I can't believe I escaped all those difficulties by myself. I believe God was working with me at that time." The participants interpreted their experiences through a belief in the power of God's will and the view that "God decides when you die." (Goodman, 2004, page 1188).*

Religious coping therefore appeared to be a resilience factor spanning across both the pre and post-migration phases of child and adolescent refugees lives.

### *3.5.4 Developing the Individual Self*

This analytical theme encapsulated two descriptive themes, *'Adopting desirable traits and attributes'* and '*Being normal in abnormal circumstances'.*

#### *3.5.4.1 Adopting desirable traits and attributes*

CYP identified specific personal attributes they attributed to their resilience and functioning. Having a sense of humour, being patient, the ability to persevere, adventurousness, being hard-working, ambitious, intelligent, confident, and determined were all cited. Separately to the ideas of collective coping, resilience was described as associated with these individual adaptive and pro-social traits they felt they possessed. Young people reported these attributes helped them to manage uncertainty and tolerate the challenges with settling in a new country, to navigate processes (e.g. asylum seeking) and engage in education. These attributes were reported to develop over time. This may point to the importance of how refugee CYP see themselves and their own adaptability. High self-awareness, high self-esteem and flexibility may be important for child refugees who show resilience. One young person remarked how these individual attributes helped her cope with uncertainty and other challenges:

*Well I am the type of person who likes adventures, so I am very excited about what will happen tomorrow, so I'm also patient as well and if things go tough, I mean I would be nervous and stuff like that, what if they take us back to Somalia? There is always bad things that will happen, but then there are good things that will come after that. So being patient is something that I didn't have but then now after years go by I started having it. (Maegusuku-Hewett et al., 2007. page 313)*

All young people in Gibson's study reported a sense of perseverance or the ability to "carry on" with their lives despite the difficulties they had experienced. Whenever it was developed, perseverance was deemed necessary for functioning well in the new country.

*"You have to get used to it, do you want to or not, but you have to, suck it up and go on with your life that's how it goes, you have to go with your life, find new friends just go on with your life. (Gibson, 2002, Page 41).*

*"You know I always say life doesn't have a plan for you. You have to plan your own life. I think you have to have good prospects in about life. Because if you are always negative and down, good things will never happen to you."*

*(Maegusuku-Hewett et al., 2007. page 314)*

*3.5.4.2 Being normal despite "abnormal" circumstances*

Children and adolescents identified having age-expected experiences and activities, supported their resilience. This was noted to contribute to a sense of being a "normal" young person, despite also having lived through experiences that were extremely atypical, such as war, genocide, persecution and fleeing their countries to resettle somewhere else. Taking part in these activities may have served many functions, e.g. providing opportunities for enjoyment and experiencing positive mood.

*In their free time, the youths liked to engage in several types of sports such as soccer, cycling, and swimming. Some youths added that during their free time, they watch television, listen to music, or work. "Yes, I like do sports". (Van es et al, 2019. page 169).*

*Their idols range… revealing what Americans consider typical teenage role models. What is not typical is their knowledge they hold and experience they bear as survivors of modern genocide. And what is perhaps unexpectedly atypical is the sense that their normalness and uniqueness are interwoven.* (*Gibson, 2002. page 42).*

The ability to "hold on" to some of the normality of being a child or teenager, who plays, enjoys age-appropriate leisure activities or has interests in popular celebrities, appeared to bolster resilience. Having typical interests shared by other young people seemed to be important for having an identity separate from just that of a refugee child.

### *3.5.5 Reclaiming Power and Agency*

This analytical theme summarises three descriptive themes, *'Fighting back' 'Finding the silver-lining in trauma experiences'* and *'Avoidance as resistance'.* This theme was associated with the ways CYP aimed to move to a more powerful position and move away from a sense of helplessness/victimhood associated with their refugee status.

#### *3.5.5.1 Fighting back*

Young people talked about the importance of developing a sense of power and agency, once settled in their new host country. This may be associated with the losses and powerlessness they had felt when they were displaced from their home country and a way to tackle this powerlessness. One key way of doing this was by "fighting back" against experiences of bullying, prejudice, racism and discrimination in their new host country. Standing up for oneself seemed linked to valuing the self. For example:

*"If someone bullies me, I'll stand up to them. Because if someone bullies me then I'll do something about it. I'm not just going to stand there. I'll do something about it. I don't care if I get*

*beat up, I just gonna help myself, I won't stand there whilst someone's bullying me or saying something. (Maegusuku-Hewett et al., 2007. Page 314)*

Linked to this sense of developing power and agency, was the anticipation of being independent and not reliant on others, particularly professionals, to survive. This narrative was particularly described by older teenage males in the sample of studies. This may, therefore, be a gender-influenced desire for independence and self-sustainability, highlighted in their resilience.

*"I will be earning money. I will be able to support myself and have an apartment. Maybe I will be somebody who will help himself. I will not even depend on anybody. I will take care of myself" (Goodman, 2002, page 1191).*

*3.5.5.2 Finding the "silver-lining" in trauma experiences*

Some participants discussed the importance of re-framing and finding meaning in their negative experiences, that had led them to seek refuge in a new country. They explained how their experiences of trauma became something they were able to use for good. For example, some young people reflected on the ability to share the lived experience of war with those in their new host country.

*In history class when they would talk about wars, she would "help them understand somebody actually went through it and is still here and likes to share it with the rest of the people". (Gibson, 2002. Page 38)*

In this way, young people were able to use their experiences to enrich the experiences and learning of others. This seemed to be another way young people were able to make peace with their past experiences in their new countries.

*3.5.5.3 Avoidance as resistance and resilience*

In all of the papers included in the study young people reported using avoidance as a resilience strategy. Across all ages, young people avoided thinking about traumatising experiences, often using distraction. This was a key way of coping and enabling and focusing on building their new lives post-migration.

*Suppression of traumatic memories and their associated feelings was a major coping strategy used by the participants both in the past and since their resettlement in the United States. as summed up by Ezekiel, "Thinking a lot can give you trouble." (Goodman, 2004, page 1184)*

*"I do not want to talk about (the war) 'cause I'm gonna cry and stuff so I don't even want to think about it". (Gibson, 2002, page 36)*

*"I have not read about the history of my country and I wouldn't want to because it's so sad." (Perumal, 2014. Page 448)*

*Children expressed an intention to forget through not thinking or speaking about the past. One boy explained "I remember everything, my school, my peers, my grandma. But I never think about it." (Almqvist and Hwang, 1999. Page 180).*

Making the “choice” to forget/suppress past traumatic memories may have been a way for them to develop a sense of control over their lives, where perhaps they had felt a loss of control due to their refugee experience.

## 4. Discussion

This meta-synthesis of seven studies explored resilience factors from the perspective of refugee CYP post-migration. Five key themes associated with resilience were identified: *Regaining what was lost, Connection is crucial, Holding onto what helps, Developing the Individual self and Reclaiming power and agency.* The need for relationships with others, hope for the future and maintaining positive individual qualities, were all discussed by children and adolescents from a range of countries. This supports evidence for a complex interaction of processes that lead to resilience that are time and context-specific, rather than there being one key universal factor.

The analytical theme *‘Regaining what was lost,’* described the focus both children and adolescents appeared to place on re-establishing important belongings they had lost. This included housing/material stability, access to education and hopeful career aspirations. These seemed to play a significant role in young people’s motivation to engage in the post-migration country, and was related to an altruistic hope to support others with similar experiences as their own. A key strategy supporting this was identified in the theme “*Future-focused Thinking”,* which highlighted that focusing on a more positive future may help child refugees to distance themselves from difficult memories associated with their challenging experiences. A belief that their lives will be better than what they have known, may serve a protective function. This is in line with previous findings, that refugee youth are interested in improving the lives of those around them. This is directly tied to their experiences of hardship, having strong beliefs in their capabilities and envisioning a positive future life for themselves (Daniel, 2019; Eide & Hjern, 2013). In the adult

refugee populations, those in poor or unstable living conditions have shown poorer mental health outcomes (Walther et al., 2021). The findings from this review may support this link between mental health and well-being in the child population and suggest potentially a promotive (well-being increasing) function of material safety.

The significance of hope was also expressed by refugee CYP as crucial for resilience and this has been discussed within adult refugee populations and associated with post-traumatic growth (Ai, Tice, Whitsett, Ishisaka, & Chim, 2007). Post-traumatic growth is defined as the radically positive change that human beings can experience after significant tragedy or trauma (Calhoun & Tedeschi, 2014). Associations between post-traumatic growth and dispositional optimism, the tendency to expect good outcomes across life domains, have been described in the child literature (Carver & Scheier, 2014). CYP's focus on hope may point to an underlying dispositional optimism within refugee CYP, who exhibit signs of resilience. Whilst exploring post-traumatic growth was beyond the scope of the current review, it may be that levels of hope and optimism in refugee children should factor in assessment and be considered as a possible area for intervention.

The significance of relationships with others and the protective function they serve for refugee CYP was also highlighted in the current review. Relationships with peers were described as important for providing support to manage experiences of prejudice and bullying. Young people described bonds with family as protective against suicidality, even if they were unaccompanied and not in direct physical contact with family members. The importance of attachment relationships, particularly those with parents, has been well documented in the literature for refugee CYP, with evidence showing lower instances of PTSD, anxiety and depressive disorders for CYP in touch with and receiving social support from family, professionals and peers compared to those who are not (Scharpf, Kaltenbach, Nickerson, & Hecker, 2021). Connection to significant others confirms and supports existing literature, identifying the importance of relationships in the

context of migration (Bettmann, Wright, Olson-Morrison, & Sinkamba, 2016; Simich, Beiser, & Mawani, 2003).

Of similar importance, was the knowledge for refugee CYP that others had gone through experiences similar to them. This provided a sense of 'collective coping'. This novel finding may be of use for developing future interventions for this population, e.g. the potential benefits of providing group support for refugee CYP, fostering a sense of solidarity or shared experiences (Vostanis, 2016). Social support has been highlighted as having the potential to decrease loneliness in refugee populations and lead to a greater sense of belonging and self-fulfilment and mediate the stress of discrimination (Stewart & Stewart, 2014). Children and adolescents acknowledging the importance of relationships, further echoes and supports the importance of these connections.

The retention and negotiation of culture amongst child refugees was highlighted in the current review. These included cultural aspects such as dress, cultural practices, interests, language and spiritual elements such as faith. To varying degrees, refugee CYP sought to seek 'equilibrium', by retaining practices from their culture of origin, whilst also taking on elements of the new culture. This is broadly in line with findings from previous research with the adult refugee population who also describe flexibly negotiating cultural identity for ideal functioning (Qin et al., 2014). Some CYP retain practices from their culture of origin completely, some adopt the new culture completely and some develop a hybrid strategy. This shows that resilient refugee children and adolescents do not adopt a "one-size-fits-all" approach to navigating their cultural identity, but maintain flexibility. This also confirms previous literature which has described resilience processes as highly individualised (Prince-Embury, 2014). Adolescence is a time of significant identity development and negotiation, for refugee CYP who migrate, navigating the two cultures they have experienced seems to be a part of this identity development (Meeus, Iedema, Helsen,

& Vollebergh, 1999).

Child and adolescent refugees also made reference to micro-level qualities, which they felt contributed to their successful adaptation and subsequent resilience. They discussed several attributes e.g. patience, perseverance and altruism, which appeared to be associated with a positive sense of self. The ability to identify or attribute positive qualities to the self, in this way, may also be linked to the broader concept of identity development for these CYP. This supports existing literature, confirming seeing oneself with a high sense of efficacy and having high self-esteem is common in resilient adult refugee populations (Alharbi, 2017).

CYP within the included studies discussed the importance of having a sense of power and agency. This was evident in their instances of "fighting back", either explicitly or implicitly, when experiencing bullying, prejudice, racism and hope to develop into an independent future. Having lived through experiences of persecution and discrimination, pre and (potentially) post-migration, these young people appeared to develop an increased need to honour their own values, sense of worth and stand up against instances they deemed unfair. This may have repercussions for the way various agencies, including education and social service providers, make sense of the behaviour of refugee CYP. Behaviour that may be seen as confrontational, aggressive, or disruptive, may be linked to young people's values of "fighting back" and "standing up for themselves". As such interventions aiming to address seeming misconduct issues must take into account broader contextual experiences of bullying, and discrimination and how these may link to any seemingly apparent behavioural challenges in refugee CYP (Oppedal & Isdoe, 2012).

Refugee experiences have been associated with greater involvement in political activism in adults (Zamponi, 2018). The importance of power and agency, specifically in this instance, through political activism, has also been identified in refugee CYP living in refugee camps (Veronese, Pepe, Jaradah, Murannak, & Hamdouna, 2017). This review highlights the continued need for a sense of power and agency, once refugee CYP have resettled in a new country. Given the often "double-vulnerable" way refugee CYP are perceived, these findings provide key insight into an important aspect of resilience, from CYP's perspectives (Kader & McMahon, 2021), which is important for professionals to consider in their assessment, formulation and interventions with this cohort. For example, in the development of refugee-specific psychological and social services, elements that contribute to empowerment, such as co-production and choice in services should be considered. The positive benefits of co-production of healthcare services in the adult refugee population has recently been explored (Radl-Karimi, Nielsen, Sodemann, Batalden, & von Plessen, 2022) and this review provides evidence for the importance of considering agency and choice for CYP in service provision who may be at increased risk of their views not being heard (Ashing, 2021).

Highlighted in the review was the use of cognitive suppression/avoidance, as a way of coping post-migration. Whilst this was used more explicitly by older adolescents and teenagers, younger children were also reported to engage in daydreaming and cognitive avoidance strategies (Almvqist & Hwang,1999). Avoidance of trauma material is well documented in refugee populations, to cope with the experiences both during conflict and post-migration to new countries (Ai, Peterson, & Ubelhor, 2002; Rasmussen, Smith, & Keller, 2007). Whilst this strategy may help to manage traumatic memories in the short term, the long-term impacts of such avoidance in this specific cohort and whether or not they will continue to describe it as adaptive, should be considered.

## 4.1 Practical Implications and Future research

An interesting finding was the importance religion and faith played in resilience post-migration. The often secular nature of interventions provided by statutory services may miss key opportunities to draw on faith when providing support. There may be key opportunities for partnership working between faith and health organisations, to offer tailored support to refugee CYP and families to address well-being, health and resettlement post-migration (Simich et al., 2003). Secondly, providing opportunities for connection with other members of their cultural community who have had similar experiences, may provide oppurtunities to share hope, strengthen cultural identity and bolster a sense of collective coping.

This review included accounts of refugee CYP from a range of backgrounds and several countries of origin. This, therefore, provides a key initial synthesis. Future research should explore cultural-specific factors which are crucial for resilience. This may lead to the development of region/culturally specific recommendations.

## 4.2 Strengths and Limitations

Despite the insights provided in the review, it was not without limitations. The review only included peer-reviewed studies written in the English language, therefore perspectives of CYP with the ability to speak English were privileged. This is a significant bias in the current review, as many of the world's migrant populations, including refugee CYP, are arriving from countries in the global South and may flee to non-English speaking countries (United Nations High Commissioner for Refugees, 2022b). This publication bias for English studies and more broadly, narrative studies should be considered in future research. Other means of gaining refugee CYP's perspectives that do not only privilege narratives should be considered. For example, photostudy, where CYP share through photography, factors important/meaningful to them can provide important insights into their resilience processes (Kanji, 2009; Zeenatkhanu Kanji & Cameron, 2010). There is also

evidence for the benefit of including non-peer-reviewed or grey literature in systematic reviews (Mahood, Van Eerd, & Irvin, 2014).

A further limitation of the study, is that although it aimed to focus on the perspectives of younger refugee children, whose perspectives were often left out of the literature, it was difficult to draw any firm conclusions about factors distinct from older refugee teenagers/adolescents in the current review. One modest difference that was noticed was the emphasis placed on different "types" of material safety by age. Whilst material safety was cited as important to both younger and older refugee children/adolescents, adolescent refugee children focused on the importance of access to leisure activities, whilst younger children appeared to focus more on housing and living in a place that felt like "home" with their families. One explanation for this may be the greater importance placed on peer and social relationships during adolescence compared to early childhood, which may be facilitated through leisure activities. As such, leisure activities may offer adolescents' and young people the opportunity to socialise with peers and build relationships outside of the family. Whilst material safety was discussed by both younger children and older the emphasis they placed on different resources appeared to vary slightly. This may therefore be associated with the different social developmental stage of younger children, where family relationships remain are the primary relationships (Brown & Bakken, 2011)

Outside of difference in types of material safety cited, it was difficult to draw any further conclusions regarding differences by age of resilience factors in the review. There may be a number of reasons for this. Younger refugee children may have not mentioned significantly an distinguishable factors compared to older refugee children, or if they had some they may have not been able to articulate these as explicitly as older children through the interview format used in the studies. Evidence has suggested that younger children who migrate tend to show better adjustment and fewer mental health symptoms, compared to children who are older at the time

of migration this may be due to shorter exposure to traumatising events (Scharpf, Kaltenbach, Nickeson & Hecker, 20221). Less exposure to traumatic may make the process of settling into a new country easier for young refugee children. Future research should consider a more focused exploration of resilience from the perspective of younger children and include other ways alongside interview that may maximise their expression, e.g. creative or play-based options. Retrospective studies may also be one way of exploring this. However, this could introduce recall bias and so must be considered carefully. A benefit of further exploration of resilience from younger children's perspective could be the development of age-specific interventions aimed at supporting resilience. A longitudinal approach may also provide further insights into the long-term usefulness across time of certain factors e.g. avoidance described by CYP in the current review

### 4.3 Conclusion

This review aimed to spotlight the voices of refugee CYP and the factors they identified as essential for their resilience post-migration. The findings point to the importance of material safety, power/agency and relational connection. Refugee CYP need to develop hope and aspirations for their futures and find ways to negotiate previous and migrated cultures, to achieve optimal functioning. The role of faith to make sense of suffering was also referenced. Key implications link to how these factors can be employed to interventions for this cohort. Particularly how power, agency and choice can be considered for this often marginalised and seldom heard from group.

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# PART 2: EMPIRICAL PAPER

Psychologists' Experience of Exo-System Level Work in Community Psychology Projects.

## Abstract

**Aims:** One aim of psychologists working in Community Psychology projects/services with marginalised communities, is to intervene at the exo-system level. The purpose of these co-produced projects/services is to support community empowerment, challenge marginalisation, focus on prevention and target root social causes of mental distress. However, little is known about the experiences of psychologists working in these services, the practices/skills used in the exo-level work and how they may differ from the traditional clinical model of mental health service delivery. This qualitative study aimed to explore psychologists' professional journeys into exo-system level community psychology working, the competencies and practices used, barriers and facilitators to the work and implications for the psychological profession and NHS for optimal exo-system level working.

**Method:** Thematic Analysis (TA) was used to explore the experience of psychologists working in statutory and non-statutory settings underpinned by Community Psychology principles. Purposive and snowball sampling was used to recruit participants. 17 clinical and counselling psychologists working with marginalised communities and intervening at the exo-system level took part in individual semi-structured interviews. All interviews took place via MS Teams and were transcribed verbatim.

**Results:** The analysis resulted in eight superordinate themes: *"Seeing problems in existing systems and finding a new answer", "Exo-system: Looking inwards and Looking Outwards", "Relationships at the core", "Uncertainty in the work", "Measuring what matters", "Using psychological competencies at the exo-level", "Working well with communities"* and *Continuing the journey".* Recommendations for professional psychology training courses and service development and delivery were also considered.

**Conclusion:** To the author's knowledge no study has systematically explored the experience of psychologists working in community psychology services and intervening at the exo-system level in the U.K. The qualitative analysis highlighted significant early career experiences such as

witnessing limitations of statutory mental health services that led to an interest in working with marginalised communities. Participants described using their core clinical skills flexibly, within and outside of the projects to effect change and support positive mental well-being. Relational trust with communities was highlighted as a key facilitator, particularly in the context of working alongside historically underserved communities. A key finding of the study was the large gap in knowledge and skills at the strategic level/ service development and working across organisations when psychologists first began exo-system level work. The need to formalise opportunities for individual and service level critical reflection was highlighted as crucial for managing potential risks of further harm when working with marginalised communities.

## 1. Introduction

Community Psychology is a discipline with significant roots in the social justice field (Mulvey et al., 2000; Prilleltensky, 2001; Rappaport, 1977; Watts & Serrano-Garcia, 2003). Within Community Psychology the conceptualisation of health, well-being and mental distress is shifted. Community Psychology moves away from focusing "on the individual alone, but on how individuals exist within contexts – encapsulating environments and social connections" (Bond, de Serrano, Irma, Keys, & Shinn, 2017, pg 17). Well-being is understood in the context of cultural, political, environmental and international influences and how these impact communities and individuals (Society for Community Research and Action, 2020). The impact of factors such as prejudice and discrimination and poor access to social/health/educational resources are all considered, as they are known factors impacting health and well-being (Burns, 2013; Yu, 2018). Key tenets of Community Psychology informed interventions include a multi-level strength-based perspective, an acknowledgement that expertise and self-determination exists within marginalised communities, a stance of care, compassion and respect for human diversity, as well as collective wellness, empowerment, citizen participation and collaboration (Nelson, Prilleltensky, & MacGillivary, 2001; Orford, 2008). Community Psychology informed approaches, aim to partner and collaborate with communities to intervene within social contexts and the root causes of problems which impact them.

"Marginalised communities" describe those that are "excluded from mainstream social, economic, educational and/or cultural life" including, but not limited to, people from racial/ethnic minority backgrounds, homeless individuals, gender or sexual minorities, those with substance misuse issues, physical/intellectual disabilities, children and adults known to the criminal justice system or those with immigration issues (Baah, Teitelman, & Riegel, 2019; Fitzpatrick & Stephens, 2014; Marmot et al., 2010; McManus, Meltzer, Brugha, & Bebbington, 2009; O'Driscoll, 2018). Significant evidence suggests those from marginalised communities are at greater risk of

developing mental health problems (Priebe et al., 2012). Inequalities have been found within the individually-focused mental health treatment model, predominant in UK statutory mental health services. Individuals from marginalised communities experience inequalities and disparities in their access to services and in treatment outcomes when using health services. For example, those from Black, Asian and other minority ethnic backgrounds experience more coercive treatment, greater rates of medicalisation, higher rates of sectioning and less access to psychological therapies, compared to white mental health service users in the U.K. (Bignall, Jeraj, Helsby, & Butt, 2019; Department of Health and Social Security, 1980). Greater levels of mistrust towards statutory mental health services have been reported in marginalised communities, which may also present a barrier to accessing them (Byrne &, Mustafa, 2017). The World Health Organisation has positioned that globally "a shift of emphasis is needed towards preventing mental health disorders, by action on the social determinants of health, as well as improving the treatment of existing conditions" (Allen, Balfour, Bell, & Marmot, 2014 p 401). Given the consistent evidence detailing barriers to marginalised communities accessing mental health services (McAllister et al., 2018; McDermott, Nelson, & Weeks, 2021), alternative service provisions attempting to meet the needs of these communities have been explored. These approaches often aim to be flexible and responsive to needs, drawing on practices of co-production, consulting community members and moving beyond the individual to address social, cultural and political contributors to poor mental health (British Psychological Society, 2018). The development of Community Psychology informed mental health/ well-being services is one such alternative approach, aimed at addressing these types of challenges/contributors and improving access, experience and outcomes of service provision.

Ecological systems theory, initially a child development framework, has taken on broader application and is now often referred to within the Community Psychology literature to

conceptualise the various contexts individuals exist within and interact with and the “levels” interventions targeting health and well-being can exist (Bronfenbrenner, 1979). They are:

1. Micro-system level – a system an individual directly interacts within e.g. family, school or community centre. An individual intervention with a psychologist may be considered a micro-system level intervention.
2. Meso-system level – interactions between micro-systems and the impact. For example, in the interaction between a child’s family and school. An individual mental health intervention in school could be a meso-system level intervention.
3. Exo-system level – systems outside of the community which impact members of said community. For example, marginalised communities are shown to have poorer experiences of the criminal justice and health care systems than other groups (Bignall, Jeraj, Helsby, & Butt, 2019). A psychologist providing training on trauma-informed practice to a local police force, in a socially deprived area with high levels of youth arrests, could be considered an exo-system level intervention for young people known to/affected by the criminal justice system.
4. Macro-system level – broader social, political, cultural, and environmental contexts and their impacts. A psychologist working in policy to address housing inequality may be considered a macro-system level intervention.

