Exploring Experiences of Partnership Work with Community Psychology Projects Focussed on Youth Violence

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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 (CP) is an approach which aims to address the social, cultural, economic, and political factors impacting the well-being of individuals. The NHS long term plan presents a shift towards CP centred approaches aiming to address and reduce the impacts of health inequalities evidenced consistently across the UK. One important aspect of implementing these new initiatives is learning from the successful practices of established CP based projects and services. Projects within this framework and are often associated with marginalised groups who experience inequalities and disparity in society. An example of such projects are those that work directly with Young People connected to the Criminal Justice System (CJS), specifically those exposed to Youth Violence.

Youth violence has been increasing globally, resulting in substantial economic, social, and psychological costs. Furthermore, research suggests that young people involved in the CJS through youth violence, experience multiple risk factors for poor health. Of particular concern is the poor mental health outcomes faced by this cohort, as demonstrated by findings that young people in the CJS are three times more likely to experience mental health problems than the general population. Despite this, this cohort of young people rarely have access mental health support or social care, and when they do it tends to be pathologising and temporary, creating further barriers to accessing support. These growing concerns have led to increased efforts to understand the risk factors contributing to the prevalence of youth violence, as well as effective interventions to prevent its occurrence. The evidence suggests that in order to effectively target youth violence it is important to address risk factors and interventions beyond the individual. Therefore, the main aim of this study is to explore risk factors and interventions related to youth violence.

Part one is a narrative synthesis of 50 studies examining the influence of neighbourhood risk factors on youth violence.

Part two is an empirical paper reporting the findings from a qualitative study, conducted using Thematic Analysis (TA). The present study was part of a joint project exploring various stakeholders' experiences and perspectives of community

psychology projects (e.g., clinical psychologists, service users, partnership stakeholders). This research specifically explored the experience of stakeholders who work in partnership with CP projects focussed on youth violence. Semi structured interviews were conducted with 15 professionals from a range of professional groups and partnership agencies. The findings are discussed in relation to previous research in the area of partnership working with the novel contributions of the present study. Implications and suggestions for future research are also highlighted

Part Three represents a critical appraisal and reflection on the research process. This part considers the potential impact of my personal and professional experiences on the present thesis and outlines the steps that were taken towards maintaining reflexivity throughout the research process. I also discussed challenges that were encountered during the research process and how they were experienced and managed. Lastly, I went on to describe the new learning that I gained from the research and how this has helped to shape my career path and interests in the area of CP.

Impact statement

Community Psychology (CP) approaches attempt to address how wider forces of power, oppression and exclusion contribute to negative outcomes such as poor mental health and offending. There are various CP projects working with young people affected by youth violence. As well as offering microlevel interventions these CP projects also intervene at the exo-level, which refers to formal and informal social structures which do not themselves contain the child (e.g. the neighborhood, parent's workplaces, parent's friends and the mass media) but indirectly influence them as they affect one of the microsystems. CP projects working indirectly with young people through partnership work with other agencies (CJS, mental health, courts, schools and other statutory services) to address multi-level risk factors and also bring about wider systems change. Given the barriers to services, the likely complex presentations and unmet multifaceted needs of young people in CJS, understanding how partnership work helps to improve experience and outcome for this cohort is important. Therefore, the present thesis set out to explore both multi-level risk factors and interventions associated with youth violence. This thesis comprises a systematic review and an empirical paper. A narrative synthesis was used in the systematic review to synthesis the results from multiple studies. The empirical paper employs qualitative methods.

In terms of the narrative synthesis, to the author's knowledge, this is the first systematic review examining all the available quantitative evidence on neighbourhood influences on youth violence. The Social Disorganisation Theory (SDT) was used to guide this systematic review. This theory states that structurally disadvantaged neighbourhoods characterised by high rates of poverty, single parent households, high concentrations of cultural heterogeneity and high residential mobility demonstrate higher levels of 'social disorganisation' (the inability of community members to achieve shared values or to solve jointly experienced problems). The findings presented here provided unique insights into conditions of a young people neighbourhood that puts them at greater risk of youth violence. A finding of particular importance was that neighbourhood influences appeared to have separate effects for males compared to females. The majority of studies examined the association between neighbourhood disadvantage and youth violence. Many of these studies reported findings of a positive

relationship between these two factors, i.e., higher levels of neighbourhood disadvantage is associated with higher reports of youth violence. Fewer studies examined the association between neighbourhood social processes (social disorganisation and neighbourhood disorder) and youth violence.

The empirical paper aimed to explore the experience and perception of stakeholders (e.g., youth offending, housing and traditional mental health services) who work in partnership with CP projects that specialise in youth violence. This appeared to be a relatively understudied area as CP project evaluations tend to focus on the impact, they have on the young people and staff. The findings revealed that complexities of young people presentations, barriers to statutory services and gaps in staff development, are key drivers to initiating partnership projects. The findings also revealed that the partnerships held many benefits for staff and young people. For instance, participants reported to gain psychological knowledge and skills which helped to increase their confidence in providing mental health support for young people. Furthermore, participants perceived that the flexibility of the non-traditional CP approach helped to address the barriers to mental health support, increased engagement and allowed young people to build relationships with professionals. The findings also revealed key best practice and training which facilitated the partnership working and provision. The findings led to a number of important recommendations for engaging young people, supporting staff, for CP projects and for partnership provision.

Overall, this research is important as it has implications for the refinement of multi-level prevention strategies to combat youth violence. It also contributes to a better understanding of the holistic support necessary for both young people and staff in the CJS. Lastly, the study provides important insight into partnership working within the CJS including challenges, benefits and facilitators. This research may be of particular importance to NHS services considering the move towards more partnership working proposed by the NHS long term plan. The findings may also have implications for commissioners due to its scope for identifying staff support initiatives to improve staff wellbeing which ultimately lead to better outcomes for young people. Clinical psychology training courses, the BPS and psychologists working in the community may also find this research of significance as it offers helpful insights into how

psychologists can work with wider systems and the necessary support and skills needed for psychologists working in this area. Lastly this research is of importance to the CJS as it suggests that holistic support is necessary and vital for young people affected by youth violence.

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Part 1

SYSTEMATIC LITERATURE REVIEW

A Systematic Review of Quantitative Studies Exploring the Association between Neighbourhood Level Factors and Youth Violence

Abstract

Aims: According to the Social Disorganisation Theory (SDT), structural and social aspects of neighbourhoods play an important role in the development of violence and crime. Despite this, there appears to be a dearth of systematic reviews assessing the relationship between neighbourhood factors and Youth Violence using the SDT. Therefore, the aim of this review was (1) to explore the existing quantitative literature on neighbourhood- level factors and youth violence (2) to explore whether the literature provides evidence for the efficacy of the SDT (3) to highlight important gaps in the knowledge and literature.

Method: A systematic search of studies was conducted in January 2022 which involved undertaking a comprehensive and systematic search using electronic databases (Medline, PsychInfo and Scopus). Three categories of neighbourhood influences were assessed: structural and demographic factors, social disorganisation (e.g., measure of how well communities function together), and neighbourhood disorder (e.g., general lack of concern or disarray within the neighbourhood). The data was synthesised using a narrative approach and critically appraised using, The Joanna Briggs Institute (JBI) Critical Appraisal Tool.

Results: Of the initial 6826 references identified, 50 were eligible for inclusion. Forty-nine studies reported findings related to demographic and structural factors, 17 studies reported findings related to social disorganisation, and 17 were related to neighbourhood disorder. The majority of studies were carried out in the USA and assessed violence perpetration outcomes (e.g., frequency of reported violent acts measured through questionnaires and police records). A mix of cross-sectional and cohort studies were used. Overall study quality was satisfactory. The most support for the SDT came from neighbourhood disadvantage with 24 out of 37 studies reporting a positive association with violent outcomes. There were sufficient findings in support of positive association between neighbourhood disorder and youth violence and an inverse association between social disorganisation and youth violence.

Conclusions: In summary, the findings from this review provides valuable evidence in support of the SDT by suggesting that youth violence in some parts is influenced by contextual factors such as the structural and social aspects of neighbourhoods. These findings have important clinical implications for public policy, prevention interventions and for practitioners working in the field of youth violence. Research implications and limitations are also discussed.

Key words: Youth violence, Social disorganisation theory, Neighbourhood factors

1. Introduction

1.1. The scope of Youth Violence

Youth Violence) is defined as, “violence inflicted by another individual or individuals aged between 10-29 years, including various forms with severity ranging from fighting to homicide (World Health Organisation [WHO], 2022)”. It is a global public health concern due to the devastating impact it has on young people and wider systems (Haylock et al., 2020; Home office, 2018). According to the Centres for Disease Control and Prevention (CDC), interpersonal violence and murder is the third leading cause of death for 15–19-year-olds globally, with an estimated 200,000 murders occurring between young people ages 10-29 each year (WHO, 2020; CDC, 2020; Irwin-rogers, 2020).

Violence perpetration and victimisation by youth contributes to the global burden of premature death, injury and disability and is also associated with serious lifelong consequences, including low academic attainment, impaired social relationships, mental health difficulties and increased rates of victimisation (Public Health England, 2019; Home office, 2018; WHO, 2020).The outcome of youth violence goes beyond the individuals themselves, as it is associated with a wider negative impact on the victims’ families, friends and communities, who are likely to experience trauma, loss and fear (RCPCH, 2022). Youth Violence also results in financial costs to society through loss of worker productivity, health, welfare, criminal justice expenses and a reduction in the value of house prices (Amodei & Scott, 2002; Limbos et al., 2007; Home office, 2018; Public Health England, 2019; RCPCH, 2022).

These growing concerns surrounding youth violence have led to increased efforts to understand risk factors contributing to its prevalence, as well as effective interventions to prevent its occurrence. A number of individual, familial, peer and community factors have been shown to increase the likelihood of a violent offence and victimisation by young people. Such risk factors have been empirically identified through multiple studies and predict violent behaviour longitudinally (Hawkins et al., 2000; Murray & Farrington, 2010; Nasr et al., 2010; Smith & Ecob, 2007). However, most of the current interventions addressing youth violence, directly target individuals and their families (Yonas et al., 2006). Although these interventions can be effective,

more effort is needed to assess risk factors at all contextual levels. A more informed understanding on how contextual factors contribute to young people experiences with violence may be necessary for understanding and designing effective violence prevention and interventions (Yonas et al., 2006).

1.2. Neighbourhoods

Neighbourhoods are one example of a contextual risk factor linked to youth violence. Whilst individuals hold strong influence over their own actions, their behaviours are partly the result of mesosystem elements, which is defined as the interaction between two or more settings in which a child actively participates (e.g. family, school, neighbourhood, church Bronfenbrenner, 1979). Neighbourhoods are described as "*geographic boundaries defined with advice from local communities working under Census Bureau guidelines" (*Leventhal & Brooks-Gunn, 2000). They typically surround local institutions (e.g., schools or churches) and display social and ethnic divisions (Leventhal & Brooks-Gunn, 2000; The Data Centre, 2022). Neighbourhoods are thought to hold a crucial role in the lives of families and individuals as the context for socialisation and social support (Korbin & Coulton, 1996). Additionally, ethnographic work illustrates that families frequently interact with their neighbours, and this is where children and young people receive social, health, and educational services, develop a sense of cultural practices, belonging, safety, and learn about the expectations of others (Bronfenbrenner, 1986; Ingoldsby & Shaw, 2002; Korbin & Coulton, 1996; Leventhal & Brooks-Gunn, 2000; Sabol et al., 2004). Research consistently shows that particular neighbourhood factors, (i.e., demographic, structural, social, and physical attributes), are related to a range of negative outcomes, including crime and violence (Sellström & Bremberg, 2006).

1.3. Structural and demographic factors

Neighbourhoods can be described in terms of their structural and demographic characteristics. Structural characteristics are associated with employment, home ownership, poverty, alcohol availability (referring to number of physical locations in which alcohol is available to purchase, CDC, 2017) and residential characteristics such as residential mobility, cultural heterogeneity (Johnson et al., 2015).

Demographic characteristics on the other hand, relate to composition by age, race, gender, family structure including single parent households, number of families with children (Johnson et al., 2015). A large body of research has shown a link between structural disadvantage and demographic related factors and violent outcomes. This includes burglary, violent delinquency, homicide, exposure to violence and property crimes (Antunes & Ahlin, 2017; Burchfield & Silver 2013; Devuyst et al, 2001; Fagan & Wright, 2011; Haynie et al, 2006; Jacob, 2006; Ludwig, et al., 2000; Osgood & Chambers, 2000; Parker & Rebhun, 1995; Sampson & Groves, 1989; Zimmerman & Messner 2010). For example, studies exploring youth offenders have reported that children living in neighbourhoods marked by concentrated disadvantage (e.g., high rates of poverty, unemployment, and single parent households) are at increased risk of engaging in delinquency and violence (Haynie et al, 2006; Jacob, 2006). On the same note, studies have also found higher rates of youth violence in cities with lower age limits for alcohol consumption (Parker & Rebhun,1995).

1.4. Social Disorganisation

In recent years contextual researchers have begun to focus more on the underlying social processes associated with violence and aggression (Almgren, 2005; Fabio et al., 2012). Neighbourhood social processes refers to a neighbourhood's social organisation, which forms a measure of how well communities function together including the strength of local friendship networks, control over adolescents' behaviours and participation in community organisations (Chung & Steinberg, 2006; Fabio et al., 2012). Measures of organisation include social cohesion (Rountree & Warner, 1999), informal social control (Elliot et al., 1996), collective efficacy (Sampson et al., 1997) and neighbourhood disorder (Sampson & Raudenbush, 1999).

Much of the research on neighbourhood social organisation examines collective efficacy, which refers to the willingness of residents in a community to intervene for the collective good of its members (Almgren, 2005; Johnson et al., 2015). Collective efficacy is made up of two components: social cohesion and informal social control. Social cohesion describes the community's ability to advocate for itself, uphold civic institutions, such as schools and places of worship, and maintain strong social

networks characterised by trust and social support (Johnson et al., 2015). Informal social control on the other hand, refers to the community's ability to collaboratively supervise youth and appropriately sanction their behaviours (Kawachi 2001; Johnson et al., 2015). There is sufficient evidence in support of an inverse association between measures of collective efficacy and neighbourhood crime rates (Armstrong et al, 2015; Cantillon et al., 2003).

1.5. Neighbourhood disorder

Another important influencing factor is neighbourhood disorder, which describes a general lack of concern or disarray within the neighbourhood. This includes signs of physical decay, e.g., abandoned or run-down properties, vandalism, rubbish, and social deterioration, e.g., public drug use and drinking, disputes between residents, prostitution, and other deviant behaviours (Erdmann, 2020; Ross & Mirowsky, 1999). These factors are largely created by the lack of investment in terms of limited policing, rubbish maintenance, upkeep and community centres in disadvantaged neighbourhood compared to more affluent neighbourhoods (Erdmann, 2020). Research consistently demonstrates that adolescents residing in neighbourhoods with high levels of disorder are more likely to participate in delinquent behaviour (Gorman-Smith, 2000; Johnson et al, 2000; Leventhal & Brooks-Gunn, 2000).

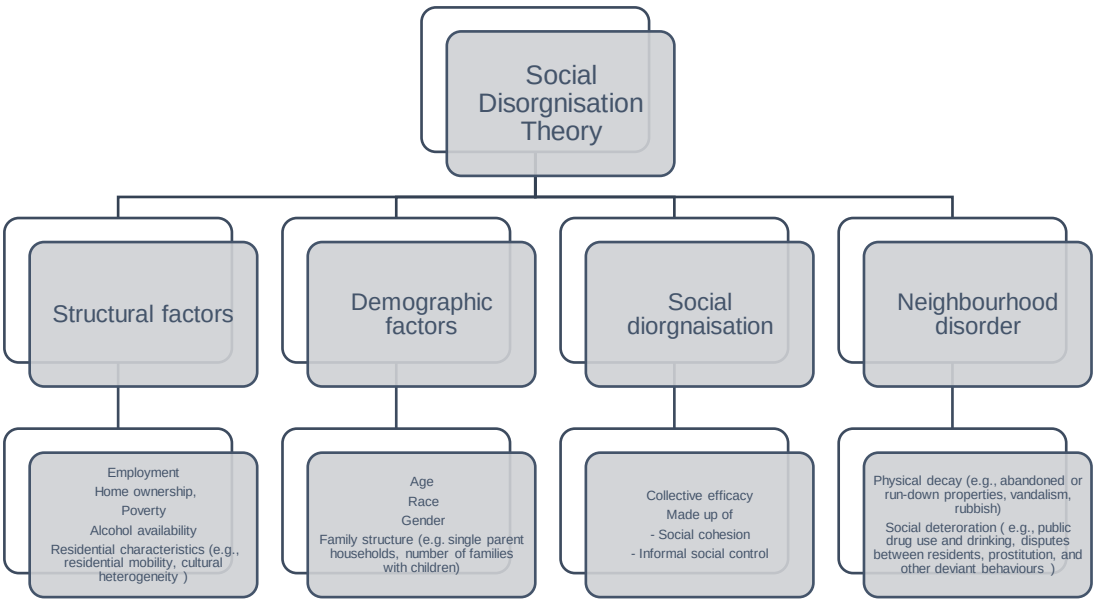

Figure 1.1 – visual representation of concepts related to the Social Disorganisation Theory

1.6. Measures

These structural and social characteristics of neighbourhoods are usually measured through governmental data, on crimes rates and census tracts, and survey data which captures residents' perception of crime, levels of safety and physical and social disorder (Antunes & Manasse, 2021; Piza et al. 2016; Hipp 2007)

1.7. Social Disorganisation Theory

Neighbourhood influences on violent crime were first proposed in the Social Disorganisation Theory (SDT) developed by Shaw and McKay (1942). The main premise behind this theory is that neighbourhoods play an important role in the propensity of crime. They posited that structurally disadvantaged neighbourhoods, which describes the disadvantage experienced by some individuals, families, groups of communities due to the way society functions e.g., how resources are distributed, how people relate to each other, who has power, how institutions are organised (Jones et al., 2021), demonstrate higher levels of 'social disorganisation' (Antunes & Manasse, 2021;Lowenkamp et al., 2003). These neighbourhoods are typically characterised by high rates of poverty, single parent households, high concentrations of cultural heterogeneity and high residential mobility.

The relationship between structural and demographic aspects of a neighbourhood and violence is largely mediated by collective efficacy (Feng, 2021; Antunes & Manasse, 2021). These characteristics are thought to contribute to the breakdown of shared norms and values and how this is reflected in the weakening of collective efficacy. For example, disadvantaged neighbourhoods may offer limited educational, social and physical resources and fewer opportunities to learn new skills or connect with positive adult role models, who can provide consistent supervision and monitoring (Pratt & Cullen 2005; Rice & Smith 2002; Fagan, 2014). High rates of residential mobility in a neighbourhood can also limit the formation of social relationships, which are thought to be necessary for collective efficacy to develop (Feng, 2021; Xie & McDowall 2008; Hip et al., 2009). Lastly, cultural heterogeneity may result in greater likelihood of opposing values regarding the appropriateness of deviant behaviours, which may interfere with establishing collective efficacy (Berg et al. 2012). Neighbourhoods with strong collective efficacy, which include higher levels of informal social control and social cohesion, may be better able to reach common values and restrict deviant behaviours (Antunes & Manasse, 2021; Sampson et al., 1997).

According to the SDT, individuals residing in highly disorganised neighbourhoods are thought to be less trusting or supported by their neighbours and there is less cohesion and fewer positive social networks (Sampson et al., 1997). Subsequently, residents may be less likely to monitor each other or join together against criminal activity (Furstenberg, 1993). In addition, the presence of physical decay symbolises overall community neglect (Erdmann, 2020; Skogan, 2012; Wilson & Kelling,1982). Greater exposure to crime, lack of cohesion around neighbourhood values against crime and neighbourhood neglect, may lead to an increased prevalence of violent delinquency as young people begin to adopt the notion that violence is acceptable, and they will not be sanctioned for it (Sampson et al., 1997).

Although collective efficacy is important, we cannot rule out the role and responsibility of social inequality and wider system issues (e.g., discrimination, racism and marginalisation) which can contribute to individuals residing in disorganised and disadvantaged neighbourhoods in the first place. Shaw and McKay (1942) conclude

that youth violence may be a normal response by individuals to the abnormal conditions they end up residing in.

1.8. Aims and rationale

Studies consistently demonstrate that neighbourhood social, structural and demographic factors hold important influence over the development of violence in young people. However, to the authors knowledge, there have been no reviews assessing the association between neighbourhood level factors and youth violence, using the SDT. Many reviews assessing risk factors for youth violence tend to focus on individual, family, school and peer influences. As young people do not only live in these social systems but also in communities, this would suggest that to understand the potential nature of neighbourhood influences on their behaviours. It is hoped that the findings from this review might suggest implications for the refinement of multi-level prevention strategies to combat youth violence.

The review aimed to:

1. Systematically review the existing quantitative research on neighbourhood-level factors (particularly structural and demographic, social disorganisation, and neighbourhood disorder) and youth violence
2. Explore whether the literature provides evidence for the efficacy of the SDT
3. Highlight important gaps in knowledge and the literature.

2. Method

2.1. Search strategy

Two search strategies were used. Firstly, an initial scoping review was conducted using electronic resources (Google scholar) to find relevant systematic reviews and research on risk factors for youth violence. Key words related to the topic that were identified through these papers were used to develop the main database search terms (Cassidy et al., 2014; Haylock et al., 2020; Johnson et al., 2015). Secondly, three electronic databases were systematically searched – PsycINFO, Scopus and Medline – between January and February 2022 (see Appendix A for the full database search strategies).

The final set of search terms broadly mapped onto four conceptual clusters: youth, violence, neighbourhood, and social factors. To allow for variations in key terms (e.g., violent and violence) truncated terms were used. Proximal operators were also used such as Adj in order to search for terms that might appear close to each other. Subjects' headings were also used (denoted with/)

The following key terms were generated:

Youth, violence, neighbourhood and social terms were combined using AND; the following search strategy was then used (Youth terms) AND (Violence terms) AND (Neighbourhood terms) AND (Social factor terms).

Table 2.1. Search Terms

Youth	Violence	Neighbourhood	Social factors
*Adolescen**	*Violen**	*Neighbourhood**	*Social*
*Youth**	*Assault**	*Neighborhood**	*Economic*
Young person	*Stabbing*	*((local or*	*Socioeconomic*
Young people	*Knife*	*geographic* or*	*Demographic*
*Young adult**	*Knives*	*residen*) adj3*	*Poverty*
*Young offender**	*Murder**	*(communit* or*	*Educat**
*Young crim**	*Homicide**	*area* or region*))*	*Crim**
Juvenile	*(physical adj*	*Borough*	*Deprivation*
Minor	*(attack* or abuse*)*	*Contextual*	*Ethnicity*
Minors			
*Teen**			

Asterix (*) ***denotes truncation which is used to find variant word endings (e.g., adolescent* finds adolescence)***

The datasets obtained from the electronic databases were imported into an EndNote library and de-duplicated. Two librarians were consulted to support the development of the search strategy.

2.2. Screening and selection

Table 2.2 Inclusion and exclusion criteria

Component	**Inclusion criteria**	**Exclusion criteria**
Population	Youth aged between 10 and 29 years old	Infants, adults (over 29)
Violence	Interpersonal violence	An explicit focus on other violence typologies, such as elder abuse, domestic abuse, self-harm, bullying or violence directed against groups or communities as these have their own specific risks factors.
Language	English	
Publication Date	Between 1990-2022	
Papers	Quantitative; published in peer reviewed academia, grey literature, conference abstracts, unpublished theses. Studies that had a primary or secondary focus on the association between neighbourhood level factor and an assessment of youth violence	Qualitative methodology, Randomised Controlled Trial (RCT), experimental study, non-randomised controlled trials, Used Interrupted time series design (ITS), Used controlled before and after study (CBA)

Titles and abstracts of the identified research papers were assessed for relevance against the inclusion criteria. Full-text versions of potentially eligible papers were then retrieved and assessed for eligibility. Papers that did not meet the inclusion criteria were excluded with reasons noted. The author extracted relevant information from the studies and a research partner independently assessed 40% of the full-text papers for inclusion in the review, which were randomly selected. Any discrepancies were resolved through discussion.

2.3. Quality assessment

Study quality, design, conduct and analysis were assessed by the main researcher using The Joanna Briggs Institute (JBI) Critical Appraisal Tool for Cohort and cross-sectional studies (Bilotta et al., 2014). The JBI has separate quality assessment tools for cohort and cross-sectional studies, 27 studies were cross sectional and 23 were cohort. A summary of the quality ratings for all 50 studies included in the review can be found in Appendix B. For every item in the tool, the author indicated ‘yes’, ‘no’, ‘unclear’ or ‘not applicable’ for each study.

2.3.1. Cross sectional studies

Twenty studies (74%) identified confounders associated with youth violence, such as age, gender, ethnicity or socioeconomic status. However only 17 studies (62%) clearly stated how they controlled for these confounding factors. Overall, 18 studies (67%) defined inclusion and exclusion criteria and a further 22 studies (81%) described the participants and settings in detail. Valid and reliable exposure and outcome variables were used in 96% of studies. All studies were considered to report appropriate analysis.

2.3.2. Cohort studies

Eighteen studies (78%) identified confounders associated with youth violence, such as age ethnicity, gender or socioeconomic status. and controlled for these confounders in analysis (65%). Overall, all studies were considered to report appropriate analysis and un-biased selection. Follow up time was reported in 13 studies (56 %) and explored in 9 (39%)

2.4. Data extraction

After the full text article review, a total of 50 articles were included and data extracted. An excel workbook was used to extract relevant data from the suitable studies and amalgamate the evidence. The characteristics of the study have been summarised according to the: author, year, journal, title of the study, design, sample size and characteristics, details of the youth violence and neighbourhood measures used, country, and study findings. The studies were organised by neighbourhood influence across three domains: (1) Structural and demographic (2) Social disorganisation (3) Neighbourhood disorder.

2.5. Data analysis and synthesis

Following the quality assessment, a narrative synthesis of the studies was conducted as heterogeneity amongst studies, in terms of study design, and variations in data reporting concerning youth violence, precluded a comprehensive quantitative analysis. The focus was on the association between youth violence outcome measures and neighbourhood level category (Table 3.4).

3. Results

3.1. Study selection

A total of 6826 relevant papers were identified. After removal of duplicates, 5513 papers remained, and article titles and abstracts were screened against predefined inclusion criteria. Of these, 5305 did not meet eligibility criteria and were therefore excluded, resulting in 208 full-text papers to be assessed for inclusion. Following full-text screening, a total of 50 papers were eligible for inclusion in the review. The PRISMA template was used to produce a flowchart outlining the exclusion and inclusion of studies at each stage of the selection process (Figure 3.1)

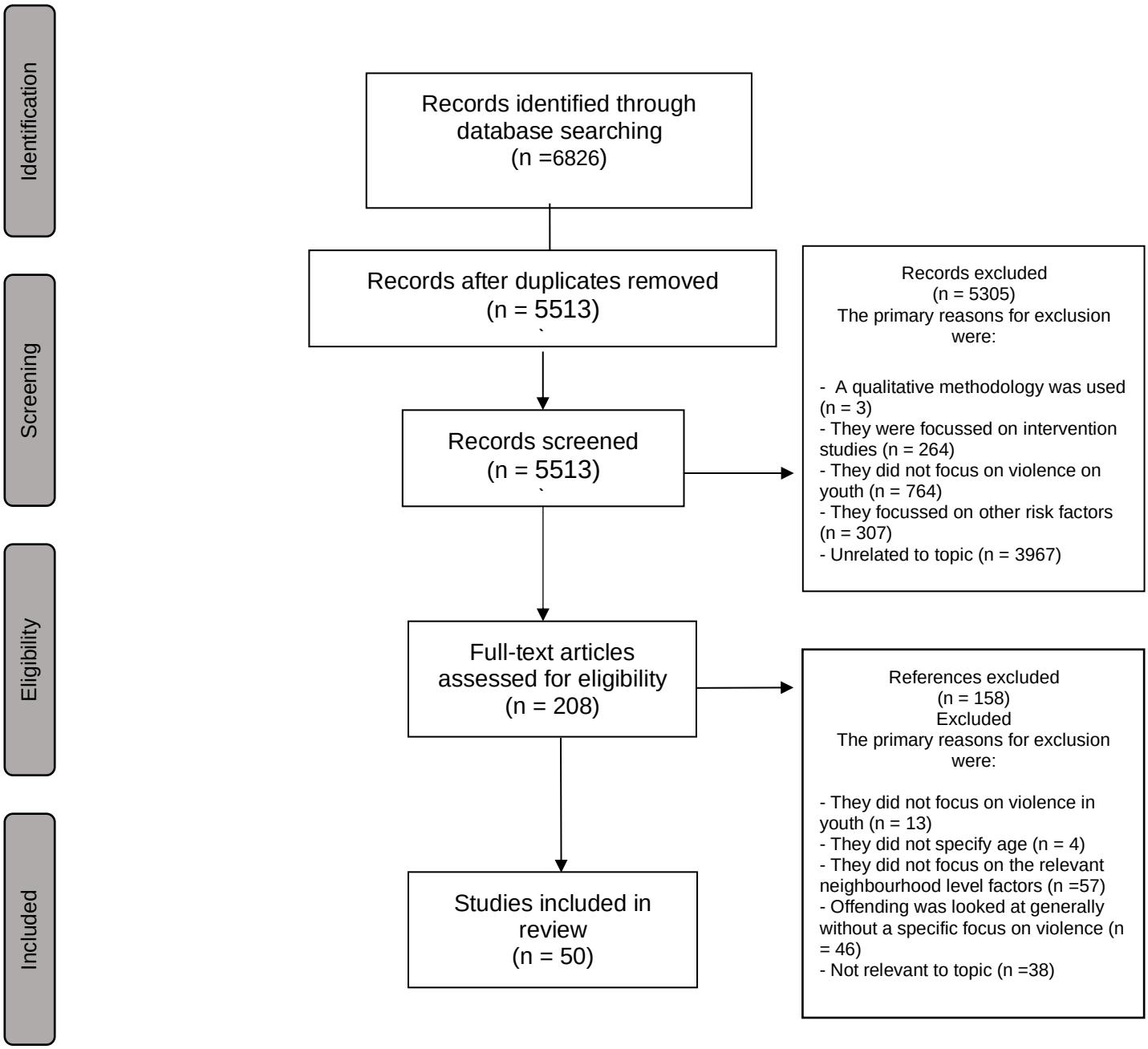

Figure 3.1 *PRISMA flow chart: schematic overview of the selection process for studies eligible for full review*

3.2. Study characteristics

Study characteristics and direction of the relationship between youth violence and neighbourhood factors are outlined in table 3.3 (A more detailed table of study characteristics can be found in (table 3.4). Included studies were published between 1998 and 2022, with the majority being conducted in 2008, 2011, 2012, 2014 and 2021 (n= 20). Sample sizes ranged from 121–20,438, with a total combined mode of 983

For brevity, the following studies are referenced according to study numbers found in table 3.3

3.2.1. Study designs

Twenty–seven studies were conducted using cross- sectional study designs (1-3, 6-14, 17-22, 25, 33, 37- 42, 48, 50) the remaining 23 studies utilised cohort study designs (4,5,15,16,23,24,26- 32, 34,35, 43- 47, 49)

3.2.2. Population of sample

The ages of participants included in the studies ranged between 10.5 – 16.44 years, with a mean of 14 years. The majority of studies reported information on the ethnicity of the participants included, however 22% did not. Of the studies that did, 28% of the samples were Black - non Hispanic (including African American), 40% were White - non Hispanic, 21% were Hispanic or Latino, 1.33%* were Asian American, 0.28% were Native American, 1.9% were German, 0.24%* were Turkish, 0.04*% were Eastern European* (including former Yugoslavia, Polish, Russian, or Romanian), 0.80% were European American, 0.46% were Hongkongese, 0.17% were Chinese, 0.30% were of mixed ethnicity and 5.9% were other. The ethnic makeup of the Mixed and Other categories is unknown. Majority of studies reported information on the socioeconomic status (SES) of the sample, however, 26% of studies did not. Studies that did report on SES used a variety of proxy markers including free school meals, household income, parents educational background, level below poverty line and family SES. These were subjectively assessed and coded by the main researcher and divided into low (44%), medium (22%) and high (4%) SES categories.

(* - refers to populations that were outside of their home country, i.e., Turkish people living in Germany)

3.2.3. Study Locations

Thirty-seven studies were conducted in the USA (1-2, 4-5, 9-13, 15- 18, 20-24, 26- 35, 37 – 41, 43, 45, 49-50) six in Canada (3, 6-8, 47, 48), two in South America (Brazil and Puerto Rico- 25, 42), two in Asia (Hong Kong and South Korea - 14, 46). The remaining three studies took place in European countries (Sweden, Scotland and Germany- 19, 36, 44).

3.2.4. Violence measures

Table 3.1 shows a breakdown of the measures used to assess violence victimisation and perpetration. The majority of studies examined violence perpetration using self-report measures which measured the frequency of violent acts committed over 12 months or 30 days. Five studies measured perpetration using a triangulation of sources from either police, parent, self and teacher reports, which looked at the frequency of violent acts or violent offences committed by young people. Violent victimisation was assessed by 7 studies using hospital data on violent assault injuries (n = 4) or self-reports of frequency of violent acts experienced in 12 months or 30 days (n = 9) or police data (n= 1). Lastly, eight studies assessed both violent victimisation and perpetration.

Table 3.1 Violent outcomes measures			
Violent outcome	***N* (%)**	**Study no.**	**Types of measures *study no.***
Victimisation	7 (14%)	3, 7, 13, 26, 33, 35, 47	- **Hospital data** 3,13, 33, 47 - **Self-report**; 2,4, 6, 9, 15, 24, 26, 35, 37 - **Police reports** of violent convictions, 1
Perpetration	35 (70%)	1, 2, 4- 6, 8-11, 14- 25, 27 -32, 34, 36 -47, 49, 50,	- **Self-report**: self-reported delinquency scale 4, 14, 22-25, Drug and violence International 6, youth risk behaviour surveillance system 11, 27, aggression scale 2, violence in home survey 9, 10, physical aggression scale 21, 32, conduct tactic scale 41, aggression juvenile delinquency scale 43, juvenile violence experience 46 and other constructed scales or surveys 8, 15 -20, 28- 30, 34, 36, 37, 39, 40, 42, 47, 49, 50 - **Police reports** of violence convictions 1, 38, 44. **- Multiple sources;** self, teacher and court reports 5, 21, 24, 31 45. - **Teacher reports**; the teacher report outline, behavioural assessment system 24, the child behavioural checklist 31 **- Parent reports**; assessed frequency of perpetration committed by their children this included the child behaviours checklist 21, 31
Both	8 (16%)	1, 2 4, 6, 15, 19, 24, 37	See above

3.2.5. Neighbourhood level influences

Forty-nine studies examined structural and demographic characteristics, (including neighbourhood disadvantage, residence characteristics and alcohol availability). Seventeen studies examined, social disorganisation (including sense of community, informal social control, and collective efficacy of the neighbourhood) and 17 examined neighbourhood disorder (including crime rates, exposure to community violence and presence of physical and social disorder). Many studies reported findings from more than one category.

