THE THERAPEUTIC RELATIONSHIP AS A MENTAL HEALTH INTERVENTION FOR GANG-ASSOCIATED YOUNG PEOPLE: UNDERSTANDING HOW IT IS CONCEPTUALISED BY THEM AND THE COMMUNITY MENTORS WORKING WITH THEM. A CRITICAL DISCOURSE ANALYSIS

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A thesis submitted in partial fulfilment of the requirements for the Professional Doctorate in Counselling Psychology

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March 2024

Declaration

I hereby declare that the work submitted in this thesis is fully the result of my own investigation, except where otherwise stated.

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Acknowledgements

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Glossary

BPS = British Psychological Society

CAMHS = Child and Adolescent Mental Health Service

CDA = Critical Discourse Analysis

CoP = Counselling Psychology

CSJ = Centre for Social Justice

GAYP = Gang-Associated Young Person

HO = The Home Office

NICE = National Institute for Health and Care Excellence

OCC = Office for Children's Commissioner

PHE = Public Health England

SYV = Serious Youth Violence

UK = United Kingdom

Abstract

Background: Serious Youth Violence is considered a public health problem in the UK, with those involved experiencing significant mental health problems. Due to accessibility barriers at multiple levels, many of these young people miss opportunities for effective, evidence-based therapeutic intervention. Community-based mentoring, accessible and appropriate to the needs of this population, is considered preferable by young people, and seemingly mirrors the values of a therapeutic relationship found in counselling psychology. However, little research in the process and practice of mentoring specifically targeting mental health outcomes currently exists. **Aims:** This research asked how gang-associated young people and the mentors working with them understand the concept of a therapeutic relationship, and aimed to understand this in comparison to other therapeutic relationships and in the context of accessibility barriers. **Method:** Six semi-structured interviews were conducted with mentors working directly with gang-associated young people, which were interpreted using Critical Discourse Analysis. **Findings:** Four interpretive repertoires were identified; that the therapeutic relationship in mentoring supports the mental health needs of GAYP, that the accessibility of such relationships needs to be better, that the therapeutic relationship should be kept within those with lived experience, and that it is available to anyone with therapeutic training. The discursive practices within these related to the creation of culture, the capitalisation of masculinity and the politics of belonging as processes within the therapeutic relationship between mentors and GAYP. Limitations of the research, clinical relevance and implications for practice were discussed, with researcher reflexivity woven throughout.

Reflexive Statement

To begin, I invite the reader to have access to the ways in which I am inevitably woven into this research, as I aim to make clear my motivations for exploring this research topic and becoming a part of this profession. Respecting the importance of transparency and self-reflection in CoP research (Donati, 2016), these have been built from a certain political and social justice agenda that drive my intentions and actions on both a personal and professional level. This reflexive statement will describe my epistemological, ontological, theoretical, and personal positions that I hope will give the reader some sense of why this topic is a part of me and conversely, how I have become a part of it.

By way of introduction, I am both British and Indian, existing in simultaneous roles of emic and etic, unable to call either whole without feeling as if part of me is missing. Navigating this tumultuous development of my identity has brought with it a recognition of how my life had the potential to follow an entirely different trajectory. Had I not had a grandfather who dreamt of a better life than poverty in India and immigrated to England; a father who epitomised hard work, belief and focus as an opportunity for social mobility; or a mother who modelled that strength, courage and femininity were not mutually exclusive, my reality could instead be very different.

Whether ignorant or egotistic, the safety, opportunity, and freedom I have experienced resulting from this reality is a practice of gratitude. For me, the polarity between what could have been and what is serves as an omnipresent reminder that not all chances to escape one environment of ideological and systemic injustice for a lesser are equal. I have built from this, a personal perspective that the world can be unjust, immobile and prejudicial, and find the randomised distribution of privilege one difficult

to grapple with. I find solace in my religion, where cherishing the Sikh value of seva, I resolutely believe that those who have wealth in happiness, security and freedom have the chance to share with those less privileged. This serves also to minimise internalised shame, for I sincerely believe no individual to be more worthy of these things than another.

In an attempt to understand my perception of the world, I am intrigued by the virtues of power and liberty, and how they contribute to oppression and exploitation as simultaneous states and processes. I struggle to accept the origins of distress as solely intrapsychic, feeling more comfortable in considering the social context within which the distress is created. This is in line with post-modern epistemologies that prioritise idiosyncrasy and subjectivity, and in delving deeper into anti-essentialist ideology, a Social Constructionist epistemology fits comfortably with my personal and research positioning. As I am reminded of the absence of literal and metaphorical translation of some words in my grandparents' mother-tongues to mine, I consider how knowledge is constructed depending on social, historical, political, and cultural frameworks. Applying this to this research, it includes holding a non-positivist perspective for what is explored and what appears.

Such an epistemology allows me to concentrate on Critical Psychology, where post-colonialist, multiculturalist, feminist, and emancipatory theories hold resonance. Of most pertinence is that of Critical Race Theory (Delgado, 1995), that argues how the accomplished wellbeing and behaviour of the White, middle-class, heterosexual male has been socially constructed at a macro- and micro-level to be the comparative norm in society. Being very much the opposite of this and having had numerous discriminatory experiences as reminders of such too, deconstructing such have become somewhat of a personal manifesto.

This has led me not only to this profession, but also to this doctoral thesis. I am

aware of the pain that can be, and has been, built from feeling like 'the other' in a country where humanity is collectively believed to be, by default, the same. Over the years, some distance has been established between this and my resulting feelings of dysphoria, and what once was fuelled by anger and resentment, has now transitioned to espousal and advocacy.

Indeed, where the humanism of CoP unconditionally advocates for each individual (Woolfe et al., 2003), I am motivated to honour those who have been denied this, whether through the heteronomy of definition or oppression or else. Of course, my affinity to 'the other' in this way sets an agenda that undeniably serves me in return. By tending to the wounds of others, I vicariously heal my own, perhaps by finding some sense of belonging that reconceptualises how it feels to be 'the other', indeed, by the very nature of being of worth to another.

Pairing the acknowledgement of my biases and the agenda of my woundedness with a drive to do more than just describe what exists, I have hopes for this research, in that it opens a discourse around the micro and macro social justice issues that are born from monocultural imperialism.

Chapter 1: Introduction

Serious youth violence [SYV] is considered a public health problem in the UK, and is a matter of social justice. As an issue that is frequently associated in literature, policy and research with gangs, SYV is an umbrella-term used to describe the exploitation of children in organised criminal networks for the trade of illegal drugs through coercion, intimidation, violence (including sexual violence) and weapons (The Home Office, 2018). The severity of the current social landscape is harrowing, across many political, cultural and social perspectives. Daily, we hear about the tragic and depressing loss of young lives and significant harm of young people and children involved. By the media, such an inextricable presentation of the 'gang' and their behaviour fuels public discourse ignorant of any binary position. Frequently, we hear of such loss as violent crimes committed by 'feral' adolescents (Lewis et al., 2011), but less frequently, of the number of missed opportunities to intervene and protect the most vulnerable and marginalised young people in the UK, or of the trauma, oppression and desperation that precedes the risk of exploitation for SYV.

Statistics gathered pre-2020 estimate between 50,000 (CSJ, 2009) and 70,000 (OCC, 2019) young people in gangs, up to 250 gangs in London alone, and approximately 22 young people becoming victims to SYV each day (CSJ, 2018). However, against the backdrop of the Covid-19 pandemic, where the resounding message was to 'stay at home', there was a 29% increase between the years of 2019 and 2020 in the number of young people murdered (ONS, 2021). This year also saw a rise in the number of children referred to social services where risk of gang exploitation formed part of their assessment (OCC, 2021). Disappointingly, the number of children considered to be experiencing risk factors linked to gang exploitation, but having not

yet been identified by services and thus missing opportunities for intervention and protection is stark, at around 27,000 (OCC, 2021). It would not be inappropriate to predict the trajectory of such statistics to be in continuation when we consider the increase in the one in 25 adolescents that are falling through gaps in education and social care as a result of the Covid-19 pandemic (OCC, 2021).