In comparison to countries where Community Psychology is well established and a core part of professional psychology training (e.g. South Africa, countries in central America including but not limited to El Salvador, Belize, Costa Rica, and marginalised communities in the west e.g. African-American communities in the United States), relatively little research has explored Community Psychology working in Britain (Burton, Boyle, Psy, & Kagan, 2007). A proposed reason for this dearth of related research in this context is the hyper-individualistic focus within British academic

Psychology (Burton & Kagan, 2003). Within these other countries, factors which facilitate and act as barriers to Psychologists engaging in this work are somewhat better understood, in the psychology training context, early introduction of community working, making explicit links between “traditional clinical” and community-focused skills and supportive relationships with other colleagues, e.g. supervisors, were facilitators of community working (Burnes & Singh, 2010). Collaboration, reflexivity, building trust with communities, creating autonomy and focusing on community needs, also facilitate this work (Gibson, Sandenbergh, & Swartz, 2001; Jordan, Bogat, & Smith, 2001). However, there is limited literature in the U.K. context exploring psychologists' professional journeys towards this approach, how exo-level work is experienced and conceptualised by them and factors which support or deter them from working using a community psychology informed approach.

The value and importance of adopting a community-focused approach to mental health care has been emphasised within the NHS Long Term Plan (NHS England, 2019). Key aims include developing integrated care models between primary and community mental health services, to increase the accessibility of support for those with the greatest levels of need (Alderwick & Dixon, 2019). The integration of social, mental and physical health services points to an understanding of the impact of social needs on mental health and is at the core of the desire to transform existing services. The plan acknowledges extensive waiting times, complex administrative processes and siloed services have made healthcare often disjointed and difficult to access, disproportionality affecting those from marginalised backgrounds. Partnership working, co-production and co-designing with third-sector, service users and carers are key aims of the transformation process. Equality of access and outcomes for individuals from various backgrounds have also been highlighted as key priorities for the transformation. Significant investment (£975 million per year) has been put towards seeing these changes come to fruition by 2023-2024 (NHS England, 2017). Psychologists already working within a community psychology-focused, using a holistic

framework to understand distress and well-being, will have key insights and learnings to inform this important shift towards more integrated and holistic care in statutory services. Their experiences working with marginalised populations, knowledge of flexible, acceptable interventions, insights into their practices and challenges that arise when adopting community-focused work, will all provide invaluable knowledge, to support the successful embedding of these transformed integrated services. Psychologists currently working within this context are also in a unique position to offer insight into the skills and training needs necessary to support working in this way. This, therefore, has broader implications for professional Psychology training and the development of the NHS workforce, as this is the largest employer of clinically focused practitioner psychologists in the U.K. (Clearing House for Postgraduate Courses in Clinical Psychology, 2020).

There has been some exploration of the effectiveness of Community Psychology informed interventions in the U.K. MAC-UK, a charity working towards social equality, by transforming access to mental health services for excluded young people affected by gangs, is one such example. The MAC U.K. “INTEGRATE” model focuses on co-production, relationships and equality and has service and practice level principles that guide the flexible work with young people, often on the streets of the communities in which they live (Zlotowitz, Barker, Moloney, & Howard, 2016). Young people receiving this intervention found it an acceptable way of accessing support (Centre for Mental Health, 2018). Though some individual psychologists have reflected on their experiences of work of this nature (Alghali, 2020), there is little systematically analysed knowledge about the perspectives of psychologists working in these non-traditional ways.

Some recent efforts have been made to begin to explore how Psychologists may engage in exo-system level work, underpinned by Community Psychology in the U.K., specifically in the context of the Covid-19 pandemic, which disproportionality devastated racially and socially marginalised communities (Blundell, Costa Dias, Joyce, & Xu, 2020; Davillas & Jones, 2021). The British

Psychological Society (BPS), in collaboration with mental health professionals working in a Community Psychology informed way, produced a guidance paper proposing a possible job description and role of a “Neighbourhood Community Psychologist”. It is of note that the term “Community Psychologist” as proposed in this guidance paper is not a protected title as it is elsewhere around the world (Burnes & Singh, 2010) or in the way other practitioner psychologist titles e.g. Clinical, Counselling, Educational, Forensic, etc are protected and regulated in the U.K, which may further confuse or add to the ambiguous nature of this work for Psychologists.

They suggest the purpose of a Community Psychologist is to, “*bring a range of psychological skills, knowledge and experience to enhance community resilience, citizen empowerment and positive place identity”.* Whilst maintaining the professional guidelines set out by the BPS for all Practitioner Psychologists (British Psychological Society, 2021 p.3), possible interventions highlighted were:

- Working in partnership with or for community organisations
- Providing psychologically informed expertise to support service design
- Strategy and policy development
- Advocacy and solidarity with communities
- Research and evaluation, or working for Local Authorities
- Inclusion and empowerment initiatives

Though a useful tool for theorising how Community Psychology may inform a hypothetical role in the context of a global pandemic, this did not offer systematic insight into the experience of this way of working for psychologists in the U.K., or how it may differ from the traditional clinic model.

One other previous study has explored the experiences of clinical psychologists working at the macro-level in public policy in the UK (Browne, Zlotowitz, Alcock, & Barker, 2020). This research aimed to explore how they transitioned from individually focused micro-system level work, to engage in policy issues. Key findings highlighted they already possessed many of the skills

necessary to engage in policy change however, they tended to use them differently. Rather than formulating an individual, they would use these skills to formulate organisational function or within the policy context. Self-belief, confidence, competence, sound preparation, hard work and the ability to take risks and form trusting relationships with colleagues were also cited as crucial for the macro-level work (Browne, Zlotowitz, Alcock, & Barker, 2020). Whilst this provides some insight into work at the macro level, the experiences of those working at the exo-level may have specific differences that remain unexplored. For example, a greater focus on relationship building with marginalised communities directly and working across multiple agencies were not considered in the former study.

Therefore, the current study proposes to research the experience of U.K. practitioner Psychologists working at the exo-level within Community Psychology informed projects or services with marginalised communities. It aims to explore and understand the:

- Personal-professional journeys and early career experiences into Community Psychology working.
- Competencies, processes and practices used by psychologists at the exo-level in these services/projects.
- Barriers and facilitators to working within a Community Psychology frame
- Implications for psychology training courses and the NHS for optimal exo-system level working in partnership with communities.

This study will offer insight into the practices, skills and competencies used in this work, support NHS changes during the move to community-based mental health care and aim to demystify and encourage exo-system level working practices in psychologists in the U.K.

## 2. Methods

### 2.1 Design

A qualitative study design was used to explore clinically focused practitioner psychologists' experience of using a Community Psychology approach in statutory and non-statutory settings. A qualitative approach was deemed to be appropriate, given its usefulness in uncovering in-depth, meaningful and subjective data (Britten, 2006).

### 2.2 Participants and recruitment procedure

The study was part of a joint project exploring stakeholders' experiences and perceptions of community psychology projects. This project was separate from others exploring the experiences of partner agency staff (Mensah, 2022) and service users in community psychology projects in the U.K. (see appendix 1 for details).

#### Inclusion and exclusion criteria

Participants were able to take part in the study if they were:

- A qualified Clinical or Counselling Psychologist to Master's or Doctorate level in the UK registered with the Health and Care Professionals Council.
- Had worked/ were working in a Community Psychology informed project (statutory or non-statutory) or were using predominantly Community Psychology principles in a statutory setting, within the last two years, for at least six months.

***Phase 1: Contacting Community Psychology Services directly***

Initially, several known Community Psychology projects in the UK were approached and details of the research were shared with Psychologists working within these services, to ascertain their interest in taking part either individually, or sharing details of the study within the service more widely.

Psychologists who had a high profile in Community Psychology work or research and were known to engage in this work were contacted directly through professional networks, e.g. BPS Community Psychology Division and through their published research.

***Phase 2: Social media recruitment***

A poster was developed and shared on social media to recruit psychologists (see appendix 2 ) Details of the study were also shared with organisations in the UK associated with Community Psychology, e.g. Discovering Community Psychology podcast, and the BPS Division of Community Psychology. Social media was used to help diversify the sample in terms of location in the UK and the populations with which Community Psychology approaches were applied e.g. ethnicity, gender, and age.

***Phase 3: Snowballing***

Once interviewed, participants were asked to share details of any known psychologists in their networks who met the study criteria. These individuals were then contacted and details of the study were shared (see phase 1).

Eligible services or individuals were sent an email with details of the purposes of the research and inclusion and exclusion criteria (appendices 3 & 4). Those who agreed to take part in the study were sent an online link to access the Information Sheet (Appendix 5 ) and Consent form

(Appendix 6), and informed consent was obtained online. All participants could download the information sheet and consent forms.

## 2.3 Ethics

### *Approval*

Ethical approval was sought and obtained from the UCL Research Ethics committee (project ID 19115/001). Final approval was received on 12th April 2021 (Appendix 7).

### *Ethical issues*

Whilst the overall risk of distress arising within the interviews was low, a main ethical consideration was the possibility for reflection on the personal-professional journey into community psychology working to be challenging. This was in the context of the possibility of lived experiences of marginalisation being a part of participants' personal journeys. Participants were reminded by the researcher to share what they felt comfortable with, of the option to withdraw at any point and the offer of signposting to mental health support services, should they request this.

## 2.4 Measure

*Semi-structured interview guide development*

*Item generation*

Item generation was a collaborative process between the supervisors, investigating researcher and stakeholders of community psychology projects. Initial research that has explored psychologists working at the macro-level was also reviewed (Browne et al., 2020a). Differences and similarities between macro and exo-level system working were discussed with the research team and the questions were adapted for psychologists working in community psychology projects. Specifically for community psychology/ exo-level work, questions were developed to consider the types of interventions psychologists engaged in and exploration of the position of psychology in the often multi-disciplinary system/projects. Questions assessing contrasts or

similarities between working in community psychology projects, compared to the traditional individual clinic model were also generated.

*Expert consultation/review*

After the initial questions were developed, they were reviewed with a team of clinical psychologists and a young person accessing a community psychology project for expert consultation. They highlighted the importance of adding questions focusing on the personal experiences that informed this way of working. They reflected that this would be an important element to capture within the project. Items were subsequently generated expanding further on the personal-professional journey into the work.

*Piloting*

The questions were piloted with a Trainee Clinical Psychologist also completing research on stakeholders' experiences of Community Psychology projects. This was to assess how the questions “fitted” together and the order of items in the interview schedule. Post-interview reflection and debrief suggested the questions were suitable and in a logical order, that allowed for reflection and were structured enough to guide the conversation. Prompts within the guide were also developed at this stage and formalised with supervising researchers.

*Final interview schedule and procedure*

The final questions were grouped into four main areas: (1) Professional-personal journey, (2) Competencies, processes and practices of psychologists working in Community Psychology at the exo-level, (3) Challenges and facilitators, (4) Implications and recommendations for training courses and service development. See appendix 8 for the final semi-structured interview schedule. Questions were pre-set and open-ended to allow for freedom of participants' expression of their experiences. All questions in the schedule were broad and included a few follow-up

prompts for clarification. All interviews began by asking participants to describe the current project/service in which they work and any previous projects they had worked in that were underpinned by Community psychology. The purpose of this was to help participants feel comfortable and relaxed during the interview process. In line with previous research on psychologists' experience of macro-level working, initial questions were also asked about participants' career paths, to support their reflection on their work and how cultural and familial values may have informed this. This style of questioning was informed by the Coordinated Management of Meaning Theory (Cronen, Chen, & Pearce, 1988) and the purpose of this was to help orient participants to any influences in their Community Psychology work. For example, "What early career influences/routes led you to work in community psychology projects? follow-up prompts: "pre-training, on-training?" The interview schedule was designed to guide questions but also be flexible enough to allow participants to reflect on their journeys into the work that felt comfortable for them to share.

*Main study*

Broad questions aiming to understand the experiences of psychologists, as well as the day-to-day practices within these projects were asked, for example, *"What is the role and/or position of psychology in community psychology projects?", "What kinds of interventions do you engage in within your specific community psychology project?"* The interview schedule was refined after the initial interviews as participants unanimously reflected that the use of the word "interventions" within the questions was more aligned with the traditional individual one-to-one clinical model. As the question "*what does the day-to-day work within the project look like?"* was added to encapsulate and capture the flexible and sometimes more subtle way of working.

At the end of the interviews, several participants reflected on the enjoyable nature of the interview experience, particularly reconnecting with the reasons why they had become interested in this

way of working in their early careers/ lives. All participants asked for the findings of the study to be shared via email and were curious to hear and learn from the experiences of other psychologists working in similar ways. No participants reported any distress associated with taking part in the research. Participants were offered a voucher/ charity donation for the value of £10 for taking part.

All 17 participants were interviewed via Microsoft Teams. Interviews were scheduled at a convenient time and date for participants. Interviews were video recorded and informed consent was gained again verbally (alongside signed consent) before the recording began. Videos were downloaded and deleted from Microsoft teams immediately and stored on a password-protected secure file. Microsoft teams also provided transcribing during recorded meetings. Transcripts were downloaded and stored in a secure password-protected file and the versions on MS teams were immediately deleted. All transcripts were double-checked by the researcher, that is the recordings were re-watched and all speech checked and written verbatim to ensure the accuracy of the transcripts and to begin the process of familiarisation with the data. Interview length ranged from 45 minutes - 1 hour and 29 minutes, the average interview length was 1 hour and 5 minutes. All transcripts were anonymised with identifying information omitted from the final transcripts. Particular care was taken at this stage, due to the potentially hyper-visible nature of participants, due to the small cohort of psychologists working in this way. Participants were given the opportunity to review their transcripts once anonymised, before analysis. One participant opted to do so and agreed for the transcript to be analysed and quotes to be used within the write-up.

The concept of saturation is discussed within qualitative research and references the point at which no additional themes or patterns are elicited from additional data. Whilst there is no clearly defined point at which saturation is reached in a study, (Guest, Bunce, & Johnson, 2016), discussion and reflection on the patterns which were being identified in the data were continually

considered with the supervisory research team. It was of note that by interview 14 no new data not already fitting into existing ideas/patterns were identified. At this point, three further interviews had been arranged. As such the supervisory team and researcher agreed on the importance of going ahead with these interviews, even if saturation had been reached, to further support the strength of existing ideas that were beginning to develop throughout the data obtained.

## 2.5 Data analysis

Data were analysed using Braun and Clarke, Reflexive Thematic analysis (TA) (Braun & Clarke, 2006; Clarke, & Braun, 2019). TA is defined as, “a method for identifying and analysing patterned meaning within data”, it aims to organise and describe data obtained in rich detail, offering an interpretation of the meaning, significance and implications of patterns identified (Clarke, 2018; Braun & Clarke 2006). Themes are actively generated by the researcher with six identified phases within the approach summarised below:

1- Familiarisation (noting items of interest, reading actively and analytically).
2- Data coding (Semantic- obvious or latent – underlying and implicit meanings).
3- Generating initial themes (identifying larger patterns of meaning).
4- Reviewing and developing themes (identifying central organising concepts).
5- Refining, defining and naming themes (making themes more nuanced and specific).
6- Writing up (finalising order of themes and telling a story).

Braun and Clarke described “straightforward” and more “sophisticated” approaches to TA, with the former taking on a more summative and descriptive method of analysis and the latter taking a “storytelling” approach, being highly interpretive and locating the data in the socio-cultural, political, historical and ideological contexts and aims to use the data to make arguments.

The project aimed to understand psychologists' experience as well as develop recommendations for future training courses/NHS service development and delivery. Given the relatively small amount of research that has been conducted on Community Psychology practice in the U.K., depth of analysis was not the aim for this initial study and other forms of more in-depth analysis, such as Interpretive Phenomenological Analysis (IPA) or Narrative Analysis (NA), were not selected. Examples of coded interview data, grouping and collapsing of codes for initial themes and the refining of final themes can be seen as appendices 9-11.

## 2.6 Participant Characteristics

17 participants were interviewed in total for the study. See table 1 for details on participant characteristics.

*Table 1 – participant characteristics*

| ***Characteristics*** | ***N=17*** |
|---|---|
| Gender *n* (%) | |
| *Male* | *3 (18%)* |
| *Female* | *13 (76%)* |
| *Prefer not to say* | *1 (6%)* |
| Age (years) | |
| *Range* | *28-57* |
| *Mean* | *42.5* |
| Ethnicity *n* (%) | |
| *White-British* | *11 (64.5%)* |
| *Asian-British* | *4 (23.5%)* |
| *Mixed-background* | *1 (6%)* |
| *Other* | *1 (6%)* |
| Practitioner Psychologist Discipline *n* (%) | |
| *Clinical* | *16 (94%)* |
| *Counselling* | *1 (6%)* |
| Years qualified | |
| *Range* | *1-26* |
| *Mean* | *8* |
| Years working in Community Psychology | |
| *Range* | *1-20* |
| *Mean* | *9 years and 4 months* |
| Populations Psychologists work with *n* (%) | |
| *Young people affected by Serious Youth Violence/ known to Youth Justice System* | *9 (53%)* |
| *Black and Minority Ethnic community* | *4 (23.5%)* |
| *Faith communities* | *1 (6%)* |
| *Child and Family services* | *2 (12%)* |
| *Public health initiative for socially deprived neighbourhood* | *1 (6%)* |

## 2.7 Credibility checks

Credibility checks have been cited as important in qualitative, work to ensure the trustworthiness of the data analysis (Patton, 1999). A second doctoral level researcher reviewed a sample of the transcripts, coded them and reviewed this with the lead researcher's codes to check credibility. Primary supervisors also reviewed the developed themes and quotes for credibility.

## 2.8 Researcher perspective

In qualitative research, it is encouraged and important for researchers to acknowledge their theoretical and epistemological positions and assumptions to understand the lens through which the qualitative analysis may be influenced, to increase the validity of the analysis (Caelli, Ray, & Mill, 2003).

I am a Christian, Black-British woman, of Ghanaian heritage in my late twenties. I completed this research as part of obtaining a Doctorate in Clinical Psychology. I was born, raised and continued living during my Doctoral training in an inner-city community, that is known for its high levels of socio-economic deprivation, racial diversity and longstanding community narrative of difficult relationships with statutory services, most notably, the police. It has been important to me throughout my personal and professional journey that people should not be limited in their hopes or aspirations for their lives and future due to class, socio-economic status, racialised identity, or (dis)ability and other factors and inherently deserve equitable access to social resources. During training, I had professional contact with two of the participants in the study, one of whom was a supervisor to me and the other a colleague in the same team.

I often felt aligned with the marginalised communities these projects aimed to engage and co-produce with, whilst also acknowledging that my access to, and successes in education have allowed me privileges that some from my community have not had.

My personal opinion is that barriers in mainstream mental health services may disproportionately impact accessibility to some people from marginalised socio-economic and racialised (as well as other) backgrounds. When these services are accessed by these communities, there also appear to be some issues with the suitability/acceptability of interventions. As such, I feel Community Psychology informed working may offer an additional, although imperfect, approach to current mental health service provision, that is somewhat more flexible, accessible and acceptable to some marginalised communities; which if led by them and their specific needs, may be experienced as more empowering. However, as a clinically trained individual, I hold an assumption that "mental health" is a fluid attribute that can be accessed and impacted both positively and negatively, through micro to macro-level interactions with society and as such mental health "interventions" can exist in flexible ways.

Supervision from the research team was crucial to make me aware of my position, as well as bracketing these views when conducting the research interviews. Bracketing interviews were conducted before and after the interview process, to identify how my views and beliefs shaped the interview and analysis stages. I kept a reflective journal throughout the research process to track my position and how it shifted throughout the research.

## 2.9 Epistemological Position and Reflexivity

The importance of reflexivity within TA has been highlighted as it is crucial to acknowledge that researcher's context, individual experiences and assumptions will underpin the reading of the data.

An inductive experiential framework was the position from which the current data were analysed. This assumes that the data gives access to individuals' meanings, lives and realities accurately. Interpretation of the data is therefore grounded in the assumption that the interview process has allowed access to participants' real experiences. A Critical Realist approach was assumed, that is, that the data allows access to an existing reality/ truth about psychologists' experience of working in Community Psychology projects and that this data provides useful knowledge about how to implement and make recommendations from these practices (Bhaskar, 2016). These approaches were taken in exploring individuals' experiences to acknowledge their agency and accurate ability to express information about their own lives. This is in line with broader Community Psychology values of self-empowerment (Orford, 2008).

## 3. Results

17 Psychologists were interviewed about their experience of undertaking Community Psychology informed exo-level work in the U.K. They provided detailed accounts of their early career and personal influences, which led to an interest in this work. Rich descriptions of how they work, factors that both challenge and facilitate this work and key suggestions for training courses and more generally for the development of these ideas were described. Table 2 highlights the superordinate and subordinate themes developed by the researcher in the current study.

*Table 2. Superordinate, Subordinate themes and contributors to each theme*

| Superordinate theme | Subordinate themes | Contributors |
|---|---|---|
| **Seeing problems in existing systems and finding a new answer** | Experiencing problems within existing systems | *P1 - P8, P10 - P13, P15* |
| | Introduced to a different way of working | *P1- P6, , P8- P11, P13 - P17* |
| **Exo-system: Looking inwards and Looking Outwards** | | *P1- P17* |
| **Relationships at the core** | Relational trust as a catalyst | *P1, P2, P4, - P10, P12, - P17* |
| | Isolation and personal impact | *P1,P3, P6, P8 , P13, P14, P16* |
| **Uncertainty in the work** | Not “proper” psychology | *P1, P2, P4, - P9, P12, P13, P16, P17* |
| | Challenges with funding and work in systems | *P1, P2, P5, -P8, P13, P14, P17* |
| **Measuring what matters** | Struggling to fit existing systems | *P6 - P8, P12 - P14* |
| | Test and learn approach: community determined outcomes | *P6, P10, P14* |
| **Using psychological competencies at the exo-level** | Working flexibly | *P2, - P8, P10- P15, P17* |
| | Skills at the strategic level | *P7, P12, P14, P16* |
| **Working well with communities** | “Non-expert” stance as both necessary and uncomfortable | *P2, P3, P5, P6, P7, P12, P13, P16* |
| | Not reinventing the wheel | *P1, P6, P9 - P14* |
| | Acknowledging potential for harm | *P1- P9, P11- P14, P16* |

| | | |
|---|---|---|
| **Continuing the journey** | Community expertise can no longer be ignored | *P2, P4 - P8,* P9, *P11, P13, P14, P15* |
| | Clear definitions and titles | *P3, P9, P11, P14* |
| | Legitimise these ideas | *P2, P5, P13- P17* |
| | Incorporate learning from other disciplines | *P2, P5, P6, P9, P12, P13, P17* |
| | Highlighting context | *P1 - P6, P12, P13, P14, P16, P17* |
| | Formalising community psychology teaching | *P1, P2, P4 -P9, P12, P14, P15, P17* |
| | Diversify the profession | *P1, P2, P3, P8, P12, P13* |

## 3.1 Seeing problems in existing systems and finding a new answer.

Key moments in the early careers of participants were described as pivotal in developing their interest and subsequent working using a Community Psychology approach once qualified. Participants described several key incidents many years before beginning their professional training in psychology which had profound personal and professional impacts on them. Some of the experiences related to their own lives. This included personal experiences of marginalisation, early experiences of community-focused work and seeing limitations of statutory services and meeting significant people who introduced them to community psychology ideas. These experiences shaped the desire to address broader systemic factors impacting communities.

### 3.1.1 Experiencing problems within existing systems

Several participants described the significant personal and emotional toll of seeing the shortcomings of existing mental health and other statutory systems (e.g., the benefits system, justice system, lack of accessible mental health care for specific groups) and the impacts on their early careers/personal lives. Participants discussed witnessing discrimination, stigma, lack of social support/isolation and other systemic and social failings that negatively impacted individuals' mental health; as well as finding those from marginalised groups “missing” from mainstream mental health services. These early experiences left them feeling dissatisfied/frustrated with the traditional mental health offer and the limited ability to address other social systems that appeared to influence individuals’ mental health. These experiences seemed to cause them an ethical dilemma, where they noticed traditional mental health provisions appearing unsuitable, for meeting the needs of many. They acknowledged the risk of doing “more of the same”, once they had embarked on professional psychology training, leaving them with a sense of professional frustration and discomfort. See appendix 12 (table 3.1.1) for supplementary quote.