Table 3.2 shows the different ways in which neighbourhood level factors were measured in the studies. The majority of studies (94%) assessed neighbourhood disadvantage using census data (composite of the percentage of the population below poverty line, population without a high school degree, the population unemployed, of single parent house, employed in managerial and/or professional occupations, households on public assistance). Neighbourhood alcohol availability was measured using census data (n = 1) and information from alcohol control agencies (n = 3). Crime rates and perceived crime and safety were predominantly assessed using self-report

measures on (n = 15). Similarly, neighbourhood social and physical disorder was examined using self-reported measures. All studies measured collective efficacy using the adapted version Sampson et al. collective efficacy scale (1997), which assesses self-report of informal social control and social cohesion. Lastly, “sense of community” and informal social control were measured using a range of self-report surveys that assessed how well community members know each other, sense of closeness within the community and how likely residents were to intervene if they observed crime. One study used an interview to gather this information from respondents.

Table 3.2 neighbourhood level outcome measures

Neighbourhood characteristics	**Study no.**	**Types of measures**
Neighbourhood disadvantage	3-6 9-13, 15-17, 20,21 23, 24, 26, 28- 30, 32- 41, 43, 46, 47	- Census data - Small area marketing statistics
	44	
Residential characteristics	6,17,28,33, 46	- Census data
Alcohol availability	1, 11,38, 41	- Census data, alcohol beverage control agencies,
Crime rates and perceived neighbourhood crime, violence and safety	2, 18, 19, 23 - 25, 45, 46,	- **Self-report;** Exposure to violence scale, my exposure to violence survey, revised protective factor index, survey of exposure to community violence, scale of crime and perceives, perceptions of social problems scale, Other constructed scales or surveys assessing, counts of crime observed in the neighbourhood
Neighbourhood social and physical disorder	14, 27, 29, 30, 42, 48	**- Self-report surveys**; Neighbourhood disorder scale, modified survey broken window, neighbourhood attachment scale, Measures
Collective efficacy	6,7,21, 22, 34, .35. 36	-**Self-report surveys**; adapted versions of Sampson et al. (1997) assessing measures of informal social control and social cohesion
Informal social control	27	- **Self-report** interview
Sense of community ***Social cohesion, neighbourhood connectedness, social capital, neighbourhood attachment, social capital***	17, 29, 32, 37, 43, 48, 50	- **Self report survey**: Interaction Model of Client Health Behaviour, Psychological Sense of Community (PSOC) scale, neighbourhood social disorganisation scale Buckner’s (1988) measure of beliefs about the neighbourhood, Neighbourhood Environment Scale (NES), Neighbourhood Youth Inventory (NYI), items from Chicago Youth Development Study community, The World Bank’s social capital questionnaire, National Longitudinal Study of Adolescent Health and other constructed scales or surveys assessing *social bonding, social control crime and attachment to a neighbourhood*
	27	- **Self-report** interview

3.3. Synthesis of results

3.3.1. Structural and demographic factors

Forty- nine studies reported findings on how concepts such as neighbourhood disadvantage, residence characteristics and alcohol availability correlated with violent outcomes.

3.3.1.1 Neighbourhood disadvantage

Of the 37 studies that examined this area, 24 studies reported at least one statistically significant positive association between a measure of neighbourhood disadvantage and increased youth violence (Bell, 2009; Berg & Loeber, 2011; Beyers et al., 2001; Bruce, 2004a, 2004b; Carter et al., 2017; Couture-Carron, 2021; De Coster et al., 2006; Dinapoli, 2000; Estrada-Martinez et al., 2013; Fabio et al., 2011; Farrell et al., 2014; Haynie et al., 2006; Herrenkohl, 1998; Herrenkohl et al., 2003; Herrenkohl et al., 2000; Karriker-Jaffe et al., 2013; McAra & McVie, 2016; Pabayo & Kawachi, 2014; Parker et al., 2011; Pinchak & Swisher, 2022; Romero et al., 2015; Sariaslan et al., 2013; Singh et al., 2022).

For example, Berg & Loeber, (2011) carried out a study assessing the association between neighbourhood socioeconomic disadvantage, derived using census data, in a sample of 1000 adolescent males. They found that individuals from disadvantaged neighbourhoods had a higher probability of being victims of youth violence. They also found that respondents who engage in violent offending and reside in disadvantaged neighbourhoods have an even more heightened risk of victimisation. Similarly, Bruce, (2004) tested the relationship between neighbourhood concentrated disadvantage and violence using a National Longitudinal Study of Adolescent Health. Concentrated disadvantage was composed of the following census variables using principal components analysis: percentage below the poverty line, percentage unemployed, percentage without a secondary school degree, and percentage of single parent households. They found that concentrated disadvantage was positively related to an increase in adolescent violence. In support, Beyers et al., (2001) examined 420 male adolescents aged 13–19 years. Their findings revealed that adolescents in neighbourhoods with high SES were significantly less likely than their counterparts in low-SES neighbourhoods, to engage in violent delinquency.

Ten studies reported no significant association between neighbourhood disadvantage and youth violence in various samples (Browning, 2008; Couture-Carron, 2021; Fagan & Wright, 2012; Fagan et al., 2014; Gibson, 2012 Maimon & Browning, 2010, 2012; Paschall & Hubbard, 1998; Shin, 2021; Vogel & Van Ham, 2018). Gibson & Chris L (2012) conducted a longitudinal study of 1889 young people. Although they found that concentrated disadvantage was positively correlated with violence perpetration, this association was not significant. Similarly, Fagan et al., (2014) carried out a longitudinal study assessing the relationship between neighbourhood concentrated disadvantage and youth violence in a sample of 1718 young people controlling for exposure to violence and the other individual-level variables. They found no direct effects between concentrated advantage and violence perpetration. Paschall & Hubbard, (1998) used multilevel data to examine the effects of neighbourhood poverty on the propensity for violent behaviour in African American male adolescents. They reported that neighbourhood poverty did not directly affect adolescents' propensity for violent behaviour but may have had an indirect effect through family stress and conflict and adolescents' self-worth.

Three studies found an association between neighbourhood disadvantage and youth violence in an unexpected direction (Browning & Erickson, 2009; Estrada-Martinez et al., 2013; Fagan & Wright, 2012). For example, Browning & Erickson, (2009) examined the association between both major and minor violence victimisation and neighbourhood disadvantage, measured through census tract data. They reported a negative association between these two variables. Contrary to their expectations, they found that residing in a disadvantaged neighbourhood is associated with a reduction in the odds of minor (50%) and major victimisation (24%) relative to those in non-disadvantaged neighbourhoods. Interestingly, gender differences in the association between neighbourhood disadvantage and youth violence were reported in one study. Fagan et al., (2012) found that concentrated disadvantage was not significantly associated with self-reported violence among males, however a negative association was found in females, in that concentrated disadvantage reduced the likelihood of self-reported violence. Estrada-Martinez et al., (2013) reported a difference in association depending on the composition of the neighbourhood. They found that whilst neighbourhood SES was positively associated with risk for violent

behaviours among youth living in predominantly Black and Latino neighbourhoods, an inverse association was observed for youth living in primarily white neighbourhoods.

3.3.1.2. Residence characteristics

Eight studies investigated the association between youth violence and separate residence characteristics (residential mobility, immigration concentration and racial composition). Of these studies, no association was found between residential mobility and youth violence (Browning, 2008; Haynie et al., 2006; Herrenkohl, 1998; Kaylen, 2011; Maimon & Browning, 2012; Maimon & Browning, 2010; Shin, 2021). Three out of the four studies that assessed immigration concentration found an inverse association with youth violence (Haynie et al., 2006; Maimon & Browning, 2012; Maimon & Browning, 2010) and one reported no association (Browning, 2008). One study reported a positive correlation between racial composition and violence perpetration. Dinapoli & Pershing, (2000) found that boys and girls who lived in more racially diverse neighbourhoods reported a higher frequency of violent behaviours.

3.3.1.3. Alcohol availability

Four studies investigated neighbourhood-level alcohol availability and youth violence perpetration and victimisation (Alaniz et al., 1998; Bushover et al., 2020; Parker et al., 2011; Resko et al., 2010). The majority of these studies found a positive association between the availability of alcohol within the neighbourhood and increased violence measures. For example, Alaniz et al. (1998) examined youth violence and alcohol availability in the immigrant youth population using police reports of violent crimes committed by, or against, youth aged 15 to 24. They found positive significant effects between alcohol availability in the neighbourhood and youth violence. Indicating that the more readily available alcohol was, the higher the rates of youth violence. Consistent with these findings, Parker et al., (2011) found the estimated effects of the measure of alcohol availability were statistically significant and positive on police reports of youth homicide offending for both young offenders and older offenders. Resko et al., (2010) also found a positive association between alcohol availability and violence, however this association was only significant when neighbourhood disadvantage was not moderated for. Contrary to these findings, Bushover et al. (2020) found that the availability of alcohol was inversely associated

with violence perpetration. Alcohol availablity was associated with slightly lower odds of violence perpetration.

3.3.2. Social disorganisation

Seventeen studies examined the link between youth violence and social disorganisation using a range of concepts related to the sense of community, informal social control, and collective efficacy of the neighbourhood.

3.3.2.1 Informal social control

One study examined the relationship between self-report of youth violence and informal social control, assessed through survey data (Haegerich et al., 2014). As expected, they found that youth living in neighbourhoods with higher informal social control were significantly less likely to engage in violent fights

3.3.2.2. Sense of community

Eight studies examined youth violence and concepts related to sense of community i.e., social cohesion, neighbourhood connections, social capital and neighbourhood attachment (Dinapoli, 2000; Haegerich et al., 2014; Herrenkohl, 1998; Karriker-Jaffe et al., 2013; Pabayo & Kawachi, 2014; Romero et al., 2015; Strohschein & Matthew, 2015; Widome et al., 2008). The findings from these studies were mixed. Three studies found a significant inverse relationship between neighbourhood connections, neighbourhood support and intention to contribute to neighbourhood on the violence outcomes assessed (Dinapoli, 2000; Haegerich et al., 2014; Widome et al., 2008), indicating that higher rates of these factors led to lower counts of youth violence. No association was found between neighbourhood, social cohesion, attachment, disorganisation and social resource measures on violence outcomes (Pabayo & Kawachi, 2014; Romero et al., 2015; Strohschein & Matthew, 2015; Widome et al., 2008).

Pabayo & Kawachi, (2014), found that social cohesion mediates the relationship between neighbourhood income inequality and violence outcomes. One study reported a significant association between self-report social disorganisation and youth violence outcomes (Strohschein & Matthew, 2015).

3.3.2.3. Collective efficacy

Eight studies examined the association between collective efficacy and youth violence amongst Toronto secondary pupils, a community sample of young people living in 80 Chicago neighbourhoods and in a sample of Juveniles in South Korea. All eight studies used surveys to measure collective efficacy. Browning & Erickson (2012) found a negative correlation between collective efficacy and the number of violent offences reported by youth. Similarly, Browning (2008) used aggregated youth reports as a predicator and did not report an association between violent victimisation and collective efficacy but did report a significant positive association with violent perpetration. Browning & Erickson (2009) also used aggregated data and reported that collective efficacy had no association with minor victimisation but, was significantly inversely associated with major victimisation. Maimon & Browning (2012) also reported an inverse association between youth violence and collective efficacy. On the contrary, two studies found no direct effects between collective efficacy and self-reported youth violence, whilst controlling for exposure to violence and other individual variables (Fagan et al., 2014; Maimon & Browning 2010). Fagan & Wright (2012) reported gender differences and the effects of collective efficacy in ways not predicted by the social disorganisation theory. Whilst no association was found between collective efficacy and self-reported violence in males, among females it was related to higher rates of violence

3.3.3. Neighbourhood disorder

Seventeen studies examined the association between youth violence, and concepts related to neighbourhood disorder such as crime rates, exposure to community violence and presence of physical and social disorder.

3.3.3.1. Crime rates and perceived neighbourhood crime, violence and safety

One study examined the association between violent crime rates and youth violence (Shin, 2021). This study was based on respondents of a Korean Youth Panel Survey, which investigated the effects of crime rates (the total number of violent crimes, and misdemeanours that occurred in the prefectures) on youth violence perpetration and found no significant association between the two. Three studies reported findings related to concepts on neighbourhood crime and safety, which assessed how safe respondents felt in their neighbourhood (Erdmann, 2021; Herrenkohl et al., 1998; Haegerich et al., 2014). Of these studies, two reported a significant positive relationship between neighbourhood crime and perceived safety measures and youth violence. For example, Erdmann (2021) reported that lower scores of perceived neighbourhood safety increased the intensity of both juvenile offending and victimisation, however this relationship was weaker for violent victimisation compared to offending. Haegerich et al. (2014) on the other hand, found no significant association between measures related to neighbourhood concerns of crime and safety and violence perpetration.

Two studies examined the association between youth violence and measures related to perceived neighbourhood problems (i.e., respondents' perceptions of whether problems exist in their neighbourhood). Findings from these two studies were mixed. Erdmann (2021) reported that higher rates of self-reported perceived neighbourhood problems led to an increase in youth violent offending and victimisation. Romero et al. (2015) on the other hand, conducted a 3-year longitudinal study to examine which neighbourhood factors predicted youth aggression over the three years of the study. They found that parent and child perceptions of neighbourhood problems measured at year one were not associated with youth reports of aggression at year one. However, they also found that youth perception of neighbourhood problems (specifically their perceptions of gang and drug activity in

their neighbourhood) significantly predicted changes in aggression over 3 years, indicating that as negative youth perceptions increased, so did youth aggression across the 3 years.

Exposure to community violence was examined in five studies (Barroso et al., 2008; Durant et al., 2000; Farrell et al., 2014; Faus et al., 2019; Shields & Pierce, 2001). Consistent findings of a positive association between witnessing community violence and violence perpetration, victimisation were reported across all studies. For example, Barroso et al. (2008) reported that witnessing a higher number of violent incidents in the community was positively associated with an increase in self-report of violent offending and victimisation. Similarly, Farrell et al., (2014) found the frequency of both physical violence and victimisation was positively associated with witnessing community violence.

3.3.3.2. Physical and social disorder

Six studies examined concepts related the physical or social aspects of the neighbourhood and their association with youth violence (Chan, 2021; Haegerich et al., 2014; Herrenkohl, 1998; Herrenkohl et al., 2003; Reyes et al., 2008; Strohschein & Matthew, 2015). This included participants' or experimenters' ratings of the amount of crime, deviants' acts, vandalism or abandoned buildings in the neighbourhood. Of these studies, six reported significant positive associations with either violence perpetration or offending. For example, Strohschein & Matthew (2015) found that greater levels of social disorder (as assessed by asking respondents whether their neighbourhood has a lot of crime, drug selling, and fighting) were associated with a higher count of violent acts. Mixed findings were reported by Reyes et al. (2008) who found a positive relationship between neighbourhood social disorder and violence perpetration. However, in regard to physical disorder, they found that youth violence was only positively associated with increased presence of abandoned vehicles, but had no association with any other aspects of the physical environment of the neighbourhood (the presence of graffiti, abandoned buildings and shooting galleries in the neighbourhood). Consistent with this finding, Haegerich et al. (2014) found no association between physical environment of the neighbourhood (as assessed by measures of abandoned buildings, broken windows in the neighbourhood) and violence perpetration in youth.

Table 3.3 Simplified table of associations between youth violence and neighbourhood factors S & D = Structural and Demographic, ND = Neighbourhood Disorder and SD = Social Disorganisation '+' = at least one neighbourhood factor in this category demonstrated a positive statistically significant association with an increase in youth violence victimisation or perpetration. '- '= at least one neighbourhood factor in this category demonstrated an inverse statistically significant association with a reduction in youth violence. 'NS' = no neighbourhood factors in this category were significantly associated with youth violence.
A blank cell indicates that this category of neighbourhood factors was not a focus of the study

	Authors	Victimisation or perpetration	Subcategories	*S & D*	*ND*	*SD*
1	(Alaniz et al., 1998)	Both		+		
2	(Barroso, et al., 2008)	Both			+	
3	(Bell et al., 2009)	Victimisation		+		
4	(Berg & Rolf., 2011)	Victimisation		+		
5	(Beyers et al., 2001)	Perpetration		+		
6	(Browning, 2008)	Victimisation		NS		NS
		Perpetration		NS		-
7	(Browning & Erickson, 2009)	Victimisation	Minor Victimisation	-		NS
			Major victimisation	-		-
8	(Browning & Erickson, 2012)	Perpetration				-
9	(Bruce, 2004a)	Perpetration		+		
10	(Bruce, 2004b)	Perpetration		+		
11	(Bushover et al., 2020)	Perpetration		-		
12	(Calvert, 2002)	Perpetration			NS	
13	(Carter et al., 2017)	Victimisation		+		
14	(Chan, 2021)	Perpetration			+	
15	(Couture-Carron., 2021)	Victimisation		+		
		Perpetration		NS		
16	(De Coster et al., 2006)	Perpetration		+		
17	(Dinapoli, 2000)	Perpetration		+		-
18	(Durant et al., 2000)	Perpetration			+	
19	(Erdmann, 2021)	Perpetration			+	
		Victimisation			+	
20	(Estrada-Martinez et al., 2013)	Perpetration	Predominantly Black and Latino Neighbourhoods	+		
			Predominantly White neighbourhoods	-		
21	(Fabio et al., 2011)	Perpetration		+		
22	(Fagan & Wright, 2012)	Perpetration	Males	NS		NS
			Females	-		+
23	(Fagan et al., 2014)	Perpetration		NS	+	NS

24	(Farrell et al., 2014)	Both		+	+	
25	(Faus et al., 2019)	Perpetration			+	
26	(Gibson, 2012)	Victimisation		NS		
27	(Haegerich et al., 2014)	Perpetration			NS	-
28	(Haynie et al., 2006)	Perpetration		+		
29	(Herrenkohl, 1998)	Perpetration		+	+	
30	(Herrenkohl et al., 2000)	Perpetration		+	+	+
31	(Herrenkohl et al., 2003)	Perpetration			+	NS
32	(Karriker-Jaffe et al., 2013)	Perpetration		+		NS
33	(Kaylen & Pridemore, 2011)	Victimisation	10-17 years	NS		
			15-24 years	-		
34	(Maimon & Browning, 2010)	Perpetration		NS		NS
35	(Maimon & Browning, 2012)	Victimisation		NS		-
36	(McAra & McVie, 2016)	Perpetration		+		
37	(Pabayo & Kawachi, 2014)	Both		+		
		Perpetration		+		
		Victimisation		+		
38	(Parker et al., 2011)	Perpetration	Young offenders	+		
			Older offenders	+		
39	(Paschall, 1998)	Perpetration		NS		
40	(Pinchak & Swisher, 2022)	Perpetration		+		
41	(Resko et al., 2010)	Perpetration	Without the Neighbourhood disadvantage as a mediator	+		
			With Neighbourhood disadvantage as a mediator	NS		
42	(Reyes et al., 2008)	Perpetration	Social disorder		+	
			Physical disorder presence of abandoned vehicles		+	
			Physical disorder presence of graffiti, abandoned buildings and shooting galleries		NS	
43	(Romero et al., 2015)	Perpetration		+	NS	-
44	(Sariaslan et al., 2013)	Perpetration		+		
45	(Shields, 2001)	Perpetration			+	
46	(Shin, 2021)	Perpetration		NS	NS	-
47	(Singh et al., 2022)	Victimisation		+		
48	(Strohschein & Matthew, 2015)	Perpetration			+	-
49	(Vogel, 2018)	Perpetration		NS		
50	(Widome et al., 2008)	Perpetration	Intention to contribute			-
			Neighbourhood resources			NS

Table 3.4- In depth table outlining study characteristics, including, study design, sample, location of study, measures of violence and neighbourhood factors and results
S & D = Structural & Demographic, ND = Neighbourhood Disorder and SD = Social Disorganisation
VV= Violence victimisation, VP = Violence Perpetration
'+' = positive statistically significant association with an increase in youth violence victimization or perpetration. '- '= An inverse statistically significant association with a reduction in youth violence. 'NS' = not significantly associated with youth violence.
Highlighted areas indicate the areas which the studies examined

Authors	**Study Design & Sample size**	**Sample**	**Location**	**Violence outcome**	**Neighbourhood level**	**Results**
				VV VP	S & D ND SD	
1. (Alaniz et al., 1998)	Cross sectional Study design Three study sites • Site 1- (*n* = 21,688 • Site 2 – (*n* = 53,762) • Site 3 – (*n* = 66,072)	Immigrant youth From 106 neighbourhoods 15-24 yrs. All three study sites raged between 24 – 46% Mexican	USA-California	**Police report** – violence committed by or against others 15-24 years olds	**Alcohol availability** California Alcohol Beverage Control (ABC) agency	**Alcohol availability** **(+)** Significant effects were found for alcohol availability. (The more prevalent the alcohol availability is in the neighbourhood, the higher the rates of youth violence)
				VV VP	S & D ND SD	
2. (Barroso et al., 2008)	Cross-sectional study design (*n* = 8,259)	School sample 6-8th graders; Males 49.9%, females 50.1%; Hispanic 62%, African American 20%, White 6%, Asian 3%. Native American, biracial, or "other" 9 %	USA – Texas	**Both self-report** **Perpetration** *The aggression scale: frequency of aggressive behaviours* **Victimisation** *The victimization scale: frequency of being victimized by other students*	**Community violence** *Self-report exposure to violence in the community*.	**Community violence** **Perpetration** **(+)** Witnessing a higher number of violent incidents in the community was positively associated with aggression ($p < .001$) **Victimization** **(+)** Witnessing a higher number of violent incidents in the community was positively associated with victimization ($p < .001$)
				VV VP	S & D ND SD	
3. (Bell et al., 2009)	Cross-sectional study design (*n* = 121)	Hospital sample 18 -24 years	Canada-British Colombia	**Hospital data** Assault-related hospitalisation data were obtained from the British Columbia Trauma Registry (BCTR)	**Neighbourhood disadvantage** - Census tract - Neighbourhood socio-economic status (SES)	**Neighbourhood disadvantage** **(+)** sixfold increase in assault injury rates by neighbourhood SES Probability of greater risk of assault injury among individuals living in progressively less privileged neighbourhoods remained 1.5-3 times higher than individuals living in the least deprived neighbourhoods (After controlling for age and individual SES)
				VV VP	S & D ND SD	

4. (Berg & Ralf, 2011)	Longitudinal study design *6-year waves* (*n*= 983)	School sample from Pittsburgh Youth Study (PYS); *M* = 15.81; years; African American 32.5 % Oldest cohort approximately age 15 in the first wave and they were roughly age 21 in the last wave. Members of the youngest were age 10 in the first wave, and in the last wave of the data they were approximately 16 years	USA-Pittsburgh	**Self-report** - PYS victimization survey (victimisation); victimisation experienced in the past 12 months - Self-Reported Delinquency scale (offending) – violent acts committed in the past 12 months.	**Neighbourhood disadvantage** Census tract	**Neighbourhood disadvantage** **(+)** Individuals from disadvantaged neighbourhoods have a higher probability of being victimised **(+)** Respondents who engage in violent offending and reside in disadvantaged neighbourhoods have a heightened risk of being victimised
				VV VP	S & D ND SD	
5. (Beyers, 2001et al.,)	Longitudinal study design; 6.5 years (*n* = 420)	Urban adolescent males Between 13 to 19.5 years, (M = 13.80 years); African American, 57%	USA-Pittsburgh	**Self-report / Parent report /Court reports** - Self-Reported Delinquency scale - Teacher Report Form - Juvenile Court Records (between 13.5 – 17.5)	**Neighbourhood disadvantage** Census data	**Neighbourhood disadvantage** **One act Violent delinquency** **(-)** Adolescent males who lived in high-SES neighbourhoods (were about half as likely as males who lived in low-SES neighbourhoods to commit at least one act of violent delinquency during the 6-year period investigated **Repeated violence** **(+**) Adolescents who lived in high-SES neighbourhoods were a little more than half as likely as adolescents who lived in low-SES neighbourhoods to commit at least two acts of violent delinquency during the time investigated (9.8 vs. 16.8%) **Official serious delinquency** Of the boys living in high-SES neighbourhoods, 2.9% were petitioned for a seriously delinquent crime, whereas 9.9% of those in low-SES neighbourhoods petitioned **(-)** Adolescent males residing in high-SES neighbourhoods were significantly less likely than their counterparts in low-SES neighbourhoods to engage in serious and violent delinquency, regardless of how this behaviour is indexed.
				VV VP	S & D ND SD	

6. (Browning, 2008)	Cross sectional design (*n* = 967)	Student sample 14- 17 years; (*M* = 16 years); Males, 48.71%, Females 51.3; non-white 44%;	Canada – Toronto	**Self-report** - Victimisation: Drugs Alcohol Violence International (DAVI) survey (violent events had happened to the respondent in the past 12 month) - Perpetration: the DAVI survey (number of violent acts perpetrated by the respondent in the past 12 months)	**Neighbourhood Disadvantage (By residence characteristics)** - Census data - Proportion of immigrants - Low-income residents **Collective efficacy** **The DAVI Survey -** shared beliefs amongst neighbours /beliefs that neighbours would intervene if necessary	**Neighbourhood disadvantage (By residence characteristics)** **- Proportion of immigrants** **(NS)** no correlation with violence perpetration or offending **- Low-income residents** **(NS)** no correlation with violence perpetration or offending **Collective efficacy** **(-)** significant inverse correlation with Violent perpetration **(NS)** no correlation with violence victimisation
				VV VP	S & D ND SD	
7. (Browning & Erickson, 2009)	Cross- sectional study design (n = 967)	Student sample from The Toronto Drugs Alcohol Violence International (DAVI) survey 14 -17 years (*M* = 16 years); Males, 48.7%, females 51.2%; Black 6.7%, Asian 22.1%, Native 0.3%, Hispanic 2.1%, Mixed 9.6%, White 56.0%	Canada – Toronto	**Self-report** Incidents of: - Major victimisation - Minor victimisation	**Neighbourhood Disadvantage** - Census data **Collective efficacy** -shared beliefs amongst neighbours /beliefs that neighbours would intervene if necessary	**Neighbourhood Disadvantage** **(-)** with major and minor victimisation **Collective efficacy** **(NS)** with minor victimisation **(-)** with major victimisation
				VV VP	S & D ND SD	
8. (Browning & Erickson, 2012)	Cross- sectional study design (*n* = 983)	Student sample from The Toronto Drugs Alcohol Violence International (DAVI) survey 14 -17 years; Males, 47.22%; Non-white, 42.02%	Canada - Toronto	**Self- report** **The Toronto Drugs Alcohol Violence International (DAVI) survey** - counts of number of violent acts committed **in past 12 months**	**Collective efficacy** **The DAVI Survey -** shared beliefs amongst neighbours /beliefs that neighbours would intervene if necessary	**Collective efficacy** **(-)** between collective efficacy and the number of violent offences reported by youth
				VV **VP**	S & D ND SD	
9. (Bruce, 2004a)	Cross sectional study design.	Schools sample	USA	**Self-report** Adolescent in-home survey about violent	**Neighbourhood disadvantage**	**Neighbourhood disadvantage** **Black males** **Poverty line**

	(*n* = 4620)	from The National Longitudinal Study of Adolescent Health Grades 7- 12; Black boys 22%; White boys 79%		episode, acts in the past 12 months	**Census data**	**(+)** positive indirect association with black violent delinquency (through individual level factors) **Unemployment rate** **(-)** Negative indirect association with black violent delinquency (through individual level factors) **(NS) High school dropouts/ single parent households** **White males** **Unemployment rate** **(+)** the proportion of unemployed persons in the area has a positive direct on the violent behaviour of white teens **(NS) Poverty /High school dropouts/ single parent households**
				VV VP	S & D ND SD	
10. (Bruce, 2004b)	Cross sectional study design (*n* = 9,731)	Sample from The National Longitudinal Study of Adolescent Health Females, 52%; Grades 7- 12; African American, 20%	USA – Carolina	**Self-report** Adolescent in-home survey about violent episodes. Acts in the past 12 months	**Neighbourhood disadvantage** **Census data** - Resource deprivation	**Neighbourhood disadvantage** **Resource deprivation** **(+)** positive association with fighting
				VV VP	S & D ND SD	
11. (Bushover, 2020 et al.,)	Cross sectional study (*n* = 866)	Males for a community sample of low resourced neighbourhoods 13-19 years, (*M* = 15.5 years); African American 78%, Caucasian 4%, Hispanic 6%	USA - Pennsylvania	**Self-report** baseline surveys by three validated Youth Risk Behaviour Surveillance System	**Alcohol availability** the Pennsylvania Liquor Control Board	**Alcohol availability** **(-)** The availability of substance outlet retailers was inversely associated with violence perpetration (Alcohol outlets were associated with slightly lower odds of violence perpetration)
				VV **VP**	S & D ND SD	
12. (Calvert, 2002)	Longitudinal study design *Waves 1 and 2* (n = 1,621)	Sample from National Youth Survey Age (*M* = I3.9); Males 53%, Females 47%, White American 84%,	USA	**Self-report** *violent behaviours*	**Physical and social disorder** Self-report questionnaire by parents	**Physical and social disorder** **(NS)** Neighbourhood disorder did not affect participation in violent delinquency

		African American 16%,				
				VV VP	S & D ND SD	
13. (Carter et al., 2017)	Cross-sectional study design (*n* = 1599)	Hospital sample from Paediatric Emergency Care Applied Research Network 10 – 18 years (*M* = 15.2); Male 81.7% Females 18.3%; African American 69%, White 12%, Hispanic 7.9%, other 11.1%	USA	**Hospital data** - Emergency department Firearm injuries	**Neighbourhood Disadvantage** Census data	**Neighbourhood Disadvantage** **(+)** Higher neighbourhood disadvantage associated with increased risk of firearm injury
				VV VP	S & D ND SD	
14. (Chan, 2021)	Cross sectional study design (n = 892)	Schools sample 13 - 18 years, (*M* = 16.44 years); Males, 58.2%; Hong Kong, 72.2%, Chinese, 26.5%, Other Asian, 1.4%	Hong Kong	**Self-report** *Self-Reported Delinquency Scale* Participants' prevalence of violence perpetration	**Physical and social disorder** **Neighbourhood Disorganisation (scale)** - To evaluate the adolescents' living environment,	**Physical and social disorder** **Whole sample** **(+)** perceived neighbourhood disorganization was significantly associated with the adolescents' violent offending. **Female** **(+)** perceived neighbourhood disorganization were positively associated with their propensity to perpetrate violent behaviour **Males** **(NS)** between perceived neighbourhood disorganization and violence
				VV VP	S & D ND SD	
15. (Couture-Carron, 2021)	Longitudinal study of adolescents first two waves used (n = 13,570)	Grades 7 – 12, (*M* = 16); Males 50.2%, Females 49.8%; White 67%, Black 15%, Hispanic, 12%, Other 5%	USA	**Self-report** **Victimisation** - Victimization is a constructed scale combining three types of physical victimization **Perpetration** - A constructed scale of six items measuring the frequency of different type of violence	**Neighbourhood Disadvantage** Census data	**Neighbourhood Disadvantage** **Victimisation** **(+)** strong significant association between neighbourhood disadvantage and violent victimisation **Perpetration** (NS) no association with violent victimisation or perpetration
				VV **VP**	S & D ND SD	
16. (De Coster et al., 2006)	Longitudinal study design –	School sample from National Longitudinal Study	USA	**Self-report** Violence based on adolescent reports of any involvement in a range	**Neighbourhood disadvantage** Census data	Neighbourhood disadvantage **(+)** Community disadvantage has a significant effect on serious violent delinquency that is beyond the effects of race, ethnicity, family disadvantage, and gender

	assessing the effects of variables capturing individua and family characteristics, community disadvantage, social capital, and street context a wave 1 on subsequent violence measured a (*n* = 11207)	of Adolescent Health, Ages 12 – 21 (*M* = 15.75); Males, 48.7%, Females 51.3%; Black 20.6%, Latino ethnicity 61.6%		of serious violent behaviours 12 months captures the range of youths' serious violent offending before the wave 1 interview		
				VV VP	S & D ND SD	
17. (Dinapoli, 2000)	Cross sectional study design (*n* = 20,438)	Schools sample from National Longitudinal Study of Adolescent Health (ADD Health) 13- 20 years (*M* = 16.14); Males, 49%, Females, 51%; White (Hispanic) 50.54%; Black (non-Hispanic) 22.8%, Hispanic, 14.2%, other (Asian, Native American) 5.6%	USA	**Self-report**	**Neighbourhood disadvantage** **(By residence characteristics)** Census data **Racial composition** **e**.*g. proportion of community living in poverty, housing types, and median income* **Sense of community** ***Neighbourhood collectively*** - How well community members know each other Interaction Model of Client Health Behaviour (IMCHB)	**Residence characteristics** **Racial composition** **(+)** Boys and girls who lived in more racially diverse communities had higher scores of violent behaviours. **Neighbourhood collectively** **(-)** lower scores of violence when neighbourhoods were characterized by members who know each other, talk to each other, and feel happy
				VV VP	S & D ND SD	
18. (Durant et al., 2000)	Cross sectional study design (n = 722)	Schools sample 10 - 14 years (*M* = 11.9 years); Female, 52.4%, Male, 47.6%; African American 88.7%	USA - Georgia,	**Self-report** *Violence scale* 5 questions assessing the number of times participants had carried out a violent act in the past 3 months	**Community violence** Richter's and Martinez's Survey of Exposure to Community Violence measures the frequency of exposure to or being a victim of 15 types of violence such as physical	**Community violence** (+) Self-reported use of violence was significantly positively associated with exposure to community violence (r = .45)

					threats or assaults, genderual assaults, and intentional injuries such as stabbings or shootings	
				VV VP	S & D ND SD	
19. (Erdmann, 2021)	Cross-sectional study design (n = 3,065)	School sample 9th grade *M* = 15 years; Females, 52%; Male, 48%; German, 83.5%), Turkish, 11.1%), Eastern European (e.g., former Yugoslavia, Polish, Russian, or Romanian) 2.0%, Other, 3.4%.	Germany - Duisburg	**Self-report** **Perpetration** - 15 offenses covering a broad range of delinquency were condensed into an index. e.g., assault without or without weapon, threat of violence **Victimisation** three violent offenses were condensed into an index e.g threat of violence assault with a weapon, and assault without a weapon	**Neighbourhood problems** - The scale for neighbourhood disorder - assessing problems within the neighbourhood, **Neighbourhood crime rates and safety** - Perceived safety how safe they feel in their district	**Perpetration** **Neighbourhood problems** **(+)** neighbourhood disorder (problems) increases violent offending **Neighbourhood crime and safety** **(+)** perceived safety increases violent offending **Victimisation** **Neighbourhood problems** **(+)** neighbourhood disorder (problems) increases violent victimisation **Neighbourhood crime and safety** **(+)** perceived safety increases violent victimisation However, the effects are weaker than for offending
				VV VP	S & D ND SD	
20. (Estrada-Martinez et al., 2013)	Cross sectional study (*n* = 16,615)	Schools sample from National Longitudinal Study of Adolescent Health (*M* = 16 years); Male, 51%; White, 60%, Black, 24%, Latino or Hispanic,16%	USA	**Self-report** - Five items assessed violence.	**Neighbourhood disadvantage (by neighbourhood SES)** From Census data	**White neighbourhoods** **(-)** Neighbourhood SES was negatively associated with risk for violence among youth in primarily White neighbourhoods **Black and Latino neighbourhoods** **(+)** Neighbourhood SES was positively associated with risk among youth in primarily Black and Latino neighbourhoods
				VV VP	S & D ND SD	
21. (Fabio et al., 2011)	Cross sectional study design (n =503)	School sample from Pittsburgh Youth Study (PYS) 14-year longitudinal study	USA-Pittsburgh	**Self- report** - Self-Reported Delinquency Scale and Youth self- report **Parent report**	**Neighbourhood disadvantage** Census data	**Neighbourhood disadvantage** **(+)** Violence was significantly more widespread among boys from disadvantaged neighbourhoods with public housing than advantaged neighbourhoods (P=.03).