To understand the extent of the public health problem means to consider how it may affect society as a whole. 14-year old Jaden Moodie bled to death on a road after being publicly stabbed nine times by a 19-year old rival gang member (BBC News, 2020), and 15-year old Joseph Marafini was watched by a toddler pressed against the window of a Sainsbury's being murdered by five boys aged between 17 and 19 years-old (France, 2020). To question how such brutality occurs without social action or public intervention is unsettling. That is not to say, however, that the impact on witnesses and the social and economic costs of SYV, all frequently headlined in the media (The University of Warwick, 2020), should be mistaken for the true cost of the public health problem. With most parents of concern their child could become a victim of SYV (Commission on Young Lives, 2021) and almost half of those in London feeling the streets are less safe as a consequence (CSJ, 2018, p.20), as a society, we have to question whether we have become apathetic to the stories of children being murdered by children. Such is suggestive of a polarised society, with some abiding to the social and cultural narratives of 'turning a blind eye' to the murders of children happening on their doorsteps.

As a social and public health issue, SYV continuously appears at the forefront of political debate and action. Where £40m has recently been invested in targeting criminal gangs, networks, and county lines operations, and reactionary Violence Reduction Units (VRUs) have been set up across 18 police forces, there has been an overall 46% cut on spending on youth services since 2011 (Hancox, 2019), with some

suggesting this as a significant contribution to the current landscape (Dearden, 2019). Although recent years suggest approximately 3,400 arrests, an estimated 500 county line closures and around 770 vulnerable people being protected (HO, 2021), many young people continue to fall through gaps within a system designed to protect them. The preventable deaths of young people with ample involvement from services acutely aware of their exploitation or vulnerability are not uncommon in the headlines (BBC News, 2021). Indeed, when looking at the number of professional contacts involved with some of these young people, it suggests that the task of preventing or ending SYV is extraordinarily complex and multi-faceted. As a society, we are clearly not doing enough to protect such young people involved in SYV from losing their lives, but by no means inexcusable, perhaps this is as yet we cannot understand such complexity.

In an attempt to superficially unravel such a complex web of phenomena, the aforementioned links in public discourse between gang involvement, knife crime and the illegal drug market are arguably reductionist, particularly when (non-exhaustive) constructs and issues of race and class, austerity, individual, relational and environmental vulnerability, social mobility, masculinity, education, power, control, and opportunity (CSJ, 2009; 2012) are suggested to cyclically contribute to SYV as an ongoing public health issue in society. In policy and research, some argue criminologists and practitioners alike focus too much on the 'gang' and not enough on the macro-level social dysfunction that is SYV (Kennedy, 2011). Born from police and media reports that determine gangs as responsible for the high levels of knife crime, gun shootings and child sexual exploitation (HO, 2002, cited in CSJ, 2018, p.7), such are met with arguments that this serves as 'merely a sensationalised distraction' (Densley, 2013; Densley and Pyrooz, 2019) contributing to the 'red herring' argument; that 'gangs' are the shiny object that distract us from bigger social issues of child exploitation, social injustice and institutional oppression contributing to SYV.

To focus on just one theme within this, constructs of race and class seem foundational to such complexity (Wainwright & Larkins, 2020). For the approximate 13% of London's population who identify as Black, around 80% of the individuals identified by police as associated with SYV are Black (Liberty Human Rights, 2022). Recognising this stark disparity, critics argue that the term gang itself is highly racialised (Gunter, 2017), which in turn, contributes to conscious or unconscious bias against the young men of colour who find themselves overrepresented in 'stop and search' practices (Bowling & Phillips, 2007) and in outdated gang databases that were initially designed to be key intervention programmes. In fact, Amnesty International UK (2018) and others (Dearden, 2018) concluded the historic use of such a 'Gang Matrix' by London Metropolitan Police was ipso facto discriminatory and that police officers were racially biased in their decisions to label gang nominals. Although no longer in practice, such a foundation of racial discrimination within the gang discourse has arguably set a lasting framework for not only the individuals as victims and the consequential and longitudinal impact on their social, environmental, relational and political contexts, but also in perpetuating 'otherness' in society, and the consequences on contexts this has. Such 'otherness' maintains a collectively prejudiced phenomena, creates public definition, fosters hostility, denies idiosyncrasy, broadens inaccessibility and inappropriateness of supporting services, creates contentious relationships with authority (Gunter, 2017; Spicer, 2019), and even goes as far as to 'demonise' Black youth (Alexander, 2008). It seems obvious that this could only exacerbate the problem. Indeed, it keeps groups of young boys of colour in particular, (Hallsworth & Young, 2008; Gunter, 2017; Williams & Clark, 2016) trapped in cycles of a socially perceived 'master identity' (Klein, 1971) that according to Critical Race Theory (Delgado, 1995), allows 'them' to become the defaulted 'other' in society. To share a note on history, the very evolution of gangs as an anti-authority rebellion (Humphries, 1981) suggests that

such 'othering' is nothing new.

1.1. Research Epistemology

Implicit within otherness is subjectivity. With recognising existence outside of one's awareness, as is in othering, is to respect reality as existing discretely and independently to one's awareness. To prescribe to a positivist ontology would be to have awareness of the reality of the other, which is not the position of this research. Most simply due to the complexity of the phenomenon of SYV, and the consequential difficulties with defining, distinguishing and addressing its counterparts, we are resounded in this research to relativism, in that SYV is a socially constructed phenomenon that offers different realities to different people, positions and perspectives.

An epistemological position of social constructionism exposes the complexity of social beings and phenomena as dependent on their socio-cultural environment, challenging concepts of certain causality and singular objective truth (Burr, 2015). Reflective of such complexity of SYV phenomena is the conscious creation of our knowledge of such. Most simply, individuals involved in SYV seem to have been defined differently by different groups and institutions - indeed - by everyone but themselves. Such different definitions are entirely dependent on the contexts surrounding such, at not only an individual, micro- level, but also a meso- and macro-. Thus the very word 'gang' has become socially constructed, compounded by further social constructions of race, class, and those outlined above. In fact, young people explicitly denying and avoiding the use of the word gang suggests non-prescription (Hallsworth & Silverstone, 2009; Joseph & Gunter, 2011; Hallsworth & Young, 2008). Appropriate for this research, ontology and epistemology, anti-essentialism and anti-reductionism form the pillars of social constructionism, however, these seem to fade in gang discourse, most notably in the victim versus perpetrator narrative and othering that

permeates public discourse.

Grounding this research in such an epistemology is not only fitting to Counselling Psychology's philosophy and values (Cooper, 2009), that prioritise idiosyncrasy and subjectivity, but also to its social justice agenda (Cutts, 2013). No two individuals involved in SYV are the same, nor are their structures, features, environments or networks to which they belong (Klein & Maxson, 2006; Decker et al., 2013). It is imperative to consider not only the individual factors for young people joining or being exploited or recruited to join gangs, but also the meso- and macro-level factors that contribute to the very existence and maintenance of gangs and SYV, and in terms of social justice, carry a degree of responsibility. Essentially, there would be a very different understanding of SYV if it did not involve a multiplicity of contexts. Social constructionism relies on the reciprocal nature between phenomena both influencing, and being influenced by the context within which it exists.

It can be argued that in a culture of poverty where deprivation is seen as a fault of one's own deficiency (Lewis, 1966), young people involved in SYV are not 'a collective that becomes immediately pathological, but derive instead from the ecology of the world in which they live' (Hallsworth & Young, 2004, p.12). Recognising SYV as both cause and effect of social and political breakdown (HO, 2011), it seems young people involved in SYV have been labelled as the 'suitable enemy' by society (Christie, 2001). Questionably, having a UK government pointing at 'social and economic justifications' for SYV as 'excuses' (Davies, 2011) contributes to the subtle victim-blaming narrative that justifies the oppression of disadvantaged young people in society, deepening alienation and fuelling resentment that creates and maintains a vicious cycle.

Whilst current social policy ignores too often the micro-level and their contextual causes, (Decker, Melde & Pyrooz, 2013), solely challenging structures and

institutionalisation of social inequality would too be reductionist. There is a necessity also to consider the idiosyncrasy of each young person within their context, not only as young people involved in SYV are not habitually violent or socially disruptive, but as indeed, there are some young people within high-risk social contexts of violent neighbourhoods who do not join 'gangs' (Sharp et al., 2006) and vice versa (The Times, 2019). It is well established that adverse childhood experiences (ACEs) can have cumulative negative effects on health, behaviour and wellbeing for an individual, and links between these and association to SYV have been suggested (Gray, Smithson & Jump, 2021). It is also important to include vulnerabilities associated with grooming, recruitment and exploitation (Beckett et al., 2013) as risk factors that bridge these. This inextricable interplay between macro-level, meso- and individual factors in the phenomena of SYV determines social constructionism as not only the most appropriate epistemological position for its research, but perhaps provides the opportunity to begin unravelling and addressing the public health issue of SYV.