*I just witnessed how systems and organisations damage people by the way that they treat them and no amount of sitting in a room and talking about it actually changes that.*

***Participant 1***

### 3.1.2 Introduced to a different way of working

A significant proportion of participants had work experiences in non-statutory services or community support worker roles, before professional training in psychology. These experiences seemed to provide them with insight into working to address social concerns that impacted individuals' mental health. At the time many did not explicitly identify this way of working as Community Psychology. They described this work as allowing for more flexibility compared to statutory roles they later undertook.

*Prior to me getting onto training I worked in quite a lot of partnership roles. I think I noticed from that work the difference in roles that were statutory and roles that had the flexibility that allowed for clinicians working within those settings.*

***Participant 5***

This theme was also associated with learning from disciplines other than Psychology. Around a third of participants described undertaking degrees in subjects other than or alongside Psychology. This gave them a broader understanding of the factors impacting mental health. These views seemed to clash with the later more individualised conceptualisation of mental health they were taught during professional training. One way this clash appeared to be resolved was by taking into account broader contextual, as well as individual factors that impact mental health, culminating in interest in Community Psychology. Other disciplines that informed participants'

understandings of mental health and well-being included Sociology, Political Sciences, Neuroscience, Economics etc. See appendix 13 (table 3.1.2.1) for supplementary quotes.

*My first degree ended up being in Political Economy and then I did a Masters in Political Philosophy before I did Psychology. So in my mind, I had the political education and then the psychological training and then that produced an outcome, which was, an interest in Community Psychology.*

***Participant 15***

Another key way participants were exposed to new ways of working, was through a connection with others early on in their careers, which was pivotal in informing their interest and eventual working within Community Psychology. They described meeting supervisors, course staff and other trainees who introduced them to Community Psychology ideas. These serendipitous connections put the name of a specific discipline to their desires to work flexibly with marginalised people who were "missing" from statutory mental health services.

*I wasn't like I want to do Community Psychology. I wanted to support people from my own community that I've seen getting beaten up by police. The catalyst into this work was* ***[name of Community Psychologist],*** *knowing him personally and meeting up in the pub and being like "Tell me about what you do 'cause I wanna do it too?" but at that time I didn't have the language of Community Psychology.*

***Participant 3***

These early experiences appeared to give participants direct insight and access to people "doing the work" and holding a contextualised and broad view of the societal impact on marginalised

groups. This direct access was an important part of the journey to learning Community Psychology and exo-level working. Not only did participants theoretically learn about the work, but they had opportunities to see exo-level working in practice. This seemed to develop a sense of hope and excitement in participants for the future possibilities within their clinical practice. See appendix 14 (table 3.1.2.2) for supplementary quote.

### 3.2 Exo-system: Looking Inwards and Looking Outwards

Participants described their Community Psychology work to be any that was embedded within or informed by the core principles of the Community Psychology discipline. They discussed elements of both micro-level and exo-level work and their interaction/commonalities. Micro interventions included flexible one-to-one and group therapies for specific communities. Exo-level interventions were those trying to affect social change in systems that directly impacted marginalised communities. For example, delivering training to local police to develop their trauma-informed practice in a local borough with high levels of youth violence. Participants linked the work to personal values of equality, justice and taking a strength-based approach when working with communities.

Participants worked either in statutory (NHS), non-statutory or partnership projects, predominantly underpinned by Community Psychology principles and reflected on how they embraced these principles throughout their careers. Respecting diversity, collaboration, community empowerment and co-production were features of their practice pre-training and in a range of inpatient and outpatient statutory settings. Participants described their work as fluid, with “no one fixed or concrete way of doing” Community Psychology, rather, framing this work as an “ethos” “stance” or “way of approaching or thinking about work” that they carried throughout their role/s. Elements of the work which focused on supporting marginalised communities directly accessing the

service/project, were conceptualised as “Looking Inwards” towards the project. Other parts of their work which aimed to intervene in the systems impacting the communities, were conceptualised as “Looking Outwards”. Similar skills were used in both types of work, but the “location” in which the skills were applied differed.

Work “Looking Inwards” included providing flexible 1:1 therapy at service users' request and pace, and co-produced specific community-focused groups. Supervising other professionals in the setting, e.g. youth and employment workers was also considered “Looking Inwards”. Supervision for non-psychology colleagues was to ensure a psychologically informed environment and the use of formulation in all provision offered. Trust was described by the majority of participants as a facilitator for working “Looking Inwards” within the projects.

“Looking Outwards” characterised interventions/practices aiming to impact change in the exo-systems (e.g. social contexts) around communities to enhance well-being. This was achieved in several ways, including community organisation, advocacy, public health and prevention initiatives and working to change dominant narratives held by professionals about communities. For example, sharing formulations of individuals' difficulties with police, housing associations or other agencies. Providing consultation/supervision to partners outside of the project. One participant described how similar skills are used when “Looking Inwards” and when “Looking Outwards”. Participants all highlighted the importance of “interventions” being directly associated/stemming from ideas of the community.

*If you imagine that that part of my role was looking in at the project I'm going in both trying to build engagement, trying to build trust. There’s another part of my role which is outwards at the rest of the system. Attending professional meetings and in that I see my role as helping, shift the*

*narrative in a really similar way to when I'm looking inwards at a project. It's the same strategies I'm using outwards at the rest of the system.*

***Participant 4***

"Looking Inwards" and "Looking Outwards" were not always distinct processes from one another. Co-production, an approach where service users and professionals come together to conceptualise, design and deliver services was one such example (Clark, 2015). Co-production directly impacted communities by taking into account their thoughts on the design of services. Co-production was therefore seen as interventive, due to empowering and recognising community expertise, positively impacting mental and social well-being. Co-producing with marginalised communities also addressed the social disparity in the accessibility of services. Thus, the very co-production of these services was an exo-system level change, addressing social inequality. One participant discussed co-production in the following terms:

*Coproduction fits with agency and voice. Co-production is an intervention… authentically designing something together right from the beginning through to the end. That involves the people who it's about. And refusing to do it if they're not involved.*

***Participant 15***

See appendix 15 (table 3.1.2.1) for supplementary quotes.

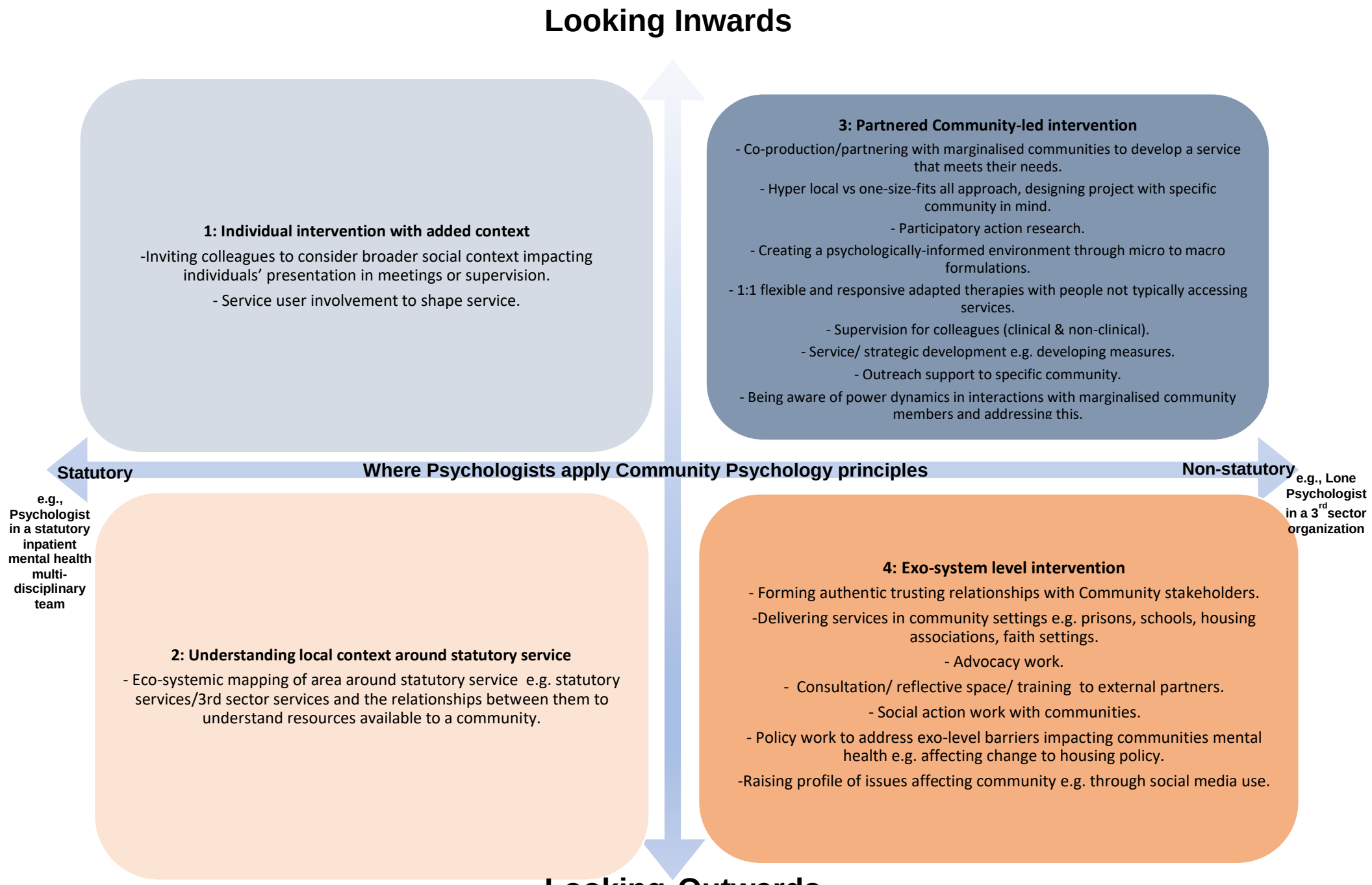
Figure 1 was developed to illuminate the way Community Psychology principles could be embedded across multiple types of services and ways of working to varying degrees. The matrix developed highlights the system one is working in (from a 'psychologist in a statutory mental health setting' on one end and a 'psychologist in a third sector community psychology project' on the other end) and summarised ideas/ examples from participants of work 'Looking Inwards' or

‘Looking Outwards’. This theme highlights how participants reported that regardless of the type of setting, community psychology principles can be adapted and brought into the work. The matrix shows four quadrants defined as:

- Quadrant One ***“Individual intervention with added context”*** shows one example of bringing social context to statutory settings when working with individuals e.g. Looking Inwards.
- Quadrant Two “***Understanding local context around statutory service”*** shows an example of understanding the local context of a statutory service and how this can inform work.
- Quadrant Three “***Partnered Community-led intervention”*** provides examples of work “Looking Inward” in Community Psychology specific projects.
- Quadrant Four “***Exo-system level interventions”*** provides examples of work “Looking Outwards” in Community Psychology specific projects.

The figure is in no way exhaustive, particularly as the distinction between “Looking Inwards” and “Looking Outwards” is not always explicitly different. However, it provides typical examples mentioned by participants. A supplementary table (appendix 16) can be found providing further examples of types of work engaged in.

*Figure 1 Examples of "Looking Inwards" & "Looking Outwards" across organisations with examples*



## 3.3 Relationships at the core

This theme encapsulates the importance of relationships with others in community psychology work.

### 3.3.1 Relational Trust as a catalyst

15 of the 17 participants interviewed cited the importance of relationships with various stakeholders. The most frequently cited relationships were those with community members accessing projects. Trust was important in this relationship, specifically in the context of how statutory mental health services have historically "caused harm" to marginalised communities. Therefore, slowly building trusting relationships was described as central to meaningful co-production and day-to-day working in projects. Participants described a central key to building and maintaining trust was being physically accessible, e.g. being embedded within community spaces (community centres, police stations etc) and not in mental health clinics; and showing usefulness to members over a sustained period. Over time community members began to vouch for the usefulness of psychologists when they were visible and accessible in the community.

*There's a really powerful thing when you're embedded in the community if people start to know you… it starts to be* **(referring to psychologists)** *"those women in that room they're quite nice, let me take you to speak to them". That's such a lovely experience of being a psychologist when you feel like you're part of something and you're seen as somebody who's helpful, whereas I don't think I ever had that experience from my ivory tower position working in clinics.*

***Participant 1***

Other crucial relationships were those with team members. The need for support from colleagues, and those in organisational leadership positions were discussed. Those in leadership were key as they held significant power to make a case for these unique services in the

commissioning/funding processes. Challenges linked to building these trusting relationships with colleagues, in particular, were issues of power, e.g. psychologists often being “higher” in the professional hierarchy of projects due to having a “Doctor” title or, being highly paid compared to other professions in a team, e.g. youth workers. One participant discussed ways of navigating these power differences within teams to enable trusting relationships, which included respect for each profession and a hierarchy that was “as flat as possible”. See appendix 17 (table 3.3.1) for supplementary quotes.

### 3.3.2 Isolation and personal impact

Relationships were also linked to the personal impact of this work. Forming relationships, working with marginalised communities and hearing their stories of discrimination, racism, inequality and other injustices were cited as distressing. This “emotional cost” was particularly felt by those who shared aspects of their identity with the communities they worked with. The emotional impact of the work was compounded by the often isolating nature of the work, due to the relatively small teams working in this way. Many reported that when working at the exo-system level change they were often a lone or one of very few psychologists aiming to introduce “difference” to existing systems. This was felt to be personally and professionally lonely, particularly if one's ideas about the impact of social systems on marginalised communities were not held by others within wider systems. Participants managed the isolation and personal impact in different ways, e.g. through spirituality, reflective spaces, solidarity with colleagues etc.

*My top challenge… Isolation. Isolation at lots of different levels. Isolation within the profession sometimes I've felt. I would go into a system that I wasn't part of, like an organization to bring some of these ideas to co-produce and actually…It was quite isolating work, often worked on my own, travelling around the country doing different projects.*

***Participant 6***

See appendix 18 (table 3.3.2) for supplementary quotes.

## 3.4 Uncertainty in the work

This theme captured ways in which uncertainty featured in participants' experience of working in community psychology projects, which included other professionals' perceptions of the work, as well as their own experiences of their work being different to that in traditional services.

### 3.4.1 Not "proper" Psychology

Participants described the way other professionals, in particular mental health professionals, in traditional services viewed this work. A pervasive perception of Community Psychology being seen as not "proper" psychology, in comparison to the traditional individualised model of psychological intervention was reported. In this case, other professionals were often "uncertain" of the value of this exo-system level work. Participants reported they had experienced other mental health professionals dismiss the flexible ways of working and the societal/contextual interventions prevalent in this work (e.g. raising awareness of inequalities and issues impacting communities, advocacy work and social action work). These were often experienced as "not the work of psychologists" from other mental health professionals/services. Other professionals sometimes saw this work as absolving individual personal responsibility (for example of young people involved in/affected by youth violence), by focusing on systemic factors. This was described as a barrier to the work participants undertook.

*I get an awful lot of, dismissing what we do. "You're not really doing psychology though are you? You're not really doing therapy because you're meeting with someone in a cafe and having coffee and talking about things in that way. But you're not doing proper therapy".*

***Participant 1***

Participants seemed to conceptualise this as other professionals feeling professionally "threatened" or "envious" of their work. For one specific service, which was an NHS-funded project

supporting racialised groups of people. One hypothesis they held was other teams felt "threatened" due to the ease with which the community psychology service were able to recruit with relative ease. This was in contrast to non-NHS Community Psychology services and traditional mental health services which have recently struggled with recruiting practitioner psychologists (Dooley & Farndin, 2021; Rhodes, 2019). See appendix 19 (table 3.4.1) for supplementary quotes.

### 3.4.2 Challenges with funding and work in systems

Almost half the participants interviewed discussed changing social and political landscapes and the impact this can have on their projects directly. Changes in government post-elections and the impacts on funding and short funding cycles, were all described as barriers to work. Specifically, the insecurity of funding and therefore psychologists' posts within these projects was flagged as a barrier. As such recruiting psychologists was a challenge to those in non-statutory settings, due to the funding uncertainty. Participants shared that there can be little warning when funding is to be removed from a project and many roles can be fixed-term. Concerns of further "letting down communities" was described in relation to the uncertainty of the longevity of these projects.

Related to this was another challenge linked to different time expectations for starting and completing discrete pieces of work, in partnership between statutory and non-statutory services. Non-statutory projects often needed to move quickly to make use of or lose funding. This was in contrast to the longer time taken in NHS settings to get work "off the ground" and caused clashes in the partnerships. This was attributed to more fixed and time-consuming processes in statutory settings. The precariousness of funding in the voluntary sector and the risk of not being able to meet the demand was a challenge.

*Everything is done within 4-5 year gaps and change just doesn't happen like that. Let's say we had a project in every borough, I don't think we would see the benefit of that for 20 years, potentially. How do we convince people along the way that it's still worth funding?*

***Participant 1***

See appendix 20 (table 3.4.2) for supplementary quotes.

## 3.5 Measuring what matters

This theme captured both the challenges and solutions of evaluating and using outcome measures in work within the flexible structure of the projects/services. Participants described the challenge of fitting into existing structures that were at times at odds with the core principles of the projects. They discussed ways they aimed to overcome these challenges, while staying committed to the principles of Community Psychology, particularly co-production and valuing community expertise.

### 3.5.1 Struggling to fit existing systems

Participants described pressure to record contacts/engagement with communities and to justify or prove the effectiveness of these projects in a way that mirrored how statutory services are measured (e.g. through using standardised outcome measures). The use of outcome measures was frequently raised and the challenges of them in the context of work "Looking inwards" and "Looking outwards". Individual interventions may take a flexible, slightly unstructured nature and group "interventions" may be facilitated through ad-hoc group conversation.

The "pressure to fit in" with existing systems was a challenge for several reasons. Firstly, the understandable context of mistrust community members may experience, impacting how they chose to engage (e.g. often in an anonymised way). As such, measuring the use of the service or outcomes was not always routinely possible. Additionally, the co-produced nature of projects

with communities aims to develop community-led solutions, thereby inhibiting the application of pre-determined measures.

One participant reflected on how the impact of these projects, due to their multi-level approaches may take many years to effect measurable change. For example, impacts of advocacy work or community organising or social action work. This did not always "fit" with existing ways "successful outcomes" are measured within the statutory service model. Finally, as projects are often developed flexibly and responsively, outcomes that communities identify may change over the years. As such, having mandated a priori outcomes often did not effectively measure the impact of these projects over time. All these factors presented a barrier to the long-term future of this way of working, as without evidence, these projects are often under threat of losing funding. This was a factor cited as challenging long-term sustainability. Finding new creative ways of measuring outcomes was argued therefore as important for the justification and legitimising of these projects.

*Being able to record data, do any kind of evidencing is really difficult, especially when you're working on a street with people. You might not ever know their name. You don't know exactly how old they are? How do we record them? There's a real kind of ethical dilemma around that.*

***Participant 8***

See appendix 21 (table 3.5.1) for supplementary quotes.

### 3.5.2 Test and learn approach: community determined outcomes

Some participants discussed ways that the challenges around outcomes could be addressed to a) serve communities and b) meet the needs of those who may go on to fund such services e.g. statutory commissioners. One offering was developing measures that show the effectiveness of Community Psychology working alongside communities. Participants discussed the importance of evaluating all work. They also discussed the importance of community determined outcomes. They described taking a "test and learn" approach where communities define what outcomes

matter, as a much more effective way of measuring the impact of such projects. This development of evidence post-hoc, or practice-based evidence was described as a key facilitator of the work.

*We're constantly, doing, governing, doing, governing and that kind of reflexive loop if you like… and then over time we've developed a number of what we call our key effectiveness indicators. We rigorously evaluate every piece of consultation, training, coproduction, project work. That gives us a whole heap of data and numbers that has some value… and we're building in now a more consistent and robust framework for evaluating using both quantitative and qualitative measures.*

***Participant 10***

See appendix 22 (table 3.5.2) for supplementary quotes.

## 3.6 Using psychological competencies at the exo-level

### 3.6.1 Working flexibly

Participants explained a key part of exo-system level working was using their core clinical skills flexibly. They described training provided them with the necessary skills to work at the exo-system level with communities, but it was important to use skills broadly and not view individual therapeutic work as the main way of delivering support. Participants emphasised how they used these skills to tailor interventions and provide bespoke and hyper-local ideas, solutions and interventions in their work.

*It's not about not bringing anything to the table but just using skills differently, like mapping and formulation is a useful tool if you can draw on it and think about it as a collective thing rather than just an individual thing.*

***Participant 17***

Working flexibly was important for individual work and within the organisation generally. For example, using formulation at an organisational (rather than individual) level. This could support understanding challenges a partner agency is facing and how psychologists may make a difference to benefit the organisation. As this could go on to impact the wider community around the organisation, this was an example of exo-system working. See appendix 23 (table 3.6.1) for supplementary quotes.

### 3.6.2 Skills at the strategic level

A core skill needed when working from a community psychology approach in exo-systems was strategic level working, within and across organisations. Participants discussed a noticeable gap in their skills when they began working at the exo-system level. They described taking up senior positions within community psychology projects early on and as such being involved in service development and joining with other organisations. They reflected that training did not provide many opportunities to develop skills in these areas, so it was a challenge to work in this way at first. Participants overcame these gaps in their skills by seeking additional opportunities to continue their professional development (CPD) e.g. seeking out consultation from psychologists working predominantly from a Community Psychology approach with similar communities. Training and skills in navigating non-mental health systems were also cited as a gap in knowledge.

*There's a real need to have skills around wider system work. The strategic and systems-working and training that I feel is really key in this type of work. At the time of my training, there was a big narrative around psychologists being positioned as leaders. I have felt that's very narrow in terms of its scope. And didn't really feel it prepared me with the skills to navigate that system working that's really key.*

***Participant 7***

See appendix 24 (table 3.6.2) for supplementary quotes.

## 3.7 Working well with communities

Participants expressed core practical skills they felt embodied community psychology principles and allowed their work with communities to flourish.

### 3.7.1 "Non-expert" stance as both necessary and uncomfortable

Central to exo-system working was partnering with communities and championing *their* ideas for solving problems specific to them. This was a significant change from the often top-down approach taken in statutory mental health settings where psychologists come up with "answers" e.g. therapeutic responses to individuals' problems. They reported work they had undertaken in traditional mental health services came with an inherent need to show expertise. Many reported this did not fit with their personal values. As such working with communities and trying to effect change in the system around them, humility and a non-expert stance were useful. Flexibility, de-centring themselves and centring the voices, desires and opinions of community members felt crucial. At times work would develop from systemic barriers raised by communities, which psychologists would then support communities to address. Holding on to a position of uncertainty and not "leading discussions", was considered an important part of the work. Participants described a sense of "freedom" in not "having to know the answers" to challenges communities faced.

*You're not always the expert, you're taking quite a non-expert position. You really need to be flexible. You can't have you know notions of what's superior, it's very messy work, so you need to feel comfortable working in an unstructured, uncertain, way.*

***Participant 13***

However, whilst many participants discussed the freedom they felt in not having to take up an expert position in this type of work, they also reported that working in this way could feel de-

stabilising and leave them feeling de-skilled. Participants described at times feeling pressure to "show their value" as a psychologist in community spaces or conversations. They reported finding it sometimes difficult going from a position of expertise to "not knowing", especially early on in working in this more flexible and responsive way. Others questioned their professional identity as psychologists as a result. However, others argued this "discomfort" was a crucial part of the work and necessary to remain curious and centre communities as experts. See appendix 25 (table 3.7.1) for supplementary quotes.

### 3.7.2 Not reinventing the wheel

Participants discussed the importance of balancing the innovation and the flexible nature of their work with learning and receiving guidance from those who have worked in similar ways previously. They stressed not "reinventing the wheel", as this can come at a cost to communities, e.g. in the form of seeking intensive and multiple consultations with them. They reflected if this happens repetitively with little action this may further fracture relationships with marginalised communities and services. Knowing what has been done with communities before and how they have partnered with statutory organisations was therefore cited as essential.

*Each time you go into a new situation. You're walking into the influence of everything that's gone before and actually, that's something that I always say to people who want to do this kind of work. Always look at the history. There's a tendency to keep reinventing the wheel and to keep erasing what's gone before. But the community doesn't forget, they know what's gone before.* ***Participant 9***

See appendix 26 (table 3.7.2) for supplementary quotes.