		7th grade *M* = 13 years; Missing information on gender and race.		- Child Behaviour Checklist		
				VV | VP	S & D | ND | SD	
22. (Fagan & Wright, 2012)	Cross-sectional study (*n* = 2344)	Schools sample from the Longitudinal Cohort Study (LCS) Males, 50.34% (*M* = 11.92 years), Females, 49.6%, (*M* = 12.06); Hispanic, 46.03%, African American, 36%	USA – Chicago	**Self – report** - Adapted *self-Report Delinquency Questionnaire: Number of times they committed violent acts*	**Neighbourhood disadvantage** Census data **Collective efficacy** **PHDCN Community Survey** Assessed using self-reports of neighbourhoods' informal and formal social control and the level of social cohesion between	**Neighbourhood disadvantage** **Males** **(NS)** Concentrated disadvantage was not significantly associated with self-reported violence among males **Females** **(-)** Concentrated disadvantage reduced the likelihood of self-reported violence. **Collective efficacy** **Males** **(NS)** Collective efficacy was not significantly associated with self-reported violence among males **Females** **(+)** Collective efficacy was related to higher rates of violence (Controlling for concentrated disadvantage and individual-level covariates)
				VV | **VP**	S & D | ND | SD	
23. (Fagan et al., 2014)	Longitudinal Cohort Study *waves 1 - 3* (N= 1,718)	Community sample from Project on Human Development in Chicago Neighbourhoods, 10- 16 years, (*M* = 12 years; Male 51%, Female 49%, Hispanic- 48 %, African American 34 %, Caucasian 14%, and Other 4 %	USA – Chicago	**Self-report** Wave 1 Adapted Self-Report Delinquency Questionnaire	**Neighbourhood disadvantage** Census data **Collective efficacy** - Community Survey reflected the degree of social cohesion and informal social control between neighbours. Wave 1 **Exposure to Community Violence** *My Exposure to Violence survey*	**Neighbourhood disadvantage** **(NS)** Direct effects of neighbourhood disadvantage on violence, (controlling for exposure to violence and the other individual-level variables) **Collective efficacy** **(NS)** no direct effects of neighbourhood collective efficacy on violence (controlling for exposure to violence and the other individual-level variables) **Community violence** **(+)** Youth who witnessed or experienced a greater variety of violent acts had a significantly greater likelihood violence in the past year (Controlling for youth demographic characteristics and a range of individual-level risk and protective factors)
				VV | VP	S & D | ND | SD	
24. (Farrell et al., 2014)	Longitudinal study design, *wave 1 and 2* (*n* = 1,156)	Schools sample 6th grader; Male 65%; African American 67%, Latino 14%, American, Euro pean American, 9%, multiracial 6%.	USA-Durham, North Carolina Richmond Virginia Georgia Chicago	**Self-report** **Victimisation** - Overt Victimization Scale Students rated how frequently they had	**Neighbourhood disadvantage** Census data **Community violence**	**Neighbourhood disadvantage** **Victimisation** **(+)** Concentrated disadvantage was significant positively correlated with violence victimisation **Perpetration** **(+)** The frequency of physical aggression was significantly positively correlated with Concentrated disadvantage

				experienced violent acts in the past 30 days **Perpetration** **Self-report** - Physical Aggression Scale (PBFS) **Teacher report** - The Behavioural Assessment System for Children (BASC) Measures assessed frequency of engaging in physical aggression in the past 30 days	- Children's Report of Exposure to Violence (CREV) scale	**Community violence** **Victimisation** **(+)** Witnessing violence and victimisation were significantly correlated **Perpetration** **(+)** The frequency of physical aggression was significantly correlated with witnessing violence (r = .23)
				VV VP	S & D ND SD	
25. (Faus et al., 2019)	Cross-sectional study (*n* = 699)	Schools-based sample 15–29 years, (*M* =17.3 years); Females, 53.1%, Males 46.9%; Black, 15.30 %, Mixed 31.65 %, White 53.05 %	Brazil- Rio de Janeiro,	**Self-report** *Measured indirectly through questions about acts of violence perpetrated and/or experienced by friends*	**Community violence** **Survey data** Reporting having seen a dead body due to homicide	**Community violence** **(+)** The prevalence of youth violence was highest in those exposed to community violence. Community violence dramatically increases the risk of adolescents' peers committing acts of youth violence.
				VV VP	S & D ND SD	
26. (Gibson, 2012)	Longitudinal Study design *Waves 1 and 2* (*n* = 1,889)	Community sample from Cohort Study in the Project on Human Development (*M* = 12 years), at wave 1; Males 50%, Females 50 %; White 15%, Black 34%, Hispanic 47%, and Other 3.5%.	USA – Chicago	**Self-report** - *Exposure to Violence (ETV)* interview asked about experiences of violent victimisation in the past 12 months e.g. had they have they been slapped or - wave 2	**Neighbourhood disadvantage** Census data	**Neighbourhood disadvantage** **(NS)** No significant association between concentrated disadvantage and violent victimization.
				VV VP	S & D ND SD	
27. (Haegerich et al., 2014)	Prospective cohort study design *5 waves*	Community sample 12 -17 years (*M* = 14.3 years); Males 47%, Females 53 %;	USA- Oklahoma City	**Self-report** **Physical fighting** *Youth Risk behaviour Surveillance System* –	**Sense of community (from parent interviews)** - Informal social control - Neighbourhood social support	**Sense of community** **Informal social control** **(-)** Youth living in neighbourhoods with higher levels of informal social control were significantly less likely to engage in a fight in subsequent years of the study (AOR=0.80)

	(n = 1,093)	Non-Hispanic White 40%, Hispanic 28 %, Non-Hispanic black 23 %, and non-Hispanic other 9 %		*assessed number of physical fights in the past 12 months*	***Psychological Sense of Community (PSOC) scale*** - Sense of community **Neighbourhood physical disorder** - modified survey broken window (objective measurement of the neighbourhoods involved in the study) **Neighbourhood crime and safety** *five items such as, "There is crime and violence in your neighbourhood*"	**Neighbourhood social support** **(-)** Higher levels of neighbourhood social support was prospectively related to less fighting (only for youth living in one-parent households) (AOR=0.65) **Sense of Community measure** **(NS)** no association with physical fighting **Neighbourhood physical disorder** **(NS)** no association with physical fighting **Neighbourhood crime and safety** **(NS)** no association with physical fighting
				VV VP	S & D ND SD	
28. (Haynie et al., 2006)	Longitudinal study design (*n* = 12,747)	School sample data from the National Longitudinal Study of Adolescent Health Grades 7 -12 (*M* = 15.8 years); White 53%, African American 21%, and other 26%.	USA	**Self-report** Measure of involvement in serious violence during the past 12 months.	**Neighbourhood disadvantage** *By census data* **Residence characteristics** *By census data* - Residential instability - Immigration concentration	**Neighbourhood disadvantage** **(+)** Neighbourhood disadvantage associated with increased adolescent violence (net of controls) (1 SD increases in disadvantage = 10% increase in odds of violence) **Residence characteristics** **Residential instability** **(NS)** no association with adolescent violence **Immigration concentration** **(-)** Immigration concentration is associated with lower levels of violence (net of control variable) (1 SD increase in immigration concertation = 8% decrease in odds of violence)
				VV VP	S & D ND SD	
29. (Herrenkohl, 1998)	Longitudinal study design (*n* = 595)	Schools sample from the Seattle Social Development Project (SSDP), a developmental longitudinal study of health-risk behaviours among urban youths	USA - Seattle	**Self-report** Violence was measured with youths' reports at ages 15, 16, and 18	**Neighbourhood disadvantage** Census data **Residence characteristics** - residential stability **Neighbourhood social disorder**	**Neighbourhood disadvantage** **(+)** Neighbourhood disadvantage, predicted violence at all three ages (15, 16, and 18) **Residence characteristics** **- Residential stability** **(NS)** failed to significantly predict violence at any age **Neighbourhood social disorder (Neighbourhood disorganisation)**

		3 waves of data 9th 10th & 12th grade (*M* = 15, 16, 18 years); Females 51%, Males 49%; European-American 25 %, African American 24%, Asian-American 51%, Native American or representatives of another race and ethnic group 9%			- neighbourhood disorganisation scale: perceptions of social problems in their neighbourhoods **Neighbourhood crime and safety** weak attachment: survey assessing feelings of crime and safety/ satisfaction	**(+)** Neighbourhood disorganisation predicted violence at all 3 ages (15, 16, and 18) **Neighbourhood crime and safety, (Weak attachment)** **(+)** Weak neighbourhood attachment predicted violence at 15 and 18 but not at 16
				VV VP	S & D ND SD	VV
30. (Herrenkohl et al., 2000)	Longitudinal study (*n* = 808) 4 waves	School sample from the Seattle Social Development Project (SSDP), a prospective longitudinal study of youth development and behaviour 10, 14 & 16 – risk factors 18 – violence (*M* = 10.7 years) ; Female 49%, Males 51%; European American 46%, African American 24%, Asian American 21%, and other 9%	USA - Seattle	**Self- report** Measured at 18 *defined as acts involving serious harm or threats of harm to another person*	**At aged 10, 14, 16** **Neighbourhood disadvantage** Census data (Economic deprivation) **Neighbourhood Physical and social disorder** - Neighbourhood adults involved in crime - Availability of drugs - Neighbourhood adults involved in crime **Sense of community** Self-report scale scales measuring - Weak neighbourhood attachment - Community disorganisation	**At 10** **(+)** Neighbourhood disadvantage/ Low neighbourhood attachment/ Neighbourhood adults involved in crime significantly predicted violence at 18 **At 14** **(+)** Community disorganization/ Availability of drugs/ Neighbourhood adults involved in crime significantly predicted violence at 18 **At 16** **(+)** Economic deprivation /Community disorganization/ Low neighbourhood attachment/ Availability of drugs/Neighbourhood adults involved in crime significantly predicted violence at 18
				VV VP	S & D ND SD	
31. (Herrenkohl et al., 2003)	Longitudinal study design (*n* = 808)	Schools sample from Seattle Social Development Project (SSDP) Longitudinal study of youth development and behaviour	USA - Seattle	**Self-report** (at 18 years) – Child behaviours checklist **Teacher report** (at 10 years)	Assessed at 15 years **Neighbourhood physical and social disorder** (self-report scale; run down housing, crime, poor people, drug selling, gangs, and disorderly neighbours)	**Neighbourhood physical and social disorder** (Neighbourhood disorganisation) **(+)** A higher probability of violence at 18 was associated with living in a disorganised neighbourhood at 15 (OR = 2.41)

		15, 16, and 18 years) Females 49%, Males 51%; European American 46%, African American 24%, Asian American 21%, and other 9%			**Sense of community** (Neighbourhood attachment)	The odds of violence at age 18 for youths who lived in a disorganized neighbourhoods at age 15 were nearly two and a half times greater than the odds for other youths in the analysis sample. **Sense of community** (Neighbourhood attachment) **(NS)** with association with violence at 18 years
				VV **VP**	S & D ND SD	
32. (Karriker-Jaffe et al., 2013)	Longitudinal study design 5 waves (every 6 months) (*n* = 5,118)	Rural sample from the Context of Adolescent Substance Use Study 11 - 18 year (*M* = 13.1 years at wave 1); Females 50 %, Males 50%; Caucasian 52 %, African American 38.3 % and Hispanic/Latino 3.8%	USA	**Self-report** *Physical aggression scale – assessed physical acts of aggression over three months*	**Neighbourhood disadvantage** - *Census data* **Sense of community – parental report** - *Neighbourhood disorganisation (survey data on - social bonding, social control crime)*	**Neighbourhood disadvantage** **(+)** significantly associated with physical aggression (Higher levels of aggression were associated with higher levels of disadvantage) **Neighbourhood disorganisation** **(NS)** no association physical aggression
				VV VP	S & D ND SD	
33. (Kaylen & Pridemore, 2011)	Cross sectional study design *nonmetropolitan counties as unit of analysis* (*n* = 106) Populations range (n = 2382 – 93807)	Hospital sample from rural neighbourhoods Adolescents – 10- 17 years; Young adults 15- 24 years	USA - Missouri Rural counties	**Hospital data** Hospitalisations for injuries coded as assaults for adolescents aged 10-17 and young adults aged 15 -24	**Neighbourhood Disadvantage** *Census data* - Poverty rate - Female headed households - Neighbourhood Unemployment rate **Residence characteristics** *Census data* - Residential instability	**10-17 years sample** **(NS)** between **neighbourhood poverty/ unemployment** rate and violent victimisation **(+)** between **single parent households** and violent victimisation **(NS)** between **residential instability** and violent victimisation **15 -24 years sample** **(-)** between **neighbourhood poverty rate** and violent victimisation **(+)** between **single parent households** and violent victimisation **(NS)** between **neighbourhood unemployment rate** and violent victimisation **(-)** between **residential instability** and violent victimisation
				VV VP	S & D ND SD	
34. (Maimon & Browning, 2010)	Longitudinal study *Three waves*	Community sample from the Human Development in	USA - Chicago	**Self-report** *violent offending measure- acts of*	***Wave 1 and 2*** **Neighbourhood disadvantage**	**Neighbourhood disadvantage** **(NS)** neighbourhood disadvantage carries a positive, yet insignificant, effect on individual violent behaviour

	(*n* = 842)	Chicago Neighbourhoods Community Survey and Longitudinal Cohort Study 10 – 18 years old across three waves, (*M* = 10.67 years) *at wave*; Males 51%. Females 49%, African American 32%, Hispanic 48%		*violence committed in the last 12 months* measured at *third wave*	*Census data* **Residence Characteristics** *Census data* **- Immigration concentration** **- Residential stability** **Collective efficacy** *measured using information from two scales (social cohesion and intergenerational closure and informal social control)*	**Immigration concentration** **(-)** significant neighbourhood-level predictor of violent offending **Residential stability** **(NS)** effects on individual violent behaviour **Collective efficacy** **(NS)** effects on individual violent behaviour
				VV VP	S & D ND SD	
35. (Maimon & Browning, 2012)	Longitudinal study design *Three waves (*mix of wave 1, wave 2 and wave 3 measures to predict adolescents' violent victimization in wave 3) (*n* = 780)	Community sample from PHDCN-Longitudinal Cohort Study 10 – 18 (across 3 waves0 (*M* = 10.76 years) at wave 1; African American 32%, Hispanic 49%,	USA – Chicago	**Self-report** *violent victimization scale- acts of violence experienced in the last 12 months* Measured at *wave 3*	**Neighbourhood disadvantage:** *Census data*. **Residence characteristics** *Census data* **Immigration concentration** **Residential stability** **Collective efficacy** *neighbourhood collective efficacy scale* - captures communal solidarity (cohesion)/intergenerational closure and shared expectations for informal social control in the respondents' neighbourhoods	**Neighbourhood disadvantage** **(NS)** no significant association with violent victimisation **Immigration concentration** **(-)** significantly associated with violent victimisation (High immigrant concentration leads to less violence) (b = -0.48) **Residential stability** **(NS)** No significant association with violent victimisation **Collective efficacy** **(-)** significantly associated with violent victimisation. (Increase in collective efficacy leads to lower victimisation rates)
				VV VP	S & D ND SD	
36. (McAra & McVie, 2016)	Longitudinal study design (*n* = 4300)	Schools sample from The Edinburgh Study of Youth Transitions and Crime Ages 12 – 17	UK - Edinburgh	**Self-report** Measures of assault measure of violence at age 13	**Neighbourhood disadvantage** *Census data*	**Neighbourhood disadvantage** **(+)** significant association with violence
				VV VP	S & D ND SD	
37. (Pabayo & Kawachi, 2014)	Cross sectional study design	Schools sample from Boston Youth Survey	USA – Boston	**Self-report** **Perpetration**	**Neighbourhood disadvantage**	**Boys** **(+)** boys living in the most unequal neighbourhoods were more likely to have been assaulted by someone in the neighbourhood

	(n = 1443)	15- 19 years; Males 45.2%, Females 54.8, Black 47.7%, White 10.8%, Asian 8.4%, Hispanic 25.9% and Other 7.3%		*Measure of violent acts in the past 30 days* **Victimisation** *Measure of victimisation over the past 12 months*	*By census data and* Gini coefficient Neighbourhood inequality	(odds ratio [OR] = 1.37, 95% confidence interval [CI] = 1.00–1.88) **Race x neighbourhood income equality** **(+)** significant findings among nonblack boys that indicated those living in high-income inequality neighbourhoods were more likely to commit acts of aggression or to be victims of violence, in comparison to nonblack boys in more equal neighbourhoods **Girls** **(NS)** no significant association between violence and neighbourhood income equality
				VV VP	S & D ND SD	
38. (Parker et al., 2011)	Cross sectional population-based study design (n = 2093)	Population based Younger group- 13-17 Older group-18-24	USA	**Police report** *United States Department of Justice's Supplemental Homicide Report* (data on every homicide reported to or discovered by police and other law enforcement agencies in the USA)	**Neighbourhood disadvantage** *Census data* **Alcohol availability** *Census data*	**Neighbourhood disadvantage** **(+)** estimated effects of the measure of Neighbourhood disadvantage were statistically significant on youth homicide offending for both young offenders and older offenders **Alcohol availability** **(+)** estimated effects of the measure of alcohol availability was statistically significant and positive on youth homicide offending for both young offenders and older offenders
				VV **VP**	S & D ND SD	
39. (Paschall, 1998)	Cross sectional study design (*n* = 188)	12- to 16 years (*M* = 15.7 years) African American males	USA-South-eastern city	**Self-report** *Adolescents' propensity for violent behaviour* *- Behavioural measures (violent behaviours and association with delinquent friends)* *- psychosocial measures*	**Neighbourhood disadvantage** *Census data*	**Neighbourhood disadvantage** **(NS)** not associated with the adolescents' propensity for violent behaviour
				VV VP	S & D ND SD	
40. (Pinchak & Swisher, 2022)	Cross sectional study design *Wave I* *(n* = 15,581)	Schools sample from National Longitudinal Study of Adolescent to Adult Health (Add Health)	USA	**Self-report** *Violent acts in the last 12 months* Violence is measured at *Wave I*	**Neighbourhood disadvantage** *Census data*	**Neighbourhood disadvantage** **(+) significant relationship** probability of perpetrating violence One SD increase in neighbourhood disadvantage is associated with 9% probability of perpetrating a given violence item (net of controls for neighbourhood racial and ethnic composition, county density, school economic disadvantage, school racial and ethnic

		11- 21 years, (*M* = 15.67); Females 51%, Males 49%; Black 22%, Hispanic 18%, White 52%, Other 9%				composition school size, previous expulsion parent education, family structure, race and ethnicity, age, and region)
				VV VP	S & D ND SD	
41. (Resko et al., 2010)	Cross sectional study design (n =1,050)	Hospital sample 14–18 years (*M* = 16 years); Female 53.9% Male 46.1%; African American 60.2%, White 34.0%, other 5.8%	USA – Michigan	**Self-report** *The Conflict Tactics Scale* - violence perpetration during the past year	**Neighbourhood disadvantage** *Census data* **Alcohol availability** *License information of registered establishments*	**Alcohol availability** **(+)** Alcohol availability in the neighbourhoods was significantly related to increased violence **Neighbourhood disadvantage x Alcohol availability** **(NS)** Alcohol outlet availability did not remain significant with violence with the inclusion of neighbourhood level poverty
				VV VP	S & D ND SD	
42. (Reyes et al., 2008)	Cross-sectional design (n = 691)	12- 15-year-olds; Female 50.9%, Male 49.1%	San Juan, Puerto Rico	**Self-report** *violence index- violent behaviours in the 12 months*	**Neighbourhood Physical and Social disorder** *Survey data*	**Neighbourhood social disorder** **(+)** significantly associated with youth violence **Neighbourhood physical disorder** **(+)** physical disorder (presence of abandoned vehicles) in the neighbourhood was associated with violence **(NS)** presence of graffiti, abandoned buildings and shooting galleries in the neighbourhood were not significantly associated with violent behaviours
				VV VP	S & D ND SD	
43. (Romero et al., 2015)	Longitudinal study design 3 years (n = 271)	Schools sample **Year 1** (*M* = 11.65 years); Males 40%, Females 60 %; African American 100%	USA-Chicago	**Self-report** *Aggression- Juvenile delinquency scale* – measured serious rule-breaking and violent behaviour in past 12 months	**Neighbourhood Disadvantage** Census **Sense of community** *Perceived Neighbourhood Cohesion (parent and child report)* Revised version of Chipeur et al.'s (1999) Neighbourhood Youth Inventory (NYI)	**Neighbourhood Disadvantage** **(+)** significant positive relationship with aggression at the initial level and change over 3 years (as disadvantage increased so did youth aggression at the initial level of aggression and the rate of change of aggression over 3 years) ***Neighbourhood Cohesion*** ***(NS)*** between youth and parent perception of neighbourhood cohesion on initial level or intercept of aggression **Subjective neighbourhood disadvantage** **(NS)** between youth and parent perception of neighbourhood disadvantage on initial level or intercept of aggression

					Buckner's (1988) measure of beliefs about the neighbourhood. **Perceived neighbourhood problems** Subjective neighbourhood disadvantage *(parent and child report)* Child - revised version of Mason et al. (1994) Neighbourhood Environment Scale (NES) Buckner's (1988) measure of beliefs about the neighbourhood.	**(+)** between youth and parent perception of neighbourhood disadvantage and change of aggression over 3 years
				VV | VP	S & D | ND | SD	
44. (Sariaslan et al., 2013)	Longitudinal study design *5 years* (*n* = 29775)	15- 20; Female 48.79%, Male, 51.21 %	Sweden - Stockholm Malmo¨, and Gothenburg	**Police report** *Any conviction for a violent offence from the age of 15 through the age of 20 year*	**Neighbourhood disadvantage** *Small area marketing statistics at 15 years old*	**Neighbourhood disadvantage** **(+)** Neighbourhood deprivation was associated with the outcomes of violent criminality. An increase of 1 SD in neighbourhood deprivation score was associated with a 57% increase in the odds of being convicted of a violent offence.
				VV | VP	S & D | ND | SD	
45. (Shields, 2001)	Longitudinal study design *5 years* (*n* = 207)	After school community sample from the Centre for Substance Abuse Prevention, project "Be a Star". All males; 8-13 years (*M* = 10.5 years); African American 100%	USA - St. Louis	**Teacher report** - *Measure of "self-control," a 4-item measure of aggressive and violent behaviour in a particular context* **Self-report** - *Revised Protective Factors Index (includes behavioural measure of aggressive and violent behaviour)*	**Community violence** Self-report *Revised Protective Factors Index* *Includes measure of neighbourhood violence*	**Community violence** **(+)** positively related to aggressive and violent behaviour
				VV | **VP**	S & D | ND | SD	
46. (Shin, 2021)	Longitudinal study design *5 waves* (*n* = 10,620)	Schools sample from Korean Youth Panel Survey (KYPS) 4^{th} – 8^{th} grade; Males 52%, Females 48%	South Korea	**Self-report** *juveniles' violence experience- assessing acts of violence perpetrated over the past year*	**Residence characteristics** - Residential stability - *by census data* **Collective efficacy** *Survey data*	**Residential stability** **(NS)** no association with juvenile violence **Collective efficacy** **(-)** significant association with violence decreases the likelihood of juveniles' violence

					measured by how much they are close to each other, how much they communicate, whether they are willing to maintain a better community environment, or how much they trust each other **Crime rates** *Total number of violent crimes, property crimes, and misdemeanours that occurred in the prefectures.*	(When a unit score of collective efficacy increases, 5 percent of the odds of violence decrease) **Crime rates** **(NS)** no association with juvenile violence
				VV VP	S & D ND SD	
47. (Singh et al., 2022)	Population-based retrospective study 4166 assault injuries (*n* = 3817 youth)	10 -24 years	Canada – Vancouver	**Hospital data** *deidentified retrospective injury data from Trauma Services British Columbia (TSBC)*	**Neighbourhood disadvantage** *Census data* *-material deprivation*	**Neighbourhood disadvantage** **(+)** neighbourhood material independently associated with the neighbourhood incidence of youth assault injuries, (after accounting for spatial dependence of assault injuries and neighbourhood availability of drinking establishments) (The risk of youth assault in the most materially deprived quintile of neighbourhoods was 2-fold greater than the risk in the wealthiest quintile)
				VV VP	S & D ND SD	
48. (Strohschein, 2015)	Cross sectional study design (*n* = 3, 101)	Schools sample from Canadian International Youth Survey 12 - 15 years (*M* = 13.4 years); Males 51.6%, Female 48.4%	Canada-Toronto	**Self-report** *Violent offenses in the last 12 months*	**Neighbourhood social disorder** - *Survey data* **Sense of community** *Survey data* - *Neighbourhood attachment; scale o whether the adolescent liked their neighbourhood*	**Neighbourhood social disorder** **(+)** significant association between social disorder and youth violence. Greater levels of disorder were associated with a higher count of violent acts. **Sense of community** **Neighbourhood attachment** **(NS)** no significant association with violent acts **Neighbourhood social cohesion**

					and would miss their neighbourhood if they had to move. *- Neighbourhood social cohesion; crime and deviant activities in neighbourhood*	**(NS)** no significant association with violent acts
				VV | VP	S & D | ND | SD	
49. (Vogel, 2018)	Longitudinal study design *Wave 1 and 2* (*n* = 12,935)	Schools sample from National Longitudinal Study of Adolescent to Adult Health (*M* = 15.3); Females 51%, Males 49%; Black 20%, Hispanic 17%, Other 8%	USA	**Self-report** *measure of the number violent acts committed in the last 12 months (at wave 2)*	**Neighbourhood Disadvantage** *Census data*	**Neighbourhood Disadvantage** **(NS)** no association with violent offending
				VV | VP	S & D | ND | SD	
50. (Widome et al., 2008)	Cross sectional study design (*n* = 118)	Baseline Lead Peace-Plus evaluation survey 6th grade; Male 47%, Female 53%; Asian 35.0%, African American or black 52.1%, Spanish/Hispanic/Latino 16.1%, White 5.1%, Am. Indian or AK Native 8.6%	USA - Minneapolis	**Self-report** *violent behaviours in the past year*	**Sense of community** **Survey data:** item from Chicago Youth Development Study community and neighbourhood measures, The World Bank's social capital questionnaire and National Longitudinal Study of Adolescent Health Measuring neighbourhood connectedness: - Intention to contribute - Neighbourhood social resources	**Intention to contribute** **(-)** negatively associated with involvement in violence (Intention to contribute to their neighbourhoods were linked to lower levels of violence involvement) **Neighbourhood social resources** **(NS)** no association with involvement in youth violence

4. Discussion

This narrative synthesis reports the relationship between youth violence and neighbourhood level factors utilising the SDT framework. Fifty studies were found, with the majority of them being conducted in the United States of America (USA). Studies were split across three categories; forty-nine reported findings on structural and demographic characteristics, 17 studies focussed on neighbourhood disorder, and 17 studies addressed factors related to social disorganisation.

4.1. Structural and demographic factors

There appeared to be sufficient evidence in support of a positive association between neighbourhood disadvantage measures and youth violence. Twenty-four out of thirty-seven studies reported findings that neighbourhoods characterised by disadvantage, lead to higher acts of youth violence perpetration or victimisation (Bell, 2009; Berg & Loeber, 2011; Beyers et al., 2001; Bruce, 2004a, 2004b; Carter et al., 2017; Couture-Carron, 2021; De Coster et al., 2006; Dinapoli, 2000; Estrada-Martinez et al., 2013; Fabio et al., 2011; Farrell et al., 2014; Haynie et al., 2006; Herrenkohl, 1998; Herrenkohl et al., 2003; Herrenkohl et al., 2000; Karriker-Jaffe et al., 2013; McAra & McVie, 2016; Pabayo & Kawachi, 2014; Parker et al., 2011; Pinchak & Swisher, 2022; Romero et al., 2015; Sariaslan et al., 2013; Singh et al., 2022). Studies showed that these effects tend to be more apparent amongst ethnic minority communities and exist across a wide range of neighbourhoods.

These findings are consistent with the SDT which suggests that neighbourhood poverty is crucial in explaining adolescent violence due, to limited access to educational, social and physical resources and fewer opportunities to learn new skills or interact with positive adult role models, compared to more affluent areas (Leventhal and Brooks-Gunn 2000; Fagan 2012). In line with this theory, is the neighbourhood intuitional resource model which posits that the availability of services, resources and organisations in a neighbourhood holds an important influence on young people behaviours (Jencks & Mayer 1990). This model suggests that lack of

resources in disadvantaged neighbourhoods may affect children and young people through limited availability of police, access and quality of resources that provide stimulating learning and environments to socialise. This may include parks, libraries and youth centres, as well as community services that promote healthy development (Leventhal and Brooks-Gunn 2000).

Of note, three studies reported findings in a direction that were not predicted by the SDT (Browning & Erickson, 2009; Estrada-Martinez et al., 2013; Fagan & Wright, 2012). One of these studies examined gender differences in the association between neighbourhood disadvantage and youth violence. Results showed that for females, disadvantage was related to less violence (Fagan et al., 2004). Many studies investigating the effects on neighbourhood level factors on youth violence do not examine males and females separately, and therefore the extent to which gender differences exist in relation to neighbourhood influences is unclear. However, it is apparent that there are clear differences in how males and females are socialised in their neighbourhoods, and this might have an impact on how much influence their neighbourhood has on their behaviour (Mrug & Windle, 2009). For example, males may be more influenced by their neighbourhoods as societally they tend to be allowed more independence and so spend more time in the neighbourhood than females do (Fagan, 2014; Mrug & Windle, 2009).

Future studies should continue to investigate gender differences in neighbourhood risk factors for youth violence to ascertain whether separate pathways exist between males and females. This may lead to the development of specialised interventions which take these risk factors into account. In addition, determining neighbourhood factors that make young females more at risk of victimisation may support efforts to prevent violent victimisation against adolescent females, which is particularly important during this social context.

Contrary to the SDT, Browning et al., (2009) found that neighbourhood disadvantage was associated with lower rates of self-reported violence victimisation. Interestingly, these findings are consistent with Sampson, (1985) who reported that the use of self-report violent data typically displays a negative association between disadvantage and violent victimisation, compared to when official police records are

used in which a positive association is found. These findings indicate that the association between neighbourhood disadvantage and violence victimisation may vary depending on how victimisation is measured. It could be that youth are more likely to underreport experiences of victimisation, when self-report measures are used, due to shame or stigma of being a victim. Therefore, official records, measured through police reports, might provide a more accurate depiction of the levels of violence experienced in disadvantaged neighbourhoods. Despite its importance, research examining the association between violent victimisation and neighbourhood disadvantage is relatively limited compared to violent offending (Browning & Erickson, 2009). Further studies are warranted to add to the scarce literature.

Alcohol availability is another important structural aspect of the neighbourhood. Three out of four studies found a significant positive relationship between prevalence of alcohol availability and counts of youth violence (Alaniz et al., 1998; Parker et al., 2011; Resko et al., 2010). In sum, these findings support the theoretical notion that alcohol availability is a significant determinant of violence, also demonstrating that this association exists when using self-report and more official data. The reasons behind this relationship are not specifically addressed by the SDT. The extent to which this association occurs as a result of grouping adolescents at a higher risk of violence together, selective disinhibition after alcohol consumption or a combination of the two is unclear (Resko, 2010). Therefore, to add to the scarce literature on alcohol availability and youth violence, further studies need to be carried out and qualitative research may allow for a better understanding of the interrelationship between alcohol availability and youth violence (Resko, 2010).

Another significant finding from this review was the inverse relationship between immigrant concentration and youth violence reported by three out of four studies (Haynie et al., 2006; Maimon & Browning, 2012; Maimon, 2010). It appeared that higher rates of immigrant concentration in the neighbourhood were related to a reduction in youth violence. These findings appear to be consistent with the limited literature on immigrant concentration and violence (Browning, 2009; Desmond & Kubrin, 2009). Contrary to the SDT, it appears that immigrant communities may serve as protective mechanisms against violence (Browning, 2009). For example, areas with high immigrant populations may provide a sense of home and belonging to some

groups, who have experienced displacement and discrimination which, in turn facilitates stronger social capital amongst residents. Therefore, rather than contributing to social disorganisation, high immigrant concentrations may in fact strengthen informal control and community self-policing. This may result in a reduction of crime amongst youth irrespective of the social environment and inequalities they live in (Desmond & Kubrin, 2009)

4.2. Social disorganisation

Findings related to social disorganisation were mixed, but generally, they were associated with a significant reduction in youth violence. This provides further evidence in support of the SDT. Only one study examined informal control and found an inverse relationship, in that youth living in neighbourhoods with higher informal social control were significantly less likely to engage in a fight in a year of the study (Haegerich et al., 2014). Three studies reported a reduction in youth violence in neighbourhoods characterised by a stronger sense of community i.e., measures of social cohesion, neighbourhood connectedness, social capital, neighbourhood attachment, social capital (Dinapoli, 2000; Haegerich et al., 2014; Widome et al., 2008). In regard to collective efficacy, four out of the eight studies reported findings in an expected direction; higher levels of neighbourhood collective efficacy are associated with fewer reports of youth violence (Browning, 2008, Browning & Erickson 2009, 2012; Maimon, 2012). The remaining studies found either no association or an association in the opposite direction (i.e higher collective efficacy led to higher reports of youth violence). All eight studies used self-report measures of collective efficacy which assessed measures of social cohesion and informal social control (Sampson et al.,1997).

The mixed findings observed between neighbourhood collective efficacy and youth violence might be explained by the way violence outcomes are measured. For example, all the studies examining the relationship between collective efficacy and youth violence in this review used self-report measures of violence. Whereas the majority of studies that have reported findings in expected direction use official reports of violence i.e., police reports (Kirk & Papachristos 2011; Sampson et al.1997), or more serious self-reported violence, such as the use of guns (Molnar et al. 2004). It

may be that collective efficacy may have reduced effects on less serious outcomes such as those assessed in these studies. This is illustrated in findings from Browning & Erickson (2008). Although they only examined violent victimisation, they found that whilst collective efficacy had no association with minor violence victimisation it was significantly inversely associated with major victimisation. This may suggest that community members are better at limiting more serious forms of violence, e.g., weapon-related violence, than they are in limiting minor violent offences such as slapping, punching, and kicking. It might also demonstrate that major forms of violence are perhaps more likely to occur in public spaces, which allows for neighbours to intervene (Browning, 2009).