1.2. Terminology

The complexity of SYV and the epistemological position within which it sits means that a singular formal definition ceases to exist. UK literature, published in youth justice journals and social justice journals alike, rarely distinguish between SYV and 'gangs' (see special issue report Densley, Deuchar & Harding, 2020), which feels to be echoed by governmental strategies and reports. In an attempt to provide an understanding for the reader, several explanations of SYV will be described, which ultimately, suggests that all relate, are of relevance and should be encompassed, all whilst reinforcing the true complexity of such a phenomena and the non-assuming epistemological position of this research.

The UK Centre for Social Justice (CSJ, 2018, p.18), caveating their definition with an awareness that such are not solely responsible for SYV, suggest gangs to be:

'A relatively durable, predominantly streed-based group of young people who (1) see themselves (and are seen by others) as a discernible group, (2) engage in a range of criminal activity and violence, (3) identify with or lay claim over territory, (4) have some form of identifying structural feature (5) are in conflict with other, similar gangs'. A definition of SYV by the Home Office (2018) below, which emphasises discourses of criminality in a way that is different to that above, brings to the forefront 'county lines' movements as phenomena of notable concern.

They define SYV as *'organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other forms of 'deal line''*. Recalibrating the victim versus blame narrative, however, the HO do acknowledge the extent of childhood exploitation involved in this. Another perspective by which to understand the way SYV is being defined, is to turn to recent governmental strategies for ending the public health issue. The most recent governmental report (HO, 2018), offer the following points of address: tackling county lines and the misuse of drugs; early intervention and prevention; supporting communities and partnerships; and effective law enforcement and criminal justice response.

Thinking creatively, these priorities can be reformulated to suggest some salient factors of SYV, acknowledging that as a public health problem, it exists across multiple domains and across multiple levels. Perhaps we could say that the demand for illegal substances and the social glamorisation of supplying such requires deconstructing and addressing, as does the relative youth of people involved, and the longitudinal, detrimental effect of SYV that requires early intervention and prevention.

The report also acknowledges the extent of the problem across a number of sectors such as education, health, social services, housing, youth services and victim support services (HO, 2018). Clearly, collaborative, multidisciplinary and multi-agency action

that honours the communities directly involved or affected is required. Not only does such an approach respect the subjectivity and different perspectives and contexts of social constructionism, but it suggests that there are a number of risk factors and consequences of SYV that require systemic or multi-agency input, perhaps within the community, family or 'gang' itself.

The fourth point of the governmental strategy addresses the element of criminality. Literature linking child criminal exploitation, SYV and the UK drugs markets is in infancy (Ashton & Bussu, 2020). Perhaps mirroring the exponential growth of the public health problem, it is thus at times necessary in this research to borrow literature from young offender's populations. Acknowledging young people in such institutions represent a very different presentation to the free, albeit gang-associated young person, there are links to offending behaviour in current SYV research (Ashton & Bussu, 2020), and the current climate of UK youth offending institutions suggests SYV as rife within their populations (Doward, 2019).

In creating a working definition of SYV for this research, the phallocentrism of literature must be acknowledged. Perhaps indicative of the statement that 'males commit the majority of SYV' (HO, 2018, p.39), most of the literature is based upon the male experience of gang recruitment and association. Perhaps with its roots in constructs of patriarchal power and control, it will become apparent that such phallocentrism has been replicated in this research, where participants who offered their time were male, and went on to discuss specifically the male experience of SYV.

With this research inadvertently colluding with the exclusion of the feminist discourse in SYV, to respect the reality of the female specific experience would be to deny within its scope to appropriately share and discuss the dichotomy of sexual victimisation and abuse experienced by young girls associated with SYV (Beckett et al., 2013). For example, there are particular forms of harm that are considered specific

to females associated with the gang, where in fact, narratives exist outlining such as an association to the phenomenon only, as opposed to direct involvement with or in the gang. These are, in addition to the commoditisation of females for male status through rape and sexual violence, the experiences of domestic violence, where proximity to violence in the phenomenon creates a potential transference of conflict and violence in personal relationships; non-relational physical violence, where young women can be unintended targets caught up in intra-male violence; and exposure to other forms of illegal activity as a result of their associations with gangs or gang-involved men, holding drugs or weapons.

Indeed, these all encompass what serious youth violence is and means, but in order to most appropriately respect the victimisation of women in SYV would be to respect it as a topic too vast for inclusion within this research. Although the female experience will be referenced sporadically throughout this research, particularly in the discussion in relation to constructs of patriarchal power and control, what is researched is intentionally the male experience of SYV.

1.3. Theoretical Background

In order to most appropriately understand such complex phenomena, theories suggesting why such exists are of importance. Although much of the theory described below focuses on narratives of delinquency, research suggests positive correlations between self-reported gang membership and self-reported delinquency (Battin et al., 1998; Thornberry, 1998). Discussed below are those considered most relevant to the aims of the research, including interactional theory, attachment theory and identity theory, all posing theoretical explanations for the existence or risk of gang-association and serious youth violence. Reflecting the research epistemology of social constructionism, these are non-prescriptive and non-definitive, instead, offering potential theoretical underpinnings from which some understanding could be

hypothesised.

1.3.1. Interactional Theory

Interactional theory (Thornberry et al., 2003) describes gang-association as a product of distal and proximal variables. Historically considered in the context of delinquency, gang association had originally focussed on structural disadvantage (Cohen, 1955; Klein, 1996; Hagedorn, 1998) exacerbated by political discourse and ideologies of 'urban, lower-class, minority males' (Thornberry et al., 2003, p.82). Recognising social-psychological processes as absent, interactional theory considers a developmental, bidirectional and cumulative perspective of risk factors, focussing on relationships between society and social structure, peers and learning environment. Interactional theory builds upon Hirschi's social control theory (1969), that determines 'anti-social' behaviour as weak ties to social contracts, with social learning theory (Akers, 1977), suggesting such behaviour as an outcome of a social process by including what has been learned or observed.

Weakened social constraints over the conduct of an individual could derive from neighbourhood-level variables (e.g. disorganisation, concentrated disadvantage, poverty) or family-structural variables (e.g. parental education, family structure), indirectly creating a risk of gang association through the inhibition or attenuation of prosocial bonds (Howell & Egley, 2005). Indeed, well-researched as salient risk factors include a lack of parental supervision, involvement and discipline, and low family income (Alleyne and Wood, 2014), as well as factors relating to the perceived importance of education or commitment to school, such as learning disabilities (De Vito & De Vito, 2021), and school performance (Gover, 2002; McNulty and Bellair, 2003).

Such weakened social constraints or bonds could allow for the internalisation of 'anti-social' values and precocious behaviours, learned and experienced within the environment (Howell & Egley, 2005). Having family members who are gang-involved

(Alleyne and Wood, 2014), have a history of criminal activity (Del Carmen et al., 2009) or reside in an area with gang presence (O'Brien et al., 2013) are all well-recognised as risk factors for SYV.

1.3.2. Attachment Theory

From infancy, secure attachments are formed with a primary caregiver who provides a secure base in a nurturing sense of consistency and safety (Bowlby, 1988). Considered a fundamental theory of development, those who lack such a secure attachment and base may turn elsewhere (Ainsworth, 1989; Bowlby, 1988), suggesting that a gang could become such a 'surrogate' family, filling the void of the family of origin (Ruble and Turner, 2000). A gang can function similarly to a family system, offering protection, a source for affection and providing a sense of belonging and loyalty (Ruble and Turner, 2000). It is also supposed that a lack of strong family attachment can increase interest in SYV or crime more generally, since the child may care less about parent's opinions, discipline and punishment, or school performance (McNulty and Bellair, 2003). Indeed, De Vito (2020) identified themes relating to a lack of family consistency, and the gang as a replacement family, when interviewing adults formerly gang-associated.

1.3.3. Identity Theory

Identity seems to be of central importance within and amongst gang members (Cloward & Ohlin, 1969; Cohen, 1955), with numerous studies demonstrating the importance of identity in shaping the decision to join a gang, become more actively involved, and the desistance process (Bubolz & Simi, 2015; Goldman, Giles & Hogg, 2014; Hennigan and Spanovic, 2012, Stretesky and Pogrebin, 2007).

Social identity theory (Tajel and Turner, 1986) determines social identities as not only descriptive and prescriptive, but evaluative too. Thus it is supposed that social groups and their members are strongly motivated to adopt cognitive and behavioural

standards and strategies for achieving and maintaining in and out group comparisons and distinctions that favour one's own social group. Through these favourable comparisons, an individual is then able to secure their own self-concept. Recognising gang membership as a non-homogeneous experience (Sweeten, Pyrooz & Piquero, 2013), research has suggested that those individuals seeking gang identity could do so for reasons of group solidarity, opportunities for role models, and the search for status (Cohen, 1955).