### 3.7.3 Acknowledging potential for harm

Participants discussed the importance of not romanticising or assuming the "benign-ness" of the work they undertook. They suggested that just as with any other type of intervention, but particularly when working alongside marginalised groups, the potential of further marginalising, pathologizing or infantilising communities was present. They reflected on the potential ethical dilemma posed by the fact that these groups often engaged with these services over statutory services. On the one hand, this showed the potential for these services to meet the needs of often under-served communities. However, on the other hand, they acknowledged these projects may potentially re-enforce the idea that statutory services cannot adequately meet marginalised groups' needs. They also acknowledged other risks, such as centring the self, developing a "saviour" complex, and the potential for feeling that this work makes one a *particularly* "moral" or "good" kind of psychologist.

*I think if we're really gonna do this work properly, we have to take a critical stance to it and to ourselves, and that the way we're doing this. I think we're not very critical of Community Psychology, not as much as we should be. I think there's a sort of assumption that "oh it has these values of social justice" and if we're doing this kind of work where we're inherently doing something good or benign. I don't agree with that at all, I think we can do a lot of harm doing this work. And I think there's a lot of potential for harm.*

***Participant 9***

To address these ethical considerations, over two-thirds of the sample highlighted the importance of constant critical reflection of their work, both at an organisational and personal level. This was important for helping them to acknowledge the assumptions, ideas, biases and beliefs they bring to this work. Teams were discussed as crucial for helping individuals identify when they may be falling into these issues. Participants also reported that when they are not a part of the community

they are working alongside (e.g. a middle-class White Psychologist working with a marginalised racial group), they needed spaces to constantly reflect on their position and on how power on an individual and systemic level (e.g. NHS affiliation) may impact the work they are undertaking. This was important for avoiding "saviourism", or infantilising the communities they served. Psychologists sharing identities with the communities they engaged with also cited this need for reflection to avoid assumptions of shared understanding/meaning and centring their own experiences or ideas. See appendix 27 (table 3.7.3) for supplementary quotes.

## 3.8 Continuing the journey

Suggestions for the furthering development of Community Psychology informed practice were made. These were for both improving professional psychology training courses and to support this way of working and for NHS service development.

### 3.8.1 Community expertise can no longer be ignored

A significant proportion of participants discussed that for future service development, particularly in relation to NHS long-term plans to deliver much more contextualised, community-based support, communities must be involved in every element of service development. Participants argued that community expertise around how to solve problems they face has long been side-lined by commissioners and in the setting up of mainstream mental health care services. Some participants suggested that it would be unethical to continue to do so and that no further services should be set up without true coproduction which involves all stakeholders, including those with lived experience and marginalised communities.

*It needs to be very much shouted from the rooftops, involve the communities. That's probably the key for all of this. One of the defining features of our project is that from the get-go, we weren't going in trying to "do" anything. We won't. We don't. You need to really flip the script of*

*where the power lies in the interaction. Not doing anything "for" them either, because if you're doing for, then the power is still with you....Even if the intervention that you're doing for them is the best in the world. It's almost counterproductive if they don't feel a part of it and just feel like it's being done to them. So "doing with" is the way forward, coproduction.*

***Participant 4***

See appendix 28 (table 3.8.1) for supplementary quotes.

### 3.8.2 Clear definitions and titles

A need was identified to clearly define what is and is not meant by "Community Psychology". Many argued the importance of separating clinic-based support based in a specific area, versus co-produced community-led projects with marginalised groups focusing on social equality. They highlighted the need for the key tenets of Community Psychology to be a part of the work for this title to be used meaningfully and the potential ethical issues around using this title too broadly, either for individuals or in services. Participants frequently cited the use of "Community Mental Health Teams" as an example that could be misunderstood as a Community Psychology underpinned service. This was discussed in reference to the NHS Transformation and plans to move towards more community-based care.

In other examples, some participants discussed the implications of labelling oneself a "Community Psychologist" having been trained otherwise (e.g. in Clinical or Counselling Psychology), and how this may misrepresent training and experiences to the public. This was also raised as an ethical issue because compared to others who have had extensive training in Community Psychology (for example in other countries) this is not a core competency or requirement of the professional training of psychologists in the U.K. As such this may diminish the specific expertise/ skills Community Psychologists have developed to use this title. However, as the title of Community

Psychologist is not protected in the U.K., participants expressed different views regarding how this title should or should not be applied to Practitioner Psychologists in the U.K. context.

*One of the things that I've seen happening recently is that a lot of NHS trusts are going through transformation, and they're trying to be more aligned with NHS long-term plan, and so they see this idea of connecting with communities and what they what they're often doing is OK, we just need to take our clinic and put it in the community. And then they give it the label of Community Psychology. That's not what it is. So I need people to stop co-opting this term. And claiming that the work that they're doing is Community Psychology when it isn't. Really understand the concept, really understand what it is. before jumping in and saying that this is what it is, so misusing that label.*

***Participant 11***

See appendix 29 (table 3.8.2) for supplementary quotes.

### 3.8.3 Legitimise these ideas

A third general suggestion was the importance of further research and dissemination of projects to share and legitimise these ideas in the mainstream. Participants argued that whilst Community Psychology is seen as a "special interest" or outside mainstream psychology, it will remain difficult to gain the resource necessary to develop more projects underpinned by this approach. As such the importance of dissemination of work was emphasised. Alongside this was the importance of introducing ideas about community psychology earlier on in people's professional psychology journeys e.g. at the undergraduate level.

*If you're going to do something you gotta write about it. You gotta tell people, so it has to get out there into some sort of academic literature or some sort of grey literature, so people can see it and read it and feel more confident about doing it themselves. You've got to present it at conferences so that you can actually be in the environment where people are influenced. You've got to be ready to ask questions and challenge.*

***Participant 15***

See appendix 30 (table 3.8.3) for supplementary quotes.

### 3.8.4 Incorporate learning from other disciplines

For postgraduate professional training courses in psychology, participants highlighted the importance of expanding the curriculum to make space for and value knowledge from disciplines outside psychology. Participants highlighted that Community Psychology as a discipline values pluralism. Therefore, for training psychologists to be able to undertake this work well, they should be taught by a broad range of professionals, from disciplines that will help them take a more contextualised understanding of mental health. Professionals mentioned included Sociologists, Economists, and individuals from grass-roots community-led organisations. This was cited as crucial for learning to think broadly and to understand mental health differences from a more holistic lens.

*Community Psychology is about respecting experience or knowledge from different individuals and backgrounds. How can we have teaching that isn't just from psychologists? How could that be reflected in the teaching? … e.g. people who work for grassroots organizations coming in to teach about Community Psychology.*

***Participant 2***

See appendix 31 (table 3.8.4) for supplementary quotes.

### 3.8.5 Highlighting context

Participants highlighted and advocated for the importance of a more socio-cultural, contextualised view of mental health and well-being to be taught throughout professional training courses. They highlighted that this should be weaved throughout training, rather than seen as a stand-alone idea or topic solely focused on Community Psychology. The impact of capitalism, economic inequality, injustice and privilege were cited as important for courses to consider throughout teaching. This was suggested to be done more generally and not just specifically related to Community Psychology.

*I definitely, absolutely, 100% think irrelevant of community psychology that courses need to start thinking about context. I think the courses just need to genuinely include systemic contexts in whatever mode of therapy they're teaching. That just needs to happen.* ***Participant 17***

See appendix 32 (table 3.8.5) for supplementary quotes.

### 3.8.6 Formalising Community Psychology teaching

The overwhelming majority of the sample (70%) proposed formally embedding Community Psychology teaching in professional courses. They also suggested that community psychology/ exo-system level working should become a competency, not just an "add-on" to training. Some participants suggested working with a community organisation or with a specific local community should be a mandatory part of training, to allow all psychologists to develop skills in this way of working. Suggestions for this were specific placements to help trainees develop relationships with community organisations and offering their support for a set time.

*We want to move towards Community Psychology principles becoming a competency. Then recognizing how power operates in systems and how societal implications, can impact at an individual level in this thing that we understand as mental health. That concept I think needs to be understood more.*

***Participant 4***

Although most participants suggested Community Psychology be explicitly taught during training, others were directly opposed to the formalising of community skills teaching and competencies. They explicitly doubted whether Community Psychology work should be done by psychologists at all. They argued that being so socialised to an individualised model of mental health, may mean that psychologists are not best placed to do this work, and this should be first thought about with all stakeholders of courses, before any formal pathways are developed on training courses. Interestingly, the two participants against formalising Community Psychology teaching and/or pathways had both been working in this way for around two decades and had both studied disciplines outside of Psychology before professional training. See appendix 33 (table 3.8.6) for supplementary quotes.

### 3.8.7 Diversify the profession

A final suggestion of participants linked to diversifying the psychology workforce specifically, and Community Psychology teams more generally. They first argued that with more diverse cohorts of psychologists with regards to race, class, ability, faith, and other protected characteristics, more people with varied lived experiences and varied interests will be able to better serve marginalised communities. They also argued for the importance of Community Psychology projects to not only contain psychologists, but professionals from varied professional backgrounds.

*If you think about who is marginalised, it's usually melanated communities. You know who also oftentimes occupy the lower end of socioeconomic class scales. And then you think about clinical psychology which is a largely middle-class White female profession and you know… a lot of people who went to private school, who came from very wealthy families, Oxbridge, educated, private secondary school kids you know. And I'm not saying that they can't work with these communities. I'm saying that it's going to be a very new experience.*

***Participant 12***

See appendix 34 (table 3.8.7) for supplementary quotes.

## 4. Discussion

This qualitative study explored the experiences and journeys of psychologists working at the exo-system level in community psychology projects. They aimed to deliver accessible mental health support and address systemic issues, impacting the well-being of specific marginalised groups. They engaged in work spanning individual 1:1 intervention, up to social action work, e.g. raising awareness of issues affecting communities in NHS, third sector and partnership projects. They co-produced services and projects with young people impacted by serious youth violence and known to the youth justice systems, racially marginalised adults, marginalised faith communities and whole families in deprived areas at a public health level. They also engaged in work in partnership with various agencies, e.g. police, housing associations, places of worship, and with key community members to support, help advocate and facilitate solutions communities felt they needed most. They described journeys in community psychology that started long before professional psychology training, where their interest in working with marginalised people “left out of services” began. Some of these journeys involved their own lived experiences of marginalisation. They discussed the importance of relationships with others who also do this work and learning from what had been done before. They discussed tensions within the work, such as

various uncertainties, the challenge of measuring and capturing the effectiveness of this non-traditional work and the importance of acknowledging possible risks of engaging in community psychology work at multiple levels with marginalised groups. Suggestions for the development of this work were explored, from which recommendations have been made.

**Personal and professional journey in context**

The community psychology exo-system level work participants undertook began prior to their roles as practitioner psychologists. They reported personal experiences of witnessing or being subject to marginalisation and discussed using community-focused ways of working, prior to and across training placements. Many had roles in third-sector organisations that allowed them to work to address social issues. These experiences gave them their first "glimpse" of this work. It appears that early frustration and discomfort with the individualised focus of traditional therapeutic interventions and seeing the potential for interventions in systems around individuals, was key for this cohort. This suggests the importance and power of exposure to diverse ways of working, for shaping psychologists' desire to work differently. Interestingly, the majority of the sample (76%) qualified in or after 2016. It was also of note that many in the sample described themselves as being from BAME and/or working-class backgrounds, having family members with disabilities or personally experiencing the effects of marginalisation. It could be hypothesised that as significant efforts have been made to increase the diversity of psychologists within the UK (Cape et al., 2008; Turpin & Coleman, 2010), individuals bring a wider range of lived experiences which shape how they not only understand distress, but view the potential for interventions. The benefits of diverse workforces have been discussed in multiple sectors and evidenced in the literature, diversity of lived experience of professionals has been linked to more innovation, greater performance and outcomes across several sectors (Rock, Grant, & Grey, 2016). These findings highlight that psychologists in Community Psychology projects have personal interests that resonate with their lived experience and this brings an added value to their service delivery.

In line with community psychology principles and to avoid an overly-individualistic conceptualisation, it is important to consider the wider social context in which the research is situated. In particular the wider NHS context and impact of measures, such as austerity, and how they have shaped psychologists trained in the last 10 years. Austerity measures came into effect after the financial banking crisis of 2008, ushering in many cuts to public services and welfare provision (Cummins, 2018). An estimated £141 billion was cut from public services spending with the poorest who benefitted from a number of these services being disproportionately affected (Oxfam, 2013). This context, at the time that the majority of the sample were beginning their work with marginalised individuals with mental health problems, may go some way in making sense of the limitations and the discomfort they felt around individual psychotherapeutic work. Individual interventions may have felt akin to a "plaster on a broken leg" in this political and social climate. It appeared participants seeing the impact of this early in their career affected 1) where they saw "problems" causing mental distress and 2) where they saw opportunities for intervention. Participants described an early shift from seeing mental health difficulties as predominantly intra-psychic to seeing them within the context of poor access to social resources, discrimination, and how statutory mental health services could not always tackle these broader contextual factors. As ongoing challenges impact the UK economy, including the withdrawal of the U.K. from the European Union, the Covid-19 pandemic and the subsequent cost of living crisis in the U.K., it will be important to consider how the current climate may continue to influence early career/aspiring psychologists and their understanding of distress and individual and exo-level interventions. The findings of this study may point to the adaptability and flexibility of psychologists in finding new ways of working, as social contexts shift and become more hostile with those marginalised in society feeling the effects most. It is important to note that participants in this study did not argue for making individual one-to-one therapeutic work obsolete and many reported engaging in this type of work, as well as systems change work. However, many within the study highlighted that this was an additional way of working, to meet the needs of the most marginalised

and that addressing challenges within the social contexts people exist was crucial. Participants clearly expressed that this work should complement existing mental health interventions and that social and environmental factors should be considered by all practitioner psychologists, wherever they work (Allen et al., 2014).

**Exo-level work and skills**

The work practices and processes of psychologists interviewed conceptualised as "Looking Inwards" and "Looking Outwards" spanned statutory and non-statutory settings. The work was postulated as an "approach" they applied flexibly, rather than a set of fixed or manualised practices. Exploration of the values held by Community Psychologists who partner with oppressed communities has been a point of interest (Nelson et al., 2001). The current study provides evidence for the importance of personal values of psychologists, as many described witnessing marginalisation, distress and shortcomings of services, which compelled them to want to work differently. However, this link between values and this work may pose some bigger dilemmas for training courses in professional psychology. If personal values shape this work significantly, this could in some ways lead to generalisations that some psychologists have had the "right" personal experiences to engage in this work. This may make this work unappealing within the wider profession more generally. Given that practitioner psychologists tend to be predominantly from white and middle-class backgrounds in the U.K. (Turpin & Coleman, 2010), beliefs that only those with lived experiences (of particular types of marginalisation) may ostracise many who are interested and capable of working at the exo-level with marginalised groups. One potential way to address this could be to introduce ideas and teaching on Community Psychology and a more contextual view of mental health, earlier on in the journey within psychology professions e.g. at undergraduate and postgraduate levels. This study highlighted the importance of earlier exposure to different ways of working. This may be one way to support people from a range of backgrounds, to feel confident in drawing on Community Psychology in their work.

Interestingly, this research showed that Community Psychology ideas can be applied in a range of settings, not just in “purely” Community Psychology settings. Developing more formal clinical models for this work, which highlight the underlying value systems may also be useful. This may help to support those from different backgrounds in their work with marginalised communities, where others may be more able to do so by drawing upon their own lived experiences.

Participants expressed the view that core skills taught in their psychological training were a useful tool kit, that they drew upon in their community psychology work. It was the ability to use the core skills flexibly within and outside the projects/ across organisations that distinguished their work from that in statutory settings. This is in line with the findings of the psychologists’ experiences of macro-level work in the U.K., who found similarly, they used their core skills in flexible ways (Browne, Zlotowitz, Alcock, & Barker, 2020b). Facilitators of this work were critical reflection, using core therapeutic skills flexibly with individuals and groups and being embedded within the community, “on the ground”, as opposed to siloed in clinics. This has key implications for NHS transformation plans, which aim to adopt a more community focus when delivering care. The measuring of clinical contacts for psychologists working in a community-focused way will need to take into account the flexible nature that “therapy” and “interventions” often take in this way of working. For example, in the form of advocacy, ad-hoc individual work, psychologically-informed group discussions or community organising. Job plans for psychologists within these services will therefore have to allow that level of flexibility and hold broader views of what counts as “clinical” contact. Perhaps measuring how well-embedded psychologists are within communities, for example, may be a way to measure the effectiveness of truly community-focused interventions. Further exploration of how to measure this work should be a priority for transformation services and co-producing how to measure these alongside communities should be a core element of this (Zlotowitz et al., 2016).

Another key finding from the study was the importance of relationships and trust, both within and across systems, where community psychology principles are being applied. Specifically mentioned was the trust that is necessary between these services and marginalised communities. If the NHS transformation truly desires to address health inequalities and accessibility of services, co-production will be a foundational way to do this (Zlotowitz et al., 2016). Respect for the expertise and opinions of community stakeholders, carers etc will need to be shown from conceptualisation, to the delivery of these projects. The embedding of peer support workers and payment and training of community members who take on these roles will be crucial to ensure not only meaningful coproduction, but recognition for their expertise and knowledge. It will also be important for community stakeholders to hold senior leadership positions, again with appropriate training and support to address and minimise issues of power within the development of these services (Grant & Mandell, 2016). Significant thought will be necessary for the development of these new services, to ensure that they do not continue the inequality that has already existed within statutory services, particularly when differing opinions arise between service users and other stakeholders (Alderwick & Dixon, 2019). Competing needs and demands may mean that it is difficult to achieve these community-focused ways of working in statutory settings. Furthermore, the NHS' apolitical position may mean that Community Psychology principles, particularly the social justice elements, may be difficult to reconcile in this context (Holm, 2007). The NHS transformation provides a timely opportunity for psychologists working directly with communities to share their knowledge and learning, in a more evidence-based manner to support this national rollout of new services.

**Facilitators and barriers to the work**

Finding meaningful ways of measuring clinical outcomes over the long-term within these projects was cited as a barrier in the work. Specifically, trying to fit into existing models where outcomes are pre-chosen during the commissioning of services. Undoubtedly, the ability to measure

outcomes has led to significant changes in NHS policy and service provision, most notably the development of Improving Access to Psychological Therapy services within England (Clark, 2018). The need and ethical grounds for evidence-based treatments have been consistently evidenced (Spring, 2007). However, the extent to which practitioners can make decisions with existing evidence, free from personal biases and value judgements, has also been long-debated (Kerridge, Lowe, & Henry, 1998). The tension between responsive and flexible, co-produced services that address systemic issues, versus the ability to show evidence of mental health symptom reduction, was expressed by participants. As these projects aim to intervene at multiple levels within the ecological systems around communities, understandably, the impacts would be on multiple levels also, not just the micro-level (e.g. symptom reduction). However, this does pose a challenge for measuring the effectiveness of these services. The findings from this study may provide grounds for new ways of outcoming effectiveness. Namely, the "test and learn" approach discussed by participants. Again, co-production with communities to determine what matters and how it should be measured, would be crucial in services aiming to adopt this model. This could give way to developing the evidence base within these services. Measuring indirect indicators of the projects may be useful, for example trust between staff in projects and community members, or assessing partnerships between agencies.

Another key challenge was the lack of preparedness for "strategic level" working, participants described early on in their work. This was particularly in the areas of service development, working in partnership across agencies and planning the future directions of these highly flexible services. This was identified as a significant learning gap in the study and there are some ways this gap should be addressed. Firstly, through sharing knowledge about how psychologists with more experience in this work manage this knowledge gap. Many within the sample highlighted the importance of supervision and consultation, from those who have prior experience working to create exo-system level change. This was sought on an ad-hoc basis. Formalising relationships

between such services may be one way to address this gap, and or setting up consortiums/ working groups of these services, so consultation can be sought more systematically. These could be organised by location, or communities worked with to ensure the right expertise is sought when seeking consultation. Professional psychology training courses could also be adapted to begin addressing this gap in trainee psychologists' skills (Psychological Professions Network England, 2020). Providing placements offering experience in service development, working jointly with partner organisations to meet common goals and providing exposure to corporate issues and business planning, may help to bridge this gap and support transition into this way of working once qualified. However, as stated many skills used are core transferable skills developed in training, just used flexibly and "higher up" in the exo-systems around people. As such, there is tension about how much the balance of training should focus on developing core skills of assessment, formulation, intervention and evaluation versus more strategic and development experiences. This may provide a case for developing various "pathways" in psychology training, some of which allow for more or less micro versus exo-focused work. This would require discussion with all stakeholders of professional psychology training, but may be one way to tailor the focus on training, to developing more strategic level/ skills.

Participants discussed the facilitative role of relationships. Relationships with communities built over time on trust, relationships with colleagues who had more experience in this work and whom they could learn from and relationships with organisational leads who "believed" in this community-focused way of working, were cited as key. Here clinical skills of listening, empathy, and non-judgment in the micro-therapeutic context, seem to be relevant in the exo-level work (Rogers, 1965). This may be of particular importance in the exo- level context where psychologists are often working with people where mistrust and potentially historic difficulties with statutory services have existed (Byrne et al., 2017). What appeared to be key to facilitating these relationships was the ability to critically reflect on issues of power and individuals' motivations for

this work. Also, not assuming that these interventions are inherently benign. Acknowledging and considering the risks of further marginalising communities if these services do not work out as hoped (e.g. if funding is removed with short notice). Furthermore, the tension of potentially fostering dependency in communities, when the aim should be jointly working towards their empowerment, self-sufficiency and ultimate liberation from the systems that oppress them, was considered. The importance of reflexivity within the work of those engaged in community psychology has been discussed, with models established to encourage this (Rauk, 2021). Whilst concepts of liberation psychology are beyond the scope of the current investigation, future research may consider how much these services are linked to the ultimate liberation of these communities from social structures that marginalise and disempower them.

## Recommendations

### *Clinical Implications*

For the development of exo-system level working with communities, participants highlighted recognising community expertise, the need for clear definitions of what is and is not Community Psychology and the importance of legitimising this work by dissemination of research and sharing evidence developed from practice. The development of an evidence base and clearer working models may also help with developing clearer definitions of this exo-system level working. There is much to be considered within these recommendations. Recognising community expertise, by adopting more co-production in statutory services will require a significant shift in the preventative versus ameliorative model of healthcare, often adopted in the UK health context. Deeply ingrained ideas about the welfare state being one that does “to and for” (Moran, 2016) people will need to shift for the expertise within communities to be recognised. Secondly, for trusting relationships to be built with communities, the need for recognition and acknowledgement of the ways statutory services have impacted particular communities may be a crucial way to build trust. The time these recommendations may take to implement, and their difficulty to measure, may be barriers to more

widely introducing these ideas into mental health care delivery. Particularly given the specific time frames for NHS transformation goals (NHS England, 2017).

The recommendation to legitimise exo-system level work through disseminating practice-based evidence of the work though important, may also come with challenges. Firstly, assuming that community psychology work of this nature can and should fit into positivist scientific models, rigorous controlled and peer-reviewed research e.g. randomised controlled trials may help to legitimise this work and share these ideas more widely. However, this also has the potential to strip away some of the core tenets of Community Psychology which recognises non-traditional expertise (Rappaport, 2005). It would be useful to consider forms of research, therefore, that may be more empowering for those with lived experience to engage in, to also address the need to disseminate these ideas to legitimise them, such as social action research, or participatory action research (Kesby, Kindon, & Pain, 2007; Nelson, Ochocka, Griffin, & Lord, 1998).

A further implication resulting from these findings is the formalisation of service-level processes that will facilitate critical reflection, as this was described as a crucial part of the work and ethical practice in these systems. Participants highlighted that working at the exo-system with marginalised communities required both team and individual level reflection on the reasons for working in this way and the impacts of doing so on communities. As such, it will be beneficial for statutory services hoping to adopt these ideas to formalise these reflection processes e.g. through regular group and individual reflective spaces as well as individual supervision. Developing hyper-local and specific reflection models alongside communities to be routinely used in services may be one way to ensure this is as adaptive as possible, given the varying contexts community psychology principles may be applied.

Key recommendations for training courses developed within the current study were:

- The importance of embedding broader contextual impacts e.g. meso, exo and macro-system level factors in teaching on professional psychology training courses.
- Incorporate learning from other disciplines e.g. sociology, economics, and political sciences. Specifically how these factors contribute to the health and well-being of societies, teaching about government policies impacting NHS funding of services and economic models that reduce inequality. Participants made a case for those delivering teaching to be from professions, other than professional psychology backgrounds.
- Formalising community psychology teaching, e.g. through increasing access to placements underpinned by these principles, or the consideration of creating a pathway specifically leading to accreditation.
- Diversifying the profession to increase those with a wide range of lived experience who may have different ideas and skills to bring to this work.
- Provide greater opportunities to develop strategic working skills/ service development skills within and across organisations. As leadership competencies are already an expectation for trainee psychologists, it may be that having specific competencies for partnership working could help develop these skills.