Gender differences were also observed in one study in ways not predicted by the social disorganisation theory. Whilst no association was found between collective efficacy and self-reported violence in males, among females it was related to higher rates of violence (Fagan & Wright, 2012). As well as the differences in socialisation between males and females aforementioned, these findings might be explained by methodological differences. For instance, studies that examine collective efficacy, tend to rely on aggregated self-reports from the same youth (or their parents) whose behaviours were being assessed (De Coster et al, 2006). However, in this study, measures of collective efficacy were reported by adults who were generally unrelated to the youth. The different approaches used makes it difficult to adequately compare results. More consistent methodology may increase the validity of the findings and provide further support for the SDT (Fagan & Wright, 2012, Fagan et al, 2014; Leventhal & Brooks-Gunn, 2000; Sampson et al, 2002).

Although findings are inconsistent, due to the methodological differences mentioned, generally, many studies reported an inverse association between neighbourhood cohesion, informal control, collective efficacy and youth violence. These findings are in line with the SDT, which proposes that stronger collective efficacy leads to greater mutual trust and cohesions between community members. Therefore, they are more likely to intervene on behalf of the community to reduce violence and delinquency amongst youth (Fagan 2014; Sampson et al.1997; Simons et al. 2005). The findings suggest that young people living in neighbourhoods with higher collective efficacy may have an extra level of supervision and support from

community residents. This may in turn deter them from engaging in youth violence as they know that such actions will be noticed and result in negative sanctions (Coleman 1988; Sampson et al.1997).

4.3. Neighbourhood disorder

Fewer studies focused on aspects related to neighbourhood disorder. These studies were further broken down into two subcategories - crime rates and perceived neighbourhood crime and safety (n = 11) and physical and social disorder (n = 6). Out of these 17 studies, only four indicated no significant association between neighbourhood disorder measures (e.g., crimes rates and aspects of the physical environment) and youth violence (Calvert 2002; Haegerich et al, 2014; Romero et al, 2015; Shin 2021). Although there appears to be sufficient evidence suggesting a positive association between neighbourhood disorder and youth violence, therefore supporting the SDT, it is hard to draw definite conclusions. This is because the measurements used to assess neighbourhood disorder were varied, making comparison across studies difficult. In order to gain more insight into how neighbourhood disorder relates to youth violence, there needs to be a more well-defined conceptualisation of neighbourhood disorder which could be achieved through a standardised assessment tool.

4.4. Limitations

Although the findings from this review provide useful insight into the influence of neighbourhood on youth violence, it is subject to a number of limitations that need to be considered. Firstly, the majority of the studies utilised a cross sectional study design and therefore it is hard to draw conclusions on causal inferences.

In addition, it is important to note that 74 % of studies included in this review were conducted in USA where they are high rates of poverty, racism and discrimination experienced by ethnic minority communities, which also play a role in the development of youth violence (Leventhal & Brooks-Gunn, 2000). Moreover, the impact of neighbourhood level factors on youth violence may vary across countries, due to the differences in how neighbourhoods are contextualised, funded or organised. The findings from these studies may also lack generalisability considering

that most of the literature was carried out in the USA. Further research is needed to understand whether the findings can be replicated in other countries that may have different structural and social problems facing youth. This may help to increase the generalisability of the findings to studies outside of the USA. In particular, it would be interesting to explore whether there are apparent differences in results found between developed and less developed countries, where rates of disadvantage and collective efficacy vary.

It is important to acknowledge methodological challenges in assessing neighbourhood effects and youth violence. Many of the studies included in this review relied on self-report measures of youth violence which, are subject to erroneous recall, especially as many of the studies assessed acts of violence victimisation and perpetration over a one-year period. Self-recall is also susceptible to social desirability bias, in that young people might not disclose the number of violent acts they have perpetrated or been victims of, in order to be seen in a good light (Singh & Tir, 2021). There may also be some bias related to familiarity of violence, in that minor acts of violence, could be easily omitted and perhaps not considered violent enough to be reported (Kaylen & Pridemore, 2011; Singh & Tir, 2021; Van de Mortel, 2008). In relation to neighbourhood disorder and social disorganisation, many of the concepts such as perceived crime and safety, social disorder, community cohesion, and problems were also measured using self-report measures. Similarly, this may have introduced bias due to over- or under-reporting problems in their neighbourhood, or how strong their communities are. Future studies should consider incorporating a measure of response bias or use data from a triangulation of different sources.

Additionally, neighbourhood social processes such as informal control and collective efficacy should be ideally conducted from objective sources (i.e., via systematic observations or interviews). This would help to ensure that the results are reflective of the community, rather than individuals living within the community (Fagan 2012; Van Horn et al., 2007). As this would be costly to facilitate and difficult to conduct, the majority of the studies in this review have used survey data from young people or their parents, which have been aggregated to the neighbourhood level. Collecting data on independent and dependent variables from the same individuals may inflate the strength of relationship being investigated (Fagan & Wright, 2012;

Sampson & Raudenbush, 1999; Van Horn et al., 2007). These methodological challenges from the studies indicate the need for further examination of the relationship between neighbourhood social process and youth violence,

A meta-analysis was not conducted due to the heterogeneity of the studies included in this review, and thus a statistical estimate of effect for each risk factor could not be determined. A narrative synthesis was conducted, which is subject to lack of transparency and reviewer bias, as conclusions are based on the researchers, own subjective interpretations (Campbell, 2019). To reduce potential effects of bias, the quality of the studies included in this review were assessed, and 20% of the studies were double rated by an independent researcher.

Due to the scope of the review, it focused on broadly defined measures of neighbourhood factors and their association with violent outcomes. However, the possible mediating and moderating effects of variables such as family, peer, personality traits and other individual factors which, are also associated with youth violence, were not considered. In addition, the complexity of neighbourhood factors also needs to be taken into account. It may be difficult to find direct effects of neighbourhood factors on youth violence as, although young people may reside in a particular neighbourhood, they may spend a lot of time interacting and socialising outside of this space i.e., when attending school, meeting with friends and family members (Fagan et al, 2014; Sampson, 2012). Some researchers have proposed that proximal influences of youth violence (e.g., peer or parental risk factors are stronger than neighbourhood influences (Brooks-Gunn, 2009; Elliott et al.,1996; Foster & Brooks-Gunn, 2000; Maimon & Browning, 2010; Vogel, 2018). Future reviews should examine more specifically the process and mechanisms through which neighbourhood factors have an influence on youth violence, rather than just highlighting an association.

4.4.1 Limitations of the SDT

Furthermore, as a high proportion of the populations examined within these studies were from minority backgrounds, it is important to consider the context of race and marginalisation. There may have been additional influences working alongside neighbourhood effects, such as racism and marginalisation, that contributed to the

increased risk of youth violence. It is well known in the UK and other countries that individuals from minority groups experience institutionalised racism, marginalisation and oppression which are also associated with poorer outcomes including crime and offending (Irwin-Rogers, 2020; Hackett et al., 2020; Caldwell et al., 2004). Institutional racism is embedded throughout the laws, policies, ideologies and practices of institutions which manifests in discrimination across housing, education, employment and criminal justice systems (Barnado's, 2020). For example, young people from minoritised groups, are disproportionately excluded from school, have higher rates of unemployment, are overrepresented in the criminal justice system and are disproportionately targeted by police (Ministry of Justice, 2018; Barnado's, 2020; ONS, 2018).

On top of this, housing policies and initiatives disproportionately group ethnic minorities in areas concentrated with poverty and disadvantage (Bailey et al., 2017; Moeller 2001). This is especially the case in the USA, where the majority of studies in this review were conducted (Leventhal & Brooks-Gunn, 2000; Bailey et al., 2017). Moreover, some of the populations examined in this review were not living in their "home" countries (i.e., Turkish, Eastern Europeans individuals living in Germany) and therefore they may face additional experience of marginalisation and racism (Erdman, 2021). These multiple factors affecting ethnic minorities groups are thought to create a "cascade" model of the development of youth violence, meaning that each factor builds upon the next, exponentially increasing the risk of violence (Annan et al., 2021; Caldwell et al., 2004 Dodge et al., 2008 Graham, et al., 2019; Irwin-Rogers, 2020). Experiences of racial discrimination are associated with feelings of anger and shame, which also contribute violence (Garbarino & Haslam, 2005; Romero et al, 2015).

This highlights major limitations within the SDT, in that it does not take into consideration the wider systemic factors that also contribute to youth violence but can be seen as potentially locating the problem within individuals/communities or how said communities deal with inequalities they experienced, versus the wider social systems at play. It is apparent that youth violence is complex and multi-layered and for it to be tackled effectively, focus also needs to be placed on addressing the wider systemic factors that increase risk and contribute to them living in disorganised neighbourhoods. There may be a need for more systematic reviews and research that

further examine systemic factors contributing to youth violence and highlighting interventions within this level, and not just within the individual/community.

Finally, despite the problems associated with disadvantaged communities, not all residents commit or support illegal behaviours and not all youth from these areas engage in youth violence. It can be argued that SDT is reductionist, because it does not take into account the role of freewill, in that people can determine the choices that they make, despite the social context they may end up in. Furthermore, the SDT does not explain how individuals living in more socially organised and more affluent communities end up engaging in crime and violence. There has been less research focused on identifying what makes young people susceptible to exposure to risk, or factors that increase resilience for youth living in disadvantaged and more-advantaged neighbourhoods (Farrel et al, 2014; Stein et al., 2003). Continued research to identify what makes individuals more at risk of neighbourhood-level factors and resilient factors is of great importance, as this will help in the development of more novel and effective youth violence prevention interventions.

4.5. Research Implications

The studies in this review are good examples of the ongoing systematic evaluation of neighbourhood influences on youth violence, contributing to the evidence on contextual level risk factors. However, future studies might contribute a better understanding.

It would also be interesting to identify the age at which individuals are most at risk of neighbourhood level factors. Research has suggested neighbourhood risk varies according to the age of the child and as children get older the effect of neighbourhood risks change. For example, Ingoldsby & Shaw (2002), put forward that neighbourhood disadvantage initially operates as a risk factor during infancy and holds a more direct influence as individuals develop into adolescents and young adults and begin to become more exposed to neighbourhood factors. However, there appears to be no consistent finding in the literature that demonstrates which ages are most affected by the neighbourhood factors (Fabio et al, 2012). One way this can be examined is by using longitudinal studies, whereby young people can be observed overtime. Longitudinal studies make it possible to examine the extent to which temporal order of events is important for assessing risk factors for youth violence. Moreover, they can provide good insight into how neighbourhoods affect youth violence overtime, which together can help guide early intervention (Bruce, 2004b). Longitudinal studies may also provide insight into the factors that may disrupt neighbour influence on youth violence, for example contact with positive role models, friends, or educational settings.

This review highlighted that many neighbourhood studies have focused on assessing the effects of structural variables, such as poverty. This is due to the fact that this information is readily available i.e., by matching respondents' addresses to data from the Census Bureau (Fagan & Wright, 2012). It was evident that neighbourhood social processes, which are more difficult to examine, have been relatively understudied. This is in line with critiques of the SDT for its over reliance on the structural aspects of neighbourhoods (Almgren, 2005). Therefore, more research should be conducted assessing the influence of social factors (including collective efficacy, social cohesion, informal social control, neighbourhood disorder) on youth violence. This might help to provide further evidence in support of protective factors within the neighbourhood.

Lastly, qualitative research was excluded from this review. The inclusion of qualitative studies could help to provide rich and interesting insight into the experiences of young people who live in the neighbourhoods. For example, Yonas et al. (2006) conducted a qualitative study, whereby they used in-depth interviews to

explore the perceptions of the relationship between social and structural neighbourhood-level factors and urban youth violence, amongst prominent neighbourhood individuals from low-income urban neighbourhoods in Baltimore City. Employment opportunities, local businesses, rubbish management, vacant housing, and street lighting were perceived as important neighbourhood factors influencing young people's experiences. Future systematic reviews exploring neighbourhood level influences should also include qualitative studies. This insight is important for youth prevention work, as it offers micro-level perspectives to gather and frame information and inform decisions that are usually made at a macro-policy and programmatic level (Yonas et al., 2006).

4.6. Clinical implications

Many of the findings presented in this review suggest that the SDT could be a useful theory to consider when addressing youth violence. However, in light of the mixed and unexpected findings definitive conclusions cannot be drawn. The SDT posits that neighbourhood context is an important risk factor for youth violence due to the weakening of social ties, breakdown of social norms and the inability of residents to work together to supervise and socialise youth. These factors are reported to be more apparent in neighbourhoods characterised by disadvantage. These findings have important clinical implications for public policy, prevention intervention and for practitioners working in the area of youth violence

Designing violence prevention programmes at an individual and family level cannot be completely effective, without considering the contextual and societal factors and the impact they have on youth. Therefore, to add to the established individual and family youth violence interventions, this review highlights the importance of neighbourhood level interventions. From a SDT standpoint, these interventions should focus on strengthening connections between community members which may be achieved through improving neighbourhood safety; enhancing collective social control of young people's activities through community awareness and social groups; forming connections with positive role models and elders in the community, and creating more neighbourhood-based youth service groups that help build attachments with conventional adult role models (Sampson, 1997; Ingoldsby & Shaw, 2002).

However, a critique is, locating interventions solely within neighbourhood, when neighbourhood factors also represent wider social structures. Therefore, interventions should also address wider systemic factors, such as, unfair treatment certain disadvantaged neighbourhoods receive from governmental and social systems, neighbourhood inequalities and cuts to neighbourhood resources (i.e., youth clubs).

Another important factor to consider is neighbourhood disorder and alcohol availability. The studies included in this review suggested that neighbourhood disorder and the availability of alcohol are associated with increased risk for youth violence. Therefore, from a public health perspective, violence prevention efforts could be enhanced by altering both physical and social aspects of the neighbourhood, which includes the availaibility of alcohol and the occurrence of antisocial behaviour. Taken together, these findings hold important implications for councils, community police officers and other agencies who are involved in the funding, planning, governing and maintenance of neighbourhoods.

The findings presented in this review also hold important implications for the World Health Organisation (WHO) initiatives tackling youth violence. Current initiatives highlight the need for a comprehensive approach that addresses factors such as income inequality, rapid demographic and social change. They also stress the importance of programmes that reduce concentrated poverty and upgrade urban environments (WHO, 2020). However, the evidence from SDT suggests that there needs to be equal consideration for programmes aimed at improving the conditions of neighbourhoods and more investment into disadvantaged neighbourhoods.

What these findings have also highlighted, is the importance of policies to address the multiple needs of young people living in areas of disadvantage and poverty. Research has shown that it does not appear to be enough to provide individuals with the opportunity to overcome neighbourhood disadvantage alone (Fabio et al., 2012). For example, Kling et al. (2005) carried out a study examining the Moving to Opportunities program, whereby families living in neighbourhoods with high levels of concentrated disadvantage were randomly assigned to an experimental, section 8 or control group. The experimental group received a housing voucher to live in a neighbourhood with low levels of poverty. The Section 8 group received vouchers

with no restrictions imposed on where they could live. The controls received no intervention. The findings from this study showed that for those in the experimental group, there was a reduction in arrest rates for violent crimes compared to those in the control group. However, there appeared to be an increase in arrests for property crime for those in experimental group compared to controls. There were no significant differences in the arrest rates for those in the section 8 group compared to controls. This suggests that improving people's environment without, providing opportunities for employment does, not fully address their quality of life (Fabio et al., 2012). Therefore, there appears to be a greater need to address the wider systemic, social, economic underlying disadvantage.

Finally, understanding the key elements of a young people neighbourhood that may influence their development and behaviour would have important implications for psychological care. The findings suggest that more explicit focus should be paid in assessment and formulation to the structural and social factors of an individual's neighbourhood which might increase their risk of engaging in violence. More developed measures of these factors might facilitate this exploration. In addition, there appears to be a need for more preventative interventions for young people living in particular neighbourhoods in order to reduce their risk of engaging in youth violence in the future (Fabio et al., 2012).

4.7. Concluding remarks

In summary, the findings from this review provide valuable evidence in support of the SDT, by suggesting that youth violence in some parts is influenced by contextual factors such as the structural, demographic and social aspects of neighbourhoods. Specifically, neighbourhoods characterised by high disadvantage, greater alcohol availability, higher social and physical disorder, lower collective efficacy and lower sense of community appear, to be associated with an increased risk of youth violence. The mechanisms behind this may be explained by the breakdown of social ties, shared norms and values which are necessary for collective efficacy. However, it is also very important to consider the wider systemic issues that influence where individuals reside and also contribute to youth violence. Moreover, the findings also highlighted some new insights, firstly there appears to be gender differences observed in the association

between neighbourhood disadvantage, collective efficacy and youth violence. Secondly, contrary to the SDT, immigration concentration may act as a protective factor against youth violence. Considering youth as individuals within a social context can lead to the development of more holistic prevention interventions to support both young people and communities to respond to the conditions of their neighbourhood and promote efforts to eliminate contextual factors that contribute to youth violence. Importantly, the suggested implications can only be effective if all relevant parties (e.g., parents, caregivers, statutory/non-statutory services, community members and the government) work together in a close and collective manner.

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Part 2

EMPIRICAL PAPER

Exploring Experiences of Partnership Work with Community Psychology Projects Focussed on Youth Violence

Abstract

Aims: Young people involved in the Criminal Justice System (CJS) experience high rates of mental health difficulties and barriers to accessing support. Community Psychology (CP) projects aim to address the accessibility and acceptability of psychology and provision across systems levels. Research examining the impact of these projects have shown positive outcomes for the cohort of young people who access them. However, little is known about the experience and perception of wider systems who work in partnerships with these projects. Therefore, this study aimed to explore the experience and perceptions of stakeholders who work in partnership with CP projects that specialise in youth violence.

Method: Fifteen participants were recruited from organisations with experience working in partnership with CP projects that specialise in youth violence, i.e., statutory, voluntary and third sector organisations. A purposive sampling and snowballing method were used for recruitment. Participants took part in semi-structured interviews which explored their experiences of partnership work with CP projects. Transcripts were analysed using Thematic Analysis.

Results: Three superordinate themes, each with multiple subthemes, were elicited through analysis: *1),* Developing and sustaining partnerships, discussed the need for the partnerships and key components that facilitated the partnership and work with young people overtime; *2)*, Growth as a by-product, which captured the mutual benefits of partnership work for both parties; and *3),* Navigating tensions, which provided insight into the challenges faced within the partnership work and how these were navigated.

Conclusions: To the authors knowledge this is the first qualitative study exploring the experiences of stakeholders who work in partnerships with CP projects. The analysis highlighted the important benefits of CP projects on the wider systems they partner with (e.g., skill sharing, improved confidence, increasing knowledge, strengthening teams, managing risk and complexity). This led to important recommendations for serious youth violence provision, key best practices to support partnership working, and ideas on how to engage this cohort of and support staff working in this area. Research implications are also offered.

Key words: Community Psychology, Partnership work, Youth violence

1. Introduction

Young people involved in the criminal justice system (CJS) often have many complex and unmet needs i.e., poor mental health and social care provision and lack access to meaningful employment and community resources (Zlotowitz, et al 2015). Further, there is an increased likelihood of them experiencing poor structural conditions e.g., poverty, inequality societal exclusion and discrimination (Zlotowitz, et al 2015). As such, the long-term outcomes for these young people are often poor. Of particular concern is the poor mental health outcomes faced by this cohort, as demonstrated by findings that young people in the CJS were three times more likely to experience mental health problems than the general population (Mental Health Foundation, 2000).

Despite this, young people in the CJS remain underrepresented in statutory mental health services. The conventional approach to mental health provision can partially explain this gap, as this has inadvertently created multiple psychological and geographical barriers for these marginalised groups, such as mistrust in professionals and neighbourhood territories (Chitsabesan et al., 2006; Kintrea et al., 2008; Lemma, 2010; Walsh et al., 2011; Youth Justice Board, 2005). Consequently, psychological support for young offenders is often reactive, short-lived and at crisis point (Guerra & Slaby, 1990; Fisher et al, 2008) and often at the acute end. For example, marginalised groups such as young black men are disproportionately represented in compulsory admissions within mental health units. Therefore, their experiences of mental health support in these services are often pathologising, punitive and temporary, which has a damaging impact on “relationship to help” (Barnett et al., 2019; Memon et al., 2016; Reger & Fredman 1991).

The increasing focus of young people in the CJS seen in national policies is therefore unsurprising. The Five Year Forward View for Mental Health calls for services to be better integrated, recognising the relationship between mental, physical and social needs (Mental Health Taskforce, 2016). It also recommends co-producing services alongside people with lived experience, to develop services that best meet

their needs. This has led to the need for innovative approaches to engage this marginalised group, to enhance their well-being and improve their life circumstances.

One approach addressing these types of disparities and improving access to mental health care is Community Psychology (CP). CP aims to address the social, cultural, economic, and political factors impacting on individuals' well-being (British Psychological Society (BPS), 2015; Nelson & Prilleltensky, 2010). CP interventions can be placed across the different levels individuals exist in, for example at the individual, societal or community level. CP approaches are "bottom-up" and often client/community-led, with professionals as collaborators, aiming to reduce distress and improve well-being (BPS, 2015). There are various projects using this framework, often connected with marginalised group's who have been shown to have poorer access, experiences and outcomes, when seeking treatment for mental health in mainstream services, such as those in the CJS (Bignall, et al., 2019). Approaches for this client group therefore attempt to change how the larger forces of power, oppression and exclusion affect young people and their psychological well-being, through creating collective social action, increasing youth participation, and building social networks (Zlotowitz, 2011).

CP projects such as Project future (PF), Project 10/10, and OWLs have been commissioned to address the inequalities faced by young men exposed to Serious Youth Violence or labelled "gang-affiliated" (Durcan et al., 2017). Their aim is to improve wellbeing, access to services, education, employment, and training opportunities, with the long-term aim of reducing marginalisation and offending amongst this cohort (Durcan et al., 2017). These projects provide large benefits to the young people who access them, for example, a recent evaluation by PF revealed a significant reduction in the mental health needs of young people who engaged in the project and this reduction was more pronounced for young people who had been accessing the project for a longer period of time (Durcan et al., 2017). The evaluation also revealed that two-thirds of young people accessed another service via PF, including the Department for Work and Pensions, housing, Citizens Advice and sexual health.

There is widespread recognition of the limitations of solely individual level interventions (Schensul & Trickett, 2009), as highlighted in Bronfenbrenner's (1979) ecological model of human development, which specifies social/structural ''levels'' that impact on an individual's wellbeing. Thus, in addition to the microlevel work with young people, CP approaches also intervene at the exo-level, which involves indirectly working with young people through partnership work with other agencies. These projects work in partnership with public and community services (e.g., CJS, mental health, courts, schools and other statutory services) who play a significant part in young people lives, to address multi-level risk factors and also bring about wider systems change (Durcan et al., 2017). Examples of this partnership work includes providing training and consultations to schools, hostels, NHS, prison, and council services focussed on how to adapt to best support the needs of the group. Other examples include supporting teams to think psychologically about their work or facilitating reflective practice spaces.

The underlying aims behind this partnership work is to improve young people accessibility and acceptability of services, change professionals' perception of young people through offering an understanding of contextual factors to explain their behaviours, changing young people perceptions of professionals and services and helping services to adapt their interventions to make them more suitable for the context of the group. Lastly it is aimed at helping systems to understand the importance of co-producing services with young people and thinking about how this can be done in a meaningful and safe way. These interventions indirectly result in better outcomes for young people; therefore, partnership working is a key part of the CP approach. CP approaches also draw on principles of co- production, postulating that service users are experts in their own life and therefore know how best to meet their needs (Durcan et al., 2017; Orford, 2008) and also that co-production can also occur between organisations and services to combine skills and expertise to address barriers and improve provision

Coproduction is an initiative that is increasingly being used within NHS services and this has informed the benefit of partnership work by, suggesting that in order to get the best outcomes for young people there needs to be better collaboration across agencies that support them (Slay & Stephens, 2013). Partnership working is described

as collaborative working across organisational boundaries to, provide more holistic, more patient-centred services; it has become a central feature of the UK Government's approach to tackling complex policy issues, such as crime (Freeman & Peck, 2006; Clarke & Glendinning, 2002; Johnson., et al 2003). Since 1997, a strong policy emphasis on the importance of 'joined-up' working has promoted the benefits of partnerships (Walshe et al., 2007). The concept of joint working underpins many recent policy initiatives, for example, the Lammy review, (2017) calls for working in partnership with communities, specifically better integrating aspects of the criminal justice system into community-based work. Within the area of youth violence, important partnership work occurs between a range of different services including police, social care, mental health, housing and courts. Similarly, the NHS long term plan acknowledges that mental health services need to work effectively within and in partnership with existing service delivery structures to, help vulnerable children and young people – such as youth justice services and other agencies (Alderwick & Dixon, 2019).

Numerous studies have examined partnership working within the health setting (Estacio et al., 2017; Freeman & Peck, 2006; Walshe et al., 2007), and these studies outline that partnerships can be more effective than a single agency working in isolation. Barriers to partnerships include, fragmentation of service responsibilities across services, financial, limited resources and threats to jobs (Glasby & Lester, 2004), but successful partnerships can bring together skills, sharing of information, achieving continuity of care and co-ordinate the planning and delivery of resources (Payne, 2000), which can be suggested to improve provision for service users. Given the barriers to services, the likely complex presentations and unmet multifaceted needs of young people in CJS, understanding how partnership work helps to improve experience and outcome for this cohort is important.

1.1. Aim and rationale

As CP projects aim to address the accessibility and acceptability of psychology across system levels, it is important to examine the impact of these projects beyond the individuals. However, much of the focus of these CP project evaluations have been to examine the impact on the young people and staff groups receiving interventions.

To the authors knowledge, relatively few studies have examined the impact or experiences of the stakeholders that work in partnership with them (e.g., police, social care, youth offending services and housing). Furthermore, whilst the forms, benefits and challenges of partnership working are well described in health settings, there is perhaps rather less understanding of the requirements, challenges and benefits of implementing partnership work within the criminal justice and mental health setting (Clarke & Glendinning 2002). By its very nature, partnership working requires partners to collaborate in achieving common goals, however the process of working together is complex and challenging and at times contested (Clarke & Glendinning 2002). Therefore, it is important to examine the impact and experiences of the stakeholders that work in partnership with CP projects, given this is one of the ways in which the CP approaches provide support for young people who are involved with CJS (i.e., intervening within a system/network level).

The aim of this study is to explore the experience and perceptions of stakeholders who work in partnership with CP projects, focussed on serious youth violence, as this is a relatively understudied area. It aimed to explore:

- The process and journey into partnership working
- The impact of the partnership work with CP projects on these wider systems
- The recommendations and implications for partnerships and the associated cohort they work with.

2. Methodology

2.1. Design

This study utilised a qualitative design involving, semi structured interviews to explore the experience and perception of partners who work in collaboration with community psychology projects, within the area of serious youth violence. Since little is known about this topic, an exploratory qualitative approach was deemed the most appropriate given its usefulness in uncovering in-depth, meaningful, and subjective data (Britten, 2006).

2.2. Ethical Approval

Ethical approval for this study was granted by the University College London Research Ethics Committee on the 12th April 2021: Project ID- 19115/001 (*Appendix A)*.

2.3. Joint project

This study was carried out as part of a joint project exploring various stakeholders' experiences and perspectives of CP projects (e.g., clinical psychologists, service users, partnership stakeholders). Although a joint ethics application was submitted, the projects examined fundamentally different areas.

The current study specifically explored the experiences and perspectives of stakeholders who work in partnership with CP projects focussed on youth violence. The other study focussed on psychologists experience of exo-system level work in CP projects (Fosuaah, 2022). Appendix M outlines what each researcher contributed to the joint study.

2.4. Recruitment

Key to obtaining the information necessary to deliver this study successfully, was recruiting appropriate participants. As such, focus was placed on identifying participants from organisations with experience working in partnership with CP projects that work with young people affected by youth violence i.e., statutory, voluntary and third sector organisations. The process of this recruitment is discussed in detail below.

2.4.1. Inclusion criteria

Participants were eligible to take part if they:

1. Were employed by an agency that worked in partnership with CP projects focused on supporting young people impacted by serious youth violence
2. Had been directly involved in the partnership working with CP projects (i.e., joint working, consultation, supervision)
3. Had a minimum of 6 months experience working in partnership with the CP projects. Participants who had left the stakeholder organisations had

to have worked with CP projects within the last 2 years. This ensured that the information received was based on the most current understanding of partnership working.

2.4.2. Exclusion criteria:

Participants were excluded if they had not worked directly with the CP projects.

Purposive sampling and snowballing methods were used to recruit suitable participants. The selection of participants went through three phases.

2.4.3. Phase one: Identifying community psychology projects

The research team undertook a number of activities, e.g., engagement with known networks, google searches, snowballing techniques and searching professional networks (CP forums and psychology for social change) to identify suitable CP projects, such as MAC UK, Project 10:10, Project Future for this study. Once identified they were contacted via email and meetings were set up to explain the study and request for support with recruitment.

2.4.4. Phase two: Identifying partner agencies

The main researcher then liaised with established contacts (mostly psychologists) at the CP projects to help identify which partner agencies they work in collaboration with and other known CP projects focussed on serious youth violence . Potential participants were contacted by the CP projects, as it was felt that as they already had an established relationship with these organisations, they may be more likely and willing to participate in the study.

2.4.5. Phase three: Contact with participants

A study poster and information sheet designed by the main researcher was circulated to the relevant partner agencies by the CP projects (see appendix C and D). This clearly and succinctly outlined the aims, objectives, inclusion and exclusion criteria for the study. Further, to ensure clarity on the scope of the study and maximise participation, the main researcher arranged and attended meetings with partnership organisations, to provide further and more specific information, where necessary

Those who expressed interest in taking part in the study were asked to share their contact details with the main researcher directly or via the point of contact at the CP project they were associated with. These participants were subsequently contacted via email and asked to complete an online survey via Qualtrics (a secure online questionnaire program). The completion of the survey was necessary to ensure participants were fully aware of the scope of the study and that participants met the inclusion criteria. The survey invited participants to read the study information sheet and complete a consent form. Afterwards, they were asked to provide information regarding their contact information, demographics, employment and partnership experience. Once the Qualtrics survey was completed, the main researcher contacted the participants via email to arrange a virtual interview. All participants were interviewed via Microsoft Teams.

2.4.4. Phase four: Snowballing

Once interviewing had begun, a snowballing procedure was used to identify other staff members within their system who met the study's inclusion criteria and other CP projects. Suggested staff were then contacted, as in phase 3. Other methods used to identify and recruit suitable participants included circulation of the study poster on online platforms including Twitter and LinkedIn, suitable participants that came forward were contacted again as in phase 3.

2.5. Measures

Qualtrics XM (online experience Management platform), was used to collect collate the following data on the candidates: email addresses, basic demographic information (ethnicity, age, gender), their job title, the partnership agency they worked for (i.e., council services) and the duration of time they had worked in their role for. Meanwhile the following information regarding the CP projects and their partnerships were collected: how long they worked in partnership for, and the types of partnership work carried out (e.g., joint working, consultation, reflective practice etc)

The personal nature of the data collected meant that particular attention was paid to ensuring it was appropriately managed. Therefore, all of the data was initially

collected and stored on Qualtrics, then downloaded to the UCL network, where it was kept on an encrypted hard drive.

2.6. Interview schedule

The interview schedule was guided by various models and literature on partnership work. Multiple discussions were had with the principal researchers and experts within the field of CP, who also helped to generate questions for the schedule.

2.6.1. Models of partnership working

The initial questions relating to participants' journey into partnership were guided by The Multidimensional Model of Iinterdisciplinary Collaborative Activities. This model outlines the key influences on the process and outcomes of interdisciplinary collaboration (Boydell & Rugkåsa, 2007). The first set of influences involves the beliefs and expectations concerning the collaboration and highlights that potential collaborators must first identify a need and recognise their own limitation in responding to this need and believe in their colleagues' abilities to address this need (Boydell & Rugkåsa, 2007). Therefore, it was important to capture participants' perspectives of why there was a need for the partnership in their system. Various models discussed situational incentives, barriers, and constraints that influence the quality and process of the partnership (e.g., time, accessibility and resources; Boydell & Rugkåsa, 2007; Drotar, 2002). Thus, it was important to consider whether there are any barriers or facilitators to partnership work with community psychology projects.

2.6.2. Expert consultation

A consultation was set up with a community psychologist working with a CP project (focused on youth violence) for input and feedback on the general categories of questions and directions of the research. This consultation led to an agreement of the current ideas and the inclusion of items focussing on the impact of the partnership work on the wider systems way of working. The consultation also highlighted ideas for questions which considered implications and recommendations for effective partnership working, as well as support necessary for staff working in this area and for the associated cohort of young people

2.6.3. Pilot interview

A pilot interview was carried out with a trainee clinical psychologist who was part of the research team and so had knowledge of CP. This process ensured the relevance, ordering and utility of the interview questions. Feedback from this pilot interview resulted in some changes, such as explicitly explaining the overarching categories of questions, so participants were clear on the context of questioning as we moved through the interview.

2.5.5. The final measure

The final semi-structured interview schedule was designed and developed by the research team specifically for the study (see Appendix F). The interview schedule grouped questions into three main areas

1. The journey into partnership working
2. The experience and impact of the partnership work with CP projects
3. Recommendations and implications

There were several broad questions, with follow up questions which were used as a prompt for the interviewer, such as, “Can you tell me how you overcame those barriers?’. The interview schedule was used as a guide for the interview, however, there was some flexibility, in that participants were able to express their own ideas and experiences.

2.7. Procedure

A 1:1 semi-structured virtual interview was arranged via Microsoft Teams with each participant. Ahead of interview, the participants were provided with an information sheet and consent form, clearly detailing: the risks of the study, the fact that it was voluntary, that they had the right to withdraw from the study at any stage without giving a reason and the incentives available for participation (Appendix E). Further, each participant was required to provide informed consent before the interviews were conducted. Each interview lasted between 60-90 minutes with an average of 70 minutes and each participant was asked to give an honest account of their experience of partnership work with the CP and reminded this had no direct impact or connection to their current partnership relationship

The Interview and transcripts were recorded with participant consent and stored on an electronic encrypted device. Interviews were transcribed using Microsoft Teams and transcripts were password protected. All data was stored according to the UCL GDPR guidelines. Participant's data was pseudo-anonymised at the earliest opportunity, i.e., interview packs were labelled with a unique participant ID and stored separately from transcripts and interview recordings on a secure server.

At the end of the interview participants were given the opportunity to reflect/ comment on the interview process. Many of the participants commented on how the study had provided them with the welcome opportunity to think in more detail and more holistically about their partnership work. To incentivise recruitment, participants had been offered either a voucher or the option to donate funds with a value of up to £10 to a charity of their choice. These incentives, it was stressed, were offered, regardless of whether they completed the interview or asked for their data to be withdrawn from the study.

2.8. Data Analysis

Data was analysed using Braun and Clarke's (2006) method of Thematic Analysis (TA) which systematically synthesises data into clusters and themes that can be communicated for the purpose of research. TA was used over other forms of data analysis e.g., interpretive phenomenological analysis (IPA), as it is more suitable for large data sets (Smith & Osbourne, 2003). Considering the lack of research exploring the experiences of staff who work in partnership with CP projects, it was important that the research was exploratory and sought to obtain rich data. The analysis assumed that what participants said was evidence of their experiences. TA is positioned as independent of theory; therefore, it can be applied across a range of theoretical and epistemological approaches (Braun & Clarke, 2006). NVivo qualitative data analysis software (QSR International) was used to support data analysis. This software was used because it supports the analysis of large data sets.