The glamorisation of gang life in grooming and recruitment techniques, music, and films, may suggestively lead adolescents to aspire to gang membership too (Pinkey & Robinson-Edwards, 2018; Irwin-Rogers et al., 2018). Indeed, the value of status associated with identity is often enticing to those with low self-esteem (Donnellan et al., 2005; Alleyne & Wood, 2010; Dmitreiva et al., 2004), where fear of violent threats and acts may additionally bully young people into joining (Wood et al., 2009).

1.4. Conclusion

Setting the scene for this research, the introduction explains just how severe and complex the public health issue of SYV is, both from a factual and theoretical perspective. The introduction also illuminates how little is currently being achieved through current policy and practice in protecting the lives of children, and recognising how such a feat feels vast, it is more appropriate for the discipline, scope and the focus of this research to consider specifically young people's mental health as just one facet of the public health issue.

Chapter 2: Critical Literature Review

With the theoretical background for this research offering complex opportunities for understanding the aetiology of SYV, the focus herein is on mental health, not only as an individual push and pull factor influencing a young person's involvement with SYV, but also the ways in which it is affected. By the very nature of SYV involving a greater exposure to violence (Melde and Esbensen, 2013), which is related to mental health problems like anxiety and depression, as well as maladaptive affective processes such as emotional desensitisation (Kennedy and Ceballo, 2015; Kerig et al., 2016), it could be time for research to prioritise mental health as a public health approach to SYV, which is still, unfortunately, in its infancy.

2.1. SYV and Mental Health

SYV, that includes exposure to violence and the violent victimisation of those involved, has an impact on mental health (Frisby-Osman & Wood, 2020). Exposure and victimisation as facets of SYV are well documented in research comparing those youth involved or not in such (Taylor et al., 2007). Such exposure to violence has been associated with internalising and externalising symptoms, such as depression, anxiety, conduct disorders and increased aggression (Gorman-Smith and Tolan, 1998; Frisby-Osman & Wood, 2020). DeLisi et al. (2019) suggest that it is thus unsurprising that behavioural disorders such as conduct problems also arise within the phenomena of SYV, with others going as far as to locate antisocial personality disorders within such too (Mallion and Wood, 2018).

An alternative perspective to investigating the prevalence of mental health difficulties for those involved with SYV would be to turn to emotional correlates of gang-association. Some research considers how those involved in SYV engage in angry

rumination (i.e. repeatedly focusing on anger-provoking thoughts), associated with increased levels of displaced aggression (Vasquez et al., 2010). Self-conscious emotions such as guilt and remorse are also of relevance here (Wood and Dennard, 2017), particularly considering the role they can play in regret or distress about that which occurs within SYV (Tangney et al., 2014), and the way in which they can motivate individuals to modify adverse behaviour (Roos et al., 2014). Lack of guilt has also strongly been linked to both conduct problems and antisocial behaviour (Loeber and Farrington, 2000), as well as moral disengagement strategies, enabling young people involved in SYV to detach from non-gang moral standards or unethical decision-making (Ring and Kavussanu, 2018). Such moral disengagement strategies include displacement of responsibility to other gang members, higher orders or to victims themselves, and dehumanising victims (Alleyne and Wood., 2014; Niebieszczanski et al., 2015). Such strategies thus assuage the socially predicted guilt that such violent acts arouse in an individual (Bandura et al., 1996). Indeed, in a large UK study conducted by Wood & Frisby-Osman (2020), differences between young people involved in SYV and not appeared across measures of both rumination and moral disengagement. The study also showed that conduct problems, moral disengagement and rumination were the most important predictors of gang involvement.

Indeed complicating matters, it seems that poor mental health could also precede or predict SYV or gang-association, not only within the cumulative factors of ACEs (Raby & Jones, 2016; Boullier and Blair, 2018), but also in mediating or buffering youth's feelings of disillusionment, low self-esteem and perceived lack of opportunities (Watkins & Melde, 2016), suggesting those adolescents experiencing mental health difficulties may be drawn to SYV or be at higher risk of grooming or exploitation into such. Research by Watkins and Melde (2016) also suggest that youth who become involved with SYV already have higher levels of depression and suicide- related

behaviour. Some hypothesise that SYV may actively overturn feelings of depression (Madden et al., 2013), as a sense of status and respect become established (Pitts, 2007), along with friendship, safety (Whittaker et al., 2018) and financial security (Decker & Curry, 2000). Further, the creation of a new group identity, or 'family', may provide love, support and a sense of belonging (CSJ, 2009).

Regardless, there is no denying that young people involved with SYV are suffering with their mental health, with some suggesting the more deeply involved a young person is within SYV, the more severe their mental health difficulties (Wood et al., 2017). As much as suicidal behaviour may precede association with SYV, it is also positively correlated with time spent gang-associated (Madan et al., 2011). Perhaps it is in the severity of exposure to violence and violent victimisation that young people experience as both perpetrators and victims (Beresford and Wood, 2016), fearing retaliation and death constantly (O'Hara, 2020), that they are likely to experience post-traumatic stress (Petering, 2016), perpetration trauma (Kerig et al., 2016) and current and lifetime post-traumatic stress disorder (Kulkarni et al., 2011; Ford et al., 2018; Wood & Dennard, 2017).

2.2. Recommended Interventions

Whilst the Department of Health (Public Health England, 2015) recognises the dynamic role of mental health and trauma for GAYP, research on effective interventions for such difficulties is still largely absent (Madden et al., 2013). A cause for concern that there is a lack of government policy or guidance around best-practices, the closest at present comes from the recommendations from the National Institute of Health and Care Excellence (NICE, 2013) for conduct disorder, being Multisystemic Therapy (MST; Henggeler et al., 2009). Frequently employed within communities and young offending establishments to facilitate exit from gangs or SYV, MST intervenes from a violence and recidivism reduction perspective, not directly supporting mental

health or trauma symptoms.

Some non-experimental research designs have considered the effectiveness of MST as an intervention with young people who may be gang-associated (Boxer, 2011). These determined, however, that a failure to reach the immediate outcomes of MST was significantly related to the level of association to SYV of young participants, ultimately suggesting its ineffectiveness as an intervention for this population. When looking comparatively within the criminal justice system, it was further found that GAYP were more likely than others to not reach the outcome of MST (Boxer et al., 2015), that is to say, that short-term engagement with the intervention was compromised for those who were involved in SYV. For those who were engaged, a further study determined there to be no significant differences in long-term outcomes, in the prevalence or frequency of recidivism whether gang-associated or not (Boxer et al., 2017). Even considering these findings and their indication towards ineffectiveness of MST as an intervention for those involved in SYV, the outcomes were all targeted toward reduced recidivism, not mental health or trauma symptomatology. Although many studies suggest the success of MST as an intervention for reducing recidivism amongst non-gang associated young people (Baruch, Butler et al., 2007; Wells et al., 2010), none seem to consider mental health or trauma reduction as an outcome. Given this, it can be reasoned that knowledge appears to be lacking in how to most effectively support the mental health of young people involved in SYV.

2.3. Barriers to Supporting GAYP's Mental Health

In attempts to understand this, a reconsolidation of epistemology and theory can contextualise this absence of effective mental health interventions for GAYP to different levels of variables. Indeed, some argue that until the sociocultural conditions that exacerbate poor mental health and effects of trauma are challenged, cycles will be maintained in society (Walker et al., 2005). Where NICE guidelines (2013) are

beginning to recognise this, arguably not enough is being done to challenge the obstacles or barriers in supporting GAYP's mental health.

2.3.1. Accessibility and Appropriateness

Addressing macro-level barriers, young people at risk of offending, including GAYP, comprise a forgotten group, who only come to the attention of healthcare services 'at a point that does not offer the most appropriate treatment… for mental health problems' (CAMHS Review, 2008, p.21). This is possibly the effect of inappropriate service design, where strict timekeeping for appointments that GAYP 'invariably do not attend' (CSJ, 2012, p.43), geographical barriers such as neighbourhood territories (Kintrea et al., 2008) and a distrust of professionals (Oetzel & Scherer, 2003) exists. Cases closed after three missed appointments mean that accessibility for society's most marginalised is missing (CSJ, 2012, p.43). This is already a point of contention for other marginalised groups, such as rough sleepers, the travelling community and sex workers (Gill, 2013). Disappointingly, this also includes the 75 percent of vulnerable children referred by Youth Offending Teams to CAMHS who receive no mental health or trauma-focussed therapeutic intervention (CSJ, 2012, p.43).