Recommendations for specific competencies in exo-level working to become part of professional psychology training in the UK would be in line with psychology training in other countries (Ruane, 2006). Courses across the U.K. each have their own primary orientations and theoretical underpinnings to training. However, as described by participants, teaching about context, learning from broader social science disciplines and providing opportunities to develop service development/strategic working skills can and should be used across several therapeutic modalities and service settings. Regardless of whether Community Psychology underpins the service or not, participants demonstrated how these principles can be brought into a wide range of services. All stakeholders from services users, trainees, courses, and accrediting bodies of

courses e.g. the BPS would need to consider whether this work a) fits the remit or b) should become a core expectation of psychologists. Participants stated the importance of learning core clinical skills before adapting to using them flexibly in this context. It may be important to consider if additional formal training would suit a post-qualified additional training, similar to the process for joining the specialist register of neuropsychologists (Kosmidis et al., 2022). This may be one way to mainstream these ideas, once core skills have been developed in training, as suggested by some participants.

*Research implications*

Further research including longitudinal studies to consider the outcomes of exo-system level work with marginalised communities, especially long-term and sustainable change with individuals, partner agencies and within societies would be important. This may have the benefit of showing the impact of services and support with future service development and delivery. This could be incorporated into existing psychology training structures, also providing opportunities to upskill psychologists in evaluating this way of working. For example, service-related research projects specifically aimed at measuring the impact of exo-system interventions on, or outcomes of partnership work could be considered.

This study privileged the perspectives of psychologists working at the exo-system level. Community Psychology has long been recognised as interdisciplinary (Maton, Perkins, & Saegert, 2006). Participants within the study reflected the importance of teams from a range of disciplines with professional and lived experience, such as carers, peer support workers, community link workers, employment/education/training workers, housing support workers etc. Future research exploring views of other professionals within these services would be useful to understand facilitators and barriers from their perspectives. This may help to inform clinical models aiding reflection and action.

Finally, whilst this study focused on psychologists working exclusively with marginalised groups, using community psychology principles, an unintended finding was the way they described community psychology work could be applied in all types of settings, regardless of core approach/service theoretical underpinning. Future systematic research to explore more explicitly how community psychology principles can be applied in various settings may again help to legitimise and share learning about how this work can be embedded flexibly.

## 4.1 Limitations

The current qualitative investigation was not without its limitations, which must be considered when interpreting the findings. The primary supervisor's links with youth-focused community psychology projects and the high number of projects related to youth violence meant there was an overrepresentation of psychologists working in this context in the sample (53%). The use of social media and internet searches for recruitment were one way to try and address this bias however it remained. This is an issue for several reasons. For one Community Psychology principles are related to projects with multiple marginalised groups. For example, individuals with learning disabilities, sexual minorities, refugee and asylum-seeking/refugee populations etc (Harper & Schneider, 2003; Jacquez, Dutt, Manirambona, & Wright, 2021; Runswick-Cole & Goodley, 2013). Perspectives of these psychologists may have provided different insights into exo-system level working, which have not been covered in-depth, due to this sampling bias. This sample also included psychologists working solely within the U.K.. Research exploring community psychology work cross-culturally may offer richer information regarding hyper-local challenges, and provide opportunities to further disseminate and share learning. Participants' comments on lack of/ insecurity of funding may offer some explanations for the limited range in types of community psychology projects and subsequent bias in the sample.

Another way the sample may have been biased is in the lack of controlling for participants' own experiences of marginalisation. Participants were free to discuss (in as much detail as they felt comfortable), how their own experiences linked to their exo-system level work. Whilst personal passion appeared to be intrinsically tied to the work, it may have been useful to understand how much this impacted/shaped their work and insights that can be drawn from this to help facilitate learning. A mixed-methods approach, specifically with measures exploring experiences of marginalisation and providing values-based information may have given more insight into these processes, values or traits associated with this work. This could be used to inform training, clinical models, to guide reflection on personal impact or motivations within this work, which were cited as crucial.

Another bias was that the majority of the sample had qualified in the last 6 years, with a smaller portion who had worked to create exo-system level change using community psychology ideas for over 20 years. As such it is difficult to know how relatable these findings are to mid-career psychologists working in this way and understand the ways their work is influenced across time. The main difference noticed between those working in this way for decades was their focus on the need for caution within this work. This was much more prevalent in the narratives of those who had worked with communities for several years. Longitudinal studies may provide some insights into the ways psychologists' relationship to this work changes or not, over time and new insights, challenges and barriers they come across.

Furthermore, all interviews were conducted via video-calling software MS teams. This may have impacted the depth or richness of data obtained. However, given the significant increase in remote working and video-calling/telemedicine more generally since the 2020 global covid-19 pandemic, it is believed that participants would be used to working and sharing information virtually/remotely at the time of interviewing and thus the richness of data would be intact.

## 4.2 Conclusion

This study explored the experiences of practitioner psychologists working with marginalised groups at the exo-system level, drawing on Community Psychology ideas. Participants embedded community psychology principles in their work, across various organisations early on in their professional journeys and in their community psychology roles. Once qualified, they described using a number of their core clinical skills in the projects they worked in. They highlighted the need for relational trust with communities, co-producing services, a non-expert stance and intervening by both “Looking Inwards” and “Looking Outwards” of the organisations to make systemic changes. Many of the psychologists tied their interest in this way of working to early professional exposure to and/or personal experiences of marginalisation and the limitations of statutory mental health services, showing the powerful influence of early opportunities of seeing different ways of working. A major gap discovered in the study was in the strategic/service level and working across organisations in partnership. Participants described the steep learning curve post-training to develop these skills. A second area identified as crucial for this work was critical reflection. This was explicitly linked to risks of inadvertently perpetuating historic difficulties communities have had with statutory mental health provisions. This study provided evidence for the argument to formalise reflection on individual and team motivations for undertaking the work. Future research should consider ways of formalising the existing evidence base in Community Psychology practice in the U.K. to develop community-focused and exo-system interventions in both statutory and non-statutory settings. Professional psychology training could also provide opportunities for developing these skills, through more contextualised teaching on mental health and well-being, diversifying taught content and who has access to the profession.

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# PART 3

# CRITICAL APPRAISAL

## 1.1 Overview

This section will provide critical consideration on the experience of conducting the empirical research (section 2) of this thesis. I will reflect on my professional "journey" to conducting this research, similar to the ways the study explored the journeys of practitioner psychologists into exo-system level work underpinned by community psychology. Exo-systems are any in which an individual/group is not directly in but is impacted by (Bronfenbrenner, 1979). I will then consider the issue of reflexivity and how I aimed to acknowledge and bracket my own beliefs, assumptions and experiences during interviews. I will draw upon ideas from my bracketing interviews with a Trainee Clinical Psychologist, my reflective journal which was kept throughout the research process and bracketing conversations with supervisors. I will then consider issues that arose during this work such as identifying the criteria for inclusion and the dilemma of the titles used by psychologists who work in Community Psychology. I will conclude with my personal takeaway from this research and how the experience has modified my views about how practitioner psychologists can work.

## 1.2 Professional journey to conducting the research

I reflected during the research process that key experiences participants described felt aligned with my own. Many who took part in the study recounted that work they had been doing for many years before being a psychologist working with communities, was also underpinned by Community Psychology principles. They were able to put a name and theoretical background to many of the early voluntary roles they had taken on and make sense of this work much later. This was most apparent when reflecting on a voluntary position I undertook after the 2011 England riots. The riots, beginning in London, were sparked by the shooting of an unarmed Black-British man by police in the borough I grew up and continue to live in at the time of writing. An initially peaceful protest outside of the police station in the following days, unfortunately, led to a series of events culminating in looting and destruction of public property across England for five days (Briggs, 2012). I remember at the time trying to understand how these events had come to be. I

felt this was the “boiling over” of tension between the community and police and had echoes of other significant riots many decades earlier (Smith, 2018). It struck me that in one of the wealthiest countries in the world, pockets of socially-deprived people would react in such a way. Mass media painted, in my opinion, a particularly “flat” explanation for the riots; this was encapsulated in the then Prime Minister’s branding of the riots as “criminality, pure and simple” (The Guardian, 2011). Scholars on the cause of the riots however hypothesised about many social factors including racial and class tensions, economic decline and high unemployment, as contributing factors (Benyon, 2012; Lewis, Newburn, Taylor, & Mcgillivray, 2011).

After these events, I had my first experience of Community Psychology work aimed at systems change, although I would not know this until learning about these ideas during my professional training and subsequent research project, many years later. I took on a voluntary role in a co-produced team of young people and social activists with a professional background in social work from the borough. We worked alongside various community stakeholders including the local police, youth clubs and schools and used social media to discuss the challenges young people from the area faced, as well as promote positive stories of success from young people. This included young people achieving great academic success, business and sports success and developing volunteering opportunities in the borough. Our aim was to share different narratives about those who lived in the area, given most of the negative coverage of rioters showed younger people. This was to provide a more balanced view of young people more generally. I saw the impact this had on the community as a whole and how interventive this work was. We received many plaudits from primary schools in the borough with whom we shared our stories, who described young people who found inspiration in hearing about the success of others from the same area as them. I can now reflect on this being a narrative-informed effort at systems change. These events and the subsequent voluntary role I took on were key factors in my long-term

decision to train as a professional psychologist, with an interest in marginalised communities and their well-being.

Upon embarking on my professional psychology career I noticed somewhat of a difference between the voluntary experience I had working with young people and the often more individualised work I did professionally. My Assistant Psychologist posts focused on supporting children and families from marginalised backgrounds. On training similarly to the participants of the study, I experienced confusion and then frustration at the predominant individual focus of teaching on training and conceptualising mental distress.

My supervisor suggested thesis topic and lectures on training were my serendipitous exposure to Community Psychology ideas. This was similar to those in the study who discussed being "*Introduced to a different way of working".* I reflected on the sense of hope I felt when I discovered and began reading widely from those prominent in the Community Psychology field. However, after my initial bracketing interview before data collection, I acknowledged that I was possibly approaching the research with "rose-tinted glasses" about the remit and benefits of community psychology. I had several discussions with supervisors, as well as my research partner about needing to remain aware of these biases to address their potential influence on the research. The importance of providing a balanced view of this work and its challenges and limitations came to the forefront. The potential for over-identifying with the stories and experiences of participants was one I had to be aware of as I approached interviewing.

### 1.3 Reflexivity and bracketing

Reflexivity in qualitative research is sighted as crucial for acknowledging one's own role in the research. Experiences, assumptions and beliefs of the researcher have the potential to influence the process and therefore must be taken into account (Macbeth, 2001). Bracketing is the process through which the impact of these prior experiences and beliefs aim to be mitigated, however

many acknowledge that the exact process for bracketing can be unclear and is unique to different researchers (Tufford & Newman, 2012). I aimed to bracket my prior assumptions and experiences in the work by taking part in “bracketing interviews” (Rolls & Relf, 2006). These were held with a trainee clinical psychologist unrelated to the current project before and during the data collection stage of the research. These helped me to become explicitly aware of assumptions I may have taken into the interviews, such as the idea that Community Psychology was inherently “good” or the optimal way to work with and address issues impacting the well-being of marginalised communities.

In early interviews, I felt slightly more skilled in being aware of my beliefs and biases about the assumed “goodness” of Community Psychology interventions. I attributed this to the novelty of the interview processes and hearing and learning about many new concepts for the first time. This meant I did not have overly-strong feelings about many of the concepts initially. As the interviews went on and I understood more of the ideas participants were drawing upon and reading about them between interviews, I noticed a sense of excitement and alignment with many of the ideas participants discussed. Particularly ideas about challenging widely held narratives, in systems about marginalised communities, which was similar to my earlier narrative-informed voluntary work. I had to make a conscious effort to bracket my enthusiasm and personal beliefs during the interviews, being mindful of over-enthusiasm, overly agreeing or personal judgement statements. I noticed this was more challenging with participants I knew outside of the research, with whom I had many discussions about this way of working informally. I made a distinct effort to bracket this at the start of these interviews. Firstly, by naming this with them and acknowledging my partiality was for the research and to reduce bias as much as possible and acknowledging that I may ask for elaboration on topics we have previously discussed, to limit assumptions about meaning.

A significant theme that arose during the research was the ethical duty to acknowledge the potential risk of harm that Community Psychology informed interventions and projects could bring. I reflected in my journal and in discussions with supervisors that this was not something I considered before conducting the research. While I felt much more readily able to consider the limitations of traditional clinical interventions, considering the limitations of Community Psychology projects and exo-system interventions was more novel. However, I welcomed this level of reflection from the participants and found it to be a testament to their commitment to the good of marginalised communities. Participants discussed how even the desire to work in a more community-focused way, without the right individual and organisational support could be detrimental. One person described:

*A very typical thing you'll see is that departments will decide they want to "engage with the community" and what they will do is often give that role to somebody in a very junior position. They won't give them proper supervision from that community psychology perspective they won't give them any training. –* ***Participant 9***

These discussions caused me to reflect on the message this could convey to communities and the value that is placed on this work. The importance of reflection and adequate and appropriate supervision is well documented to support the work of mental health professionals (Morris, 1995; Thomas, 2010). Making sure that attempts to engage in this work are constructed ethically is a key way to limit harm to communities or repeating systemic harms that have been caused (Bignall, Jeraj, Helsby, & Butt, 2019).

## 1.4 Issues

*Inclusion*

As the term, community psychologist is not a registered title in the U.K. it was important to consider who exactly would meet the criteria of the study and how we were defining those working at the exo-system level. The wider research team discussed including participants whose work

was significantly and predominantly informed by a Community Psychology model. Whilst we assumed this would mostly comprise those working outside of statutory settings, interestingly a large proportion of participants in the study were working in statutory settings. As a research team, we also considered the minimum amount of time spent working in this way necessary to provide rich insight into their experiences and work. After proposing the work we also received feedback that it would be important to consider those who had done this work and returned to mainstream mental health services. This was to reduce the potential for bias of the sample by only including those actively still engaged in this way of working.

*Titles used*

One debate that arose from the interviews was around how best to describe practitioner psychologists working in Community Psychology projects/services. Whilst some readily identified with the title e.g. referring to themselves as “clinical and community psychologists” or solely “community psychologists” during the interview, others discussed the ethical duty they felt to distinguish themselves as “clinical/ counselling psychologist working in Community Psychology”. They discussed the issue of “laying claim” to an entire body of knowledge when one had not been trained directly from a community-focused perspective. This wide variation in how participants identified themselves was of interest to me. The protecting of practitioner psychologists' titles has been argued as important for “protecting the public from the risk of harm”, whilst professions such as ‘clinical psychologist’, ‘counselling psychologist’ ‘forensic psychologist’ etc are protected, the title ‘psychologist’ and therefore ‘community psychologist’ is not (Association of Clinical Psychologists, 2022). As such, referring to oneself as a “community psychologist” is not illegal or necessarily intentionally misinforming. However, this may lead members of the public to assume particular expertise, training or experience “qualifying” particular psychologists to work with communities, which may or may not be the case. After conducting this research, it is my opinion that serious ethical consideration should be given to the titles used by those working with

communities at the exo-system level. In particular, reflection on the purpose of calling oneself a "Community Psychologist" and what message individuals hope this portrays is crucial. I also consider that consistency between psychologists working within projects and their titles is important for clarity of message, when working with and across organisations. Particularly in this work and given mistrust that can exist between marginalised communities and statutory services practices that promote clarity as much as possible and limit ambiguity should be prioritised (Byrne, Mustafa & Miah, 2017).

### 1.5 Personal takeaway

I found conducting the research project to be an enriching, challenging and transformational experience. I was grateful for the opportunity to learn more about Community Psychology theory and practice. Understanding the way interventions could exist, both within organisations at the individual level and outside of organisations aiming to make exo-system level change, inspired a sense of creativity in me about the possibilities of this work. Addressing systems that impact communities appears to be a less pathologizing and more empowering way of supporting well-being which aligns with my values. The greatest piece of learning I will take away is linked to the need for constant critical reflection in all work. Frustration with the limitations of individual interventions and over-assumptions about Community Psychology had led to biases in my opinions on both of these ways of working. Hearing participants discuss the ways they embodied Community Psychology principles regardless of setting, and the positive role individual interventions helped to play within their exo-system work was eye-opening. During the process of conducting the research, I shifted to seeing both traditional individual interventions and exo-system level interventions as tools of psychologists. Both tools with the common goals of supporting well-being and improving quality of life. The flexibility in ways of using these tools and the overlapping of core clinical skills in exo-system level work, rather than either of these ways of working being inherently "good" or "bad" was a key takeaway. As such, I hope to hold a more

balanced view of both ways of working. I have learnt that Community Psychology principles can be brought into all work and not just in third sector community-based projects. Principles such as co-production, recognising community and service-user expertise and working towards long-term systems change can be embodied by all psychologists regardless of the setting they are in (Zlotowitz, Barker, Moloney, & Howard, 2016). As such, I hope to carry this ethos and flexibility in whichever ways I go on to work and know that they are not exclusive to Community Psychology projects.

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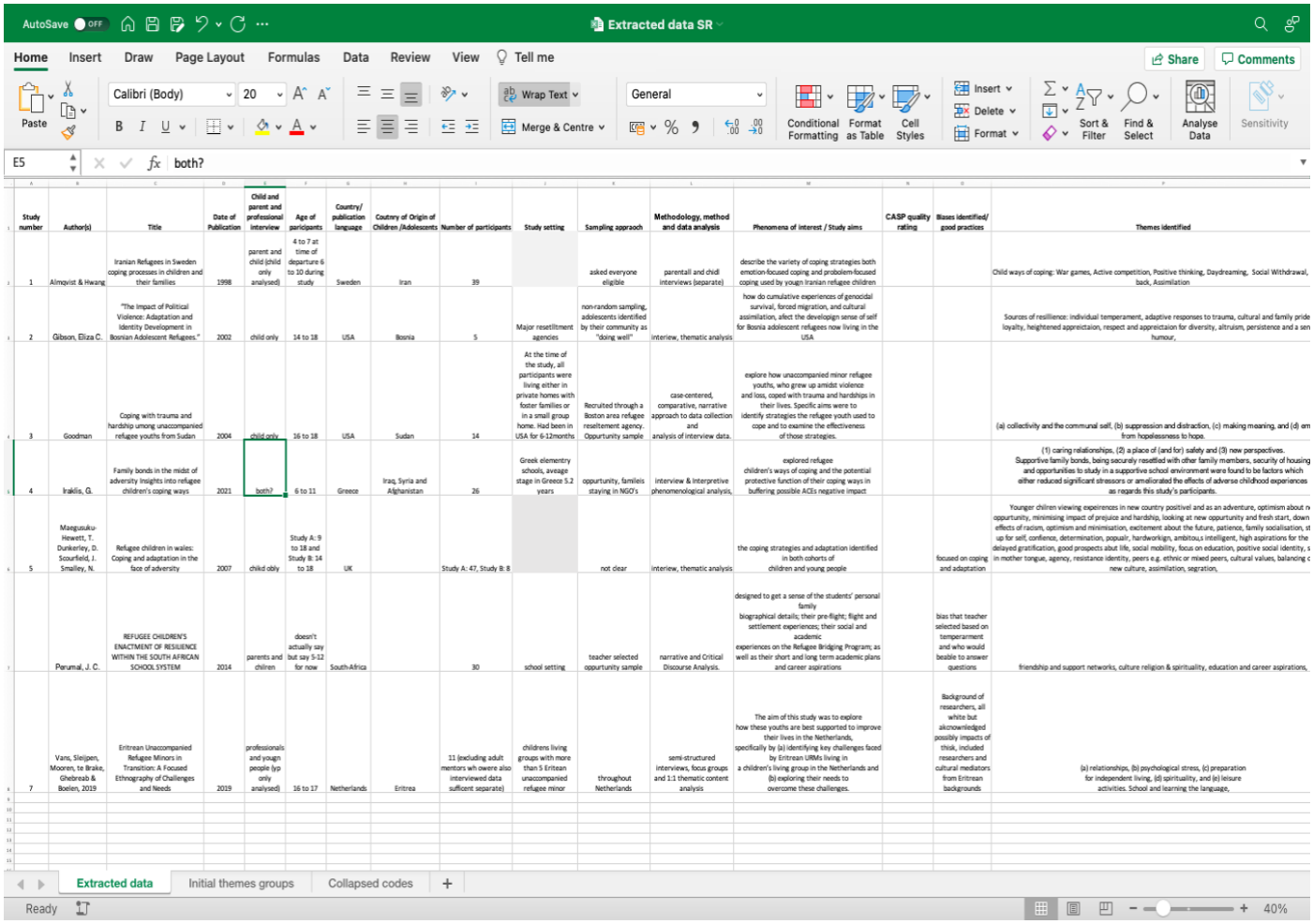
# APPENDICES