Analysis of the interviews followed the six-phase approach defined by Braun and Clarke (2006):

2.8.1. Phase one: Familiarisation of the data

Familiarisation of the data was achieved through listening to the interview recordings and repeated reading of the transcripts. Initial reactions and thoughts in response to the data were noted.

2.8.2. Phase 2: Generating initial codes

Thematic analysis can focus at either the semantic level (what is said explicitly) or the interpretative level (for example at underlying assumptions). Both levels were used to obtain different layers of information (Frosh & Young 2008; Joffe 2012). Segments of text that seemed relevant and interesting were highlighted. In line with the exploratory nature of the research question, the analysis was data-driven (inductive), which meant that the coding was closely linked to the content of the text. An example of a coded transcript can be found in Appendix G.

2.8.3. Phase 3: Organising the initial codes to generate themes.

The codes were organised into potential initial themes, first within and then across the transcripts. This involved repeatedly checking back to the original coded data extracts to, ensure that the codes were representative of what was said and related to the different levels of initial themes they were being placed under. An initial thematic map was generated, using NVivo software (Appendix H). Themes were consistently reviewed, changed and condensed into subthemes. These were constantly checked against the original extracts for representativeness.

2.8.4. Phase 4: Reviewing and refining common themes across the full data set

To decrease repetition and increase distinctiveness, the initial thematic maps were collapsed further, leading to some themes being merged, split or combined with other subthemes, and resulting in the final thematic map (Appendix J). At this stage, the transcripts were reread to check that the themes represented the data.

2.8.5. Phase 5: Defining themes and subthemes

Themes were organised by how they related to each other and what was interesting about them with the aim of developing a coherent narrative. This involved discussing and clarifying sections with the principal researcher.

2.8.6. Phase 6: Selecting quotations to illustrate themes.

Quotations were selected from the extract that best illustrated the narrative the theme was trying to convey.

2.9. Validity checks

Credibility checks are important in qualitative research as they ensure that the analysis is trustworthy (Braun & Clark 2006). Credibility was ensured by other members of the research team by reviewing interview transcripts at the beginning of the data collection phase, regularly reviewing the codes during the analysis phase and coding samples of transcripts. Any disputes were discussed and settled between researchers.

2.10. Epistemological position and the researchers' perspective

Qualitative research involves a critical reflection of the researcher's own epistemological position, personal beliefs and assumptions, to establish the influences being brought into the research process (Finlay, 2002; Braun & Clarke, 2006; Dowling, 2006; Willig, 2008).

For this research I have adopted a Critical Realist (CR) epistemological position. CR uses both positivist and constructivist approaches, to provide a thorough account of ontology and epistemology, therefore, it is considered as an all-inclusive philosophy of science (Gorski, 2013; Lawani, 2020). It is rooted in a realist ontology and a subjective epistemology. The realist ontology implies a reality exists that is independent of us and the subjective epistemology implies that our knowledge of it is subjective and dependent on an individual's background and experiences (Willig, 2008). This approach seeks to measure the underlying causal relationships between social events, to gain better insight of issues and subsequently suggest recommendations to address social dilemmas (Fletcher, 2017; Lawani, 2020). This fits

well with my research question as I was interested in understanding what meaning participants make of partnership working within, the youth violence context, which might be influenced by their experiences, backgrounds, and profession. It was hoped that this insight could be used to make recommendations on how to improve partnership working, provide better support to both young people and staff which could subsequently help to address youth violence. This epistemological position also led me to look beyond participants, account for, a further layer of interpretation, with a view to setting what is being said in a broader social, cultural and historical context (Harper, 2011)

I also reflected on my experiences and what inspired me to undertake this research. I am a black female in my late twenties and I have carried out this research as part of a professional doctorate in Clinical Psychology. Prior to starting my clinical training, I had supported the mental health needs of children and young people in various settings including as a youth worker. The youth work approach and context aligned closely with the CP context of working in, that we supported marginalised young people in the community. I also worked creatively and flexibly to engage young people and ensure that the relevant services were accessible to them. Additionally, I observed the underrepresentation of certain groups within services, especially young black men. Further, I worked closely with systems that support young people including social care, youth offending services, and schools.

These experiences increased my interest in CP approaches and projects established to support marginalised young people. I was given insight into the importance of partnership work between youth workers and other agencies helping to improve young peoples, engagement within a service. Through delivering training to partner agencies, I observed how beneficial sharing skills and knowledge was in improving the relationship between professionals and young people. In addition to this, one of my research supervisors also has an interest in CP and works in this area. It is my opinion that the principles of CP are fundamental to improving the design of mental health services and ultimately increasing the likelihood of positive outcomes for young people in the CJS. Further, I feel passionate about the value that can be added to teams through partnership work and the importance of sharing psychological knowledge.

Bracketing interviews allows one to acknowledge, or "brackets off", subjective assumptions to reduce the impact of these in the analysis (Tufford & Newman, 2010). A bracketing interview was held with another research student allowed me to bracket my experience, preconceptions and assumptions in relation to partnership work with CP projects. I kept a reflective journal through the research process, where I recorded any thoughts, feelings, ideas and reflections after each interview (Appendix K). I also used the journal to track any changes in learning in relation to partnership work with CP projects and serious youth violence. I met regularly with my research partner to reflect on how my developing views impacted on the data collection and analysis (Willing, 2008). Another bracketing interview was carried out before data analysis, to reflect on any changes in thinking in relation to the research topic and any initial ideas of themes that may have developed.

2.11. Sample Characteristics

A total of 15 participants consented to take part in this study. Details of the participants characteristics including their demographics, type of professions and partnership work can be found in table 2.1

Table 2.1 Participant characteristics and partnership working (n =15)	
Participant characteristics	
Gender n (%)	
Male	6 (40%)
Female	9 (60%)
Age (years)	
Range	24 to 58 years
Mean	41.2 years
Missing data n (%)	2 (13.3 %)
Ethnicity n (%)	
White British or White other	8 (53.3%)
Black, Asian, Caribbean or Black British	4 (26.7%)
Mixed or multiple ethnic groups	1 (6.7%)
Other	1 (6.7%)
Prefer not to say	1 (6.7%)
Professionals *n* (%)	
Youth worker	4 (26.7%)
Team manager	2 (13.3 %)
Service manager	2 (13.3 %)
Complex case worker	1(6.7%)
Youth programme manager	1(6.7%)
Clinical Psychologist	1(6.7%)
Youth and family practitioner	1(6.7%)
Head Youth Employment and Co-Production	1(6.7%)
Mental health worker	1(6.7%)
Duration working in profession (years)	
Range	2 – 41 years
Mean	13.8 years
Partnership working	
Duration working in partnership (*years)*	
Range	1 – 8 years
Mean	3.8 years
Partnership activities *n* (%)	
Joint working	11 (53.3)
Clinical supervision	2 (13.3)
Reflective practice	9 (60)
Training	11(53.3)
Shared learning	1 (6.7)
Operations board	1 (6.7)
Funding initiatives	1(6.7)
Case consultations	6 (40)

3.Results

The 15 participants provided detailed and vivid accounts of their individual experiences and perceptions of partnership working with CP projects. The analysis yielded 3 themes which were broken down into corresponding subthemes, presented in table 3.1. “Psychologist” will be used to refer to psychologists working in the community within CP projects.

Table 3.1. Themes and subthemes

Themes	Examples of excerpts	Subthemes	Participants
Developing and sustaining partnerships	*"They all suffer from various forms or degrees of trauma and needed suitable community support outside of traditional services" (P11)*	Context is key	*P1, P7, P11*
		Building relationships and communication	*P8, P1, P12*
		Establishing partners and parameters	*P5, P8, P13, P1*
		"Meeting young people where they are at"	*P10, P11, P15, P13*
Growth as a by-product	*"Practices like reflective practice, supervision, and case consultation have really improved our work with young people and our relationships within the team" (P1)*	Strengthening connections	*P12, P3, P5*
		Framing current practices	*P5, P6, P12*
		Sharing skills and knowledge	*P5, P14, P10, P11, P12, P13, P8*
		Valuing staff wellbeing	*P1, P14, P6, P11*
		Managing "stuckness"	*P1, P14, P11, P3*
		Managing risk and complexity	*P5, P6, P8*
Navigating tensions	*"There were always personality clashes, and also kind of you know and those kinds of system-based challenges. It was just it was coming together, talking them over, thrashing them out" (P10)*	Navigating information sharing	*P8, P5, P3, P13*
		Navigating power dynamics	*P2, P15, P6*
		Dilemmas with funding and resources	*P7, P6, P10, P11, P17*

3.1. Developing and sustaining partnerships

The first theme encompasses the establishment of partnership working. Participants reflected on the context they worked within, often discussing how they felt the partnership would improve their service, increase support for the young people, and bolster positive outcomes in their work. Their reflections also appeared to reveal an important set of components that were necessary to the initiation of partnership working and how it develops over time. They also highlighted factors which enabled CP projects to meet and maintain the support needed of this cohort of young people.

3.1.1. Context is key

Participants highlighted two main contexts which initiated a need for partnership working; the mental health difficulties and access to suitable support. In regards to the former, they described the 'high level' of mental health needs in the young people they supported and how this often resulted from direct or indirect experiences of trauma. This impacted on their ability to trust others, especially professionals, who many young people had previously been let down by. Further, participants felt that there were gaps in the mental health provision for these young people and barriers to them accessing support from traditional mental health services. These barriers appeared to be the result of how these services are designed and stigma associated with talking about mental health difficulties. For example, all participants expressed that traditional mental health services are quite "rigid" in their approach. This is observed through strict and often penalising engagement criteria which fails to recognise the multiple and complex needs of this cohort of young people. There was also an emphasis on the long waiting lists, high thresholds and the fact that traditional services tend to be target and organisation focussed, which means engagement and relationship building isn't always prioritised.

> *"The young men that we work with, they all suffer from various forms or degrees of trauma. They're always in the hyper aroused state or triggered response" (P1)*

> *"In terms of statutory services, (…)., We're being driven by, you know, KPI – Key Performance Indicators that are uh measurable. The communication,*

the care and the relationship work which is, to my mind, central to what we do, that's not there." (P7)

"There's no flexibility. I don't think they have that understanding the complexity of young people's lives, especially like the ones that I work with, you can't say to a young person, 'oh, you have to be here at 10:00 o'clock' and ask them questions about their life, and you have no relationship with that young person and no flexibility. Sometimes young people just can't get there at 10, you know? They just can't" (P11).

Additionally, as professionals, the participants felt they lacked the expertise and knowledge necessary to be able to provide the adequate level of therapeutic support, especially for this cohort of young people, who have experienced high levels of trauma. They reflected that it was the CP projects partnerships, which had been developed with the aim of offering more accessible direct mental health provision for young people, that had indirectly, through supporting staff development, equipped them with the expertise and confidence they needed to improve their support provision.

"Definitely around the mental health aspect, and not just for young people, but for staff as well. So, we are caseworkers, we've got a huge amount of experience, but we do not have a psychological background" (P5)".

3.1.2. Building relationships and communication

The majority of participants stressed the importance of partners "getting to know' each other and building professional relationships, before the partnership was initiated. This familiarity between partners was important in developing a sense of trust and safety between the organisations. It helped to establish a culture whereby partners felt able to ask for support when needed. Participants reflected on the ways relationship building was facilitated between partners, for example by attending joint meetings, visiting CP projects, observing sessions with young people. They also recommended the need for team building and away days. One key factor that helped to facilitate relationship building was sharing the same physical space. The close proximity created a 'sense of team', opportunities to discuss cases and the ability to get a 'real sense' of the work. One participant also reflected on how COVID restrictions had impacted the ability of the partners to get to know each other, denying them opportunities to physically meet and therefore build the necessary initial connections.

“Also, not just kind of by email, but actually if possible, getting to know them and getting the whole team to know them so everyone feels confident in picking up the phone if they need to. So, for example xxx are based at a youth centre called xxx in xxx. so, all of the case managers within our team have gone down to xxx and met the staff, they've been here, and I think that's really key is that everybody knows everybody and it’s the trust, that trust to be able to just speak to them if needed?” (p8)

“(…) COVID has been a challenge because obviously since Covid, it's all been over the phone or zoom, so I've never met xxx.” (P1)

“(…)They are part of our team meetings, so we meet with them. They're up to date with all of what we do. Then them being in the building makes them part of the service. They know exactly what bodies of work that we are embarking on at each stage(P12)”

Participants described good communication between partners as a key facilitator of developing successful partnership working, both in the initiation and development of partnerships. It was evident that various lines of communication had been consciously set up by partners to, set the grounds for developing good communication. For example, regular reviews, multi professional scoping meetings, and specific meetings to discuss joint working and how the partnership is evolving over time.

“Set up good kind of lines of communication. So, whether that's kind of a monthly meetings” (P8)

3.1.3. Establishing partners and parameters

Finding the right partners also appeared to be an important part of the partnership process. An important way this was done was by investigating the commonalities of working in serious youth violence e.g., some understanding of working within this context and the needs of their service and of the young people. A rarer, but equally as important suggestion was, the need for ‘buy in’ from senior management which appeared to support the partnership journey. Participants expressed the need for those in senior positions to recognise the importance of the CP projects.

“I would say, definitely research the project you're going to partner with, so you have something in common. Uh, I think it may have been difficult if we

were going to partner with a project that had no direct experience of working with young people, impacted, you know, by serious youth violence," (P5)

"I think having some kind of buy-in from senior management as well, who see the importance of services like xxx is really important" (P8).

Participants described the importance of each organisation establishing shared visions/goals, and shared processes for the partnership activity. This ensured that each partner was working 'on the same page' and was fully invested in the partnership work. As part of this, it was important to demarcate roles, remits and responsibilities between partners so, that each party entered the partnership with realistic expectations of each other and what they were able to offer. Two participants recommended the need for a liaison worker or coordinator to facilitate better communication between services and ensure that professionals are working within their remit.

"(….) I think that it's really important, and we did do this, to kind of find common goals that actually meant that everybody working on the project was getting something out of it, as well as investing into it. And I think that, with all the work that we do, it's about finding things that are common goals that everybody can use" (P10)

"There needs to be a clear understanding about what each service remits and roles. (…), I guess it's just about you needing to understand the remit, the restrictions and limitations of those service offers. So, people don't get confused or have, um, unrealistic expectations from each other" (P13)

"I think what would be helpful to have a liaison worker (…), . Uh, so things don't get messy; people stay within their remit. It's like, you know, then it's just a clear and easy and smooth process. (P1)

3.1.4. Meeting young people where they are at

Participants highlighted key barriers to accessing traditional mental health services (e.g., long waiting lists, target focused, high thresholds and inflexibility) which they felt the 'non-traditional approach' introduced by the CP projects and partnerships addressed. They reflected that the non-traditional approach from CP involved "meeting young people where they are at", through the involvement of discrete or adapted ways to provide psychologically informed care, building on how and where young people were already engaging. The participants discussed how this enabled young people to be more open to support, as it removed the stigma and taboo around speaking about their mental health.

"So, the traditional mental health services, you have to go to them, and the community-based projects and street-based therapy means that it's just on your doorstep. So therefore, there isn't, again that onus on a young person to have to go and seek support. It's just there and they're almost seeking it without even knowing it" (P10)

"I don't think they even realise what we're doing is (...) mental health support or psychological support. They don't actually realise that the conversations that we have is therapeutic work (…) this is a big positive, because otherwise I just don't think these young people, or this client group will be reached by any mental health service because they just wouldn't engage." (P11)

In addition, participants felt that CP projects were more understanding of the complexities experienced by this cohort and therefore were more driven by engagement and took more time to build relationships. Consequently, they offered more "flexibility" in appointment times for example, if young people were late to their appointment or did not attend the space would be held until they were ready. This communicated to the young people that they were cared for, which encouraged further engagement. In addition, participants felt that the longer-term interventions offered by CP projects (i.e., being able to see young people for more sessions across a longer period) is necessary and important for this group considering the amount of time needed for them to build trust and relationships with professionals

"(..) Sometimes people wouldn't show up, but they would still go anyway, and then when the young people realise, oh, they're going to be here anyway, then they would start engaging, so it's the consistency and not like giving up or closing young people when they don't turn up." (P11)

",(…) We had a number of young people who were quite entrenched within criminality,(…). So, it was about building trusting relationships with those young people which can only be done with longer interventions." (P15)

Participants expressed that CP projects recognised the importance of co-producing services with young people. They emphasised that all services needed to value the importance of 'allowing young people to be agents of change' rather than professionals imposing their ideas of what might be helpful for them. This would involve genuinely listening to young people perspectives, worldviews and ideas for change or engagement, going out to the 'streets' to speak to the young people

"It's about how can we really show that we're listening and responding to their needs and providing that wrap around um (...) support, but building that trust in a way that's directed by them, so they feel like they've got autonomy and control" (P13)

3.2. Growth as a by-product

The partnerships appeared to create an environment whereby partners were able to grow and develop together. There appeared to be mutual benefits for both parties in terms of the new skills and learning, which enhanced professional practice and team working. Partners were able to work within their strengths, but were also empowered to take on new approaches to support young people. It was evident that partners relied on each other for support in various areas, which consequently led to positive outcomes for the young people. Therefore, this theme captures the growth observed as a product of the partnership work.

3.2.1. Strengthening connections

This sub-theme encompasses the sense of connection that was introduced within teams following the partnership. There was a general sense that prior to the partnership's participants, felt quite isolated within their work and only discussed cases with their managers. There seemed to be a wealth of knowledge and experience that existed within the team that could not be utilised, as everyone was working in silos.

"It's totally different to how things were before, um, before you would only really share your caseload with your manager, so you would only get your manager's expertise on a subject" (P12)

"There's so much value and experience within the whole team, that we are not utilising if we don't share the workload and share exactly what's going on and have fresh ideas and to bring new things to the table, so yeah" (P3)

The introduction of practices such as reflective practice, clinical supervision and case consultation were particularly valued by participants, as it enabled more opportunities for colleagues to come together, share ideas and learn from each other. It appeared that participants were now utilising their colleagues as sources of support and were able to gain insight into different ways of working with young people and learn from each other. This in turn meant that colleagues were working more cohesively with each other.

"You know, in terms of having a clinical supervision, having reflective practice and having case consultations so we can Um, I think it's strengthened the team" (P5).

"We have worked on ways how to better utilise one another, playing to our strengths, share our work and experiences, um, it's just making better use of yourself and your colleagues, working better as a team, probably yeah, encouraged us to do so" (P12)

As well as helping to strengthen relationships between colleagues, one participant reported that these practices also created a culture whereby colleagues felt safe enough to be vulnerable with one another to admit their weakness and mistakes.

"(…) We feel we can say we fucked up with that young person, you know, they're doing our heads in and we can try to understand with each other, why is it, you know, and we feel quite comfortable and quite secure within the team to be able to disclose that." (P5)

3.2.2. Framing current practices

This sub theme captures the way in which the participants developed a framework for their current practices, through the support of the CP projects. Many of the participants reflected that they had already worked in a psychologically informed way before the partnerships. However, the support from the CP partners gave them the language to be able to name and label their current practices. This psychological language appeared to enable participants to develop a better understanding of the ways in which they work and the function of young peoples behaviours. It also offered participants reassurance and validation over existing knowledge and ways of working.

"(..) So, we picked up quite a lot of the psychological lingo we picked up, you know, quite a lot of the trauma informed um ways which we were already doing without quite having a label for it" (P5)

"I think working with a psychologist in youth work. It probably gives you the language to articulate what you're possibly already doing or thinking. Psychologists absolutely have the language to ask those questions." (P6)

"I think it has also validated what we were doing before, you know, because as I said, we were doing very similar work. However, we did not have a psychologist with us at a time, Um but we were still delivering you know the same type of work. So, it was nice to figure oh, we didn't get it wrong in the first place though. We're going along the right way, so yeah, it gives validation to what you are doing" (P12)

3.2.3 Sharing skills and knowledge

The partnership created an environment through which partners were able to mutually share knowledge and skills, which appeared to enhance their professional skills and practice.

> *"I think it reinforced each other's skills. So, um for example I run a session on immigration which xxx might not have been aware but to us because we deal quite a lot, you know with um young having immigration issues it was helpful to them, equally xxx did a lot on uhm, I don't know boundaries or motivation cycle and things, you know that taught us quite a lot. So, we were equipping each other with different skills." (P5)*

The majority of participants reflected on how the psychological skills they gained from CP partners had changed how they formulate and intervene with young people. This appeared to increase their confidence working in mental health, which may have empowered them to intervene at an earlier level before their difficulties escalate.

> *"Uhm so they teach us solution focused stuff, but it's, I've also learnt about asking the (…). Whereas I think when you're doing that and you're a bit more psychologically informed, it's like, well, how did you feel about that? You know" (P6)*

> *"And I think also um, for staff as well. It's empowered them as well to feel confident to approach a young person around their mental health, or whether or not they want to complete suicides" (P14)*

> *"So, we're not, we're not clinicians, but actually, we are learning from the community psychology projects and we are being able to support the young people, maybe at an earlier level or that have less significant mental health needs. That might also stop, then, you know everybody needing that higher level of support?" (P10)*

Participants also gained knowledge around trauma-informed practices which helped shape their understanding of the challenges young people experienced and allowed them to develop better ways of responding to them. Participants were able to use the new psychological language and skills they had gained to educate young people to understand their behaviours and develop better ways of relating to themselves. Given the value that participants gained from this knowledge there were

many recommendations for trauma informed training for professionals working in the area of serious youth violence.

> *"I just, I think it's given me more understanding of their behaviours and maybe how past life experiences can impact how they interact with everyone, just interact with life. um, and kind of, being willing to kind of be patient and consistent to kind of build that relationship to be able to do the work." (P11)*

> *"I just have a deeper understanding of what young people might be going through. So, it's like, it just it gives you more empathy, more empathetic towards people's situations, more understanding, um gives you even more patience I suppose" (P12)*

> *"When you're in group work sessions and a young person goes "I lost it!" and actually a youth worker going "do you know that's really common, we've been learning about", and so it's that education, (…)I think there's a real challenge around young people not understanding how they feel, why they feel, and youth workers kind of have been trained to have those conversations that allow young people to kind of regain the power" (P10).*

From witnessing the 'non-traditional approach' to working with this cohort of young people, participants reflected on how their services are recognising and taking action to incorporate more flexibility and innovation in their practice. Participants directly described ways in which their services have changed their approach to working with young people, such as meeting them in the community or finding more accessible ways of engaging then related to their interests. All participants recommended the need for and importance of community-based work with young people.

> *"We've recognised that actually (...)services need to be more flexible and innovative about how they work with young people. (…) We've tried to do more walk and talk sessions, um, (..)but do stuff where you're scaffolding a conversation around a particular topic, but you're doing it whilst you're playing pool, or you'll do it whilst you're going to have a milkshake. You're doing it in another way that it doesn't feel like you sit in front of me, I sit there, we sit in a very clinical space with a box of tissues, and then you can tell me about what's going on for you, because, you know, for our adolescents, that just makes them put their barriers right up." (P13)*

As well as the knowledge and skills that participants reported gaining from the CP projects, they also described what the CP partners had learnt from them. The exposure to the broad range of challenges faced by young people, meant that it was necessary to have a broad range of skills and knowledge in, order to provide holistic support. It appeared that partners were about to broaden their knowledge around various areas

related to serious youth violence, including criminal law, housing and immigration. Participants also reflected on how they felt that the community psychologists developed better ways of relating to and engaging with young people through the support of youth workers.

> *"Maybe around the legal side of things (…). I guess we would be very closely linked to the police, so we know more about the law and kind of gang injunctions and court cases and that kind of thing. Maybe they learnt more from us around that and we were able to kind of clarify some facts around the judicial system for them." (P8)*

3.2.4. Valuing staff wellbeing

Participants reflected on the heaviness of this type of work due to the complexity, risk and challenges faced by the young people they supported. This appeared to make staff more vulnerable to experiences of vicarious trauma. Prior to the partnerships it appeared that there were limited opportunities or spaces to reflect on the impact the work had on their personal wellbeing, largely due to the high caseloads and the time pressures. Participants discussed the value of the psychology-led reflective spaces and supervision provided by the CP projects, as it gave them the opportunity to focus on their own wellbeing which, they felt had important benefits for the wider team and the young people. This is in contrast to supervision that is not psychology-led (offered before the partnership) which participants described to be very process driven and did not offer the space or the trust to open up about their emotional wellbeing.

> *"A lot of the time you know we suffer from vicarious trauma, you know and need a place as well that we can offload, and we can kind of work through it with someone else (…) I think that that alleviates so much pressure off the team because that person, you know, that's where they can, kind of, um (...), appropriately offloads and have that time to do so (..)." (P1)*

> *"Um, I feel like you go into supervision, you are very process driven, you've spoken about deadlines, you've spoken to about how you're meeting needs of the family, but you're never spoken to about your emotional wellbeing and how working with a family actually impacts you." (P14)*

> *"I was able to explore my emotions as a professional as well as looking at the young people and in turn that betters your practice because when you're able to be self-aware and reflect on how you might be causing some of the behaviours of the young people, that's also quite effective" (p 11)*

One participant felt that greater support needed to be provided to psychologists working in these projects, as the nature of the work differed fundamentally from that of the traditional mental health practices. It was recommended that they might benefit from support networks with other psychologists working in the same way, to stop them feeling isolated in their role.

> *"Clinical psychologists working in the community, work very differently to clinical psychologists working in a more formal environment and actually there needs to be support and a network and a creation of this kind of a supportive network for community-based psychologists because it is different. It's its niche. Otherwise, it's very alienating." (P6)*

3.2.5. Managing "stuckness"

Many participants described instances within their work with young people whereby they experienced feelings related to 'stuckness', i.e., being unable to move or progress work. Some participants expressed that this stuckness resulted in them questioning their ability and confidence to work with young people. It also brought up difficult feelings related to the young people and how undervalued they felt as professionals.

> *"I think a lot of people feel stuck with young people. You know, if they're resistant, they don't want to move forward. (..) you want to help, and if you can't help you feel very helpless and useless a little bit" (P1)*

> *"I feel that sometimes when you're working with young people and families, you feel like you're drowned in because you're going to mum and dad or you're going to a young person and they're not, you know, they're not receiving the help the way you would like them to help" (P14)*

However, the majority of participants described examples of how they were able to work through their challenges in case consultations and reflective practices spaces were set up with the CP partners. Participants described that this support offered them the opportunity to step back from the work, it also provided them with new insights and perspectives on how to approach the challenges they were facing. What was also evident was that participants often left these spaces feeling reassured, understood, validated and with a sense of clarity about interventions with young people

> "*And there's something that xxx would say in a case consultation, that, after he said that you're thinking, oh, that's really valid and so obvious', but you*

just haven't thought about it, or taken it into considering, maybe what's going on for that young person and what are they trying to communicate?" (P11)

"However, the PPR model enables (..), enables staff to actually think like, OK, let me try this just a different way or maybe let me think of it like this. So, I think that that was really helpful as well" (P14)

"Having the reassurance from the psychologists and being able to talk through these difficulties was incredibly helpful" (P1)

The impact of this support was that participants were able to develop more confidence in their work with young people and therefore felt more empowered to think more creatively and act flexibly in their approach. They felt more readily able to intervene before the point of escalation and were able to build better relationships with young people. Participants felt that they would benefit from increased opportunities of support from CP partners, including more case consultation, clinical supervision and reflective practice

"So, I think, you know, for our confidence and for our kind of you know (...) yeah, just the way we can support them best has been. Those case consultations have been really important" (P1)

"like more case consultations. It's almost like every young person you work with needs a case consultation about their mental health." (P3)

3.2.6. Managing risk and complexity

Participants reflected on the high risk and complexity of the young people they support within their services. It was apparent that services or staff members found it difficult to manage the level of risk on their own. On the other hand, some professionals i.e. youth workers, admitted to becoming comfortable around working with risk to the point that they become blind to it.

"Because some of our young people are incredibly risky in their behaviour. Uhm, some of them are very aggressive, some of them, although they may present one way with us, when we read them on paper, I think Oh my God, you know." (P5)

"People tend to be blind to it, I think. cause then as a youth worker you can be so inherently in risk that you become so comfortable with it. You know that you start to no longer recognise how risky it is" (P6)

Therefore, the partnership work with the CP projects appeared to offer a joined up approach to discuss, manage and mitigate risk. As well as sharing risk, participants

also valued having the opportunity to think and reflect over risk together with the CP partners, as services can often be reactive in their response to risk. Given the complexity and risk associated with this group of young people, the majority of participants recommended the need for mandatory reflective practice or psychology-led clinical supervision. They felt that this would allow professionals to prioritise their own needs and wellbeing.

> *So, it is nice to be able to share the risk and think, okay, what can we do to mitigate all those risks from that young person and coming at it from yeah youth perspective, as well as a health perspective" (P5)*

> *So, a lot of times, you'll meet with xxx and then it will be like a case review because a serious offence has happened or something, (..) a lot of the time, it's about violence preventions and firefighting and the young people thoughts and feelings are lost in that meeting, as well as our feelings as professions. Whereas um, with xxx it was very much, keep the staff and young people's thoughts and feelings at the forefront of decisions, (P6)*

> *"It might be quite helpful for our staff to get some clinical support (..), because although we're doing very similar work with xxx, we're not clinically informed so to be able to get some kind of clinical supervision. Or, you know, reflective space for our staff with a community psychologist who works in that field and understands the complexity of our cases." (P8)*

3.3. Navigating tensions.

This growth however did not come without challenges. It was apparent that there were some tensions within the partnership work and professionals coming together. This included professional clashes, information sharing constraints and dilemmas with funding resources. These tensions needed to be navigated in order for the partnership to be successful. This theme, therefore, depicts what these tensions were and how they were navigated by the partners.

3.3.1. Navigating information sharing

There was a sense that there were key areas of information sharing that were important to support the work. This included information on risk; five participants highlighted the level of risk involved in working with this client group and thus the importance of mutual intelligence sharing around risk and tensions in the community. This allowed for better safeguarding of the CP projects, reduction of risk in the

community and provided insight into the challenges being faced by young people. Information was also shared about the therapeutic support that was being offered to young people which helped each practitioner to guide their intervention and provided insight into the challenges young people were experiencing. Participants discussed the ease of being able to get this information from CP projects compared, to traditional services.

> *"If there's been a rise in tensions, for example, if there's been a stabbing or, there was a shooting in xxx mass shooting um we will always share this information with xxx because it could increase risk in the community or it might be more of a generic kind of risk, which we call tension alerts, which will send to them, which will just be that tensions are high" (P8).*

> *"We were quite used to trying to liaise with the um, with the doctor, then being told it was confidential you can't know, even though the young person would have given consent, they don't, you know, go into it too much, so we are not guided by our interventions either. With community services, there is a guide, you know there is, your young person is feeling like this at the moment, so let's try to have an intervention that way and see how it works" (P5).*

Despite these benefits there appeared to be significant barriers to information sharing, which needed to be navigated between partners. For example, some participants expressed challenges in not having access to therapeutic notes recorded by the CP projects. This meant that partners had no insight into the work that was being carried out with young people.

> *"I think there's something about how they record that on their systems and share information across. I think there's something about how the work that's been undertaken is recorded and how, where the communication is with any existing CAMHS support." (P13)*

In some partnerships, this was managed by having a link worker who had access to the therapeutic data management system or through CP partners sharing brief updates on the work to the team.

> *"whereas like I get to see the notes, um (...) you know, I add the stats to all kind of database, but you know (...) you're we're all working collaboratively" (P1)*

> *"Every week they send, um, like it's not a transcript. It tells you what they were talking about with the young person, but without going into detail, I might have a look and then xxx would say, oh, he spoke about he's in debt, or there is some gambling thing going on. I think, ah, that's why he's behaving*

like that (…) But it's Um(...) sometimes it's good to share information but still keep it within the confines of confidentiality, if that makes sense" (P3).

Confidentiality also seemed to be a barrier to information sharing. One participant felt it was important for youth justice services to have information on the young people attending the CP projects. They expressed that CP projects are considered to be an important protective factor for young people, which could help to reduce their sentences and risk to the community. However, without information on the young people engaging in them, this could not be considered.

"That was a bit of a difficulty because, you know, we'd be making assessments about risk and whether they were accessing support and obviously, that (CP projects) could have been a huge protective factor that may have impacted on like uh sentencing reports of courts. So actually, if they're actually engaging with the support and doing this, that could have avoided a prison sentence or reduced the kind of requirements in an order." (P13)

CP projects are built on maintaining trust with the young people who engage, however, this trust appeared to act as another barrier to information sharing. For example, it was revealed that information on weapon carrying was not shared with the network in some instances, in order to protect relationships with young people. However, participants felt that this posed a risk to the young person and public safety. This resulted in tension and lack of trust between two organisations.

"You know, as the youth justice service supervising that child on an order, that we should have had that information, and that information should have been passed to the police, but I also recognise with clinical confidentiality, It's difficult, but when you're in a group setting, you have to keep the safety of everybody. So, I disagreed with that decision and that influenced my trust in the partnership to keep the children safe and to share relevant information at that time," (P13)

To resolve these tensions, participants recommended different parties in the partnership collectively determining risk thresholds, and subsequently agreeing which information in light of the risk should be shared and by whom.

"There were a number of discussions about reviewing what information would be shared um (...) and where there wasn't it was about understanding that the different services have different thresholds" (P13)

"*Often young people will disclose things to them, which perhaps need to be reported to the police, but they don't want to be the ones to report it because*

it could jeopardise their relationship with the young person and we really respect that. So there's been a couple of occasions where we've reported incidents or Intel to the police on behalf of them, so that they're not implicated in it then and they can maintain that trusting relationship with a young person. But we know that the information has been safely shared with the right authorities." (P8)

3.3.2 Navigating power dynamics

Professional 'power' appeared to be a challenge within the partnership work for two participants. This alluded to broader issues with power differentials between the youth work and psychology approach. The youth workers described that some psychologists tended to enter the partnership believing to hold a position of power, given their expert position. As such they appeared to "impose" their psychological approaches on staff and young people. They ultimately failed to recognise the value added by youth workers, for example their expertise in engaging young people or their perspectives on how to best support young people. For some participants, there was a sense that this resulted in them feeling unheard and undervalued in the contributions they brought to the work, and it was up to them to challenge this structure.

"It used to get to me because you're asking two models to marry, but you want to be the higher power without recognising. I felt like the psychologist felt like they knew everything, but if you were to go to those cohorts of young people that we work with and say (...) we're psychologists, and we're interested in your mental health they will tell you where to go" (P2)

"Because in that situation, they're the experts, they're the psychologists. I'm a youth worker, but I'm having to, um, learn this new approach, (…), and having to be helped to develop it at the same time. So, what can I bring? What can I add to this?" (P15)

"But I kept raising my voice in saying that you are asking two mediums to marry, so you need to respect us because you could not do it without youth work and over the time, it got understood" (P2)

Participants reflected on what they felt was needed within the partnerships to resolve these power differentials. This included all professionals entering the partnership with a willingness to share power, an understanding of the value that other professionals bring and an openness to take on board different professional approaches to better support their work with young people. In partnerships where difficult power dynamics were not apparent, this tended to be related to the nature and character of the lead psychologists. For example, participants highlighted the

importance of the psychologist being more relaxed, welcoming, friendly and respectful of different professions, which helped to facilitate a better working relationship, where sharing ideas and asking for support were encouraged. Two participants expressed a need for spaces where grievances and difficulties within the professional relationships could be safely discussed and resolved for the good of the partnership working.