Whilst the Home Office suggest close liaison between professionals at point of arrest and CAMHS 'to ensure suitable support… to address issues that have contributed to their coming into contact with YJS' (2011, p.6), the child is already at the point of criminalisation, where their mental health needs are secondary. The OCC (2011) acknowledges this, noting that because these needs and vulnerabilities are not prioritised, children come to define themselves in this way, reducing their 'ability and willingness to acknowledge that they need help' (p.12). Indeed, Fonagy and Higgit (2007) state that our understanding of cumulative risk means that we should be 'taking help to the child rather than expecting the child to seek help'. The Home Office (2011,

p.6), in response to this, suggests interventions to be placed within schools and A&E departments of hospitals, however, McMahon (2013) suggests that these still require active help-seeking, and may be more frequently used later, at points of crisis.

2.3.2. Help-Seeking Behaviour

Generally, adolescents are reluctant to engage with help-seeking behaviour for mental health needs (Rothi and Leavey, 2006), and when labelled as an 'undeserving client group' (CSJ, 2012, p.43), relational-level barriers are only exacerbated for GAYP (Barrett et al., 2006; Kurtz et al., 1998). Lemma (2010) suggests that for young people having experienced trauma, constructs of power and control may further contribute to this reluctance as an avoidance for exposing vulnerability. Supported by the social construct of hyper-masculinity for GAYP that contributes to a protective, 'collective identity' (Evans and Wallace, 2008), it can be argued that consideration for accessibility at an individual level has been ignored.

This disappointingly illustrates the existence of macro-level systems and micro-level behaviours that create barriers for appropriate and accessible mental health support for GAYP. Cycles are unashamedly failing these young people, and the extent to which this maintains oppression has to be questioned.

Strategies born out of desperation for help mean that communities are often taking matters into their own hands (Ratcliffe, 2018), potentially mirroring the 'anti-authority rebellion' that initiated gang creation historically (Humphries, 1981). By fostering relationships between GAYP and relatable adults, often who have lived experience of SYV themselves, numerous community charities and local authority organisations work to direct young people away from gang or SYV culture. Primarily comprising mentoring programmes, the UK Youth Justice Board have continuously invested large amounts of money in them (Medina, Ralphs & Aldrige, 2012). Such community-based programmes are designed to work to reduce risky behaviours and

indirectly improve mental and physical health (OCC, 2018). Although minimal formal research on process, content or effectiveness of these mentoring relationships for GYAP has been conducted in the UK (Bellis et al., 2012; OCC, 2018), the sheer number (MOPAC, 2018) and snowballing enrolment (Zlotowitz et al., 2016) indicates some extent of success.

2.4. Mentoring

In the non-gang world, mentoring relationships are often characterised by acceptance and support, and are orientated by predefined goals for change (Dallos & Comely-Ross, 2005). For young people, the intervention has been suggested as a positive driver for improvements with parental relationships (DuBois et al., 2002; Karcher, 2005; Rhodes et al., 2005), academic and vocational attainment (DuBois and Silverthorn, 2005; Erickson et al., 2009), as well as for creating constructive opportunities (Darling et al., 2002), reducing risk behaviour (Beier et al., 2000; Hurd and Zimmerman, 2010), and positively orienting towards the future (Karcher, 2008).

Lipsey (2009) conducted a meta-analysis of the effectiveness of various interventions for young offenders. Where 42% of the studies included a randomised comparison against a control group, standardised effect sizes found that mentoring was associated with a 21% reduction in recidivism. The focus on this as an outcome is representative of most research and contributes to the argument that interventions specifically targeting mental health outcomes may be missing. Of note, is that almost all of the studies included were from US research, that whilst valid, arguably represent a very different forensic and healthcare system, and therefore process, to the UK (Hazel, 2008).

The Children's Commissioner recently conducted a meta-analysis of over three hundred mentoring programmes for young people in the UK, that aim to address knife crime and youth violence (OCC, 2018), that which we could closely link to SYV.

Although only around 6% of the mentoring programmes mentioned mental health as an intervention outcome, a modest positive effect was found, with considerable variation both within and between programmes. This led to the conclusion that the value of mentoring for GAYP seemed to be, at best, mixed (Philip and Spratt, 2007). A disappointing finding, it may be appropriate to explore the outcomes more specifically in line with GAYP's needs, mentoring as a practice, and indeed, the associated processes.

2.4.1. And Their Mental Health

A misunderstanding of the cycles of trauma that exist for GAYP may explain the mixed effectiveness of mentoring interventions. Indeed, very few mentoring interventions are oriented solely towards supporting GAYP's mental health, the prevalent issue at the forefront of the public health issue (Madden et al., 2013).

Looking to non-gang youth and wider populations generally, Hurd and Zimmerman (2014) suggest mentoring may buffer against developmental risks that pave the way for depressive symptoms in young people. Where some studies have supported direct and indirect associations between mentoring and depression (Hurd & Zimmerman, 2010; Kogan & Brody, 2010), others fail to (DuBois and Silverthorn, 2005; Zimmerman et al., 2002). Whilst there is no denying the emotional support that mentoring can provide, the prioritisation of recidivism in much of the research for mentoring for those involved with SYV may reflect society's construction of those involved as perpetrators rather than victims, and of mental health very much as an indirect phenomenon. Indeed, where mentoring was initially designed as a more approachable and engaging alternative to authoritarian involvement of professionals (Home Affairs Select Committee, 2015), the relationships can also create a subtle implication that the 'problem' lies solely at the micro-level (DuBois et al., 2011).

2.4.2. As an Ethical Practice

As such, mentoring, aimed at governing 'problem' or 'troubled' individuals and families (Parr, 2012), may carry tacit moral judgements in the form of 'correct reparenting' (Lemma, 2010; Parr, 2016). Questioning dual relationships (Rhodes et al., 2006), a lack of standardisation and training for mentors (Rhodes et al., 2009), concepts of power (Albright et al., 2017) and arguments of directionality (Stokes, 2003) may emphasise the need to explore the intervention's mixed effectiveness.

Vulnerable young people are often mentored by unrelated and relatively untrained adults (Rhodes et al., 2009). Where mentors are typically recruited based on strong interpersonal skills rather than qualification or training (Parr, 2015), that is not to say they are unable to support a young person's emotional needs (Parr, 2016), however, recognition of how mentoring 'touch[es] on vulnerabilities in youth in ways that other, less personal youth programs do not' (Rhodes, 2002, p.58) is pertinent. Research also suggests that the termination of some mentoring relationships can be traumatic. This may be born from dual relationships of 'helper' and 'friend' (Dallos and Comley-Ross, 2005) and premature or unexpected terminations (Rhodes, 2002), which can be difficult for the young person (Herrera et al., 2013). Ultimately, this may foster feelings of abandonment and lead to potential traumatisation (Spencer et al., 2017). Indeed, associations between traumatic endings and declines in youth wellbeing seem to appear regardless of strength of relationship or how the ending was initiated (Britnet & Kraimer-Rickaby, 2005; Grossman & Rhodes, 2002; Herrera et al., 2011), even suggested to be associated with decreases in the young person's self-worth (Grossman & Rhodes, 2002).

While undeniably well-intentioned, mentoring is also representative of a hierarchical relationship, whereby the mentor is typically older and more experienced. Considering this, the construction of power is also to be carefully considered (Albright

et al., 2017). Rhodes (2011, p.2) identifies this as an opportunity for potential harm, where exploitation, heavy-handed persuasion, and inappropriate boundaries may occur in mentoring. Somewhat strongly, Parr (2016) argues that this permits mentoring to become a 'form of sugar-coated control and conditioning with a deeply moral dimension' (p.39).

Stokes (2003) originally conceptualised this within the context of Rogers' core conditions (1957) of a 'helping' relationship. He argues that mentors demonstrate 'conditional positive regard' in that there are clear objectives and directions for the relationship. Probing questions about dependence, perhaps it is also appropriate to question with whom the responsibility for change lies.

2.4.3. As a Process

A lack of empirical research makes defining the process of a mentoring relationship difficult (Philip, 2003; Rhodes et al., 2006), which may hinder understanding of its effectiveness as an intervention for GAYP. Ultimately, there is a conflict between conclusions from meta-analyses and mentoring's popularity within the community. This suggests that perhaps it is the role of the relationship itself within mentoring that resonates with young people and creates the opportunity for change, rather than any specific event or content of intervention to be found within it (Dallos & Comley-Ross, 2005).