## PART 1 SYSTEMATIC REVIEW

**Appendix 1** Data Extraction Worksheet

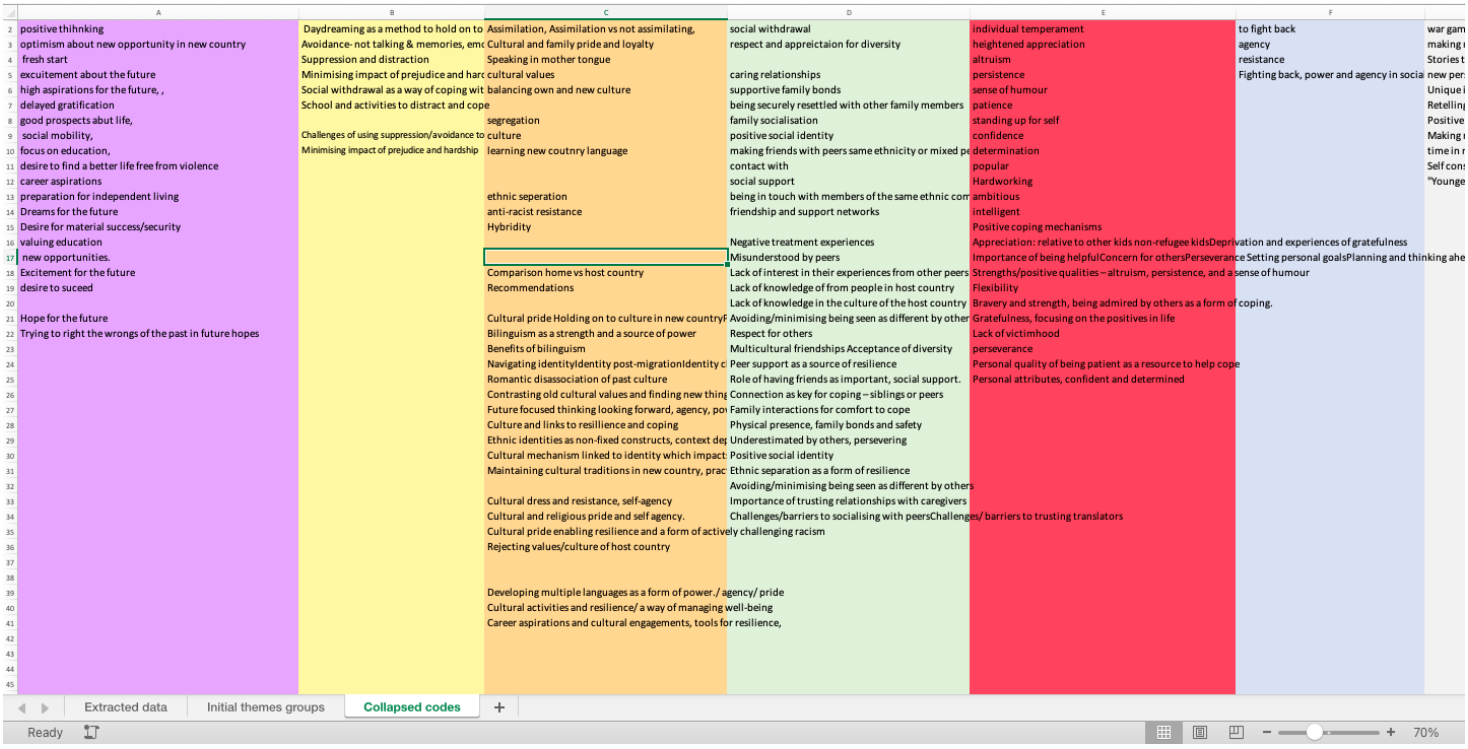
(full sheet not depicted)




| Study number | Author(s) | Title | Date of Publication | Child and parent and professional interview | Age of paricipants | Country/ publication language | Coutnry of Origin of Children /Adolescents | Number of participants | Study setting | Sampling approach | Methodology, method and data analysis | Phenomena of interest / Study aims | CASP quality rating | Biases identified/ good practices | Themes identified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Almqvist & Hwang | Iranian Refugees in Sweden coping processes in children and their families | 1998 | parent and child (child only analysed) | 4 to 7 at time of departure 6 to 10 during study | Sweden | Iran | 39 | | asked everyone eligible | parentall and chidl interviews (separate) | describe the variety of coping strategies both emotion-focused coping and problem-focused coping used by yougn Iranian refugee children | | | Child ways of coping: War games, Active competition, Positive thinking, Daydreaming, Social Withdrawal, back, Assimilation |
| 2 | Gibson, Eliza C. | "The Impact of Political Violence: Adaptation and Identity Development in Bosnian Adolescent Refugees." | 2002 | child only | 14 to 18 | USA | Bosnia | 5 | Major resetlltment agencies | non-random sampling, adolescents identified by their community as "doing well" | interiew, thematic analysis | how do cumulative experiences of genocidal survival, forced migration, and cultural assimilation, affect the developign sense of self for Bosnia adolescent refugees now living in the USA | | | Sources of resilience: individual temperament, adaptive responses to trauma, cultural and family pride loyalty, heightened appreitaion, respect and appreciation for diversity, altruism, persistence and a sen humour, |
| 3 | Goodman | Coping with trauma and hardship umong unaccompanied refugee youths from Sudan | 2004 | child only | 16 to 18 | USA | Sudan | 14 | At the time of the study, all participants were living either in private homes with foster families or in a small group home. Had been in USA for 6-12months | Recruited through a Boston area refugee reseltement agency. Opportunity sample | case-centered, comparative, narrative approach to data collection and analysis of interview data. | explore how unaccompanied minor refugee youths, who grew up amidst violence and loss, coped with trauma and hardships in their lives. Specific aims were to identify strategies the refugee youth used to cope and to examine the effectiveness of those strategies. | | | (a) collectivity and the communal self, (b) suppression and distraction, (c) making meaning, and (d) em from hopelessness to hope. |
| 4 | Iraklis, G. | Family bonds in the midst of adversity Insights into refugee children's coping ways | 2021 | both? | 6 to 11 | Greece | Iraq, Syria and Afghanistan | 26 | Greek elementry schools, aveage stage in Greece 5.2 years | opportunity, famileis staying in NGO's | interview & interpretive phenomenological analysis, | explored refugee children's ways of coping and the potential protective function of their coping ways in buffering possible ACEs negative impact | | | (1) caring relationships, (2) a place of (and for) safety and (3) new perspectives. Supportive family bonds, being securely resettled with other family members, security of housing and opportunities to study in a supportive school environment were found to be factors which either reduced significant stressors or ameliorated the effects of adverse childhood experiences as regards this study's participants. |
| 5 | Maeguuku-Hewett, T. Dunkerley, D. Scourfield, J. Smalley, N. | Refugee children in wales: Coping and adaptation in the face of adversity | 2007 | child oply | Study A: 9 to 18 and Study B: 14 to 18 | UK | | Study A: 47, Study B: 8 | | not clear | interiew, thematic analysis | the coping strategies and adaptation identified in both cohorts of children and young people | | focused on coping and adaptation | Younger chilren viewing expeirences in new country positivel and as an adventure, optimism about n opportunity, minimising impact of prejuice and hardship, looking at new opportunity and fresh start, down effects of racism, optimism and minimisation, excitement about the future, patience, family socialisation, st up for self, confience, determination, popualr, hardworkign, ambitious intelligent, high aspirations for the delayed gratification, good prospects abut life, social mobility, focus on education, positive social identity, s in mother tongue, agency, resistance identity, peers e.g. ethnic or mixed peers, cultural values, balancing c new culture, assimilation, segration, |
| | Perumal, J. C. | REFUGEE CHILDREN'S ENACTMENT OF RESILIENCE WITHIN THE SOUTH AFRICAN SCHOOL SYSTEM | 2014 | parents and chilren | doesn't actually say but say 5-12 for now | South-Africa | | 30 | school setting | teacher selected opportunity sample | narrative and Critical Discourse Analysis. | designed to get a sense of the students' personal family biographical details; their pre-flight; flight and settlement experiences; their social and academic experiences on the Refugee Bridging Program; as well as their short and long term academic plans and career aspirations | | bias that teacher selected based on temperament and who would beable to answer questions | friendship and support networks, culture religion & spirituality, education and career aspirations, |
| 7 | Vans, Sleijpen, Mooren, te Brake, Ghebreab & Boelen, 2019 | Eritrean Unaccompanied Refugee Minors in Transition: A Focused Ethnography of Challenges and Needs | 2019 | professionals and yougn people (yp only analysed) | 16 to 17 | Netherlands | Eritrea | 11 (excluding adult mentors wh owere also interviewed data sufficent separate) | childrens living groups with more than 5 Eritean unaccompanied refugee minor | throughout Netherlands | semi-structured interviews, focus groups and 1:1 thematic content analysis | The aim of this study was to explore how these youths are best supported to improve their lives in the Netherlands, specifically by (a) identifying key challenges faced by Eritrean URMs living in a children's living group in the Netherlands and (b) exploring their needs to overcome these challenges. | | Background of researchers, all white but aknowledged possibly impacts of think, included researchers and cultural mediators from Eritrean backgrounds | (a) relationships, (b) psychological stress, (c) preparation for independent living, (d) spirituality, and (e) leisure activities. School and learning the language, |

**Appendix 2** Initial themes and sub-themes identified in papers

**Appendix 3** Initial themes framework
(themes grouped together by similarity)

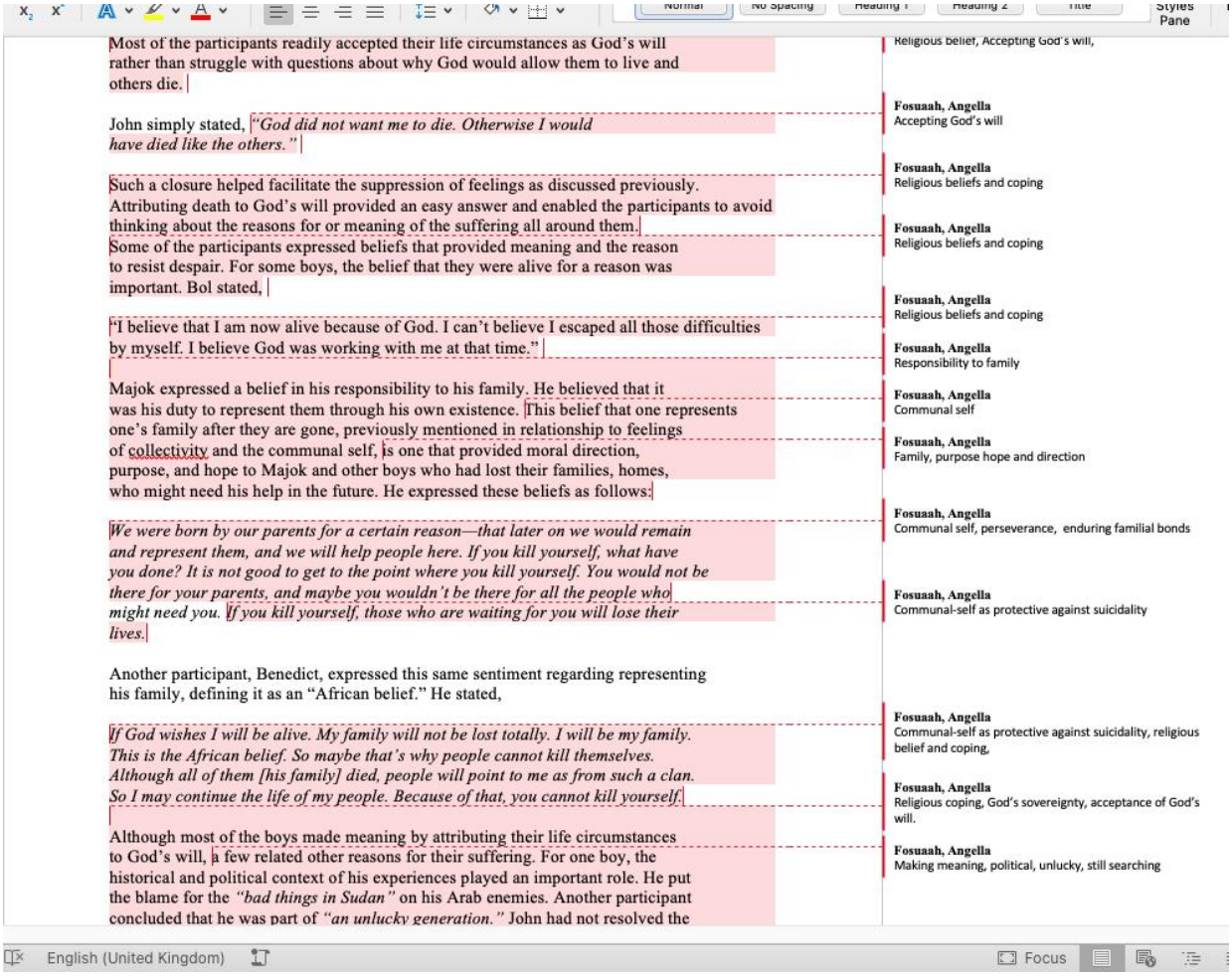


| A | B | C | D | E | F | |
|---|---|---|---|---|---|---|
| positive thihnking | Daydreaming as a method to hold on to | Assimilation, Assimilation vs not assimilating, | social withdrawal | individual temperament | to fight back | war gam |
| optimism about new opportunity in new country | Avoidance- not talking & memories, emo | Cultural and family pride and loyalty | respect and appreictaion for diversity | heightened appreciation | agency | making |
| fresh start | Suppression and distraction | Speaking in mother tongue | | altruism | resistance | Stories t |
| excuitement about the future | Minimising impact of prejudice and harc | cultural values | caring relationships | persistence | Fighting back, power and agency in socia | new per |
| high aspirations for the future, , | Social withdrawal as a way of coping wit | balancing own and new culture | supportive family bonds | sense of humour | | Unique i |
| delayed gratification | School and activities to distract and cope | | being securely resettled with other family members | patience | | Retellin |
| good prospects abut life, | | segregation | family socialisation | standing up for self | | Positive |
| social mobility, | Challenges of using suppression/avoidance to | culture | positive social identity | confidence | | Making |
| focus on education, | Minimising impact of prejudice and hardship | learning new coutnry language | making friends with peers same ethnicity or mixed pe | determination | | time in |
| desire to find a better life free from violence | | | contact with | popular | | Self con |
| career aspirations | | | social support | Hardworking | | "Younge |
| preparation for independent living | | ethnic seperation | being in touch with members of the same ethnic com | ambitious | | |
| Dreams for the future | | anti-racist resistance | friendship and support networks | intelligent | | |
| Desire for material success/security | | Hybridity | | Positive coping mechanisms | | |
| valuing education | | | Negative treatment experiences | Appreciation: relative to other kids non-refugee kidsDeprivation and experiences of gratefulness | | |
| new opportunities. | | | Misunderstood by peers | Importance of being helpfulConcern for othersPerseverance Setting personal goalsPlanning and thinking ahe | | |
| Excitement for the future | | Comparison home vs host country | Lack of interest in their experiences from other peers | Strengths/positive qualities – altruism, persistence, and a sense of humour | | |
| desire to suceed | | Recommendations | Lack of knowledge of from people in host country | Flexibility | | |
| | | | Lack of knowledge in the culture of the host country | Bravery and strength, being admired by others as a form of coping. | | |
| Hope for the future | | Cultural pride Holding on to culture in new countryF | Avoiding/minimising being seen as different by other | Gratefulness, focusing on the positives in life | | |
| Trying to right the wrongs of the past in future hopes | | Bilinguism as a strength and a source of power | Respect for others | Lack of victimhood | | |
| | | Benefits of bilinguism | Multicultural friendships Acceptance of diversity | perseverance | | |
| | | Navigating identityIdentity post-migrationIdentity c | Peer support as a source of resilience | Personal quality of being patient as a resource to help cope | | |
| | | Romantic disassociation of past culture | Role of having friends as important, social support. | Personal attributes, confident and determined | | |
| | | Contrasting old cultural values and finding new thing | Connection as key for coping – siblings or peers | | | |
| | | Future focused thinking looking forward, agency, po | Family interactions for comfort to cope | | | |
| | | Culture and links to resillience and coping | Physical presence, family bonds and safety | | | |
| | | Ethnic identities as non-fixed constructs, context de | Underestimated by others, persevering | | | |
| | | Cultural mechanism linked to identity which impact | Positive social identity | | | |
| | | Maintaining cultural traditions in new country, prac | Ethnic separation as a form of resilience | | | |
| | | | Avoiding/minimising being seen as different by others | | | |
| | | Cultural dress and resistance, self-agency | Importance of trusting relationships with caregivers | | | |
| | | Cultural and religious pride and self agency. | Challenges/barriers to socialising with peersChallenges/ barriers to trusting translators | | | |
| | | Cultural pride enabling resilience and a form of actively | challenging racism | | | |
| | | Rejecting values/culture of host country | | | | |
| | | | | | | |
| | | Developing multiple languages as a form of power./ | agency/ pride | | | |
| | | Cultural activities and resilience/ a way of managing | well-being | | | |
| | | Career aspirations and cultural engagements, tools for | resilience, | | | |

Extracted data | Initial themes groups | Collapsed codes | +

Ready 70%

**Appendix 4** Example of coded data



Most of the participants readily accepted their life circumstances as God's will rather than struggle with questions about why God would allow them to live and others die.

Religious belief, Accepting God's will,

John simply stated, *"God did not want me to die. Otherwise I would have died like the others."*

**Fosuaah, Angella**
Accepting God's will

Such a closure helped facilitate the suppression of feelings as discussed previously. Attributing death to God's will provided an easy answer and enabled the participants to avoid thinking about the reasons for or meaning of the suffering all around them.

**Fosuaah, Angella**
Religious beliefs and coping

Some of the participants expressed beliefs that provided meaning and the reason to resist despair. For some boys, the belief that they were alive for a reason was important. Bol stated,

**Fosuaah, Angella**
Religious beliefs and coping

"I believe that I am now alive because of God. I can't believe I escaped all those difficulties by myself. I believe God was working with me at that time."

**Fosuaah, Angella**
Responsibility to family

Majok expressed a belief in his responsibility to his family. He believed that it was his duty to represent them through his own existence. This belief that one represents one's family after they are gone, previously mentioned in relationship to feelings of collectivity and the communal self, is one that provided moral direction, purpose, and hope to Majok and other boys who had lost their families, homes, who might need his help in the future. He expressed these beliefs as follows:

**Fosuaah, Angella**
Communal self

**Fosuaah, Angella**
Family, purpose hope and direction

*We were born by our parents for a certain reason—that later on we would remain and represent them, and we will help people here. If you kill yourself, what have you done? It is not good to get to the point where you kill yourself. You would not be there for your parents, and maybe you wouldn't be there for all the people who might need you. If you kill yourself, those who are waiting for you will lose their lives.*

**Fosuaah, Angella**
Communal self, perseverance, enduring familial bonds

**Fosuaah, Angella**
Communal-self as protective against suicidality

Another participant, Benedict, expressed this same sentiment regarding representing his family, defining it as an "African belief." He stated,

*If God wishes I will be alive. My family will not be lost totally. I will be my family. This is the African belief. So maybe that's why people cannot kill themselves. Although all of them [his family] died, people will point to me as from such a clan. So I may continue the life of my people. Because of that, you cannot kill yourself.*

**Fosuaah, Angella**
Communal-self as protective against suicidality, religious belief and coping,

Although most of the boys made meaning by attributing their life circumstances to God's will, a few related other reasons for their suffering. For one boy, the historical and political context of his experiences played an important role. He put the blame for the *"bad things in Sudan"* on his Arab enemies. Another participant concluded that he was part of *"an unlucky generation."* John had not resolved the

**Fosuaah, Angella**
Religious coping, God's sovereignty, acceptance of God's will.

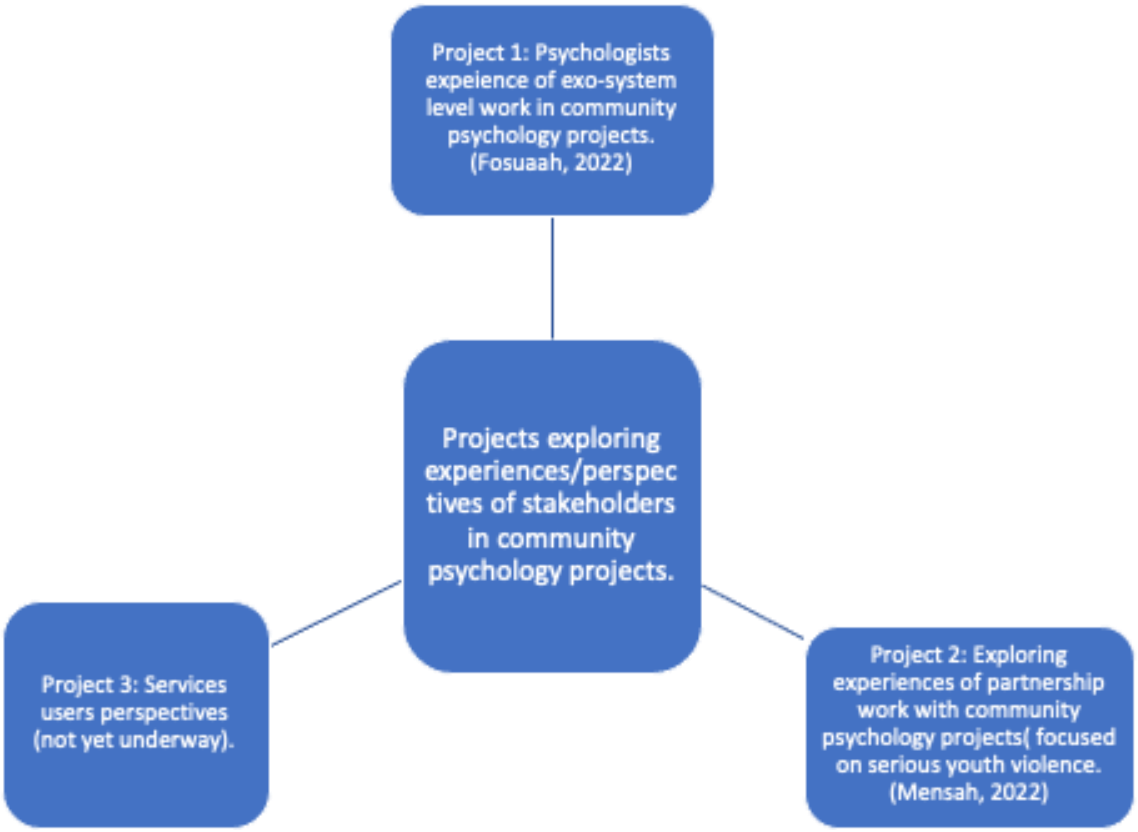
**Fosuaah, Angella**
Making meaning, political, unlucky, still searching

English (United Kingdom)

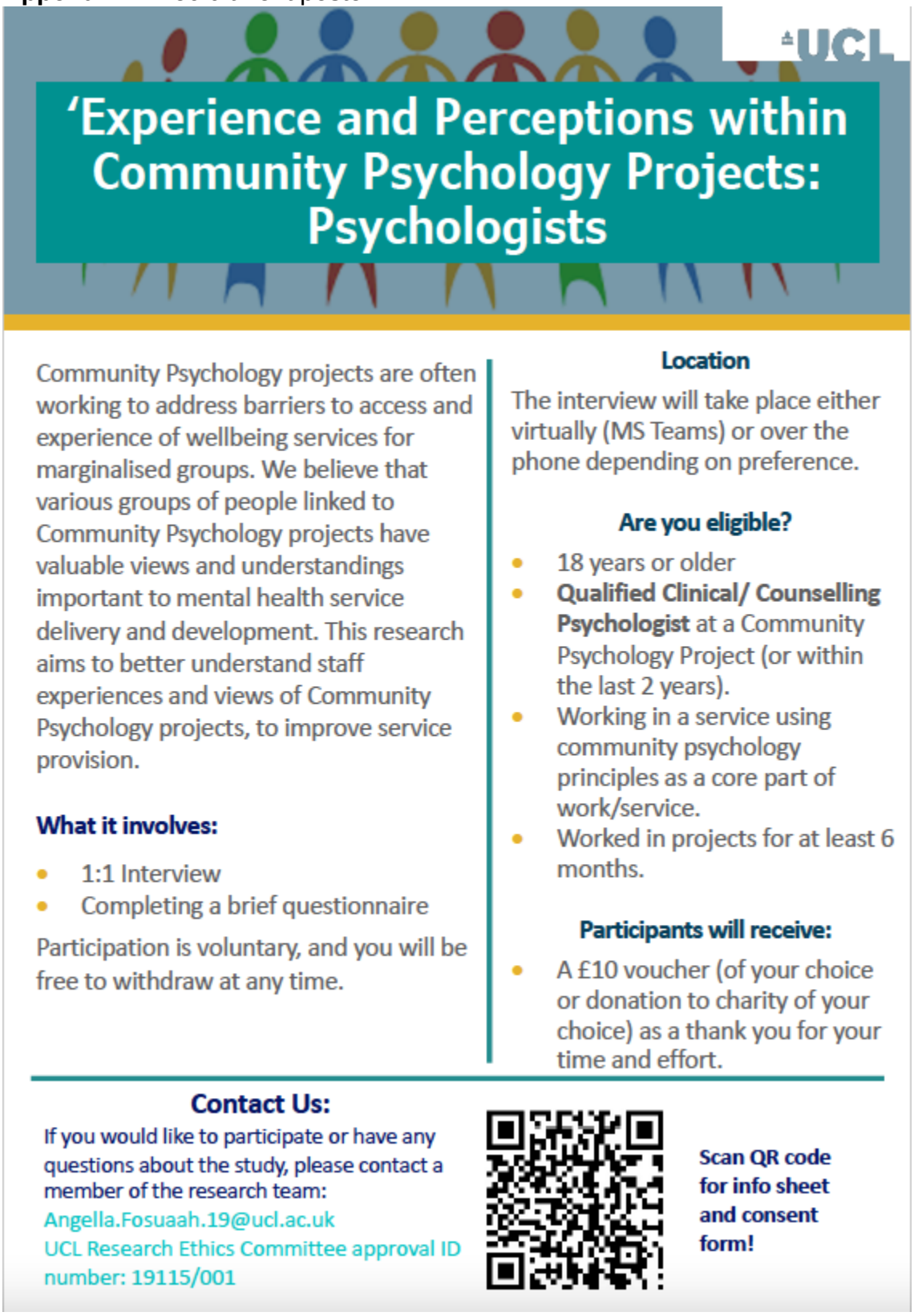
Focus

## PART 2 EMPIRICAL PAPER

**Appendix 1** Overview of joint projects



**Appendix 2** Recruitment poster



**Appendix 3** Service recruitment email

Dear (Lead of Project)

I am emailing you to request your support to recruit for a research study titled: 'Experience and Perceptions within Community Psychology Projects: Staff, Stakeholders and Service Users. Staff and students are running this study, as part of work required for the UCL doctoral thesis in clinical psychology.

We understand that Community Psychology projects are often working to address barriers to access and experience of mental health/wellbeing services for marginalised groups and intervening across various levels to understand and improve healthcare. With limited research in this area, the research project is focused on exploring the perspectives of various stakeholders involved in Community Psychology projects including:

- Staff working in projects
- Staff working in partner agencies associated with community psychology projects related to Serious youth Violence (SYV).

The overall aim is to understand their experience and perceptions of community psychology projects, challenges and facilitators to working in this way and recommendations/learnings on how to improve the accessibility and acceptability of services. The study has been approved by the UCL Research Ethics Committee.