> *"I suppose it was when the (...) lead psychologist went and xxx inherited the lead (…) his approach, he's a little bit more open. So, I think it requires openness to just learn. It's not just one person or one way of thinking and you have to be open and flexible (..) ." (p2)*

> *"It was about how he made us feel respected as a youth worker and valued and allowed us to bring in our voice and see how we can work together, and I felt like that worked. Uh, I think it's also helped with who the psychologist has been. So, as I said, you know, xxx he's quite relaxed in his nature, is quite chill". (P6)*

> *"Create mechanisms where (...) there are places to share or voice really because (...) when there's nowhere to take all the stuff that you're feeling in regard to the partnership, and these types of power clashes its difficult. (P15)*

3.3.3. Dilemmas with funding and resources

Many participants raised concerns related to the sustainability of the service. This was due to the lack of long-term funding available to continue the service, which resulted in limited and in some instances reduced resources. Some reflected on the difficulty in having short term grants to work with this cohort of young people and the entrenched societal difficulties that they face. It was felt that commissioners lacked an understanding of the amount of time that is needed to engage and build relationships with these client groups.

> *"I do think that there is a problem with the funding structure within the voluntary sector,(…) The problem with (…) having three-year grants or whatever, is that we're talking about difficulties that are, you know, societal difficulties. To start to set up a working relationship, I think really, if you're thinking of anything less than, (…) 10 years or maybe a bit less than that's difficult." (P7)*

> *"I also think that there's something about all of these projects need time. All of our funding is based on the fact that you need to engage, support and then prove that you've achieved all your outcomes within a year. That's unrealistic. We need considerable time frames to be able to build and maintain, create and kind of sustain meaningful relationships to be able to support that*

change. So therefore, there needs to be a realistic expectation around how long it takes for this work to be done" (P10)

In addition, participants felt that funding grants need to be reflective of the cost of psychologists within these services, given that they were described as 'an important but expensive necessity' for youth teams. The majority of participants also shared challenges related to the limited number of CP staff and the limited days of availability which seemed to be the result of limited funding structures. There was a consensus amongst participants that they would benefit from more availability from CP staff and an increased CP system, rather than just relying on one person or a small team. Participants recommended the need for better integration of community psychologists across all youth services to support both staff and young people.

"But we need to change as well as a… like the way we, write bids and stuff like that. These (psychologists) need to be seen as fundamental as keeping the lights on." (P6)

That there would be more collaborative work between community psychologists and kind of people working within this sector in this field, and let it be kind of mainstream that we have clinical view, uh community psychologists as part of our thinking as reflective practitioners to then be able to support young people. (…) You know, the amount of staff that you know would benefit from this it's not even just for the young people, but for them, noticing things about the staff and the way that staff can "(P10)

"Good work can't be based on one practitioner. So, what you need is a really good strong system that thinks about this stuff and then it doesn't matter whether it's you, it's me, it's xxx, it's xxx. That shouldn't be what it is. It should be that the system works (P6)".

The limited funding often led to 'disappointment' as partnerships came to an end. Participants valued the support and development offered by partnering with CP projects and felt that if taken away, it would increase the pressure on them to fill the therapeutic gap. Overall participants shared that better funding of these projects is needed to ensure stability for staff and young people, which is important when working within trauma services. Participants expressed further the need for increased grants and funding to address entrenched societal problems efficiently and effectively

"We no longer work with xxx because of the lack of funding to me, that's a challenge, cause I feel like they do important work, and even though xxx believes that they've given us all the skills that we need to continue to do the work without them, it was a very disappointing, because I valued their work a lot and I thought it was very helpful" (P11)

“I think it's just going to be difficult, perhaps not having that safety net, so maybe there’ll be more pressure on the workers too kind of fill in that gap of therapeutic support, which I know everyone does, but perhaps they'll just be more pressure on people” (P1)

“I think there's something about stability, which is really important, I'm coming from a trauma informed perspective and part of that perspective is understanding that (...) there are parallel processes at every level. (…) Then, you have to apply that to the staff working within the organisation as well. So, I mean, money and funding are important in that, because that's the bottom level in terms of stability.” (P7)

4. Discussion

This qualitative study explored the experience and perception of staff who work in partnership with CP projects, supporting young people affected by on youth violence. The partnership activities included joint case work, consultation, clinical supervision, and reflective practice. Participants reflected on the complexities of young people presentations, barriers to statutory services and gaps in staff development, as key drivers to initiating partnership projects. The study also identified the impact of partnerships, highlighting areas of growth (e.g., skill sharing, improved confidence, increasing knowledge, strengthening teams, improving understanding young people difficulties, managing risk and complexity) and tensions that needed to be navigated (e.g., information sharing, power dynamics, limited resources and funding). From their experiences of partnership working, participants identified key recommendations for serious youth violence provision which focused on how to engage young people in this cohort, key best practice and training which improved partnership working and provision and offered ideas to support staff working in this area.

4.1. Mental health context in the CJS

Participants' accounts highlighted the high rates of direct or indirect trauma, mental health needs and marginalisation in this cohort of young people accessing serious youth violence services (e.g., housing, youth centres and youth offending services). Despite this level of need, there were clear barriers to provision which inhibited access (e.g., long wait lists, high thresholds and strict engagement criteria). Furthermore, staff themselves felt they lacked the confidence, skills and knowledge to

support the mental health needs of this cohort. These contexts were key in initiating partnerships with CP projects, with the aim of addressing service barriers through, providing direct mental health provision for young people and indirectly via supporting staff development, expertise and confidence. These findings mirror literature on the unmet mental health needs of young people in the CJS (Mental Health foundation, 2000) and the limited research which suggests improved access to services via partnership working (Atkinson et al, 2007). It also suggests that there are oversights in the CJS in acknowledging the holistic support that is needed for young people affected by serious youth violence, as well as the additional skills and knowledge required of staff working in this area. It appears that there needs to be a shift from viewing these young people as 'criminals' and a move towards providing them with holistic support which meets their multiple needs.

Another important finding that derived from this study was the benefits of the non-traditional approach for this cohort of young people, especially given the identified barrier to access to MH services (Salaheddin & Mason, 2016). There appeared to be more flexibility in the non-traditional approaches offered by CP projects in terms of being able to meet young people in spaces that are more familiar to them and delivering mental health support in a more accessible way (e.g., whilst playing football, computer games or applying for jobs), which helped to improve their engagement within services. In addition, many participants described the consistency found in these approaches, whereby they can often hold space for young people until they are ready to engage. Therefore, these approaches appeared to help build good relationships with this cohort of marginalised young people, given their experiences of trauma and being let down by systems which often lead to a mistrust of services and professionals (Sapiro & Ward, 2019). This suggests that for services to be more accessible for this group there, needs to be a move towards a more flexible method of working which, places relationship building, engagement and adapting professionals' approach at its heart.

4.2. What facilitates effective partnership working

A few key components were identified by the participants to help facilitate the partnership work. This included good communication, common goals, role

demarcation, and staff relationship building. Many of these components have been widely explored in the literature and there appears to be sufficient evidence with regards to elements of good practice (Atkinson et al, 2007). For example, partnership working was reported to be easier to achieve, where status/hierarchies were addressed, and all members had a clear understanding of each other's responsibilities (Frost & Lloyd, 2006). These factors have been found to facilitate partnership working by creating a clear and shared purpose for the group (Johnson et al., 2003; Sloper, 2004).

The literature also suggests that, where clear channels of communication are absent and interagency communication is poor, the success of multi-agency working is threatened (Sloper, 2004). The findings from this study indicated that participants identified specific processes and activities which promoted the interagency working, which included regular reviews on how the partnership was evolving, being in the same physical space, setting up clear lines of communication through meetings. They implied that establishing ways to build relationships and communication took conscious effort, work and time, which resonates with research that declaring that effective partnership working is not easily achieved and takes effortful practice (Atkinson et al, 2007) These findings add to what is already known about good practice for partnership work in health and social care setting and highlights important aspects to working within joint mental health and criminal justice domains, where there is currently limited research.

Furthermore, many participants highlighted the importance of teambuilding and partners getting to know each other, which is reported to be a novel finding within the literature on partnership working (Carpenter et al., 2005; Percy-Smith, 2006). It appears that this initial relationship building facilitated familiarity and mutual trust between organisations, which made it easier for partners to call on each other for help and to trust each other's expertise. This may be in contrast to an 'in-group-out- group' bias which can be at play in partnership working (Weeks et al., 2017). This refers to a pattern whereby individuals favour members of one in their 'in-group' (i.e., team or system) over 'out-group' members i.e., systems favouring each other and holding bias against the CP partners (Weeks et al., 2017). Therefore, the team building activities and other means of building relationships are important in breaking down barriers and

allowing teams to get to know each other. However further research is needed in this area before definite conclusions can be drawn.

Some participants also described the benefits of having the CP partners in the same building, which was clearly reported to help to strengthen these connections and relationships because CP practitioners were viewed ‘as part of the same team’. The benefits of co-locating staff from different agencies have been well documented in the literature (Abbott et al, 2005; Frost and Lloyd, 2006). It has been found to streamline referrals, increase access to care and strengthen communication between partners (Abbott et al, 2005; Frost and Lloyd, 2006). In the context of this study, it appeared that it enabled the CP partners to have a good understanding of the team and the young people accessing the service.

Buy-in from senior management appeared to be another facilitator to partnership working reported by participants. It was clear that participants working in senior levels recognised the value of these partnerships and of psychological informed principles on their systems and for the young people they worked with. This supports research by Atkinson et al, (2002) who found that leadership and drive at a strategic level, including vision and tenacity, enhances partnership working. This suggests that partnerships are more effective when those at senior levels are in support. In relation to this study, this may hold important benefits including staff feeling able to bring forward ideas to support the partnership work. It may also allow for staff in managerial roles to advocate for the importance of CP projects and partnerships in strategic meetings and ensuring adequate time and resources is available to partnership activities (e.g., psychology training, reflective practice and clinical supervision).

4.3. What clinical psychologists bring to the partnership

This study also provides a better understanding of the positive impact CP projects have had on the wider systems they partner with. In their accounts, participants discussed the usefulness of clinical supervision, consultation and reflective practice and training provided by the clinical psychologists. For instance, the introduction of reflective practice created opportunities for: collaborative working, sharing of ideas and utilising colleagues as resources for support, which also helped

strengthen team relationships. This appeared to be a very important product of the partnership work, as prior to this staff reported working in silos. It was also apparent that these stronger connections led to participants feeling they could be more open and honest with colleagues which included admitting when they made mistakes. This could result in many benefits for staff and young people. This includes professionals feeling less pressure to be “perfect” in their roles, teams being transparent and fast acting if issues around risk or safeguarding arise. Similarly, participants appeared to value the psychology-led clinical supervision introduced as a result of the partnership, as it provided them with the space to explore their feelings in relation to their work with young people and families.

The benefits of reflective practice and clinical supervision are well documented in the healthcare literature, this includes reducing stress, increasing confidence, improving relationships with service users and a better knowledge base (Koivu et al, 2012). Furthermore, research on reflective practice in trauma services suggest that professionals experience positive benefits from collaborative team reflective practice (McDermott et al, 2018). Moreover, studies have found that camaraderie in the workplace is a major source of workplace satisfaction and plays an important role in reducing conflict, staff turnover, loneliness and improving staff wellbeing (Daniels, 2000; Kiefer, 2005; Rego & Cunha, 2006). Based on these current findings and given that psychology-led supervision and reflective practice are useful resources for staff, there appears to be a need for these practices to be provided to all staff working in serious youth violence.

Furthermore, the opportunity to consult with clinical psychologists over complex cases and risk was particularly beneficial, as it allowed participants to work through stuckness, discuss, manage and reflect on risk and build a better understanding of the difficulties experienced by the young people they were supporting. This clearly helped to enhance their professional practice and provided them with confidence to use psychologically informed approaches in their work. The idea that consultation sessions can have a broader impact on professional practice is consistent with Caplan’s original conceptualisation of consultation, and the subsequent literature on the benefits of psychological case consultation in social care and education settings (Caplan et al., 1994; Draper et al., 2021). Given the risk and complexity involved in serious youth

violence, it appears to be an important and necessary resource for staff to be supported in their work. Moreover, there appeared to be an important role for psychologists in framing existing practices and providing the psychological language for work they were already doing. More research is needed to further understand different ways psychological support and understanding directly impacts the professional practice of staff working in serious youth violence.

4.4. Supporting staff wellbeing and stability

In addition, the value of staff wellbeing was another important theme that was described in the data. This appeared to be especially important in serious youth violence, where professionals are often working in the context of multiple layers of risk and complexity. What appeared to be helpful about partnering with the CP projects is that they were able to consider the entirety of difficulties experienced by the young people and offer staff the holistic support to sustain them in their role. This included holding space for the heaviness of the work and providing opportunities for staff to pause, reflect and think about themselves in relation to the young people. Moreover, participants reflected on the emotional impact of the work and experiences of vicarious trauma. Taken together, these findings suggest that more support needs to be provided for the wellbeing of professionals working in this area. Many participants reported a lack of spaces to safely explore their emotional responses, before the partnerships were established. This is likely to increase the risk of negative outcomes for staff including maladaptive coping strategies, burnout, compassion fatigue, conflict, and high staff turnover (Delgado et al, 2017).

It is important to note that this research was conducted in a time of increased governmental cuts which has had an effect on funding across all sectors. Participants described the discontinuation of funding, limited staffing structures and a lack of availability to be a significant challenge to partnership working. They also raised concerns over the sustainability of these partnerships, and of the CP projects as a whole. It was clear that these partnerships held many benefits for both young people and staff which led to fears and disappointment over the potential loss of the resource. Some participants were speaking from a position where funding for the partnership had

already been discontinued and they reflected on how this had led to increased pressure on staff to fill the therapeutic gap.

These challenges raise concerns over staff stability which relates to how safe staff feel in their job, whether they have the right resources to work safely and effectively, their sense of wellbeing, trust in leadership and the future of the organisation (Ryba, 2022). Staff stability is largely impacted by limited funding resources and if disrupted this can lead to increased uncertainty and can impact their performance (Bosk et al., 2020; Ryba, 2022). Stability is especially important for staff working in trauma informed services, for staff to be able to support the wellbeing of young people they must feel stable in themselves, in their roles and with the support they are offered (Steinkopf et al., 2020; Bosk et al., 2020). Moreover, these factors can also lead to moral distress: "*the feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles" (Lindert, 2021).* Research has shown that moral distress has negative effects on clinicians including physical and emotional difficulties (e.g., headaches, palpitation, low mood, frustration and anger) and high job turnover (Lindert, 2021; Griffin et al., 2019; BMA, 2022). This suggests that commissioners need to have a greater understanding of the importance of CP projects and partnerships on staff and young people. Further, a greater appreciation of the far-ranging impact the discontinuation of funding is required.

4.5. Overcoming challenges in partnership working

It was clear that the formulation of multi-agency working introduced various challenges related to professional power dynamics and information sharing. The findings suggest that partners needed to find a way to overcome these challenges in order for effective partnership working to take place. For instance, participants gave accounts of power dynamics at play between the youth work and psychology approach. It appeared that in some partnerships psychological approaches were seen as more dominant and psychologists tried to impose their way of working on staff. Participants reflected on how this made them feel undervalued and did not provide them with the opportunity to bring forward their ideas. This is in line with previous literature which cites power dynamics and hierarchies as a real challenge to partnership working and that inequality in a partnership, can lead those in a less

powerful position to feel less heard which results in conflict and decreased job satisfaction (Moran et al. 2006; Lessard et al, 2006; Frost and Lloyd, 2006). In the context of this study there appears to be a need for all professionals to enter the partnership with an openness and willingness to learn from each other. There also appears to be a need for psychologists to identify and recognise how power is currently distributed within the partnerships and negotiate an agreement over how it will be shared between partners (BPS, 2018). This is an important challenge which is addressed in the literature on co-production and psychologists working with community organisations (BPS, 2018).

Information sharing appeared to be a significant benefit of partnership working, which helped to facilitate a joined-up care approach to support young people. However, there appeared to be challenges with how this was operationalised across different agencies. There is evidence supporting the importance of information exchange in partnership work within the literature (Lessard et al., 2006). In relation to this study, it appears that information sharing between organisations is especially important for providing intelligence around tensions within the community, which in turn helped to reduce risk and protect public safety. In addition, partners discussed the importance of receiving therapeutic updates from the clinical psychologists, which helped them to shape their interventions with the young people.

However, as highlighted in the “Navigating information sharing” theme, confidentiality and access to patients’ information can purportedly disrupt information sharing processes and may hinder greater collaborations between agencies (Darlington et al., 2005; Lessard et al., 2006). The dilemma of sharing information across agencies is well documented as a barrier to partnership working (Secker & Hill, 2001). Indeed, different priorities and rules regarding information sharing and confidentiality were highlighted by different partner agencies. For example, youth offending services appeared to prioritise risk and public safety, whereas CP projects prioritised establishing trust, relationships and confidentiality within professional practice codes. These differences clearly raised tensions at times, but best practice ideas from participants highlighted the importance of regular discussions, agreements between young people and professionals about the information that can or cannot be shared and transparency in decisions where sharing is limited. This may involve

establishing clear and formalised protocols for information exchange which are regularly updated as the partnerships develop (Darlington et al., 2005; Robinson & Cottrell, 2005).

4.6. Limitations and strengths

There are a number of limitations of this study that need to be considered. Firstly, the sample was not fully representative of the entire population, considering the sampling methods started by identifying CP projects and psychologists that were already known to the research team. However, by using a snowball sampling technique we were able to ensure that the sample was from a broad range of agencies who partner with CP projects.

The research sought to include partners from a wide range of professions associated with serious youth violence. However, it is evident that there is a lack of representation from certain professionals within the field, for instance, police, social workers and teachers. Therefore, this may limit how generalisable the findings are to other professionals who work within the partnership model. Moreover, this study only focussed on experiences of partners from four CP projects and due to difficulties with recruitment, we did not ensure that there was an equal representation of participants from each project. This may have resulted in accounts that are biased towards limited CP project partnerships. To address this limitation, future studies should ensure that a representative sample is taken from each suitable CP project.

Another limitation that may have affected the generalisability of the findings was that only agencies who worked in partnership CP projects in London were included in the sample. This was not a proactive decision, but rather due to the lack of availability and knowledge of CP projects (focussed on serious youth violence) outside of this area. This makes it difficult to generalise the findings to professionals and partnerships both outside of North London and the urban context.

Although it is important to consider these limitations, qualitative research does not report to make generalisable claims (Willig, 2008). The analysis of the accounts of the participants in this research does not result in a singular understanding of

experiences of partnership work with CP projects. Although these findings are particular to the participants who offered them, there were clear themes across participants' accounts, which can be used to inform effective partnership work in the criminal justice field and future research in this area.

In addition, the experiences that participants described could have been positively skewed for two reasons. Firstly, it is important to consider the researcher's position as a trainee clinical psychologist and the connection to the CP projects this could have implied and the power differentials this could have introduced. This may have resulted in participants finding it difficult to fully open or be critical about their experiences due, to fear of the repercussions that this could have on their professional practice, partnership relationship and of where the information would go. Power dynamics is commonly reported in qualitative research (Anyan, 2015). To overcome this, the rationale behind the study was clearly explained to participants, as well as how their confidentiality would be protected and who would have access to the data (Anyan, 2015). Secondly due to the COVID- 19 pandemic the interviews were conducted on Microsoft teams. Recent scoping reviews assessing the comparison between face to face and virtual research concluded, that responses tend to be shorter, less contextual information is gathered, and rapport building is impacted (Carter et al., 2021; Davies et al., 2020). Therefore, conducting the research online could have impacted on the richness and quality of the data collected.

Despite these limitations, the study also has many strengths. First the sample size is reported to be sufficient for thematic analysis (Braun & Clarke, 2013). Participants were from a range of ages, ethnicities, had extensive experience of partnerships and reported engaging in a range of partnerships activities. This enabled rich insights into the research question (Marshall, 1996). Moreover, the findings present new-found insights into the impacts of CP projects on wider systems they partner with; which has not been explored previously within the literature. This has important clinical implications into how to support staff working in the area of serious youth violence.

4.7. Clinical implications and recommendations

One of the aims of this study was to develop recommendations and implications for partnerships and the associated cohort they work with. These final recommendations will be made based upon the themes from the analysis and participants recommendations. They will be considered under four headings: implications for engaging young people, implications for supporting staff, implications for partnership provision, and implications for CP projects.

4.7.1. Implications for supporting young people

It was apparent from the findings that current protocols within traditional mental health services are driven by organisational need, to the exclusion of prioritising engagement and relationship building. Participants felt that these two factors are especially important for this cohort of young people, due to the complexity of their lives and their experiences of trauma and marginalisation, not to mention their often-poor relationships with professionals and figures of authority. This means that they often have difficulties trusting services and professionals and may also find it hard to adhere to the strict and often penalising engagement criteria within traditional services. Given the under-utilisation of mental health services by this group (Munson et al., 2012), services may be able to engage marginalised youth by addressing their unique developmental and cultural needs and their barriers to engagement. It was evident from participants' accounts that non-traditional services are holding these areas in mind and NHS services should consider the following:

4.7.1.1. "Meeting young people where they are at"

This involves more clinical psychologists working in the community where young people are already engaged (e.g., schools, youth parks, and sports centres) and providing discrete or adapted psychological care. This could help to ensure psychological safety: a way of making people feel comfortable voicing their opinions which could have many important benefits including, building a more positive experience of relationship to help, reducing mental health stigma, increasing accessibility and acceptability of mental health provisions (BPS, 2018). Ultimately this could ensure that this group of young people are receiving earlier interventions, which

could stop symptoms escalating and prevent them from entering services at crisis point.

4.7.1.2. Longer term interventions

This is related to having more time and sessions to account for how long it takes for the young people to build trusting relationships with practitioners. Studies support the importance of longer-term intervention for young people who have experienced trauma (Feeney & Ylvisaker, 2008) This would also give practitioners the time and space to explore and develop novel ways of building better relationships with young people, without the pressures of targets and procedures.

4.7.1.3. Flexibility and consistency

The findings also suggest that there needs to be more flexibility around discharge protocols to account for the complexities in young people lives, which makes it difficult for them to adhere to the current protocols. Services should also consider ways to reduce staff turnover, to allow young people the opportunity to develop meaningful relationships with staff. This is very closely linked to improving how sustainably these services are funded, as this may be achieved through: providing staff with the right support spaces, resources, adequate pay to support them in their role and considering ways to build camaraderie between staff.

4.7.1.4. Co-production

The findings revealed that a real strength of CP projects is their emphasis in co-producing service with young people. As demonstrated by QI initiatives, co-production is seen to be a valuable source for improving service delivery and improving patient care for marginalised groups (Slay & Stephens, 2013). NHS mental health services would benefit from considering ways in which services could be designed in collaboration with this cohort of young people. As participants suggested, a first step to this is going out to the “street” and genuinely listening to young people about what would support their engagement.

4.7.2. Implications for supporting staff

The findings presented in this study conveyed that professionals gained many benefits from the partnership work with CP projects. This included additional skills, knowledge and spaces where they were able to explore their feelings and emotions in relation to the work. Based on this, there are important recommendations for support needed for professionals working in serious youth violence to help sustain them in their role:

4.7.2.1. Training and development

Firstly, participants appeared to gain psychological skills and knowledge which helped to supplement their work with young people. This included trauma informed practices, reflection, empathy, effective verbal communication, formulation and the exploration of difficult emotions. It was evident that these skills empowered professionals in their work with young people and enabled them to work through "stuckness". It seems vital that all professionals working in serious youth violence receive more formalised training within this domain given, that it has been recognised that the provision of psychological support is a key part of the work. This could have clinical implications, in that it could allow for professionals to provide earlier intervention so that young people difficulties do not escalate. Future research should continue to explore how and why psychological knowledge helps professionals in their ability to support this cohort of young people, to ascertain what further training is needed to support them in their work.

Clinical psychologists may also benefit from formalised training on how to work effectively in partnership with other professionals, to reduce challenges such as power dynamics which were reported. This has important implications for clinical psychology training courses and BPS Clinical Psychology competence framework, over what they need to consider within the curriculum for trainees.

4.7.2.2. Support spaces

Secondly the findings illustrate that professionals may benefit from more psychology-led spaces (e.g., clinical supervision or reflective practice) where they can recognise, manage and work constructively with their own emotions and to ensure that

they feel adequately supported in the workplace. Moreover, these were also reported to improve connections and problem solving between colleagues. This also involves staff at senior levels really developing an understanding of the complex difficulties young people experience and the support required of staff in trauma informed services. There is a need to review time constraints, job plans and pressures that staff are under and how this interferes with them prioritising their own needs. Aside from being important for their own wellbeing, staff support is also very important for providing good quality of care for young people (Hall et al., 2016). This illustrates a need for approaches to ensure that professionals working in this area can provide support for young people, without sacrificing their own wellbeing; this may be achieved through making these spaces mandatory. In relation to support needed for clinical psychologists working in the community, participants suggested the need for support networks to reduce the feelings of isolation they may experience. Although it appears that this is already offered by the British Psychological Society (BPS), they may need to consider how these support groups are supported, strengthened and promoted across the network.

4.7.3. implications for partnership provision

In line with the NHS long term plan, there is a move towards more partnership work across systems, to develop and implement preventative approaches that improve wellbeing and reduce serious youth violence (Alderwick & Dixon, 2019; NHS England, 2019; Griffiths, 2021). Therefore, this research holds important implications over the factors that need to be considered to facilitate effective and successful partnership work.

4.7.3.1. Communication and relationship building

The following recommendations relate to enhancing communication and relations between agencies

- Frequent opportunities to communicate and review how the partnership is evolving through regular reviews, meetings, phone calls, and e-mails.
- There is also a need for clear channels or protocol where difficulties within the partnership work can be raised and discussed by staff.

- Personal connections should be created between agencies to promote mutual trust, cohesive relationships, familiarity and informal communication. This may be established through professionals occasionally meeting for coffee, team building exercises, joint training or away days.
- There may also be a role for a link or liaison worker who can oversee the partnership activities, strengthen the communications between agencies and ensure that agencies are working within their roles and remits.
- Co-locating services within the same building also appeared to be an effective way of strengthening communication and relationships between partners

4.7.3.2. Leadership

The findings also suggested the importance of “buy-in” from staff in senior positions who understand the need and benefits of partnerships for staff and young people. This suggests the need to develop a workplace culture that fosters employees to use their voice and upwards communication. This would ensure that employees are able to have open and honest conversations with those in senior levels about their difficulties and what they feel would support them in their role (i.e., more opportunities for partnership work, training, support spaces). Bearing this in mind, organisations may also need to think about how to make sure that these conversations are facilitated in a safe and meaningful way. The importance of leaders who have a regular presence and are transparent has been cited as reinforcing upward feedback as, it helps to build trust, better relationships and promotes open communications (Adelman, 2012). Moreover, participants suggested the importance of a lead psychologist who is charismatic, respectful and valued their ideas and professions. Therefore, psychologists working in the community should be aware of ways that they can empower professionals to share their ideas.

4.7.3.2. Establishing Parameters

The findings revealed that each agency entered the partnerships with their own goals, objectives, remits, and protocols. Therefore, it is paramount to establish common parameters, to ensure services are working in alignment with one another. This may involve partners agencies regularly meeting during the initiation of the

partnership, to formalise clear shared aims and objectives, protocols for information sharing which can be disseminated to all staff. The literature also suggests fostering environments where professionals can share experiences and appreciate one another's roles (Hamill & Boyd, 2001). This can be achieved through joint training to breakdown interagency myths and stereotypes and work-shadowing to enhance understandings of each partner's professional practice (Darlington et al., 2004; 2005; Harker et al., 2004)

4.7.4. Implications for CP projects

The findings from this study lead to important recommendations and suggestions that commissioners need to consider when allocating funding towards CP projects and partnership work. There is a need for commissioners to better understand the impact that CP projects have on young people and the wider systems they partner with. This can be achieved through the following ways:

- Documenting the work carried out in CP projects using videos or images that resonate with the lived experiences of young people and staff. This can be presented to commissioners during strategic or board level meetings, to ensure that their voices are included. This might foster better empathy and understanding of their lived experiences, challenges faced and factors that support better engagement which will enable them to provide more informed funding.
- Funders and application writers also need to take into account the trauma experienced by young people in CP services and how these impacts on their ability to build trust, as well as service constraints (e.g., high demands and low resources, limited staffing systems) which impact on the time required to make real change.
- Co-production initiatives should also consider involving young people who access CP services in services level meetings where decisions about funding are discussed (Slay & Stephens, 2013). For this to be done in a meaningful and safe way, young people should be supported with the appropriate tools and training to engage in the conversations, rewarded for the time and effort and be kept updated about what decisions have been made (Slay & Stephens, 2013).

- Commissioners tend to place more value on hard outcomes which are clearly definable and measurable (e.g., the number of young people who are engaged in a project or scores on outcome measures) whereas many CP projects and partnerships are reliant on soft outcomes which are less tangible and more difficult to measure (e.g., increase in staff confidence, or young people self-esteem, staff feeling valued). This calls for a better recognition of the importance of soft outcomes to be considered when making funding decisions, due to the subjective and nuanced information they provide.

4.8. Research implications

There are important ways in which this study can be expanded and other areas of interest which can be explored based on the findings.

Firstly, although the TA analysis used in this study provided valuable and rich insight into stakeholder experiences, future studies could be expanded through the use of mixed methods approaches. This could involve using standardised questionnaires related to partnership working, such as the *Partnership Checklist* from the Vic Health Partnerships Analysis Tool (McLeod, 2007; Riggs et al., 2013). As questionnaires are quicker to complete, offer anonymity as, well as more flexibility in, terms of when and where respondents complete it. this might help to address the aforementioned limitations related to recruitment and factors that may have skewed the data. Studies exploring partnerships work using a mixed methods analysis have found promising results (Riggs et al., 2013; McLaughlin et al., 2014; West et al., 2022). In addition, the use of observational methods, which involve researchers actively observing partnership activities, might provide more nuanced and novel insight into how partnership work is being applied beyond what participants are reporting.

Furthermore, the findings revealed some indications of different experiences and challenges faced by different agencies and professionals within the partnership (e.g., power differentials between youth workers and clinical psychologists and information sharing between CP and youth justice services). Future studies should compare whether there are any other significant differences that exist between specific

groups of stakeholders. Such evidence could provide a useful basis as to how the partnerships are experienced by different professionals, as well as what additional support these partners might benefit from to sustain their work.

The findings from this research provided some insight into what clinical psychologists within serious youth violence CP projects can gain from the partnership (e.g., skills and knowledge around immigration, housing, criminal law which is outside their remit). Future studies should explore partnership work in this area from the perspective of clinical psychologists, as this will provide further insight into partnerships working from all parties involved. This might reveal areas of further development and training required of clinical psychologists working in the community which, could have important implications for training courses and the BPS.

Participants described the need for and importance of clinical supervision to support staff working in serious youth violence, further qualitative exploration might be needed to establish which factors affect how supervision is experienced by staff in, order to make good use of the resource. For instance, key questions that would be potentially useful to explore include: What are staff thoughts on supervision? What could make it more helpful? What factors prevent staff engaging in supervision? Who should it be facilitated by? What format should it be in? Additionally, participants reported physical ways in which relationships were built between agencies and how this helped to facilitate effective partnership working. Future studies should explore how and if the shift towards virtual working due to the COVID-19 pandemic has influenced partnership working. This research might provide useful insight into how relationships are formed and sustained between partners during virtual, working which is important given, the current context.

Lastly, the findings highlight the importance of relationship building for this cohort of young people. Research indicates that relationships are crucial for individuals with mental illness as they enable the development of positive identities in context of stigma and discrimination (Tew et al., 2012; Sapiro & Ward, 2019). There is a need for more research examining how and in what ways better relationships with clinicians support the engagement and mental health outcomes of marginalised young people.

This might provide further support to commissioners and clinicians of the importance of taking time to build relationships

4.9. Concluding remarks

In conclusion, to the authors, knowledge this is the first qualitative study exploring the experiences of professionals who work in partnerships with CP projects focussed on serious youth violence. These findings provide new and interesting insights into the impact of CP projects on wider systems, which has not yet been explored in the literature, which includes the following:

- The development of better psychological knowledge and skills to supplement their work with young people
- Stronger connections and problem solving with colleagues
- The provision of key practices informed by the CP perspective, which helped to manage complexity, explore their own emotions and feelings in relation to the work, understand the contributors to young people experiences or presentations and build confidence in providing mental health support for young people.

Furthermore, the findings revealed helpful insight into partnership work in the CJS, which is a largely understudied area. These findings provide important recommendations for engaging this cohort of young people, such as “meeting them where they are at” and facilitating relationship building. It also holds important recommendations for best practice for partnership work including, relationship building and communication and shared parameters. Finally, recommendations are made in relation to how funders can consider the impact that CP projects have on the wider systems and young people. Considering the novel nature of this research, a number of suggestions were made to further expand the literature, including the use of mixed method approaches and different perspectives from other agencies involved in the partnership work. This research is of particular importance to commissioners, traditional NHS mental health services, clinical psychological training courses and the BPS.

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Part 3

Critical Appraisal

In this part of the thesis, I will reflect upon the experience of undertaking the empirical research presented in Part Two. The reflections I will present will be based on the bracketing interview conducted with other students carrying out qualitative research as well as the journal I kept throughout the research process. These reflections will be broken down into three key areas. Firstly, I will discuss the concept of reflexivity and how I accounted for this during the research. In this section I will go into more detail about how my experiences, interests and presumptions may have impacted on the research process. The second part will discuss some of the challenges I experienced during recruitment, interviews and data analysis. Lastly, I will reflect on how this work has influenced my thinking at this stage of my career and the new learning I have gained. Personal reflections will be embedded throughout these sections.

1.1. Reflexivity and exploring my own influences over the research process.

In qualitative research it is assumed that who the researcher is makes a difference to the study findings (Dodgson, 2019). The researcher is considered to be the ‘research instrument’ thus it is important for readers to understand who the researcher is in, terms of their position in relation to what is being studied. This concept is described as reflexivity. Reflexivity is one of the most important yet challenging parts of qualitative research (Mitchell et al. 2018). It relates to the way in which researchers are able to consider the role of self within the research, whilst being aware of their own presuppositions, beliefs, biases, personal experiences and assumptions on the research (Berger, 2015). Reflexivity is one way of ensuring the credibility of the findings and deepens the reader's understanding of the work (Berger, 2015). In relation to the present study, issues related to reflexivity that needed to be considered were the reasons as to why I had chosen to research this topic. I also had to reflect on how my personal beliefs, background, interests and experiences may have influenced the data collection and data analysis processes.

Whilst carrying out the bracketing interview I reflected on why I had chosen to pursue this research topic. Initially, this was unclear to me, but the interview placed particular emphasis on how my background in youth work may have played an important role in pursuing this topic for my Doctorate in Clinical Psychology thesis. I

reflected that prior to training I was employed as a youth worker in a community mental health hub and this role largely resembled the role of community psychology psychologist. In this role we worked closely with systems that support young people (e.g., police, social care and youth offending services) mainly through joint working and training and this may have influenced my curiosity of the impact these services have beyond the young people that engage in them.