2.5 The Therapeutic Relationship

A well-established concept in Counselling Psychology, often cited as the single most significant factor for positive outcome, is the therapeutic relationship (Castonbury & Beutler, 2005; Constantino et al., 2002; Wampold, 2000; Lambert & Ogles, 2004).

Having long been noted as the foundation for therapeutic work (e.g. Krupnick et al., 1996), it is moreso a process than intervention; characterised by leaving the client feeling heard and understood (Clarkson, 2003) and forms the quality and strength of a

collaborative and supportive working alliance (Hovarth & Bedi, 2002). Holding a modest but robust effect size across meta-analyses (Hovarth & Bedi, 2002; Martin et al., 2000), it can be said that individuals in therapeutic relationships recognise the positive bond as a considerable part of their outcome.

2.5.1. In Mentoring

Some have hypothesised the therapeutic relationship to be the central process in mentoring interventions too (Parr, 2016). Indeed, similar qualities are recognised to those which exist in counselling psychology, where the therapeutic relationship is fundamental. For example, good interpersonal and communication skills (White et al., 2008), empowerment and promotion of positive change (Spencer, 2006), being client or young-person led (Burnett & McNeill, 2005), and authenticity (Jordan, 2000), amongst others, are echoed across both.

Philip and Hendry (2000) found that young participants highly valued the nurturing and caring qualities of their mentoring relationships, decidedly valuing the process much higher than any specific content or technique. Further, they identified qualities such as honesty, acceptance, trust, and empathy as resonating in the context of a therapeutic relationship. Similarly, Llewelyn (1988) identified achievements of insight, reassurance, and psychological contact to exist in both. Therefore, it could be hypothesised that the therapeutic relationship so well-articulated and researched in counselling psychology is the same as that which underpins mentoring relationships.

2.5.2. For Mental Health

The therapeutic relationship is well recognised as an appropriate intervention for young people suffering from poor mental health (McLaughlin et al., 2013). Similar to the mentoring literature, some research suggests that the strength of the therapeutic relationship correlates to their success of outcome (Garcia & Weisz, 2002), although it seems ethical concerns emerging from them are few and far between. The existence of

governing bodies for the therapeutic relationship in counselling psychology promotes high standards of safe and effective practice, where dilemmas surrounding duality, endings and power are addressed and managed (BPS, 2021).

When appropriately accessible and engaging, the therapeutic relationship can form a successful mental health intervention for marginalised young people, with NICE guidelines and NHS evidence-based practices recommending 'talking therapies', where the therapeutic relationship is central, for many presentations, including conduct disorder, depression and PTSD as relevant to this research population (NICE, 2019). Perhaps unaware of the barriers to accessibility, talking therapy has also been mentioned in the context of GAYP's mental health (Public Health England, 2015). Yet again, this further implicates a lack of empirical research exploring mental health interventions for GAYP, this time in the context of the therapeutic relationship, that perhaps identifies a discrepancy between what is effective in theory versus in practice.

2.5.3. Mentoring versus Counselling Psychology

Whilst mentors are not necessarily trained in specific approaches for establishing therapeutic relationships, they are acknowledged to be contributing to the emotional wellbeing of vulnerable young people. However, there exists an effort to move mentoring away from a 'deficit' approach (Ferguson, 2003) and instead strive for best and well-informed ethical practice and standardisation (Parr, 2016). This is paramount for those involved with SYV at risk of poor mental health, and thus we have to question how the similarities in the foundations of a therapeutic relationship in mentoring and counselling psychology may help to inform effective intervention.

2.5.4. Attachment Theory

Attachment theory (Bowlby, 1973) may provide an understanding of how the therapeutic relationship seems to exist at the core of both mentoring and counselling psychology, particularly in the context of mental health intervention. Indeed, it theorises

the potential to marry the two. As a suggested tool for secure exploration of an individual's internal working model, strong attachment in a relationship may promote the space for positive change, reduced distress, and personal growth (Lillengren et al., 2015). Dallos and Comley-Ross (2005) qualitatively explored narratives of young participants who had previously fractured attachments, inconsistent parenting and a breakdown of relationships that created a legacy of distrust. The researchers found that participant's relationships with their mentors were indeed therapeutic, in that they were 'consistently positive and emotionally supportive' (p.381). This was an experience that remodelled their understanding of trust and was ultimately built from a secure and strong attachment. Furthermore, Lemma (2010), exploring the role of the mentor as a distinct attachment figure, found its simultaneous existence in a critically remodelled object of trust as 'a secure base for self-exploration' (p.418).

From this, it could be supported that the therapeutic relationship exists in both mentoring and counselling psychology, as it is within both that it appears through the lens of attachment theory. Although the theory is often equated by government policies to a prediction for 'problem behaviours' (Public Health England, 2015), it also provides an opportunity to theorise effective intervention for GAYP.

2.5.5. For Those Involved with SYV

Zlotowitz and colleagues (2016) organised youth-led focus groups to establish how best to create accessible and appropriate therapeutic relationships and interventions for GAYP. The participants, GAYP themselves, accessed a mentoring scheme through an associated charity where their mental health was prioritised as an intervention outcome. Pertinent factors from the research support the concept of the therapeutic relationship as paramount in mentoring for GAYP. This was understood through long-term and consistent relationships with adults 'who seem to genuinely care' (p.105), show non-judgment and are trustworthy. The research suggests that once these

conditions are met for some GAYP, they feel able to share emotional experiences in the hope to receive mental health support.

The research illustrated the need for flexible, opportunistic, and representative relationships. It suggested that by focussing on strengths and being very much young-person led, some holistic support can begin to address the current barriers to appropriate and accessible intervention (Zlotowitz et al., 2016; Bevington et al., 2012).

Where this study bridges the concepts of the therapeutic relationship, mentoring and mental health intervention for GAYP, it can be hypothesised that a solution for effective intervention lies within the therapeutic relationship itself. Where many agree that the therapeutic relationship constitutes the intervention within mentoring in the same way that it does within counselling psychology (Parr, 2016; Smith, 2001; Ruch, 2005), questions arise about the applicability of counselling psychology for GAYP. Indeed, the practice of a trauma-focussed, standardised, and governed intervention could be helpful.

2.6. An Identified Gap

A point of contention, however, is that vulnerable young people seem to actively reject counselling as an intervention. Cormack's qualitative research with young people who are homeless (2009) found that distrust in counsellors and a dislike for the process turned marginalised young people away. This was built from preconceptions of counselling from the media, constructs of stigmatisation, and boundaries that did not allow 'responsibility for them themselves' (p.74). She concluded that education around counselling was missing from informing intervention options for vulnerable young people, where trust and assurance of non-judgement and confidentiality were sought.

In fact, vulnerable young people seem to be more vocal in their preference for mentoring over counselling psychology. Lemma (2010) interviewed both mentors and young people who had experienced trauma at an associated children's project to explore

the perceived helpfulness of the mentoring process. Establishing an intimate and powerful relationship was considered fundamental for both groups of participants, along with the strength of attachment and working therapeutically with hope.

Indeed, young people 'rated [mentoring] as more helpful than psychotherapy or counselling' (p.420), which was elaborated through inaccessibility and a reluctance to be 'in the room with someone who was not active and responsive' (p.425). This illustrates seemingly sterile and impersonal experiences with counsellors that these young people predict experiencing. Comparative experiences for young people were not explored, however, neither contextualised away from the 'scheduled appointments' (p.425) that foster such inaccessibility. Lemma explained that young people engage positively with 'corridor or on the move therapy' with their mentors under the guise of a 'chat' whilst out for a walk or coffee, describing their lives as 'too chaotic and unpredictable to support formal psychotherapy that relies on meeting regularly at set times and intervals' (p.425). The study left unanswered, however, the question of how to make formal psychotherapy or counselling more approachable, accessible, and arguably enjoyable for these young people where there may be a need to. Indeed, matters of chaos and predictability present in many populations of high-risk youth, where psychotherapy is deemed in fact, effective (Okuzawa et al., 2014).

Lemma described how participants considered the therapeutic relationship of mentoring 'to be sufficient - even preferable for some - to the help received from psychotherapy' (p.425). Whilst not denying the validity of this, Lemma herself states that there may be discrepancies between what is perceived as helpful by the young person, compared to what is helpful as an intervention. It also questions young people's understanding of the therapeutic relationship in psychotherapy or counselling, where theory dictates their similarities. Perhaps a lack of understanding about the processes involved and accessibility matters of psychotherapy contributes to these preferences,

and this is something to be explored.