*Request to support recruitment:*

As this study is focused on the experience of Community Psychology projects, we are contacting services like yourselves to support with recruitment. This could involve the following:

- Displaying the study advert information in accessible areas.
- Informing potential participants of the study, which include your staff & partner agencies you work with (e.g. identifying and sharing study information, forwarding on the study email and advert onto suitable potential participants).
- Permitting us to join a team meeting or wider meetings to promote the study (e.g. share study intention, information and to answer any questions).
- You/team can forward on consenting potential participant information to ourselves, who would like to know more information about the study.
- Allowing us to follow up with your team/member of staff at specific intervals as reminders about the study to support promotion.

*Participation within the study:*

Participation involves an online, one-to-one conversation with a researcher about your experiences and perceptions about working in community psychology projects (e.g. experiences, what works well for addressing access barriers, recommendations and learning). It will also involve a short questionnaire on socio-demographic and service information. Participation is voluntary and individuals are free to withdraw at any time. Participants will be provided with a £10 voucher (or £10 donation to charity of their choice) for their time and effort.

I have attached the separate study adverts for your consideration and a document highlighting study aims and inclusion criteria for the different stakeholder populations.

We are happy to arrange a meeting with yourselves to discuss the study in more detail, answer any questions and identify what potential recruitment support may be possible from your service. If you are interested, please contact us on the email below and I can provide the different participant information sheets for your consideration.

Please feel free to share this information with any other Community Psychology Projects you think would be interested in taking part.

If you have any questions about the research, please do not hesitate to contact us by email.

We hope to hear from you.

Kind regards,

Angella Fosuaah
Trainee Clinical Psychologist, UCL, Angella.fosuaah.19@ucl.ac.uk

Ajua Mensah
Trainee Clinical Psychologist, UCL, Ajua.Mensa.19@ucl.ac.uk

Dr Chelsea Gardener, Principal Investigator, c.gardener@ucl.ac.uk

## **Appendix4** Individual recruitment email

Experience and Perceptions within Community Psychology Projects: Staff, Stakeholders and Service Users.
ethics project id number: 19115/001

Dear Colleague/ To whom it may concern/ name

We would like to invite you to take part in a research study titled: 'Experience and Perceptions within Community Psychology Projects: Staff, Stakeholders and Service Users. This study is being run by staff and students, as part of work required for the UCL doctoral thesis in clinical psychology.

We understand that Community Psychology projects are often working to address barriers to access and experience of mental health/wellbeing services for marginalised groups. We believe that various groups of people linked to Community Psychology projects have valuable views and understandings important to service delivery and development, but there is limited research in this area. Therefore, this project is exploring the perspectives of various stakeholders involved in Community Psychology projects, who include:

- Clinical/Counselling Psychologists working in Community Psychology projects

The overall aim is to understand your experience and perceptions of community psychology projects, challenges and facilitators to working in this way/accessing these projects and recommendations on how to improve the accessibility and acceptability of services. The study has been approved by the UCL Research Ethics Committee.

*Participation within the study:*
Participation involves and online, one-to-one conversation with a researcher about your experiences and perceptions about working in (a) community psychology project/s (e.g. experiences, what works well for addressing access barriers, recommendations and learning). It will also involve a short questionnaire on socio-demographic and project information. Participation is voluntary and individuals are free to withdraw at any time. Participants will be provided with a £10 voucher (or £10 donation to charity of their choice) for your time and effort.

Please see attached advert for more information. If you are interested in taking part or would like more information, please contact myself on Angella.fosuaah.19@ucl.ac.uk or use the following link to the study webpage (https://uclpsych.eu.qualtrics.com/jfe/form/SV_5hkLktb9eQIDOCi). Where you will be able to access further information about the study.

Requirements for taking part:

Staff

- Qualified Clinical or Counselling Psychologist staff members working within CP projects. (Individuals will be eligible if they are qualified to Master's or Doctoral level in Clinical Psychology and are HCPC registered).
- Participants must have worked within a community psychology project/ using community psychology principles for a minimum of 1 year post qualifying and if they no longer are, should have worked in this way in the last 2 years.

Please feel free to share this information with anyone else you think might be interested in taking part and meet the inclusion criteria. If you have any questions about the research, please do not hesitate to contact us by email.

Kind regards,

Angella Fosuaah
Trainee Clinical Psychologist/ Doctoral Student in Clinical Psychology

Dr Chelsea Gardener, Principal Investigator, c.gardener@ucl.ac.uk

**Appendix 5** Information Sheet

**RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY**

**Participant Information Sheet For staff/ partnership organisations/ services users.**

UCL Research Ethics Committee Approval ID Number: 19115/001

**YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET**

**Title of Study:** Experience and Perceptions within Community Psychology Projects: Understanding Clinical Psychologist's Experience of Exo-system Level Work in Community Psychology Projects.

**Department:** Research Department of Clinical, Educational and Health Psychology, UCL

**Name and Contact Details of the Researcher(s):**
Angella Fosuaah, Trainee Clinical Psychologist/ Doctoral Student in Clinical Psychology
Angella.fosuaah.19@ucl.ac.uk

**Name and Contact Details of the Principal Researcher:**
Dr Chelsea Gardener
Contact: c.gardener@ucl.ac.uk

1. **Our invitation**

   You are being invited to take part in a research project as part of a Clinical Psychology Doctorate thesis. The project is exploring the views and experiences of different stakeholders in Community Psychology Projects.

   Before you decide whether you agree to take part in the study, it is important that you understand why the research is being done and what participation will involve. Please read the following information leaflet carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

2. **Why we are doing this study?**

Community Psychology projects are often working to address barriers to access and experience of wellbeing services for marginalised groups. We believe that various groups of people (stakeholders) linked to Community Psychology projects have valuable views and understandings important to mental health service delivery and development. This research aims to better understand various stakeholders' experiences and views of working with or accessing Community Psychology projects. We hope this will help to improve the services and the accessibility and acceptability of support provided.

Experiences of Clinical Psychologists working at the exo-level in community psychology projects

We aim to better understand:

- the personal-professional journey that led to working within a community psychology approach
- the experience of clinical psychologists working within community psychology projects and the challenges and facilitators of working in this way
- the competencies, practices and processes required for working in community psychology projects
- recommendations for service provision and staff needs

**3. Who is invited to take part in this study?**

We are inviting staff working in a Community Psychology Project. This includes the following:

Experiences of staff working in community psychology projects

- Clinical/ Counselling Psychologists working within CP projects
- Participants must have worked within CP projects or used these principles within statutory services for at least a year.
- If they are no longer working within a CP project, they must have done so within the last 2 years.

**4. Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form). You can withdraw at any time without giving a reason and without it affecting your role with the community psychology project. if you decide to withdraw during the study, you will be asked what you wish to happen to the data you have provided up that point.

**5. What will happen to me if I take part?**

If you are interested in taking part in the study, we will invite you to email the researcher, who will answer any questions you have. If you are still interested, then the researcher will ask you to sign a consent form (via email) agreeing to participate in the study and email it back to them

(or if you have no email you will be sent a link to complete the consent form online). The researcher will ask you to keep a copy of the signed consent form and this information sheet.

The researcher will then ask you to complete a brief questionnaire which will help us to identify who will take part in the study. This questionnaire asks some personal information (socio-demographic information, general information on your role in the community psychology project). This is to help provide some background information about the people who take part. This information will be made anonymous - it will be attached to a code so that nobody except the study researchers will be able to identify you from the data we keep.

The researcher will then arrange a time to talk with you on an online MS Teams/Zoom meeting or by phone to complete a 1:1 interview. The conversation should last about 60 minutes (90 minutes maximum) and will be audio-recorded and transcribed. You will be able to take breaks, if and when required. This conversation will ask about your experiences related to topics highlighted in section 2 above (why are we doing this study).

After the interview, you will also have the choice about being contacted again via phone or email to arrange a time to share the study findings with you and ask for your views. Two weeks after the interview, is the last point at which your data can be removed from the study.

**6. Will I be recorded and how will the recorded media be used?**

The interview will be audio-recorded to make sure we get a good picture of your experience and do not miss anything important. The conversation will be transcribed by the researchers and then the recording will be deleted. We will remove any personal information from the written conversation so that nobody reading it would be able to know it was you. We may send audio-recordings via a secure data transfer service to a UCL approved transcription service. No one else outside the study will be allowed access to the recordings. No other use will be made of the recordings without your written permission.

**7. What are the possible disadvantages and risks of taking part?**

We aim to minimise any risk of you becoming fatigued by making sure interviews last no longer than 90 minutes and you are free to pause or take break, if and when you require.

There is a possibility that reflecting on your experiences may cause you to feel distressed. The researcher will ensure to manage anything sensitive that might arise, and you will be advised that you can discuss things that you feel comfortable to at your own pace. If necessary, breaks can be taken, and you will be reminded that you can withdraw. We will offer an opportunity to debrief and reflect on the interview process at the end of the interview.

To further support you in the event of any distress caused, we will also provide details of local support services. You will also be free to withdraw at any time during the study and this will not be held against you.

**8. What are the possible benefits of taking part?**

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will contribute to the better understanding of the experience of Community Psychology projects and how these principles can be applied to all services to improve access, experience and acceptability of mental health services. We hope to improve service delivery by providing learning and recommendations.

As a thank you for participants time and effort, they will receive a £10 voucher (or £10 donation to a charity of their choice).

**9. What if something goes wrong?**

If you wish to raise a complaint, then please contact the Principal Researcher, Dr Chelsea Gardener at c.gardener@ucl.ac.uk. If you feel that your complaint has not been handled to your satisfaction, you can contact the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk. If something happens to you during or following your participation in the project that you think may be linked to taking part, please contact Chelsea or the researcher you were in contact with (Angella Fosuaah,Angella.fosuaah.19@ucl.ac.uk).

**10. Will my taking part in this project be kept confidential?**

*'All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any ensuing reports or publications.'*

**11. Limits to confidentiality**

Please note that confidentiality will be maintained as far as it is possible, unless during our conversation I hear anything which makes me worried that you or someone might be in danger of harm, then I might have to inform relevant agencies of this, in line with our professional duty of care.

**12. What happen to the results of the research project?**

We will write a report (DClinPsy thesis) about the study. We might use quotes of what you say during the audio-recorded discussion, but we will not include your name or any other information that could identify you, so that nobody else will know that you took part in the study. We will send you a copy of this report if you would like one. The study results will also be presented as scientific papers in peer reviewed journals, at conferences and dissemination. You will not be able to be identified in any reports, publications, talks or media.

**13. What happens to the information you collect about me?**

All the information you give will be treated as confidential and stored securely (see Data Protection Privacy Notice below). Confidentiality may be limited by the researcher's duty of care to report to the relevant authorities possible harm/danger to the participant or others. Your data will be anonymised, so it is not linked to your personal identifiable information. Contact information will be stored separately from you study data, and safely deleted after your complete participation within the study.

**14. Local Data Protection Privacy Notice**

**Notice:**
The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The categories of personal data used will be as follows:

Name, Age, Ethnicity, Gender, Religious/philosophical belief, Sexual Orientation, Profession/Role, Type of service accessed or working within, general support accessed, length of time accessing Community Psychology Project, Time working with a service.

The lawful basis that will be used to process your personal data are: 'Public task' for personal data and 'Research purposes' for special category data.

*Your personal data will be processed so long as it is required for the research project*. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

**15. Who is organising and funding the research?**

The study is part of the researcher's doctoral clinical psychology studies at University College London.

**16. Contact for further information**

If you require any further information or have any queries about this study, please contact the researcher:
Researcher: Angella Fosuaah
Email: Angella.fosuaah.19@ucl.ac.uk

Principal Investigator: Dr Chelsea Gardener
Email: c.gardener@ucl.ac.uk
Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB. e-mail: c.gardener@ucl.ac.uk

Tel: 020 7679 1897

**Thank you for reading this information sheet and for considering to take part in this research study.**

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**Appendix 6** Consent form

**RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY**

**CONSENT FORM FOR STAFF IN COMMUNITY PSYCHOLOGY PROJECTS RESEARCH STUDY**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Title of the Study:** Experience and Perceptions within Community Psychology Projects: Staff (Clinical and Counselling Psychologists)
**Department:** Clinical, Educational and Health Psychology, UCL
**Name and Contact Details of the Researcher(s):** Angella Fosuaah, Angella.fosuaah.19@ucl.ac.uk
**Name and Contact Details of the Principal Researcher:** Dr Chelsea Gardener and c.gardener@ucl.ac.uk
**Name and Contact Details of the UCL Data Protection Officer: Alex Potts and d**ata-protection@ucl.ac.uk
**This study has been approved by the UCL Research Ethics Committee: Project ID number: 19115/001**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

**I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.**

| | | Tick Box |
|---|---|---|
| **1.** | *I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction *and would like to take part in*<br>- *an individual interview via online platform (MS Teams) or phone call.* | |
| **2.** | *I understand that I will be able to withdraw my data up to 2 weeks after the interview | |

| | | |
|---|---|---|
| **3.** | *I consent to participate in the study. I understand that my personal information *socio-demographic information, general information about my role)* will be used for the purposes explained to me. I understand that according to data protection legislation, 'public task' will be the lawful basis for processing, and 'research purposes' will be the lawful basis for processing special category data. | |
| **4.** | **Use of the information for this project only**<br><br>*I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified. I understand that confidentiality will be maintained as far as possible, unless during our conversation the researcher hears anything which makes them worried that myself or someone might be in danger of harm, and then they might have to inform relevant agencies of this due to professional duty of care<br><br>I understand that my data gathered in this study will be stored anonymously and securely. My data will be anonymised, so it is not linked to personally identifiable information and I will not be possible to identify me in any publications (e.g. from quotes used from interviews) | |
| **5.** | *I understand that my information may be subject to review by responsible individuals from the University for monitoring and audit purposes. | |
| **6.** | *I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, *without my role being affected*.<br>I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise. | |
| **7.** | I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research. | |
| **8.** | I understand the direct/indirect benefits of participating. | |
| **9.** | I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study. | |
| **10.** | I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future. | |
| **11.** | I understand that I will be compensated for participating in the interview for the study with a £10 voucher | |
| **12.** | I agree that my anonymised research data may be used by others for future research. [No one will be able to identify you when this data is shared.] | |
| **13.** | I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No | |
| **14.** | I consent to my interview being audio/video recorded via MS teams/Zoom (or encrypted device in telephone interviews) and understand that the recordings will be:<br>- destroyed immediately following transcription and quality checks of the data. | |
| **15.** | I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher. | |
| **16.** | I hereby confirm that:<br><br>(a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and<br><br>(b) I do not fall under the exclusion criteria. | |

| | | |
|---|---|---|
| **17.** | I agree that my GP or wellbeing service I access, may be contacted if any concerns are highlighted during the interview for them to offer potential support if required. | |
| **18.** | I have informed the researcher of any other research in which I am currently involved or have been involved in during the past 12 months. | |
| **19.** | I am aware of who I should contact if I wish to lodge a complaint. | |
| **20.** | I voluntarily agree to take part in this study. | |
| **21.** | Use of information for this project and beyond<br><br>I would be happy for the data I provide to be archived at One Drive.<br><br>I understand that other authenticated researchers linked to the study will have access to my anonymised data. | |

**If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.**

| | | |
|---|---|---|
| | Yes, I would be happy to be contacted in this way | |
| | No, I would not like to be contacted | |

| | | |
|---|---|---|
| Name of participant | Date | Signature |
| | | |
| Researcher | Date | Signature |

**Appendix 7** Ethical approval letter

UCL RESEARCH ETHICS COMMITTEE
OFFICE FOR THE VICE PROVOST RESEARCH

12th April 2021

Dr Chelsea Gardener
Research Department of Clinical, Educational and Health Psychology
UCL

Cc: Ajua Mensah & Angella Fosuaah

Dear Dr Gardener

**Notification of Ethics Approval with Provisos**
**Project ID/Title: 19115/001: Experience and Perceptions within Community Psychology Projects: Staff, Stakeholders and Service Users.**

Further to your satisfactory responses to the Committee's comments, I am pleased to confirm in my capacity as Chair of the UCL Research Ethics Committee (REC) that your study has been ethically approved by the UCL REC until **30th September 2023.**

Ethical approval is subject to the following conditions:

**Notification of Amendments to the Research**
You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form'
http://ethics.grad.ucl.ac.uk/responsibilities.php

**Adverse Event Reporting – Serious and Non-Serious**
It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol.

The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Office of the Vice Provost Research, 2 Taviton Street
University College London
Tel: +44 (0)20 7679 8717
Email: ethics@ucl.ac.uk
http://ethics.grad.ucl.ac.uk/

**Final Report**

At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research: https://www.ucl.ac.uk/srs/file/579
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely

[redacted]

**Professor Lynn Ang**
**Joint Chair, UCL Research Ethics Committee**

## **Appendix 8** Semi-structured interview guide

### Professional-personal journal

- What early career influences/routes led you to working in community psychology projects?
- What personal experiences if any led you to be interested in working this way?
- What has influenced you to work in this way?
- What steps have you gone through to get here? Pre-training, on-training, personal influences?
- How did training prepare you or not to work at the exo-level with community groups?
- What are the gaps in training?
- What were the gaps post-training/ once qualified? / CPD for this work?

### Competencies, process and practices of clinical psychologists working in community psychology projects

- What is the role and/or position of clinical psychology in community-psychology based projects?
- What kinds of interventions do you engage in within community psychology projects? – competencies?
- How may this differ from your role in a statutory service? – how are you perceived by the wider team?
- Has this ever challenged or questioned the idea or role of a “traditional” clinical psychologist, if so, how?
- What skills do you use in your work within community psychology projects?
- What does the day to day work look like in your project?

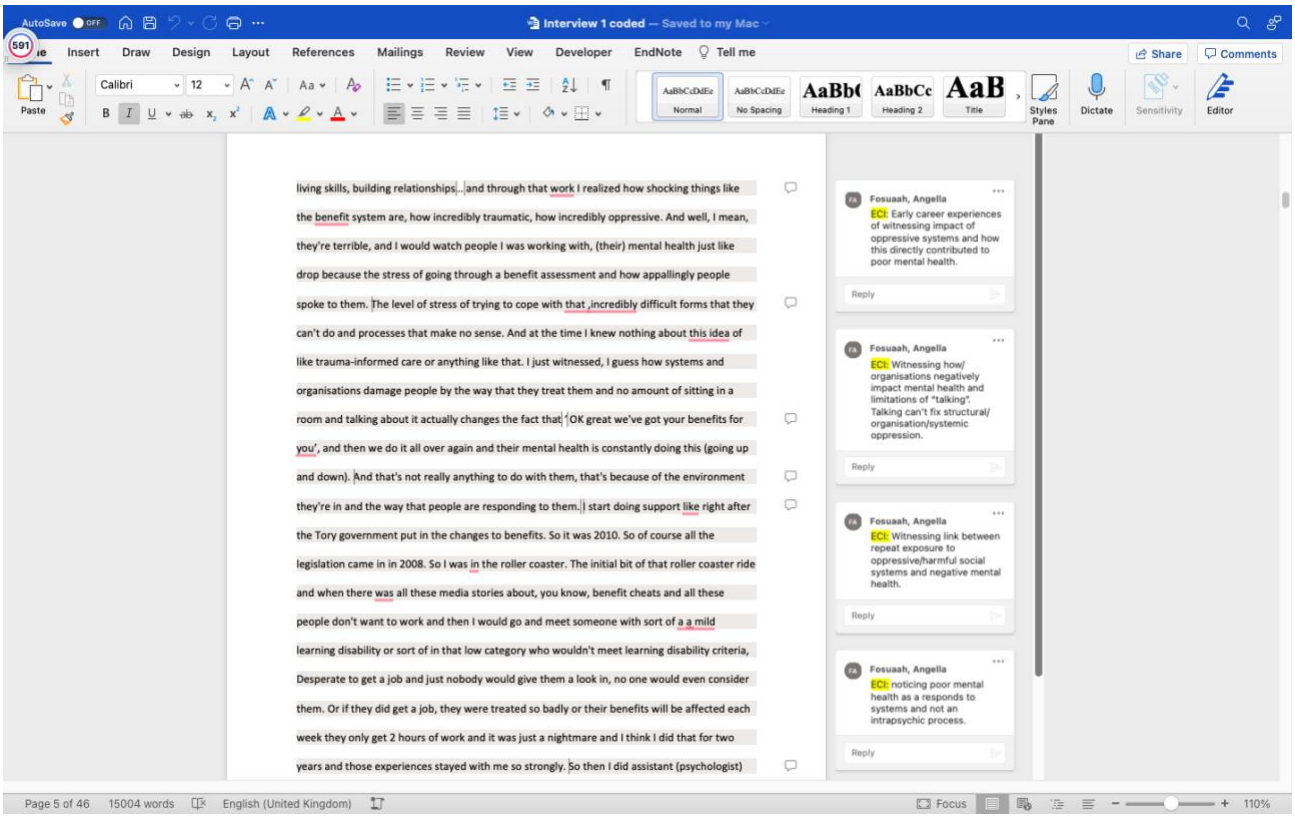
### Challenges and facilitators to working within a community psychology framework for clinical psychologists

- What are the challenges and facilitators to the work you undertake in community psychology projects?

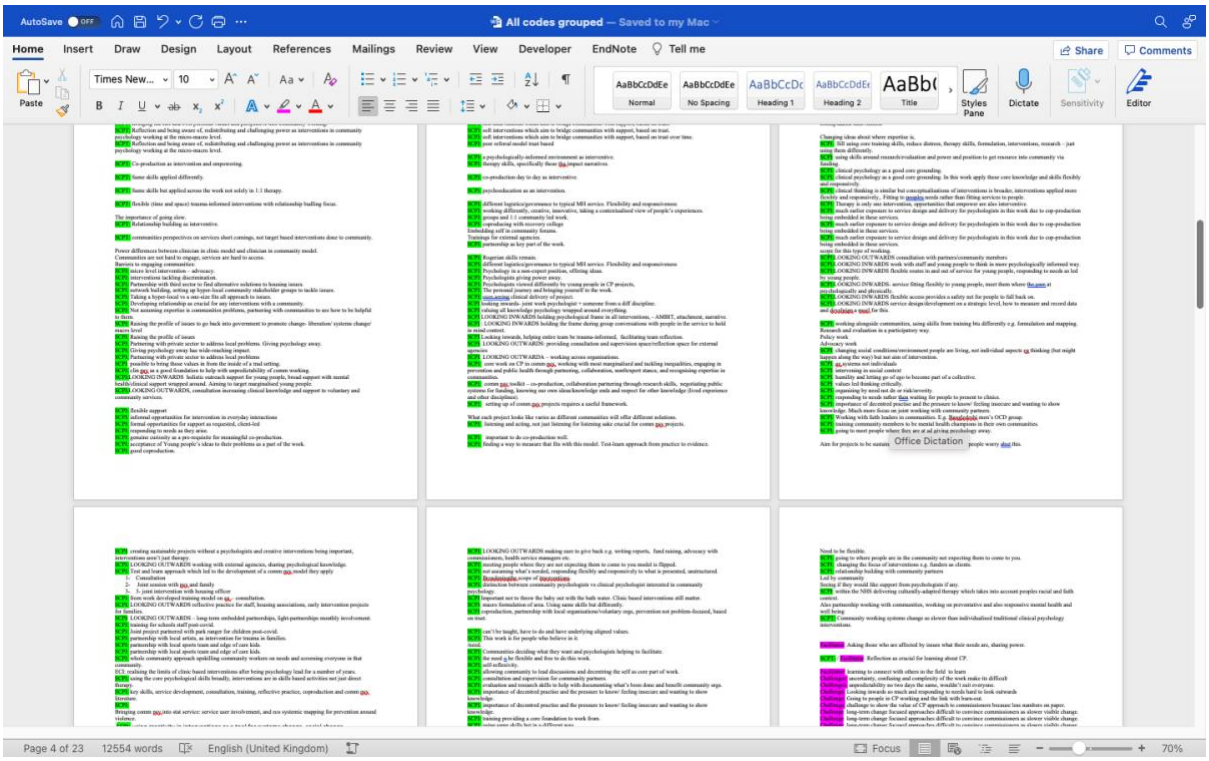
### Implications/ Recommendations

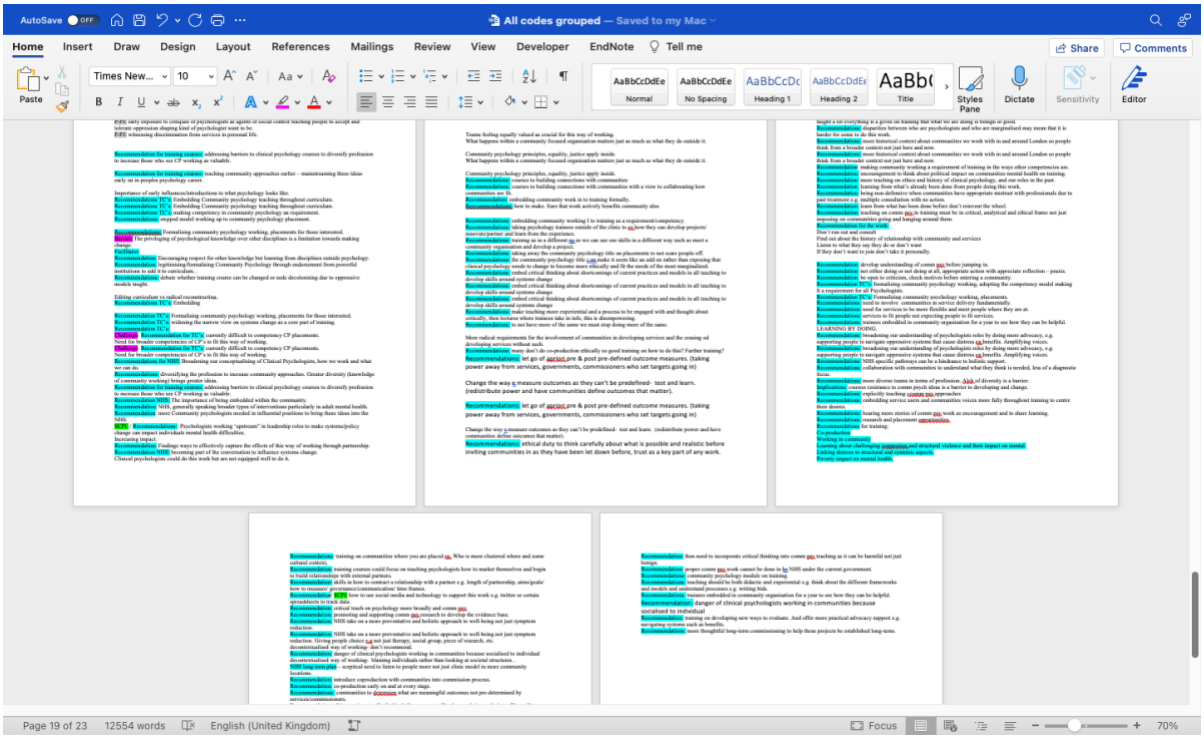
- What are future implications for training courses/ the NHS in preparing clinical psychologists to work in a truly community-based way? – funding, working separately, partnership?
- What are community clinical psychologists’ views and recommendations about the move to community-based framework into mainstream NHS settings?
- What are the suggestions/ recommendations for using community psychology principles within systems such as the NHS for clinical psychologists and other professionals?