As the bracketing interview was held around the time of the Black Lives Matter protests and George Floyds murder, I noticed that a lot of my attention was focussed on police brutality and discrimination towards black men. I reflected on being particularly interested in the experiences of police and understanding whether the partnership work CP projects were able to improve their relationship and perceptions of young people. I wondered whether this might have left me less open to thinking about the experiences of other partners and whether I might have a preference towards finding police during the recruitment stage. That being said, I was also quite curious as to how I would experience interviewing police officers and if the power dynamic and whether difficult feelings towards them would make it hard for me to engage in the interview.

I also reflected on how my identity as a black woman made me more aligned to the CP approach and working with marginalised communities. I was keen to contribute to an understanding of how mental health provision could be made more accessible for these groups. Despite being aligned to the CP approach I reflected about worries that I had over being an 'amateur' in my thinking, as I was still quite new to the CP approach and ways of thinking. I was concerned about how this might come across in the interviews and whether this would impact on my ability to ask to follow up questions and be completely explorative. I noticed that these worries were particularly present during interviews with professionals that were also new to working with community psychologists. I was particularly aware of how much I ruminated during these interviews which may have got in the way of how present I could be. This led to some interviews being much shorter in duration. Whereas when I was interviewing participants who were more familiar with the area, I felt much calmer, more confident and noticed that I did not have to steer the Interview as much. However, keeping this journal made me more self-aware of when this was happening and I was able to use a

number of techniques to ensure that I was present in all interviews (e.g., deep breathing exercises before and after the interviews, drinking water and using a fidget toy out of sight)

In terms of the data collection process, one of the challenges highlighted in the bracketing interview was my position as a trainee clinical psychologist. I was particularly thoughtful over how this might impact the participants' responses and how open they were about challenges they had within the partnership work. Entries from my log conveyed a sense that I found it strange that participants only had positive experiences of the projects. I was also mindful that participants frequently referred to me as being part of the CP teams “we learn a lot from you guys “. I wondered if my perceived proximity to the CP projects was shaping their views and how comfortable they felt in saying if there were any difficulties. That being said, there were a few participants who did raise some challenges and things that they disliked about the CP projects and I wrote about how this brought on a slight discomfort to me. I regularly had to check in with myself and make sure that I was not colluding with the positive experiences of the CP project and shutting down any narrative that did not fit this. This involved being open and curious about everything that participants brought as their experience. I also had to ensure that I explicitly asked about challenges and emphasised the confidentiality of the study and the data they provided.

Regular journaling after every interview also helped me to remain curious about my own emotional responses whilst I was analysing the data; for instance, there were times during the interview process where I experienced emotions of frustration and anger, in regards to some of the issues relating to inequalities in funding of these projects that was raised by some participants. Through discussions with participants, visiting the projects and through my reading it appeared that CP projects held many benefits for the young people that engaged in them and the wider system they partnered with. I felt particularly frustrated that funders did not seem to take this into account and many partnerships had been discontinued due to lack of funding. Some entries in my journal reflected the sense that I had strong views around this and that I had the urge to particularly ‘go deeper’ in relation to aspects around funding. To be completely transparent, there were times when I did ask leading questions in relation to funding. Keeping a record of these difficult thoughts and feelings allowed me to not

express my own views and opinions, which helped to reduce the risk of distorting the interview with my biases.

I also found it particularly interesting interviewing a clinical psychologist who worked in a statutory mental health service. I suppose I went into this interview with an assumption that the CP project might not have so much impact on their way of working because they probably work in quite similar ways. However, what this highlighted to me was how much more CP projects were thinking about the social factors that impact on a person's wellbeing and the limitations of traditional services to work with this group of young people irrespective, of being within a statutory service or not.

1.2. Challenges

I found the recruitment process particularly challenging and reflected during bracketing interviews on how disheartening it was to not get much uptake or response from potential participants or projects. I underestimated how time consuming and painstaking the recruitment process would be. I also felt quite discomfited about advertising the study on various platforms and reaching out to different agencies and not getting a response. However, I recognised that these challenges could have been connected to a number of different factors. For example, the research was being conducted during the COVID 19 pandemic and although many of the restrictions had been lifted, professionals were still under a lot of pressure and working under new and adapted services and therefore, they may not have had the time or availability to engage in research. In addition, I understood that agencies such as the police are strictly governed which meant that they are not always able to take part in research. Lastly, I felt that CP projects that focus on serious youth violence are quite niche, and it was a challenge even knowing what projects are available and how I could get in contact with them to help me with recruitment. I also reflected on how important it is to hear the voices of all professionals working in serious youth violence, considering the limited amount of research focused on this area. I felt there needed to be more time for research activities to be built into professionals' job plans, to expand our knowledge of the experience of partnership with CP projects. However, despite these challenges I was still able to recruit within the planned number of participants which I was pleased with.

The COVID 19- pandemic also brought another challenge to the research process, in that all the interviews had to be conducted virtually. Although this did create some ease and flexibility for some participants, I did wonder if I was able to meet the participants at their agencies whether this would have helped to create more buy-in to take part. I imagined that if participants were aware of who I was and I was already at the location, they may have been more likely to take part in the study. For example, I attended one of the projects and was able to advertise the study there and through this I recruited three more participants. Another limitation of carrying the interview online was that it may have interfered with the rapport building. Research suggests that good interpersonal connection is important for relationship building in qualitative research (Pitts & Miller-Day, 2007). Thus, I wonder if carrying out interviews online had an impact on how able participants felt to disclose aspects of their experiences to me.

Another challenge I picked up on during the interview process was that some participants did not expand on their answers. I remember leaving these interviews feeling highly anxious and worried that I did not get rich data from the interview. On reflection, I wondered if I had preconceived ideas as to the answers I was expecting to hear from the interview and this anxiety was driven by the participants not meeting these expectations. In my journal and during my bracketing interviews, I reflected on how much emphasis is placed on the ability to reflect and expand on thoughts and feelings in clinical psychology, however this isn't a skill that is emphasised in all disciplines. It made me think about the expectations I was placing on participants to provide well thought out and in-depth responses. I eventually came to a realisation and acceptance that whatever participants provided was valuable and useful for the analysis and was a true representation of their experiences. Furthermore, I used my clinical skills to support participants to feel at ease and explore their perspective at a pace or depth that felt comfortable for them

I also thought it would be important to name the difficulties I encountered using a qualitative approach. Up until this point, all the research I had carried out had been quantitative and thus I found it particularly challenging to understand and approach Thematic Analysis (TA). I realised I was thinking too objectively around the data which was making it difficult for me to develop relevant codes and themes. Discussing my initial themes with my research supervisor provided another perspective on how to

view the data. Following this discussion, I began to better interpret the underlying meaning behind the data, which changed the way I was thinking about the codes and thus the themes. Considering the additional time required for TA analysis, I was able to form a different relationship with the interview material when coding a second time around. This taught me the importance of really taking time out to understand the analysis that is being utilised before, carrying out research, in order to more deeply understand what is required. This was particularly important considering my beliefs, values epistemological positions and this area of study aligned with qualitative research.

1.3. New learning

Another central theme that stood out in terms of my own thinking during the interview process, was the narratives professionals held around mental health services. I was disheartened to hear that almost all participants held negative views around traditional mental health services, some even described it as being in a 'dire state' and shared that they have stopped making referrals. Although I was aware of the challenges and pressures faced by NHS mental health services, I wasn't quite so aware of other professionals' perceptions of it. This particularly stood out to me during this stage of training, as I was thinking about jobs and where I wanted to work after training. I felt very conflicted as to whether I wanted to apply for a job within a traditional service, given the limitations and barriers that had been spoken of, especially for marginalised groups. This created a real dilemma for me. I was worried that I would end up working within traditional services and become complicit with the structures and criteria that created several barriers for marginalised people.

However, what these findings confirmed was that CP principles were much more aligned to my values and the way in which I like to work with young people. I gained valuable insight into the innovative and creative ways through which psychological interventions are delivered to support marginalised groups and communities. For example, Art against knives who offer early intervention to prevent young people from becoming perpetrators of crime (Art Against Knives, 2022). They also embed creative spaces into isolated communities, which are co-designed by young people. This taught me the importance of involving young people in decisions about how mental health provision is designed and delivered no matter the setting

Despite the negative perception of mental health provision, participants gave positive accounts of the use of psychological knowledge and skills in their work. This made me proud to be in a profession that can have such a positive impact on both young people and professionals. It also made me reflect on the usefulness of sharing psychological knowledge to different teams and services and how this could be facilitated in different services. It also raised a question of who should be doing psychological work and whether all professionals should be skilled up to be able to deliver the low-level mental health interventions. It highlighted to me the importance of early intervention when working with young people or communities that are at risk of poor outcomes through poverty and marginalisation and the need to take a more holistic stance in the support offered.

Coupled with the findings from my systematic review, what this research taught me was the importance of taking a whole systems approach to tackling youth violence. This also includes governmental figures addressing the structural and systemic factors which makes individuals more at risk of becoming involved in serious youth violence. Only then will real change be observed.

References - Critical Appraisal

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Appendices

Part 1 - Systematic review

1.1. Appendix A– Search strategies derived from Medline, PsychInfo and Scopus

Medline - *N* = 2067
PsychInfo - *N* = *3443*
Scopus - *N* = 1364

Database	Search statement	Search terms	Notes on strategy
Medline			
	1	exp juvenile delinquency/	/= MeSH term. Subject headings are assigned descriptors used in databases to uniformly describe a concept and help identify relevant items related to the topic. exp = means that a term was “exploded” in the MeSH or EMTREE vocabulary to also capture all narrower terms associated with the broader concept.
	2	Adolescent Behaviour/	

3	adolescent* or youth* or young person or young people or young adult* or young offender* or young crim* or juvenile or minor or minors). ti.ab	OR = Boolean operator AND = Boolean operator Asterix (*) = truncation It is used in advanced searching to find variant word endings e.g., adolescent* finds adolescence ti.ab. = searchable fields: title and abstract
4	Physical Abuse/	
5	Violence/	
6	violen* or assault* or stabbing or knife or knives or murder* or homicide*) or (physical adj (attack* or abuse*)) ti.ab	Adj = adjacency operator (also known as proximity operator). Adj finds the words if they are maximum *n* words apart from one another regardless of the order in which they appear. e.g ***physical* adj*** will identify results that have a maximum of one word between the beginning and ending terms.
7	1 or 2 or 3	

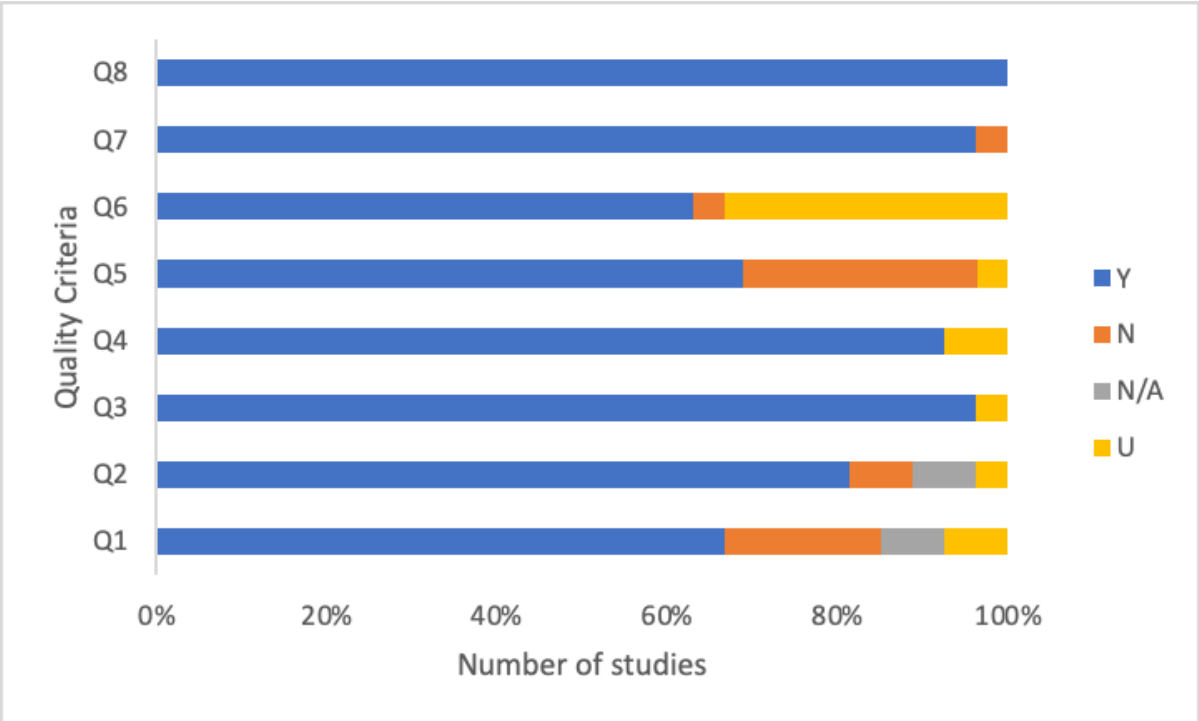
	8	4 or 5 or 6
	9	limit 8 to ("adolescent (13 to 18 years)" or "young adult (19 to 24 years)") ti.ab
	10	7 and 8
	11	9 or 10
	12	exp Residence Characteristics/
	13	(neighbourhood* or neighborhood* or contextual or ((local or geographic* or residen*) adj3 (communit* or area* or region*)) or borough). ti.ab
	14	12 or 13
	15	sociological factors/
	16	(social or economic or socioeconomic or demographic or poverty or educat* or crim* or deprivation or ethnicity or employment or unemployment or home ownership or borough deprivation or family structure) ti.ab
	17	15 or 16
		11 and 14 and 17
PsyInfo	1	juvenile delinquency/
	2	adolescent Behaviour/

3	(adolescen* or youth* or young person or young people or young adult* or young offender* or young crim* or juvenile or minor or minors).mp. or teen*.ti,ab.
4	Physical Abuse/
5	Violence/
6	(violen* or assault* or stabbing or knife or knives or murder* or homicide*).mp. or (physical adj (attack* or abuse*)).ti,ab
7	1 or 2 or 3
8	4 or 5 or 6
9	limit 8 to (200 adolescence <age 13 to 17 yrs> or "300 adulthood <age 18 yrs and older>" or 320 young adulthood <age 18 to 29 yrs>)
10	7 and 8
12	9 or 10
13	(neighbourhood* or neighborhood* or contextual or ((local or geographic* or residen*) adj3 (communit* or area* or region*))).mp. or borough.ti,ab.
14	(social or economic or socioeconomic or demographic or poverty or educat* or crim* or deprivation or ethnicity or employment or unemployment or home ownership or borough deprivation)
15	12 or 14
16	11 and 13 and 15

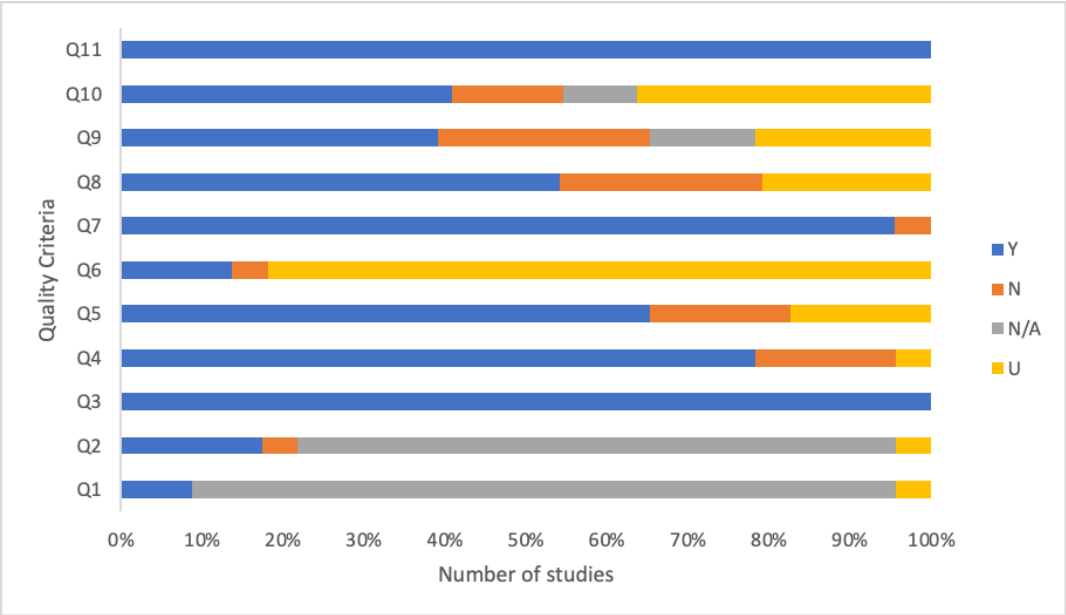
Scopus	1	(adolescent* OR youth* OR young AND person OR young AND people OR young AND adult* OR young AND offender* OR young AND crim* OR juvenile OR minor OR minors OR teen*)
	2	(violen* OR assault* OR stabbing OR knife OR knives OR murder* OR homicide*)
	3	neighborhood* OR local OR geographic* OR residen* OR borough))

1.2. Appendix B: Quality Assurance measures – The Joanna's Brigg's Institute (JBI)

Cross- sectional studies - *N* = 27
Cohort studies - *N* = 23



Quality Review Summary Chart (1) Criteria for inclusion in the sample clearly defined, (2) study subjects and the setting described in detail (3) neighbourhood factors measured in a valid and reliable way (4) objective, standard criteria used for measurement of the condition (5) Confounding (ie, ethnicity, age, gender) factors identified (6) Were strategies to deal with confounding factors stated (7) youth violence measured in a valid and reliable way (8)Appropriate statistical analysis used?



Quality Review Summary Chart: (1) Groups similar and recruited from the same population (2) neighbourhood factors measured similarly to assign people to both exposed and unexposed groups (3) neighbourhood factors measured in a valid and reliable way (4) confounding (i,e. age, ethnicity, gender, SES) factors identified (5) strategies to deal with confounding factors stated (6) groups/participants free of the outcome at the start of the study (or at the moment of exposure) (7) youth violence measured in a valid and reliable way, (8) The follow up time reported and sufficient to be long enough for outcomes to occur (9) Was follow up complete, and if not, were the reasons to loss to follow up described and explored (10) strategies to address incomplete follow up utilised (11) Appropriate statistical analysis used?

Part 2 - Empirical Paper

1.1. Appendix A: Ethical approval

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.

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

1.2. Appendix B: Invitation email

I hope this email finds you well.

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 (serious youth violence).**

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 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.

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 emails 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.

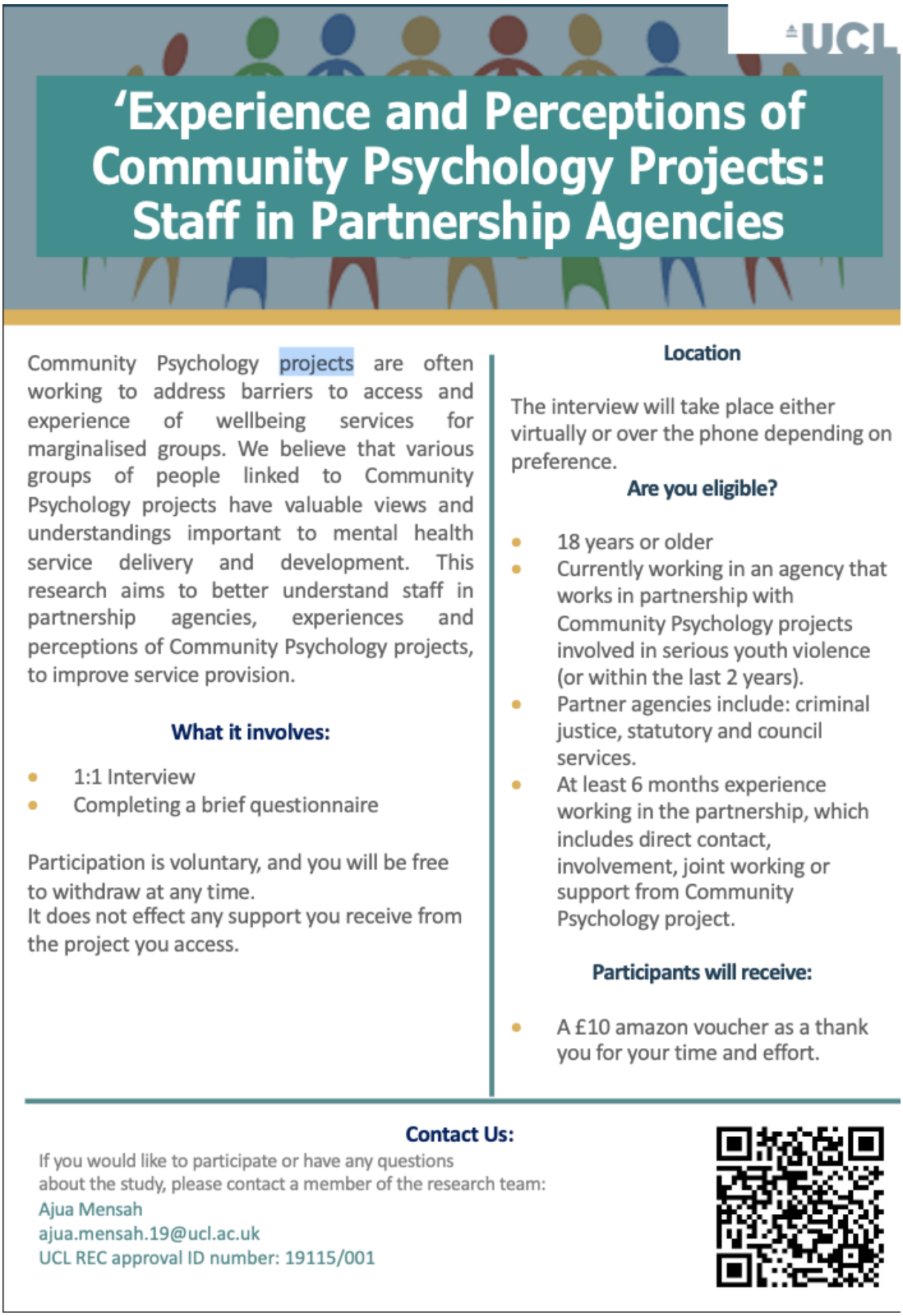
Kind regards,

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

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

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

1.3. Appendix C: Study Poster



1.4. Appendix D: Information sheet

Participant Information Sheet For partnership organisations.

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: partnership organisations

---

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

Name and Contact Details of the Researcher(s):
Ajua Mensah
ajua.mensah.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 are we 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 stakeholders and partners that work in partnership with community psychology projects

We aim to better understand:

- the process of the journey into partnership working
- the experience and impact of the partnership work with community psychology, including and the challenges and facilitators of working in this way
- recommendations and implications for partnership working and service provision.

2. Who is invited to take part in this study?

We are inviting Staff working in an organisation that work in partnership with a Community Psychology Projects involved in serious youth violence (i.e. statutory agencies, voluntary and community organizations and local authorities)

Project 2: Staff who work in partnership with CP projects

- Staff members working in stakeholder organisations with identified community psychology serious youth violence projects
- Stakeholders include police and local authority services that work to support young people involved in serious youth violence
- Staff members must be directly involved in the partnership working with CP projects
- Staff members must have had a minimum of 6 months experience working at the stakeholder organisation.
- Staff members who have left the stakeholder organisations have to have worked in CP within the last 2 years. This will ensure that we get information based on a realistic understanding of working in this way

3. 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 any your partnership relationship 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.

4. 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 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 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.

5. 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.

6. 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.

7. 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) after completing the interview.

8. 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 (enter researchers names and emails).

9. 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.'

10. 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.

11. 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.

12. 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.

13. 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.

14. Who is organising and funding the research?

The study is part of the researcher's '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: Ajua Mensah
Email: ajua.mensah.19@ucl.ac.uk

Principal Researcher: 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 taking part in this research study.

1.5. Appendix E: Consent form

CONSENT FORM FOR PARTNERSHIP ORGANISATIONS IN RESEARCH STUDIES

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: Partnership organisations
Department: Clinical, Educational and Health Psychology, UCL
Name and Contact Details of the Researcher(s): Ajua Mensah and ajua.Mensah.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 data-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* - *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 or service access)* 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** *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 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 your personal 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, *or my partnership relationship being affected*. 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.	
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 (or encrypted device in telephone interviews) and understand that the recordings will be: - 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: (a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and (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 I would be happy for the data I provide to be archived at One Drive. 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

1.6. Appendix F: Interview schedule

Process of the Journey into partnerships working

- What was the need for this partnership in their system?
- What helped or hindered this journey to partnership working?
- Has the journey into partnerships working with community psychology projects been different compared to other types of joint working? If so how?
- What advice would you give to other services aiming to go into partnership working in this area]?

The impact of the partnership with CP project

- What is your perception of community psychology projects working with young people and their work with systems/organisations?
- What are your expectations of the community psychology services – and how is this different/similar to your view of other traditional services?
- What role has the community psychology project played in your work or work with service users?
- How (if any) has your way of working changed, since working in partnership?
- How (if any) has your views of service users changed since the partnership was established?
- Changes in your system/organisation?
- Benefits? What would you like more of? What could be improved?
- What have you found beneficial from community psychology service?
- What are some of the challenges with partnership working?
- What areas of improvement do you hope to see through continued partnership work?
- What impact do you think your service/way of working has had on the community psychology project?

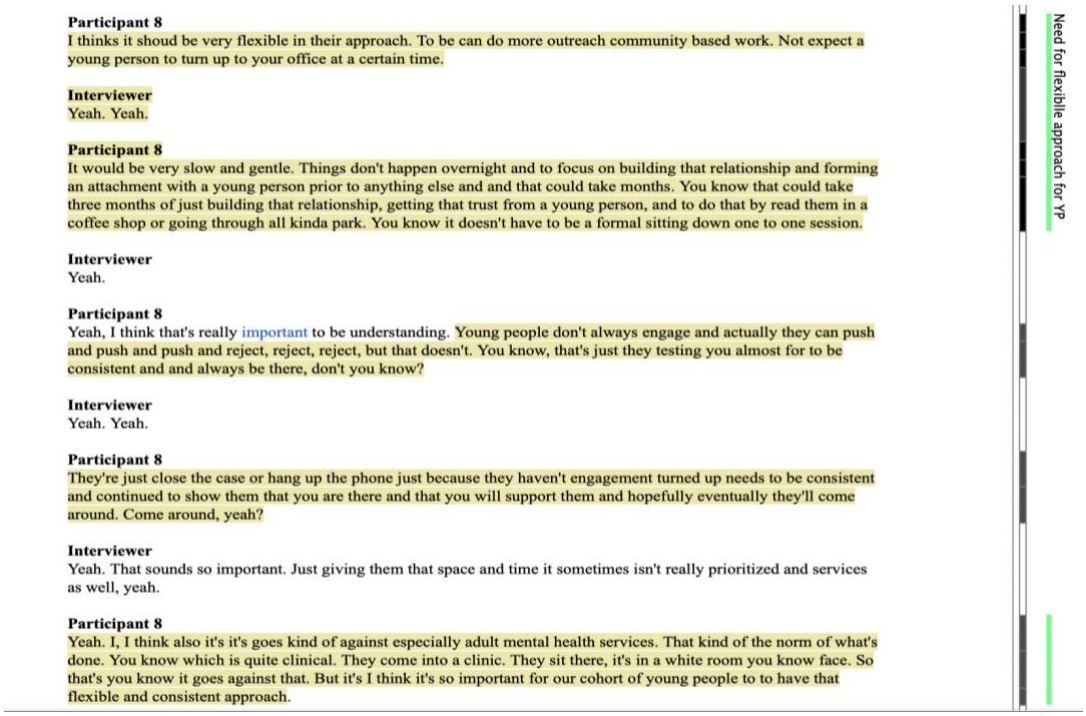
Recommendations and implications

- 18. In relation to working in partnership, what recommendations for supporting staff working in this area would you give to:

  a) Community Psychology service
  b) The system you are from
  c) Other NHS, statutory or third sector services?

- What recommendations for supporting services users would you give to:
  a) Community Psychology service
  b) The system you are from
  c) Other NHS, statutory or third sector services?

1.7. Appendix G: Screenshot of coded transcripts



Participant 8
I thinks it shoud be very flexible in their approach. To be can do more outreach community based work. Not expect a young person to turn up to your office at a certain time.

Interviewer
Yeah. Yeah.

Participant 8
It would be very slow and gentle. Things don't happen overnight and to focus on building that relationship and forming an attachment with a young person prior to anything else and and that could take months. You know that could take three months of just building that relationship, getting that trust from a young person, and to do that by read them in a coffee shop or going through all kinda park. You know it doesn't have to be a formal sitting down one to one session.

Interviewer
Yeah.

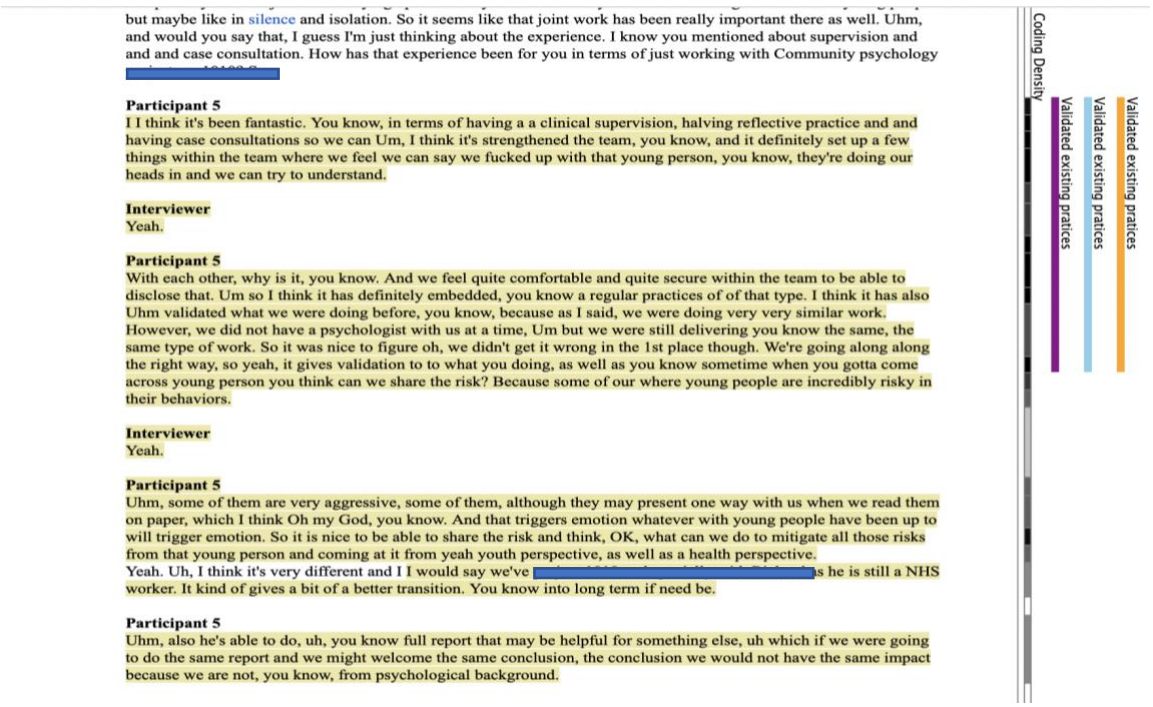
Participant 8
Yeah, I think that's really important to be understanding. Young people don't always engage and actually they can push and push and push and reject, reject, reject, but that doesn't. You know, that's just they testing you almost for to be consistent and and always be there, don't you know?

Interviewer
Yeah. Yeah.

Participant 8
They're just close the case or hang up the phone just because they haven't engagement turned up needs to be consistent and continued to show them that you are there and that you will support them and hopefully eventually they'll come around. Come around, yeah?

Interviewer
Yeah. That sounds so important. Just giving them that space and time it sometimes isn't really prioritized and services as well, yeah.

Participant 8
Yeah. I, I think also it's it's goes kind of against especially adult mental health services. That kind of the norm of what's done. You know which is quite clinical. They come into a clinic. They sit there, it's in a white room you know face. So that's you know it goes against that. But it's I think it's so important for our cohort of young people to to have that flexible and consistent approach.



but maybe like in silence and isolation. So it seems like that joint work has been really important there as well. Uhm, and would you say that, I guess I'm just thinking about the experience. I know you mentioned about supervision and and and case consultation. How has that experience been for you in terms of just working with Community psychology [redacted]

Participant 5
I I think it's been fantastic. You know, in terms of having a a clinical supervision, halving reflective practice and and having case consultations so we can Um, I think it's strengthened the team, you know, and it definitely set up a few things within the team where we feel we can say we fucked up with that young person, you know, they're doing our heads in and we can try to understand.

Interviewer
Yeah.

Participant 5
With each other, why is it, you know. And we feel quite comfortable and quite secure within the team to be able to disclose that. Um so I think it has definitely embedded, you know a regular practices of of that type. I think it has also Uhm validated what we were doing before, you know, because as I said, we were doing very very similar work. However, we did not have a psychologist with us at a time, Um but we were still delivering you know the same, the same type of work. So it was nice to figure oh, we didn't get it wrong in the 1st place though. We're going along along the right way, so yeah, it gives validation to to what you doing, as well as you know sometime when you gotta come across young person you think can we share the risk? Because some of our where young people are incredibly risky in their behaviors.

Interviewer
Yeah.

Participant 5
Uhm, some of them are very aggressive, some of them, although they may present one way with us when we read them on paper, which I think Oh my God, you know. And that triggers emotion whatever with young people have been up to will trigger emotion. So it is nice to be able to share the risk and think, OK, what can we do to mitigate all those risks from that young person and coming at it from yeah youth perspective, as well as a health perspective.
Yeah. Uh, I think it's very different and I I would say we've [redacted]s he is still a NHS worker. It kind of gives a bit of a better transition. You know into long term if need be.

Participant 5
Uhm, also he's able to do, uh, you know full report that may be helpful for something else, uh which if we were going to do the same report and we might welcome the same conclusion, the conclusion we would not have the same impact because we are not, you know, from psychological background.

know if all my colleagues have been or are, and I think they're made to feel like that when they have worked as professionals with project 1010, which is nice.

Interviewer
Yeah, and it's maybe helped them with that partnership that they sort of value, youth work, and the input of theirs. Was there anything else that you felt like was helpful that facilitated this partnership in terms of just made it easier for you to come together in how you were working?

Participant 6
I mean, this is starting from like a real willingness on both sides. Yeah, there was, you know, a real openness and willingness on both sides.

Yeah, well, it's similar to that. How making us feel respected as a youth worker also respected as an organization so -

Interviewer
Yeah.

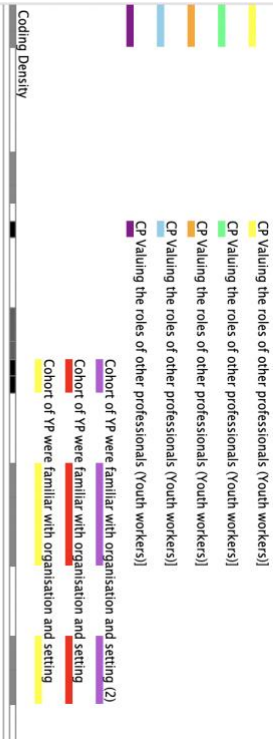
Participant 6
Uhm candy s[redacted], they respect common fiel[redacted] area longer than anyone you know. So the relationship. So I mean when you link Psychology through, like attachment theory, the attachment, the children, their families have to that space.