Parr (2016) has written to implore the importance of understanding the processes, as it continuously presents in society that mentors, often without any formal mental health qualifications, are the forerunners for effective therapeutic relationships with vulnerable young people, and indeed, are recognised as 'a lifeline' or 'a godsend' by their mentees (p.40). Lemma's study, however, does not specially consider any alternative for mentoring, that is to say, other interventions where the therapeutic relationship is academically informed and practised, or evidence-based, rather than intuitive. Some degree of bias may be in question here, as it transpires the children's project where recruitment was conducted was particularly keen in advocating their mentoring programme. Furthermore, Lemma's study may present less current research, and certainly is not specific to GAYP or those involved in SYV, who present their own vulnerabilities and contexts forthrightly.

2.7. The Research Question

A deeper understanding of the processes involved in the therapeutic relationship of mentoring may allow for training or supervision of mentors to create best, evidence-based and ethical practice. This could be understood comparatively, by considering other 'helping' roles where the therapeutic relationship forms an integral and intentional tool. Considering GAYP and those involved in SYV as a marginalised group very much in need of mental health support and intervention, the following research question is thus proposed:

How do gang-associated young people and the mentors working with them understand the concept of a therapeutic relationship?

Chapter 3: Methodology

To suggest an appropriate methodology and method for this research question, it is central to look at the opportunities that can be created for knowledge. Not only discussing this and explaining how the gap in the literature was addressed and explored, the reflexive way in which the researcher is woven throughout the methodology of this research will be discussed throughout this chapter.

3.1. Research Aims

Following from the discovered research question, the aim is to explore how the concept of a therapeutic relationship may be understood by gang-associated young people being mentored and the adults they have formed this relationship with.

Centred around how best to support the mental health needs outlined in the introduction, the objectives in achieving this are as follows:

- To explore how the concept of a 'therapeutic relationship' exists in mentoring;
- To explore how this concept is understood in mentoring compared to CoP; and
- To establish the perceived potential barriers to creating and maintaining a therapeutic relationship for gang-associated young people

It is hoped that in understanding with greater depth the meaning of the therapeutic relationship as it may or may not exist in mentoring relationships, it can be juxtaposed to the therapeutic relationship that can exist in counselling psychology. This hopes to draw out similarities, differences and opportunities for informing best practice in the mental health support and interventions for young gang-associated people, given young peoples' preference of one relational intervention over the other.

3.2. Qualitative Research

The aim of the research encompasses a wider objective of meaning making.

Reflecting an exploration for what may be unknown, and thus for meaning to be made, such requires qualitative methodology. Compared to the positivism of quantitative research, that values objective and absolute truth (Willig, 2017), qualitative research encourages the coexistence of many different truths (Denzin & Lincoln, 2011). This is particularly pertinent where there exists subjectivity in not only experiencing and processing, but also in communicating personal and social events and phenomena. Indeed, when referring to Counselling Psychology's philosophy and values that recognise the idiosyncrasy of each individual existing with uniqueness (Cooper, 2009), complex configurations of social, cultural, political, and linguistic contexts account for a non- reductionist multiplicity of truths, and thus, non-positivist perspective. Qualitative research, therefore, merits this in the epistemologies, ontologies and methods that allow for idiographic and specific, as opposed to nomothetic or positivist, explorations of phenomena.

Compared to quantitative research, qualitative research honours the role of the researcher within its methods too. Not only is idiosyncrasy reflective of the individual experiencing the phenomenon, but also dependent on the idiosyncrasy of the researcher, who comes with their own frame of reference from which to experience the communicated phenomenon from. Indeed, active attempts to 'bracket' what belongs to the researcher is a well-established practice in qualitative research (Willig, 2013) and has been implemented throughout this research.

3.3. Epistemological and Ontological Positioning

Delving deeper into the idiography and subjectivity of qualitative methodology, this research considers knowledge to be socially constructed. The absence of a singular description of this epistemology (Stam, 2001) only further emphasises idiography and subjectivity, honouring non-essentialism and non-reductionism in the multiplicity of existing truths. There are many different post-structuralist disciplines that influence this

epistemology, such as philosophy, sociology, and linguistics (Burr, 2015) that by the very nature of social constructionism, are influenced in return. Indeed, this epistemology considers knowledge to be both constructable and consequential in cyclical processes.

In offering an understanding of social constructionism, Gergen (1985; Burr, 2015) considers four key tenets that help embody this theory of knowledge.

Uncertainty about what may be known about the world and its individuals; Firstly, there exists a critical stance towards the certainty of what may be known about the world and its individuals. Opposing the positivism and empiricism of perceivable objectivity, social constructionism is instead from the perspective that each individual has their own constructed version of reality. Therefore, certainty ceases to exist, realism is questioned as a consequence, and what is left to celebrate is the entirely unique, affected, and affecting person. In some ways, this epistemology likens knowledge to one still snapshot of a scene, in that the only certain knowledge exists for those within it, in that moment, in their individual experience.

In this research, the very definitions of 'gangs' and 'serious youth violence' lack singular, objective truth as they are perceived and experienced entirely differently, not only by those directly associated, but also by wider social relations. For instance, in the way that one mother's, or one teacher's, or one policeman's conceptualisation of what a 'gang' means are all different. The realities are a product of what has been socially constructed and experienced for each of those individuals. In this way, we cannot even say that two gang members' experiences are the same. Arguably the only commonality between these realities is the malleability of this definition to be socially constructed through subtle contexts of power, race, class, and oppression (Hallsworth, 2013), all of which are historically and culturally specific socially constructed phenomena themselves.

Historical and cultural specificity; This tenet relates to the historical and cultural specificity of individual's realities existing in active entanglement with their contexts. As we recognise in Counselling Psychology and qualitative research more generally, individuals never exist within a vacuum, and indeed, are always affected by and affecting their contexts of reality. Our reality is constructed depending on what is around us. In this way, the reality of this research cannot be generalised to 'gangs' that exist in different geographies, even within the UK, and certainly not of past or future presentations. In conjunction with the first tenet, what is produced by this research can only be applied to the research participants themselves, in that moment, in that context. Although it could be argued that there is little merit in research that cannot be generalised to some degree, the way in which this epistemology offers generalisability is in the unassuming, open, and flexible nature with which it is delivered (Willig, 2013).

Knowledge sustained by social processes; The third tenet emphasises the role of social processes in constructing knowledge, and thus meaning, between the 'joint action' (Shotter, 1993) of two or more individuals interacting. Where individuals exist within their contexts, they also exist in relation to others (Shotter, 1989). This relational existence is what allows for the social communication and shaping of meaning, and thus the reciprocal construction of knowledge. Indeed, knowledge is not something that people do or do not have, but something that people create and enact together. With reference to both the aforementioned tenets, this creation is also dependent on relationships to wider social phenomena that is influential to the individual, for example, individuals existing in relation to their experience of the concept of gender, or within this, to masculinity or femininity. These phenomena are socially constructed themselves, to create different realities for different individuals, but indeed, are influential and influencing through the social processes at various macro, meso and micro levels. In a similar vein, dynamics of power are often highlighted in social

constructionism (MacAlpine and Marsh, 2005), that exist as an undertone to this research.

Responsible for these social processes in constructing knowledge is language. In providing the framework for meaning to be made is the language that individuals use with each other (Galbin, 2014). Arguably nothing can be created without it first being communicated. In social constructionism is the way in which language is both productive and reflective of reality (Edley, 2001; Berger and Luckmann, 1991). For example, we know of language that exists highly contextualised to certain groups, even evident in the language that some gang-associated young people may use with each other (Hallsworth & Young, 2008).

Knowledge and social action together; The last of Gergen's tenets relates to the way in which knowledge and social action are tied. The dynamics between power relations and language create ways in which individuals construct the world to sustain some patterns of social action and exclude others. The renegotiable nature of this presents commonly in behaviours that are permissible for different people to do, and how they may be treated for doing so (Burr, 2015).

Of relevance here is the victim versus perpetrator argument within the research, where the individualised reality of the phenomenon offers various different perspectives. Conceptualising young gang-associated people as victims of wider socially constructed phenomena, where perhaps reduced opportunities and certain adverse childhood experiences may have left few other outcomes, and thus may drive positive social action, could be compared to an argument driven by perpetrator-blame and exerted power and control. These realities, which of course are not binary, are a result of the way in which language and power interplay to construct individualised realities for individual people.