**Appendix 9** Example of coded interview data

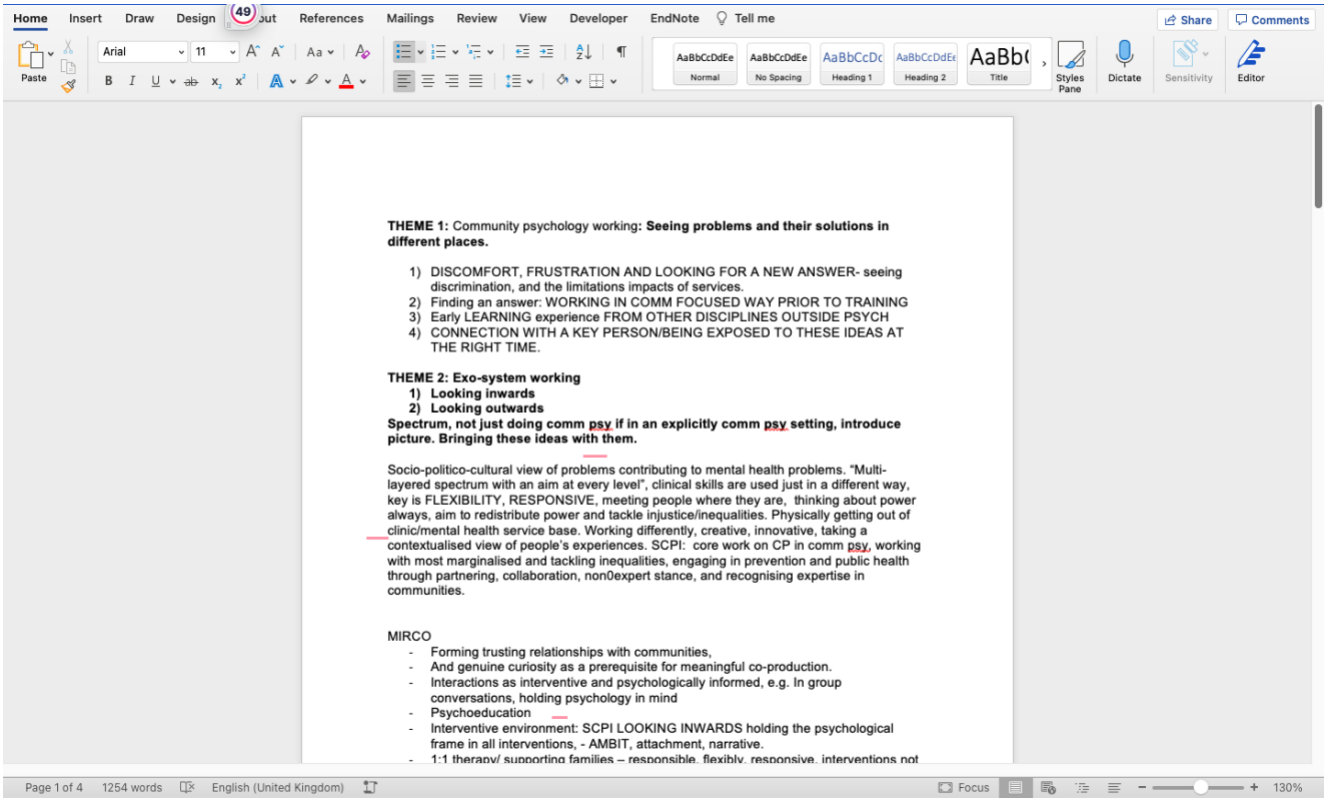


**Appendix 10** Grouping and collapsing of codes to generate initial themes



## **Appendix** 11 Refining final themes



**THEME 1:** Community psychology working**: Seeing problems and their solutions in different places.**

1) DISCOMFORT, FRUSTRATION AND LOOKING FOR A NEW ANSWER- seeing discrimination, and the limitations impacts of services.
2) Finding an answer: WORKING IN COMM FOCUSED WAY PRIOR TO TRAINING
3) Early LEARNING experience FROM OTHER DISCIPLINES OUTSIDE PSYCH
4) CONNECTION WITH A KEY PERSON/BEING EXPOSED TO THESE IDEAS AT THE RIGHT TIME.

**THEME 2: Exo-system working**

1) **Looking inwards**
2) **Looking outwards**

**Spectrum, not just doing comm psy if in an explicitly comm psy setting, introduce picture. Bringing these ideas with them.**

Socio-politico-cultural view of problems contributing to mental health problems. "Multi-layered spectrum with an aim at every level", clinical skills are used just in a different way, key is FLEXIBILITY, RESPONSIVE, meeting people where they are, thinking about power always, aim to redistribute power and tackle injustice/inequalities. Physically getting out of clinic/mental health service base. Working differently, creative, innovative, taking a contextualised view of people's experiences. SCPI: core work on CP in comm psy, working with most marginalised and tackling inequalities, engaging in prevention and public health through partnering, collaboration, non0expert stance, and recognising expertise in communities.

MIRCO

- Forming trusting relationships with communities,
- And genuine curiosity as a prerequisite for meaningful co-production.
- Interactions as interventive and psychologically informed, e.g. In group conversations, holding psychology in mind
- Psychoeducation
- Interventive environment: SCPI LOOKING INWARDS holding the psychological frame in all interventions, - AMBIT, attachment, narrative.
- 1:1 therapy/ supporting families – responsible, flexibly, responsive, interventions not

**Appendix 12 Table 3.1.1 –** *Supplementary table*

| | **Supplementary quotes** |
|---|---|
| Experiencing problems within existing systems | *I was in a service… I analysed their referrals and then assessments and then treatment. They had a lot of referrals into the thousands and 8% were male. I was already aware that the male suicide rate was really high, and there was this disparity between that statistic and the lack of men accessing support.* ***Participant 4*** |
| | *It was so obvious to me that the people of colour were treated very differently by different services. I was in a service where was this young black male who'd been stabbed needed help with housing and there was so little flexibility for the service to support with housing. Everyone was just like he's DNA-ing and I was thinking "off course he is, he hasn't got anywhere to live. He's not safe." I was like hang on a minute. This isn't right. This isn't fair.* ***Participant 3*** |
| | *To expect young people, especially teenagers, some can have kind of quite chaotic lives and saying you have to come here at the same time every week, 3:00 o'clock to 4:00 o'clock doesn't necessarily work. And also sometimes they have issues, you know that structure once a week, might not suit them.* ***Participant 8*** |
| | *One day, this woman walked in with her buggy and a couple of kids and she started talking about where she lived and I'm thinking "what is this you're describing to me?" She'd come from just around the corner about half a mile away, but from a place where there were so many invisible barriers to people making their way in from that environment into our building. We'd set up this service to be as open as possible, but there were still massive barriers to people accessing it.* ***Participant 15*** |

**Appendix 13 Table 3.1.2.1**- *Supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Introduced to a different way of working** | *Before I was a Psychologist, I worked a lot in the community. I worked in an allotment project for individuals with mental health problems. I worked for an organization bringing that community voice to how services are designed in different areas.* ***Participant 2*** |
| | *I worked as a floating support worker. My job was very much about helping people to live independently in the community by helping them maintain tenancies, help them to claim benefits, helping them to try and get voluntary work, employment and building up independent living skills, building relationships. I did that for two years and those experiences stayed with me so strongly.* ***Participant 1*** |
| | *I was always involved in my local community of Muslim women. A lot of the work that I have been doing that would be classed as community psychology I was doing pre-qualification. Sharing psychological ideas and knowledge. And, you know, disseminating ideas, working with people and deconstructing how we understand mental health.* ***Participant 11*** |
| | *I did my first degree in Ireland and it was Psychology and Sociology. I think that was really relevant having a grounding in sociology and social theory was helpful.* ***Participant 9*** |

**Appendix 14 Table 3.1.2.2**- *Supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Introduced to a different way of working** | *I remember seeing her in a team meeting and she was great. She was like "I'm about to go to a Bengali women's group. Do you wanna come with me?" When we went to this group, the way that she developed these relationships with people. I was just like wow, you're really holding these people at the centre. She wasn't going in there with her Western principles and ideas giving a talk, she was sat there eating curry with them. And just listening and learning from what they're doing, what's working. So I really had a chance to pick that up from her. I think I got very very lucky. If I'm honest, I was at the right place at the right time.* ***Participant 14*** |

| | |
|---|---|
| | *I met someone, he was the head of psychology for an NHS Trust at the time and he then started trying to link me in with anybody he knew in the community psychology field at that time. I I started to have a conversation about these ideas with anyone that was up for talking about it, and then they would slowly link me to people who not only got these ideas but knew some people that were doing it.* ***Participant 6*** |

**Appendix 15 Table 3.2.1 –** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| ***Exo-system: Looking Inwards and Looking Outwards*** | *It's about working tackling inequalities. This is about prevention and public health. This is about partnering and collaboration, and this is not about psychologists being experts. It's about the expertise being already in the community. Co-production has been a big tool in that.* ***Participant 6*** |
| | *A psychologist will be alongside another member of staff or they will be supervising a member of staff so that psychological thinking is being incorporated and wrapped around whatever the interaction is.* ***Participant 7*** |
| | *Co-developing, co-facilitating, delivering something usually together with another community worker. Sometimes groups want to receive training or supervision. It might be about helping them to come develop a service they want or apply for funding. If I'm doing a piece of work with Community group I'd always be asking them what do you need from me at the end of this? What would help you? So it's multi-layered, and then on a wider level what you might be advocating for them, with commissioners, health service managers, joining task forces or local groups that try to help them.* ***Participant 9.*** |

## Appendix 16 Supplementary table examples of exo-system work

| Looking Inwards | Looking Outwards |
|---|---|
| Supervision to staff inside project e.g. employment workers, youth workers, housing support workers, peer mentors.<br>Teaching, training, consultation reflective spaces with staff inside projects<br>Providing flexible individual interventions<br>Joint holistic working with other professionals<br>Supporting individuals using the project to access statutory services<br>Service design/development on a strategic level. E.g. developing how to measure and record data<br>Develop practice-based evidence from findings within service<br>Holding psychological frame in all interactions with staff and those accessing the service/project<br>Providing flexible routes in and out of the projects/service<br>Consider impact of power within the service between professionals and those accessing the project. | Challenging pejorative stereotypes about communities in multi-agency meetings<br>Providing consultation and supervision to community space/reflection space for external agencies<br>Supporting psychological thinking across organisations.<br>Build partnerships through long-term/short-term embedded work with agencies (grassroots and voluntary organisations).<br>Trauma-informed training for partner agencies<br>Supporting with fund-raising, applying for funding, Writing supporting reports for community partner agencies.<br>Providing consultation increasing clinical knowledge and support to voluntary and community services.<br>Advocacy,<br>Consider impact of power broadly on communities and how this affects psychological |

## Appendix 17 Table 3.3.1 *supplementary table*

| | Supplementary quotes |
|---|---|
| ***Relational Trust as a Catalyst*** | *Everything to do with the partners, the youth workers, the young people, it's all about having that relationship.* ***Participant 8*** |
| | *Having a really strong team. Really, spending time on relationships within a team. So that you have an understanding of each other's ways of working, what everybody brings. Really spending time to strengthen each person's role and what they bring to the project and what you're working on. And that being across different professions and backgrounds. I think that's really really important, that people have trust in each other.* ***Participant 2*** |

| | |
|---|---|
| | *Heads of service who are really forward thinking and who are really willing to support new ways of working. And be brave themselves. I couldn't do this without them. There is nothing without relationships, none of this, nothing. You have nothing.* ***Participant 10*** |

**Appendix 18 Table 3.3.2** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| ***Isolation and personal impact*** | *For me the main thing that is hard in this work is how it feels. I think it's emotional. I find it emotional work I find it challenging work, and I'm aware this is partly for me because I came to this work through such like a personal journey. There's discrimination, prejudice, even racism. Having to listen to the police, talk about how these young people beyond help, or schools excluding young people so that's tough.* ***Participant 3*** |
| | *I've become much more spiritual. I think that's really helped with like a sense of keeping going. Also solidarity with colleagues.* ***Participant 17*** |

**Appendix 19 Table 3.4.1** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| ***Not "proper" psychology*** | *I think there's a lot of professional envy coming our way because other teams are really struggling to recruit… I think the individual traditional way of working is not sustainable for anybody, whereas you know our team is like it's been so easy to recruit. Lots of people I think want to work in the team. So I think there's a lot of professional envy coming our way.* ***Participant 12*** |
| | *Yeah, one of the biggest struggles that we've had over the years has been developing a way of working with the system at times we've faced challenges whereby we are seen as like colluding with young people.* ***Participant 7*** |

**Appendix 20 Table 3.4.2** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Challenges with funding and work in systems** | *The fact that these roles aren't permanent is an issue… we're a partnership service. We're not part of a statutory service, and parts of that's incredibly helpful, but I think there's also parts of that that mean that people don't apply for these roles. It is an uncertain environment. We have funding… up until a certain point, beyond that, it's hard to know what's always going to happen.* ***Participant 5*** |
| | *I applied for some funding didn't hear anything for a while. Suddenly my funding application comes through. You need to spend it by next March, you need to deliver 30 sessions. I need to set this up right now.. Things can happen in the voluntary sector a lot faster than they happen in the NHS. A voluntary sectors funding is literally on the line for you to deliver what you said you're going to deliver. And if you can't do that they're at major risk. Or something has been promised to service users that can't be delivered. You will do more harm, because then you've raised hopes and you haven't done what you said you were going to do****. Participant 14*** |
| | *I'm in this cycle now. You get caught up trying to find funding to keep projects going. And then you're just in this cycle of searching for funding, and you're outside the dominant system.* ***Participant 17*** |

**Appendix 21 Table 3.5.1***. supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Struggling to fit existing systems** | *You could do the most amazing work, but if your outcome measures and the way that you've been told to report doesn't work, well it's going to be absolutely useless. You're not going to get the money again, they'll probably withdraw your funding, sack you all.* ***Participant 6*** |

**Appendix 22 Table 3.5.2** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Test and learn approach: community determined outcomes** | *Designing outcome measures with the community. They decide what the outcomes will be and you might not know them from the beginning, I'd put that about halfway through and you actually know what it is you're going to do. And we need to measure different things and we can't decide what those outcomes are.* ***Participant 6*** |
| | *I think we need a really different model of measuring outcomes and learning. That is, like almost like a test and learn approach so that we might take from kind of social-innovation ideas. Around gathering small amounts of information about how, what we're learning and how we're doing it and then adapting and changing it.* ***Participant 4*** |

**Appendix 23 Table 3.6.1** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Working flexibly** | *It's very tailored to what the community group that we were working with want. It's constantly evolving. It's coproduction, its asking people what they want designing and delivering it with them. You have to come in with an approach where it's held loosely and you can let go of some of your preconceived ideas. You really need to be flexible.* ***Participant 13*** |
| | *In lots of ways, the clinical thinking is similar, what's different is that, our ideas about what therapeutic intervention is are a lot broader, and so we're delivering evidence-based approaches, but in very adapted ways. The way the interaction looks and the frame around it is a lot more flexible. And we're thinking about therapeutic intervention in its broadest sense, so we're not limited to a number sessions or a particular way of working, but it's about finding what fits for different people and for some people that is traditional therapy and for others that's a different type of conversation or a different type of support. And so it's adapting your therapeutic and clinical knowledge within a much broader context.* ***Participant 7*** |
| | *There's so many transferable skills that I learnt on training that I use every day in this work.* ***Participant 5*** |

**Appendix 24 Table 3.6.2** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Skills at the strategic level** | *Additional training would be helpful because of the importance of the flexibility in the way that we work. For example, navigating the housing pathway.* ***Participant 5*** |
| | *Really important when it comes to partnership working is how to navigate the differences between that and working in a statutory service like the NHS. When it comes to evaluating projects, getting things going really quickly, some of the operational stuff. We got no teaching on that. When it comes to thinking about getting service users to contribute to decision making in the community and supporting them to find their voice. I feel is really core essential teaching that was not provided on the course.* ***Participant 12*** |

**Appendix 25 Table 3.7.1**. *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **"Non-expert" stance as both necessary and uncomfortable** | *To go in there and tell people how to do things never fit with me. I don't particularly feel like an expert when it comes to other people's lives, and it feels bizarre for me to go in with this notion of I'm the expert… It's not about being an expert, it's about waiting to see what the person is bringing to the table and trying to come up with something that fits for them. There's something about taking a slightly more non-expert position, taking a slightly more decentred stance, being more humble in the room. It allows me to … make more space for community partners to join the conversation without me feeling the need to take over and to do something.* ***Participant 12*** |
| | *I've had questions a little bit about like my professional identity. The importance of the flexibility in the way that we work has often left me feeling like I don't know what I'm doing a lot of the time because the support is so different from support that I have given previously in a really positive way.* ***Participant 5*** |
| | *I feel like the discomfort is where I need to be. Discomfort is our friend.* ***Participant 9*** |

| | |
|---|---|
| | *You're not always the expert. You know you're talking quite a non-expert position.* ***Participant 13*** |

**Appendix 26 Table 3.7.2** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Not reinventing the wheel** | *Facilitators are finding other people in the profession who have done this before who may be more experienced who are up for mentoring and helping you. That has without a doubt facilitated my ability to do this work…it's looking to people that have done it before. There's no point us reinventing the wheel and starting again.* ***Participant 6*** |

**Appendix 27 Table 3.7.3** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Acknowledging potential for harm** | *I'm still left feeling that actually, statutory services should be flexible and adaptive enough for people to be able to access them. So… there's a bit of a tension between "Yeah, let's do things differently" but I also don't want to collude with an idea that, well, young black men, they just can't access these mainstream services… because that feels very unethical to me.* ***Participant 3*** |
| | *One of the biggest learning for me going into Community Psychology is reflecting on myself and my position in terms of power and privilege, whether that's like race or gender or disability or lots of other different factors, and coming in as a psychologist and what that means for a lot of individuals and how psychology has been very oppressive in itself.* ***Participant 2*** |

**Appendix 28 Table 3.8.1** *supplementary table*

| **Subordinate theme** | **Supplementary quotes** |
|---|---|
| **Community expertise can no longer be ignored** | *I think that's a really important thing about working with communities, coming alongside, working out, "Do they want us?" If they do want us, how can they use us and be able to, work on that together.* ***Participant 8*** |

**Appendix 29 Table 3.8.2** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Clear definitions and titles** | *I just think that more understanding of what Community psychology is and also what it isn't is needed. It's about whatever community having the solutions to the problems that they're facing, mental health or otherwise, and those solutions being facilitated by psychologists. It isn't, only doing therapy in the community that might be. If the community say, hey, what we need is a therapist to come and do some therapy in the local mosque then would then we'd be able to access therapy. That would be community psychology, but me going to the mosque and being like "hi guys what you need is therapy here" that isn't Community Psychology.* ***Participant 3*** |
| | *I have a friend doing similar work and she said "on my badge it says Community Psychologist is it doesn't even say Clinical Psychologist". I didn't know why it didn't feel right and I spoke to a colleague, and she made the point - we're not community psychologists. There are people that do masters etc and they become Community Psychologists. Some colleagues are very adamant that you know we're Clinical Psychologists and we shouldn't be calling (ourselves) Community Psychologists. Things like that end up happening and… are not necessarily dangerous, but maybe that is something about ethics.* ***Participant 16*** |

**Appendix 30 Table 3.8.3** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Legitimise these ideas** | *Support Community Psychology research. Other theories have their evidence base, Community Psychology needs its evidence base. So promoting research and supporting it to be published is a real systemic way of addressing how we can keep promoting it.* ***Participant 14*** |
| | *It does mean going back steps and like teaching people about community psychology. Even at undergraduate level.* ***Participant 17*** |

**Appendix 31 Table 3.8.4** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Incorporate learning from other disciplines** | *People who do the work on the ground should deliver lectures.* ***Participant 16*** |

**Appendix 32 Table 3.8.5** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Highlighting context** | *Community psychology really gives a powerful, narrative that is very important across the board. No matter if you're working in a community psychology project or not. So I absolutely think that courses could put more time into teaching the underpinnings.* ***Participant 4*** |

**Appendix 33 Table 3.8.6** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Formalising community psychology teaching** | *We need to have this conversation because otherwise I think what happens is training just grafts on a little bit here and there. So you're trained, thinking about disorders, thinking about these Internalising approaches, individual therapies. And then you have a few lectures or even a whole module on Community Psychology. But to me that that's not a way to go really? I think before we start adding on little bits here and there, I think we need to have an honest and fundamental discussion about to what extent if you're schooled in that clinical model you can really genuinely shift your, attention to or your skills to Community Psychology?* ***Participant 9*** |
| | *Teaching could happen very early on, right in your first slot of training on critical community psychology. And then could it be like course requirements, essays or service-level research projects. In first year building relationships with the community within the area of the course or where placements are? That could then build a particular project. Or could it be starting to build relationships at that point with community organizations to see if psychology or a psychologist would be helpful,? How could the course build relationships like and maintain relationships with grassroots organizations?* ***Participant 2*** |

**Appendix 34 Table 3.8.7** *supplementary table*

| | **Supplementary quotes** |
|---|---|
| **Diversify the profession** | *I think with training courses they need to diversify…. I know people are trying to work on diversifying the cohorts. I don't know if they've done this yet, but having a minimum of people from certain backgrounds…They should really think about doing that, working class people etc. They also bring a wealth of knowledge. I'm not just saying just with particular ethnic groups or faith groups, but I think even at a minimum it's looking up who are the main demographics in our country and trying to have a workforce that represents that.* ***Participant 13*** |
| | *You need to have a multidisciplinary team obviously and more diversity. Sometimes I think there's too many Psychologists in teams and not enough psychotherapists, not enough family therapists and not enough everything else.* ***Participant 8*** |