Interviewer
Yeah.

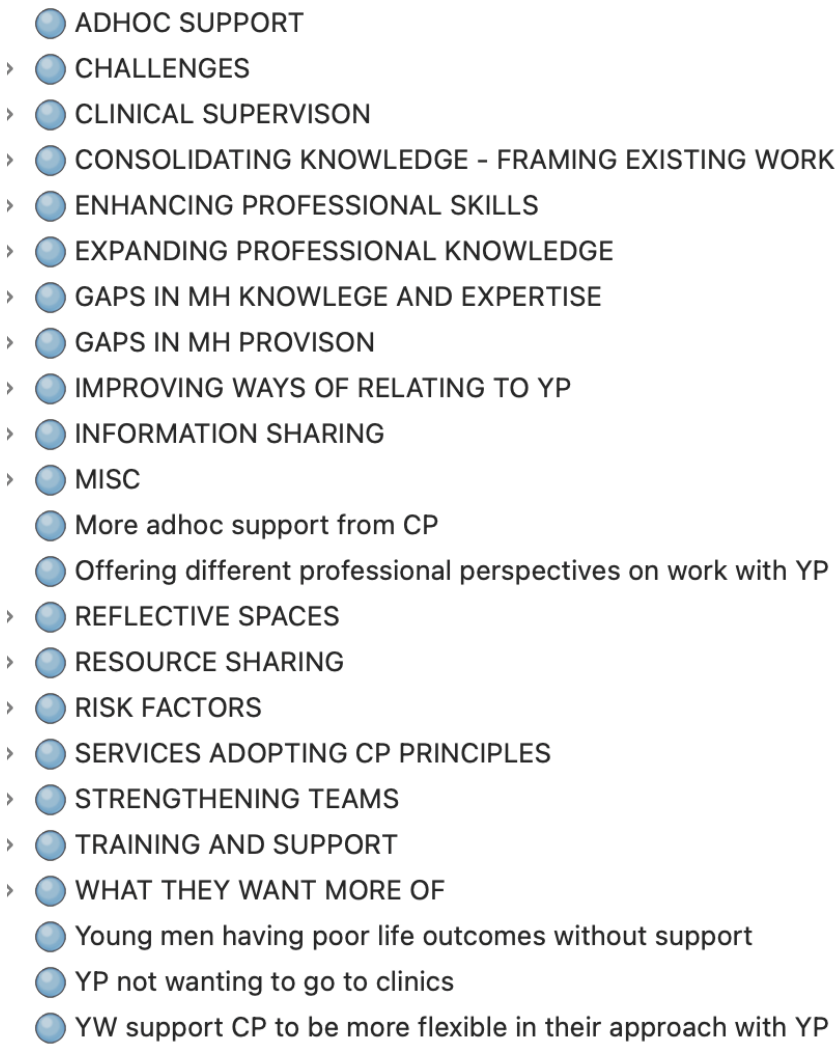
Participant 6
And, you know, often before they experience any, you know, criminality. You know there's a space these young people have gone through before they're ever stabbed. You know they'll have a nice feelings. You know before they were perpetrators, before they went to jail. You know that once feel there is a space. They played football there. They played in the sand pit there. They went on a swing there. There they went to the nursery. You know, so to have us as a partner, th ey've they put tremendous value in that as well.

Interviewer
Yeah sounds important, especially the young people already aware of this center or the youth aspects.

Participant 6
Yeah, so I don't know where you know. So I just run a youth center like any you've ever seen but we're a 7 acre park and playground. So there's this massive space that has a youth centre, a nursery, a play centre, a basketball court, a cafe, a paddling pool. Uh, like a small city farm type thing.[redacted]

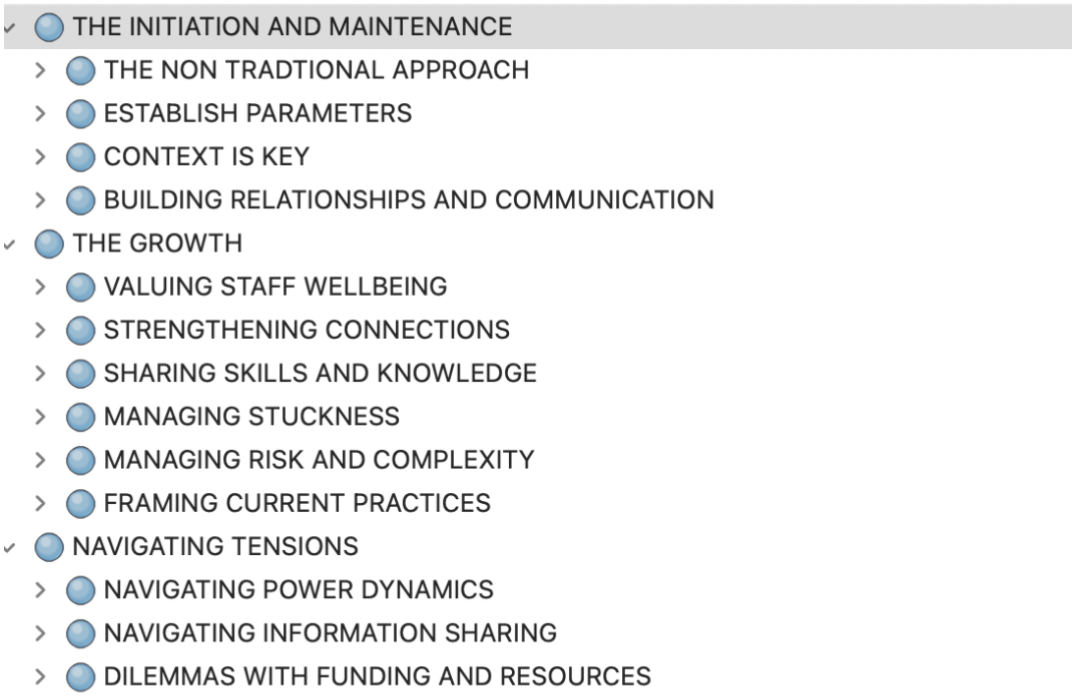


1.8. Appendix H: Themes development – screenshot of thematic map



1.9. Appendix I: Theme development- screen shot of intermediate themes

1.10. Appendix J: Theme development- screenshot of final themes



1.11. Appendix K: Additional quotes related to subthemes

Table 1.1 – Additional quotes related to study subthemes	
The initiation and maintenance	
Context is key	*A lot of young people Uhm and have experience obviously quite high levels of traumatic instances and or grief. You know there's quite high levels of youth violence, for example, and I think most young people have probably either had first-hand experience that or know friends who has been stabbed or been stabbed themselves. It's just. It's just the levels of trauma experienced by young are so high that and they are so far removed from mainstream service, that's UM, particularly mental health services. Um it's actually really important to have a kind of community-based street based therapeutic option for young people, (P8)* *I noted that there was a gap within services for children and young people around mental health and around how we approach young people that have got low-level mental health needs (P14)* *OK, so well, they, firstly, they don't necessarily always understand that they need the support, when they do understand or maybe reflect on the fact that they have got challenges that they're struggling to deal with, they don't want to go to a clinic, they don't want to admit that they've gotten support. And then also, I think there's, there has been traditionally, and I know that there's lots of work being done now. There's a taboo around needing mental health and being, you know, psycho, or you know, you know, not being able to admit, that you're that you've got poor mental health isn't that? It's never something that anybody does (P10).* *Um, or and quite often, I think there's also been a huge um (...) I think it still is, um what's the word, taboo thing about young men engaging with psychological support, you know, I'm not going to go and meet a psychologist. I don't want to see a counsellor. There's like negative labels attached to think about whether it's about showing vulnerability, or I don't know what, but there seems to be a real resistance to access those traditional things (P10).* *Yeah. I think it's definitely important because of the levels of trauma and I guess, complex grief, which our young people have experienced. So, the majority of young people have had quite difficult upbringings, lots of service involvement, disengagement from school (P9)* *I think the young people we work with, uh, there's been some kind of trauma, whether it's in childhood or in adulthood. Uh, and it's almost like that's what holds back a lot of young people from making positive decisions about their future. Uh, I think the impacts of (...) things that found some young people in childhood kind of stops them from moving on, but also it, uh(...), it, it affects their decision making so you can see when someone stuck and it's and it's okay me saying to them you're stuck and let's try and help you move on but I think coming from a counsellor and psychologist, they are the experts say and I just feel like young people would benefit more as (...) sometimes they need to untangle things, and the best person to do that is a counsellor and psychologist, not me with my fool counselling skills (P3).*

	I'm not an expert around, you know, emotional regulation and, and mental health and, and things like that, so it's, it's important to understand uh, so I'm able to implement that in, with my work and able to support young people with their mental health (P9). *"Definitely around the mental health aspect, and not just for young people, but for staff as well. So, we are caseworkers, we've got a huge amount of experience, but we do not have a psychological background. So, although you know, throughout the years you learn, you do training, you pick up things you still don't have that backbone, you know, of psychology. So, having someone where you could have a case consultation about the client and having you know all the theory behind what may lead to the behaviour of the client and how you may work better, as well as having an understanding of why does that trigger you? What is it about that? you know, that really gets to you. So, I think it is an ideal, a win-win situation for us and for the young people(P5)".* *There is resistance to even take on a person if they don't meet a particular threshold, they'll be told. It's not bad enough. I've had young people say what do I have to do to, like, you know, do I have to harm myself, do I have to come in with slit wrists? do I have to, you know, do I have to shoot someone (P1)* *Uhm working with that cohort 12 weeks is nothing, absolutely nothing, you know (P5)* *Adult mental health services threshold is very high and it's very rigid, so if a young person doesn't turn up at 10:00 AM on Monday morning for their appointment, they might close the case, whereas our young people aren't in a place to be able to access support like that, so to be able to have something like Project xxx which is community based and just gives that much more flexible approach to young people which is neat which is needed. (P8)*
Building relationships and communication	*So, I think it's very important to just spend that time to get to know each other and to know who you're actually working with and what they're about, their background is, these, these little simple things. Go out, do something outside of what you're actually doing and just spend some time sitting down, having a cup of coffee together and you know. Just sharing that time and getting- tightening that bond, but also around, um, team building as well. And a better understanding of who your colleagues are (P15)* *But I think before facilitating anything or putting anything out there, it's like sitting together for like days of (...) kind of like a (...) I don't know like you know, like away days that you have as a team (P1)* *So, I kind of skipped a bit in that first year as part after getting to know xxx and Co. I was like spending like an afternoon in a week on their… in their sessions (P6)* *I think with, with the project, I think the workers have been fantastic, so they're part of the team and not, not as in, someone from externals coming in, and then going so yeah. Within the team, yeah, it's like having a, you know it's like a colleague that's, that's alongside, so yeah gets, sort of stuck in and then they are part of the team and, and that's it really, so yeah. I think um, (...) someone that is able to um, (...) be part of a team (P9)*

	As I remember, there were kind of quarterly reviews about how the partnership was evolving, which direction it was taking (...) How it's kind of continuing to reflect and think about meeting the needs of the young people, how successful they were at engaging, some of the lads and what uh their priorities we're going to focus on as they, you know, got more young people(...) Um retaining that uh regular communication strand about how that project is evolving, about reviewing how that, where those working arrangements are going, how they're adhering to their own confidentiality (...) Policies where needed (P13)
Establishing partners and parameters	*The first thing do is research who is best placed, best matched to deliver this type of work. And that could even extend to the projects that you, that people look into going into partnership with. Which projects are best placed? Which projects have the best knowledge, the best understanding? Does the staff that are trained to understand what is required to deliver this piece of work in partnership with a project like, for instance xxx (P15)* *Uh, I think. I guess also just making it kind of, you know, quite clear kind of boundaries around roles and responsibilities and what our limits are that you know, so there's often expectation that being the local authority of the Council that we've got endless pots of money, or that we'll do this, or we'll do that. But actually, it's just about establishing quite early on what the boundaries are, what our roles and responsibilities, and what we can and can't do. (P8)* *I think having kind of buy in from quite senior management as well, who see the importance of a services like xxx is really important (P8).* *I don't know, that, this is a really rubbish answer, but because I've been involved in this type of project from the beginning, I it's just it's something that I think that we need. (P10) – expressed by a participant in senior management* *um, yeah, I, I feel like with the help of them everyone's on the same page. like doing it together with the UM, psychology team and really kind of setting out the aims, the outcomes, how you're going to put it together like whose, you know structure, you know really yeah, really kind of having it all (...) solidified (...) prior. So, we'll, we was, we was all working towards the same goal, even though our practices and our way of delivery might have been slightly different (P11)* *What your outcomes for both of you, so you know with your differing with whatever group you're trying to target, What's the end game? What's the outcomes that you're trying to gain? And is that the same as this psychology team? Because they might be wanting to do it for a very different reason and your service might be willing to sit for a very different reason. So, it's making sure, I think, that your outcomes are the same and you're working towards the same goal, and you can help each other and that sense (P1)* *And, like I said, also be pragmatic. Don't promise what you can't, do. You know. know your limits and also don't promise when you can't, Um (...) fulfil. (P4)*
The traditional approach	*Community projects are a bit more driven by engagement and that feels that it's (...) It feels that it's, it's, it's a bit closer to the, to the psychological work, to the work, so that's helpful. (P7)* *I think it's very important to have the flexibility and the consistency. Uhm, and just being relatable and somewhat accessible and building those*

	relationships with young before, and taking time to build the relationships before you expect them to disclose information or want to even engage with your service (P11)
	They have got time with young people. They don't have 12 sessions. OK, we got to wrap it up. You know what I mean? It is a slow build-up in order, you know, to be able to effectively work with the young person as opposed to a limited amount of time in order to have an impact. (P5)
	So, I remember XXX telling me that sometimes people wouldn't show up, but they would still go anyway, and then when the young people realise, oh, they're going to be here anyway, then they would start engaging. So, it's the consistency and not like giving up or closing young when they don't turn up. Which, young people are so used to people like, ending things or being like 'oh this is closed, we're no longer supporting you' or you can't, you know? Getting kicked out of school, just all of those types of things. (P10)
	Adult mental health services threshold is very high and it's very rigid, so if a young person doesn't turn up at 10:00 AM on Monday morning for their appointment, they might close the case, whereas our young people aren't in a place to be able to access support like that, so to be able to have something like Project xxx which is community based and just gives that much more flexible approach to young people which is neat which is needed. (P8) *So, the traditional mental health services, you have to go to them, and the community-based projects and street-based therapy means that it's just on your doorstep. It's not something that, and so therefore there isn't, there isn't again that onus on a young person to have to go and seek support. It's just there and they're almost seeking it without even knowing it (P10)*
	I don't think they even realise that what we're doing is (...) mental health support or psychological support. In that way they don't actually realise that the conversations that we have and, and they don't ever see as really like, therapeutic work. Us, as professionals will see it as that, but they don't, so I think that is the big positive of, because otherwise I just don't think these young people, or this client group will be reached by any mental health service cause they just wouldn't engage. (P11)
	To do more outreach community-based work. Not expect a young person to turn up to your office at a certain time (P8).
The growth	
Strengthening connections	*You know, in terms of having a clinical supervision, having reflective practice and having case consultations so we can Um, I think it's strengthened the team (P5).*
	And sometimes it's nice to hear what your colleagues think as well, so you might think that they are working in figure certain way, and it turns out they're not at all. And you're like, oh, I didn't know that., you know, I didn't know that (P3)
	we have worked on ways how to better utilise one another, playing to our strengths, share our work and experiences, um, it's just making better use of yourself and your colleagues, working better as a team, probably yeah, encouraged us to do so (P12)
	I think it makes you a bit more harmonious as well. Yeah, unifying yeah (P3)

	Create a better working relationship as well, yeah, both with colleague on colleague and then colleague with young person. (P3)
Framing current practices	*Our work was based on psychology, even though we didn't know their exact theory that it might have applied to if that makes sense. So working with them gave us a better understanding of kind of the why we do it, what we do and if that makes sense, like why we might take the stance that we do, or the practice that we do, why it's just gave us like, a great understanding on why and maybe why young people weren't engaging, so instead of looking at it as a young person's fault, it was more our fault that we failed to engage that young person, if that makes sense (P11)* *"Our team as always worked in an informed way, UM. But it was not, UM (...) I would say we would not have described us in a same way as we described us now. So, we picked up quite a lot of the psychological lingo we picked up. You know, quite a lot of the trauma informed Um ways which we were already doing without quite having a label for it if you feel like what I mean" (P5)* *"I think working with a psychologist in youth work. It probably gives you the language to articulate what you're possibly already doing or thinking? Psychologists absolutely have the language to ask those questions. Even like A they have the language to upskill youth workers to ask those questions effectively, but B they also have the language." (P6)* *"I think it definitely helped to kind of consolidate what we already know around, experience with trauma and grief and loss. So, it helps us to understand it, cause it makes me more knowledgeable around those areas" (P8)* *I think it has also validated what we were doing before, you know, because as I said, we were doing very very similar work. However, we did not have a psychologist with us at a time, Um but we were still delivering you know the same, the same type of work. So it was nice to figure oh, we didn't get it wrong in the first place though. We're going along the right way, so yeah, it gives validation to to what you are doing" (P12)*
Sharing skills and knowledge	*We've been fortunate enough in that xxx and the psychology project xxx, has delivered some training to our team around things like trauma and ambits model uhm, professional boundaries training so that we've really benefited, I guess from their knowledge as well in terms of the training they've delivered to us, which has been really, really helpful (P8)* *xxx done different training with my team um, around boundaries and we've spoken a lot about trauma etc that actually my team are able to, whilst they are not able to give kind of formal clinical psychology formal more sessions. (10)* *So, we just actually had trauma informed training, which was really good because we had conversations with staff about young people that they felt the um, could have you know, experienced certain things around trauma and how it was impacting their relationships (P14)* *Uhm, the knowledge I've gain from training has enabled me to ask relevant questions as well, and to ask the information even from Mum or dad as well, as well as from working with directly with the young person as well, so it's helped me with my communication and how I um, ask questions. (P9)* *It's empowered the team to be able to have a deeper level of conversation and actually feel that they can potentially have a some more significant impact on that young person's outcomes (P10)*

	"Uhm so they teach us solution focused stuff, but it's, I've also learnt about asking the 'why'. And like how someone feels about it. So, you know, if someone applies for a job, maybe they get rejected. In youth work you might be like, oh, don't worry about it, onto the next one. It's all great. You know, constantly positive. Whereas I think when you're doing that and you're a bit more psychologically informed, it's like, well, how did you feel about that? You know and ... Yeah, that, you know that it's perfectly normal to feel disappointed, disheartened." (P6) *So, we're not, we're not clinicians, but actually we are learning from the community psychology projects and we are being able to support the young people, maybe at an earlier level or that have less significant mental health needs. That might also stop, then you know everybody be needing that higher level of support. (P10)* *I just have a deeper understanding of what young people might be going through. So, it's like, it just it gives you more empathy, more empathetic towards people's situations, more understanding, um gives you even more patience I suppose (P12)* *"I just, I think it's given me more understanding of their behaviours and maybe how past life experiences can impact how they interact with everyone? Just interact with life. Um, and kind of, being willing to kind of be patient and consistent to kind of build that relationship to be able to do the work. Because a lot of the young people have really insecure attachments. They have all of these things and, they, and their behaviours through life are basically, it's a normal reaction, to abnormal situations. if that makes sense, so instead labelling them as difficult and stuff, It's basically a survival skill, isn't it? It's not your normal human reaction and, it's just not a normal situation. I guess it gave me a lot of understanding of the young people, and how vulnerable they are? I knew how vulnerable they were before, but you know, just kind of, a greater understanding." (P11)* *They gained knowledge on issues that they Um (...) might not have had to deal with in the past yeah. So uh, knowledge around housing rights. knowledge about around immigration. You know things that maybe they would have referred elsewhere that then now would be more confident in in managing themselves. (P5)* *I obviously highlight and love the fact that we had community psychologists working with our team, but I do believe that xxx learned a lot about how to engage and work with young people in a different way because. Now it's kind of what I mentioned before, around how youth workers' perspective and ways of engaging with young people and that kind of more. (P10)*
Valuing staff wellbeing	*It's very heavy work, um, and you need… I think also you need that support and, um, that training and support comes in… in the guise of the supervision. (P15)* *UM I would say be quite flexible because in this field of work a lot of the time you're firefighting and you might have lots of things planned for the day but then you end up having to come up. So, I'm going to say be quite flexible in the in the approach be quite understanding of staff like their experience, a lot of secondary trauma, you know they're supporting these young people have had very difficult experiences and they completely take on a lot of that (P8)*

	The workload and the time constraints, I feel like giving staff time, giving staff space to explore their feelings, their mental health and their wellbeing would be great and beneficial to the service (P12) *"I think it's helpful in terms of, especially in this line of work with working with young people and dealing with people in crisis. It was really helpful to have the space to explore your feelings as a professional and also reflect on any incidents or anything that's kind of happened. Because I feel like a lot of time, when you're in crisis and when you're very reactive, you're, you're not able, and in a point of stress you're not really able to think clearly? and sometimes you will not, you won't be aware of how you, as a professional, might be causing or resulting in young people acting in a certain type of way. um, yeah, so I think, I think in terms of that it's really helpful. (P11)* *Uh, and I will think back to obviously, supervisions where it may not be clinical, but I definitely did not trust to open up and say like in this situation maybe I made a mistake and really unpick it instead cause you feel I usually would have felt like I'm not exposing myself like that cause next they're going to be putting you on performance or whatever. (P2)* *It's very heavy work, um, and you need… I think also you need that support and, um, that training and support comes in… in the guise of the supervision. (P15)*
Managing stuckness	*"Cause I think a lot of people feel stuck with young people. You know, if they're resistant, they don't want to move forward. It's like we try, but then we're met with that, so it's like, you know. It's all coming from a (...) really caring place. You want to help, and if you can't help you feel very helpless and useless a little bit" (P1)* *"Because, like, sometimes, you, like, have a young person who's really difficult and just can't seem to get in anywhere with him. And he'd be quite aggressive or rude. And then I just I just say you know what, I've just had enough" (P3)* *Because like sometimes like have young person who's really difficult and just can't seem to get in anywhere with him. And he'd be quite aggressive or rude. And then I just I just say you know what, I've just had enough (P3)* *I feel that sometimes when you're working with young people and families, you feel like you're drowned in because you're going to mum and dad or you're going to a young person and they're not, you know, they're not receiving the help the way you would like them to help (P14)* *Cause the work can be quite frustrating, you can, like you do so much for a young person and they might say something like, you say no one time and they'll be like, 'oh, you never do anything for me', and as a human you're going to be like, 'I've done so much', you know? You've gone into, your ego is really, like burning, to be like, 'I just did that for you last week' (P11)* "*And there's something that xxx would say something in a case consultation, that, after he said that you're thinking, oh, that's really valid and so obvious', but you just haven't thought about it, or taken it into considering, maybe what's going on for that young person and what are they trying to communicate?" (P11)* *"However, the PPR model enables young people, I mean, enable staff to actually think like, OK, let me try this just a different way or maybe let me think of it like this. So, I think that that was really helpful as well" (P14)*

	"Having the reassurance from the psychologists and being able to talk through these difficulties was incredibly helpful" (P1) *So, I think you know for our confidence and for our kind of you know (...) yeah, just the way we can support them best has been. Those case consultations have been really important (P1)* *Kind of understanding the behaviours of young people a lot more. (P11)* UM, the young person and myself as well, and actually um (...) we were able to have a much healthier like relationship going forward (P1) *It's (consultation) like you know, when you go to opticians and get your eyes tested and they put the like lens in and it's blurry and stuff. Then it gets to one to go and they say oh, how's that, I go oh yeah, yeah, that's good, that's good. I think oh I'm done now and then they go one more to go and I say oh now I can really see. So, it's always like xxxx (community psychologist) puts in the final one and you go, oh, that is really clear and all of a sudden, I can see things for what they are. Whereas I think I can see things really well, but actually no, you don't until you have somebody goes have you thought about this (...). So with that going like one layer deeper of seeing what's really going on. (P3)*
Managing risk and complexity	*I think it really helps our case managers who can sometimes feel quite isolated with managing that kind of risk, and that the young person's complexities (P8)* *"having said that, there's of course there's a balance, and that's why having a multi-disciplinary team is really helpful because I think someone else might assess risk better than a youth worker (P6)* *"So, it is nice to be able to share the risk and think, OK, what can we do to mitigate all those risks from that young person and coming at it from yeah youth perspective, as well as a health perspective" (P5)*
Navigating tensions	
Navigating information sharing	*It's kind of a revolving door of information sharing. They will do the same if they hear information about young people or about tensions or anything like that. They would always feel like confident that they would pick up the phone and speak to us as well. (P8).* *But if I think there's something going on with that, that young person, I might go back and have a look. And then xxx would say, oh, he spoke about he's in debt, or there is some gambling thing going on. I think, ah, that's why he's behaving like that. Or, you know, I mean, I don't say, I, I've heard from xxx, you've got this gambling issue. But it's Um(...) sometimes it's good to share information but still keep it within the confines of confidentiality, if that makes sense (P3).* *Personality clashes, and also kind of you know and those kinds of system-based challenges. It was just it was coming together, talking them over, thrashing them out (P10).*
Navigating power dynamics	*"It used to get to me because you're asking two models to marry, but you want to be the higher power without recognising. I felt like the psychologist felt like they knew everything, if you were to go to the young people, those cohorts of young people that we work with and say (...) we're psychologists, and we're interested in your mental health they will tell you where to go" (P2)*

And you can, maybe feel slightly inferior, to the others knowledge, you know, cause you're dealing with psychologists and people of that, um, description. So, um, a lot of people, I believe, became quite consumed or overwhelmed by some of the chat and some of the approaches and understandings and the ways of working and so on, so forth (P15)

I used to. I used to notice that (...) the psychologist will stand back, and they mainly use youth workers to kind of soften the area so to speak. Then they will come in and try to snatch the young people and take over all the work so yeah, those were the challenges (P2)

Because in that situation, they're the experts, they're the psychologists. I'm a youth worker, but I'm having to, um, learn this new approach, if you'd like, and having to be helped to develop it at the same time as well. So, what can I bring? What can I add to this? (P15)

But I kept raising my voice in saying that you are asking two mediums to marry, so you need to respect cause you could not do it without youth work. And over the time, it got understood (P2)

I suppose it was when the (...) lead psychologist went and xxx inherited the l and I suppose his approach, he's a little bit more open. So, I think it requ openness to just learn. it's not just one person or one way of thinking and you h to be open and flexible and say well this is not working in that way you're va as well bringing your voice and let's see how we can work together, and I felt that worked where those things weren't created and yeah, and people off t egos, that's both." (p2)

This is starting from like a real willingness on both sides. Yeah, there was, you know, a real openness and willingness on both sides (P6).

Make staff feel like they're the experts you know. Empower them. Um, recognize that you're going to see some practice that's different than yours. Yeah. But maybe it's not harmful. Bad? (P6)

Although, obviously all- all professionals are integral to the work that's taking place. Cause, obviously without the professionals, no work can take place. So, it's important that you, you're- you're carrying that all the time and you're understanding your responsibility, um, you know around that, um, understanding (P15)

"It was about how he made us feel respected as a youth worker and valued and allowed us to bring in our voice and see how we can work together, and I felt like that worked. Uh, I think it's also helped with who the Psychologist has been. So, as I said, you know, xxx he's quite relaxed in his nature, is quite chill. Uhm, as was xxx who supervised my team". (P6)

You know, sitting down and trying to work out what the difficulties are and how we can move forward positively to make sure that, you know, because at the end of the day it's, it's not about me (P15)

Yeah, and create mechanisms where (...) there is places to share or voice really because (...) when there's nowhere to take all the stuff that you're feeling in regard to the partnership, and these types of power clashes. (P2)

I think it's around the person's personality, Uhm, and also it helps to have someone who's quite friendly (P9)

	Uh, I think it, but I think it's really helped with who the Psychologist has been. So as I said, you know, xxx he's quite relaxed in his nature, is quite chill. Uhm, as was xxx who supervised my team, yeah. (P6) *You know, sitting down and trying to work out what the difficulties are and how we can move forward positively to make sure that, you know, because at the end of the day it's, it's not about me (P15)*
Dilemmas with funding and resources	*"We don't have access to like, we no longer work with xxx because of the lack of funding to me, that's a challenge, cause I feel like they do important work, and even though xxx believes that they've given us all the skills that we need to continue to do the work without them, it was a very disappointing, because I valued their work a lot and I thought it was very helpful, so the lack of funding in terms of them being able to continue working with us at the moment, it's basically a challenge because this community, so we have to be funded' (P11)* *I feel like my only difficulty at the moment, but it's a service difficulty which I have approached my new service manager about, is that their funding is coming to an end. So, I feel like what my major challenge is at the moment which I said to my new service manager is that how can we get more funding? Because to lose this resource is going to be absolutely major. (P14)* *But we need to change as well as a… like the way we, the way we write bids and stuff like that. These (psychologists) need to be seen as fundamental as keeping the lights on. In the way that right now I put in a bid in and 10% of it is allocated of every bit I put in is allocated to the heating and gas and water and electric. So, you know we need to be putting in everything, but in that it's reflecting on the size of the grants available to us cause you know. If you're only bidding for 10 to 15 grand, you're not going to get much psychology out of that once you've covered the staff salary and the psychology costs 8 grand for that, 4 grand a year. That's just shy of like 10% or so, no it's 8% of the budget is going to go on. (P6)* *I do think that there is a problem with the funding structure within the voluntary sector, and I know that there's some money that is coming um, you know, with the changes in the NHS that's going not just into the NHS, but it's going into the um community organizations as well. But the problem (...) the problem with working, like having three-year grants or whatever, is that we're, we're talking about difficulties that uh, you know, the societal difficulties. And to start to set up a working relationship and, and I think really, if you're, if you're thinking of anything less than, than kind of (...) I was going to say 10 years or maybe a bit less than that." (P7)* *I also think that there's something about all of these projects need time. All of our funding is based on the fact that you need to engage, support and then prove that you've you know achieved all your outcomes within a year. That's unrealistic. We need considerable time frames to be able to build and maintain, create and kind of sustain meaningful relationships to be able to support that change. So therefore, there needs to be a realistic expectation around how long it takes for this work to be done" (P10)* *"Good work can't be based off one practitioner. So, what you need is a really good strong system that includes this stuff and thinks about this stuff and then it doesn't matter whether it's you, it's me, it's xxx, it's xxx. That shouldn't be what it is It should be that the system works (P6)".*

	xxx can't do everything and be everywhere and deliver cause obviously I think with us for a short, you know, I mean, it's a short spate, you know during that week, so obviously, um, if the project was to carry on then it will need more staff members to, to be able to support xxx and support us. (P9) *Good work can't be based off one practitioner. So, what you need is a really good strong system that includes this stuff and thinks about this stuff and then it doesn't matter whether it's you, it's me, it's xxx, it's xxx. That shouldn't be what it is It should be that the system works (P6).* *Uhm, I suppose just that, that availability. So just to have them on site more would just, it would help I suppose. Because their time is limited, our time is limited. The days that we are here, we are all in, we all have meetings and straight after the meetings we were straight into session. There's like no time for us to like, plan or navigate plans really. Do we have to do it on sessions or it's a bit, It's a bit tight (P12*).

1.12. Appendix L: Excerpts from reflective journal

"I have done a few more interviews now and I'm getting a better sense and understanding of the work that's being done with CP projects and the partnerships working. I guess one thing that's standing out to me is how positive participants' experiences have been. I have been leaning more towards trying to find some challenges but maybe something that has not come up much so far and something I need to explore more of. It has been interesting to hear about the benefits of having psychologists within services and how much it has given people a different approach to their work with young people and language to work they are already doing. It seems apparent that this support empowered participants to work with young people with mental health difficulties and um yeah, there confidence seems to have increased too."

"I think one thing I have noticed that is coming up for me is how much these interviews are making me draw more towards the CP ways of working and how much I align with the non-traditional approach to working with this cohort. I have to be mindful that this does not shape how I am asking questions (i.e., asking leading questions) or that I am not placing any assumptions or opinions I have about CP projects on the participants. I have made sure to explore more about any challenges with participants and give them the space to explore challenges more if this does come up. I think this will provide good learning opportunities and areas of development

"I have really been having a difficult time with recruitment, which is bringing up a lot of sadness, embarrassment and frustration. I understand that professionals are busy, and this might bring up a lot of constraints and barriers to engaging in research but at the same time it is very frustrating sending out emails and tweets and not getting a response. I can't help but worry that I will not manage to recruit enough participants or a good range of participants from different disciplines, or from different CP projects and how this might skew the data. I do think services need to think about how much time they prioritise for research activities as this can provide important insight into how services are shaped, how to support young people and staff."

1.13. Appendix M: Joint project overview

Project	Aim	Research Questions	Contributions
Project 1: Perspectives of Psychologists working within Community Psychology Projects **(Project undertaken by AF)**	To understand the perceptions and experiences of psychologist working within community psychology projects.	• To consider the personal-professional journeys into community psychology working • To better understand the competencies, practices and processes required for working in community psychology projects • To understand the challenges and facilitators for working within a community psychology framework	**Ethics:** completed jointly by AM and AF **Study poster, consent form and information sheet:** designed and delivered by AF **Recruitment**: both AM, and AF initially contacted CP projects and other relevant agencies (e.g., Psychologists for social change) to advertise and promote both parts of the study. AF focussed on recruiting psychologists working in the community. Once suitable participants were found they were contacted by AF to arrange interviews **Interviews:** completed by AF **Transcribing:** completed by AF **Data analysis**: all parts completed by AF **Validity checks:** completed jointly by AM and AF **Write up**: all parts completed by AF
Project 2: Perspectives of stakeholders that work in partnership with community psychology projects. **(Projects undertaken by AM, current researcher)**	To understand experiences of stakeholders and partners that work in partnership with community psychology projects.	• To consider the process and journey into partnership working • To better understand the impact of the partnership work with CP projects on their system • To consider recommendations and implications for partnerships and the associated cohort they work with.	**Ethics:** completed jointly by AM and AF **Study poster, consent form and information sheet:** designed and delivered by AM **Recruitment**: both AM, and AF initially contacted CP projects and other relevant agencies (e.g., Psychologists for social change) to advertise and promote both parts of the study. AM specially contacted CP projects focussed on youth violence. Once suitable participants were found who work in partnership with CP projects they were contacted by AM and interviews were arranged **Interviews:** completed by AM **Transcribing:** completed by AM **Data analysis:** all parts completed by AM **Validity checks:** completed jointly by AM and AF **Write up**: all parts completed by AM

Project 3: Exploring the experiences and perception of Service Users who access projects **(This project has not been undertaken by any trainee)**	The aim of the research is to explore the experience and perceptions of service users who access CP projects,	• To understand barriers and gaps to mainstream services, • To consider what supported engagement in CP projects, their experience of these services • To consider recommendations for mental health care for their needs	**Ethics:** completed jointly by AM and AF as part of wider study This project has not yet been undertaken and therefore no further contributions can be commented on.