Having discussed these tenets of social constructionism, the emphasis on

contextualised and individualised subjectivity reflects a relativist ontology (Gergen, 1999; Hammersley, 1992). This contextualisation not only refers to the individual and their relationships, language, and experiences, but what exists around them as wider social phenomena, how that has been created, and how that creation in itself has been experienced. There is some containment within this relativism, however, as to subscribe to a wholly relativistic ontology could reflect a nonexistence of any boundaries to what exists in reality. As a society, perhaps there is a need for a degree of moral objectivity (Berger & Luckmann, 1966) as individuals attempt to navigate its construction and their relation to it. In fitting to this research, this moral objectivity may be reflective of some of the negative, violent, and destructive behaviours that are often socially associated with gangs.

3.4. Method

Within social constructionism there is an opportunity to engage with a method of critical discourse analysis (CDA, Parker, 1992). CDA's transdisciplinary application is more suggestive of a theory rather than method (Fairclough, 2001), allowing for the interpretation of language and discourse, or semiosis (referring to not only discourse but body language and visual language), within broader interpretations of social processes. This emphasis on social processes means that CDA can be described as a relational and dialectical method of analysis. Of course, these same descriptors are evident in the social constructionist epistemology to which it belongs. The epistemology suggests the way in which meaning is created relationally is through discourse, where of course, social processes are dialectically related (Harvey, 1996) in return. Indeed, the cyclical role of discourse is equally emphasised in the method; discourse is shaped and constrained by social structure and culture, which shapes and constrains our identities, relationships and systems of knowledge and beliefs. These in return shape and constrain our discourse as we relate to our social processes (Locke,

2004). Fairclough (2001) states that semiosis is an irreducible part of these social processes, being the complex configurations of social, cultural, historical, political, and economic contexts, each of which as a practice has their own semiotic element.

As much as CDA is born from its epistemology, there is a stronger emphasis on deconstructing power within this method (as compared to others) that aims to 'make the implicit explicit' (Wodak, 2014), specifically the implicit relationships between discourse, power, and ideology. Thus, in this method, meanings are challenged in the context of these constructs. Blommaert and Bulcaen (2000) describe discourse as an 'opaque power object' in social practices, where CDA aims to increase visibility and transparency. In this way, CDA is primarily interested in the latent type of everyday beliefs, frequently appearing disguised as conceptual metaphors and analogies (Lakoff and Johnson, 1980). With CDA, where dominant ideologies may seem 'neutral', they become hegemonized (Gramsci, 1971), and this is where the social consequences of discourse may create ideological effects that help to produce and reproduce unequal power relations between groups (Fairclough & Wodak, 1997).

Critical issues of power and justice contribute to the ways in which the economy, race, class, gender, and other social constructs exist, all of which are foundational to this research. Although other methods of analysis can be considered relevant for answering this research question (which will be discussed below), CDA, for its emphasis on relational discourse and power, and the way in which these can create cultural changes in society (Wodak, 2014), appears to be the most appropriate method of interpretation for this research question.

The interpretation in CDA values the interplay between micro, meso and macro-levels of phenomena in order to actively engage with and confront these ideologies. The micro-level interpretation explores the specific linguistic features and organisation of discourse by considering the patterns in vocabulary, grammar, cohesion, and text

structure (Fairclough, 1992). The meso-level, or 'level of discursive practice' (Fairclough, 2013, p.160), involves studying how this discourse is produced, distributed, and consumed relationally in society. In this research, this presents the way in which the discourse may differ between participant groups, for instance, those involved with gang association, and those in helping professions with individuals who are gang associated. Indeed, these may offer different perspectives of power. The macro-level considers 'discourse as a social practice' (Fairclough, 2013) in interpreting how it may contribute to ideology and hegemony. Across these three levels, CDA enables a social action driven exploration of the phenomena, that holistically explores how an individual experiences their reality when highly contextualised by sociological constructs (Knorr-Cetina & Cicourel, 2014).

Although some have argued that the inclusion of analysis across the meso- and macro-level compromises the validity of CDA as it disregards the minute detail of discourse (Schlegoff, 1997), the method works to empower and uncover the hidden and dominant discourses that maintain the marginalisation of certain groups. Indeed, the priority of this merits this method, compared to others such as discourse analysis (Sims-Schouten, Riley & Willig, 2007) that does not focus on understanding, exposing, and resisting social inequality to the same extent (Burr, 2015). For example, the aforementioned dual victim versus perpetrator discourse that exists for gang-associated young people is well suited to CDA, as it allows an interpretation for how this discourse may be distributed in society, by whom, and for what purpose. Additionally, few effective therapeutic interventions for gang-associated youth have been established (Madden et al., 2013), the opportunity to explore this as a potentially unacknowledged phenomenon arises within CDA. In this way, this method also encompasses the social justice agenda of this research, and in CoP more generally, as it seeks to confront and determine the certainty of constructs that contribute to injustice and oppression.

As has already been mentioned, there were alternative methods of analysis that could have offered different perspectives when answering the research question. For instance, a phenomenological method of analysis, interpretive phenomenological analysis (IPA; Smith, Flowers & Larkin, 2009) could have offered a more detailed and in-depth interpretation of each participant's idiosyncratic experience of the therapeutic relationship, aiming to access knowledge through the interpretation of participants' direct lived experience. However, with the researcher so far removed from any direct lived experience, the duty to 'reflexively engage' with the impact, biases and assumptions of being involved with the phenomena as a researcher, in order to interpret the data appropriately (Stainton-Rogers, 2011), may have been jaded by having very little non-theoretically informed understanding of the phenomena. Thus, although meriting the interpretation of a phenomenon forthrightly would have made IPA an appropriate method, the contextualisation of critiquing such descriptions of phenomena, as is done with CDA, would have been absent.

3.5. Participants and Recruitment

Participants were recruited for this research through purposeful sampling. Twenty-two key charities and organisations in the local area offering mentoring for young gang- associated people, or those young people involved with or at risk of serious youth violence, identified through iterations of the search terms [London + SYV + gangs + youth violence + charity + mentoring + youth work] on Google, were contacted via email (appendix A). Two organisational and two individual contacts already established within the researcher's professional networks were also contacted. Three of the local charities contacted, yielding 12 potential participants, and all of the contacts already established within the researcher's professional networks, yielding 5 potential participants, responded with a registered interest in participation, and they were provided with further information about the research (appendix B). From

these, seven individual participants were screened as per the inclusion and exclusion criteria (appendix C), and the six eligible for participation, offered their informed consent (appendix D). Researcher reflections on the process of recruitment, offering further detail as to the differences between numbers of those with interest in participation, versus those actually engaged in participation, can be found in Chapter 6.

The below demographics (table 1) refer to the six research participants. All participants, at the time of recruitment, were working or volunteering in some mentoring capacity with young gang-associated people. These individuals were organised by whether they had any lived experience of gang-association or serious youth violence themselves in their childhood or adolescence. Although categorised in this way, all participants were proximate to phenomena of SYV.

Within the inclusion and exclusion criteria, such lived experience was stipulated as having been during the ages of 12 and 18 years old, which is representative of a systematic review of mentoring programmes in the UK (OCC, 2018), finding that the majority, 73% and 71%, targeted young people between the ages of 12-15 years old and 16-18 years old respectively.

In line with epistemological positioning, definition of lived experience of gang-association was not included, and was encouraged to be per participants own definition. However, to ensure relative distance and protection, participants had to self-identify as a minimum of two years and a maximum of ten years post association.

Gender also appeared in the inclusion or exclusion criteria for those with lived experience, to ensure the significance of experienced sexual victimisation amongst female gang-associated young people (Beckett et al., 2013) was not reduced within the scope of this research. Interestingly, although gender was not included for those without lived experience, all participants were male. The researcher's reflections on this occurrence can be found in chapter 6.

For all participants, whether with lived experience or not, length of time having experienced a mentoring relationship was required as a minimum of six months, which had the aim of either being supported with themselves in youth, or currently supporting a young person with, prevention or facilitating exit from gang-association, whether successful or not. This was with the hope of reflecting relationship depth from its length.

Table 1. Demographic Details of the Research Participants

Pseudonym	Ethnicity	Gender	Mentoring Capacity	Gang-Association
Michael	Black British	Male	Community Charity	With lived experience
Sam	Black British	Male	Community Charity	With lived experience
Jason	Mixed Race British	Male	Youth Services	Without
Luke	White British	Male	PRU	Without
Reece	Black British	Male	YOT	Without
Theo	Mixed Race British	Male	Youth Services	With lived experience

3.6. Data Collection

The research epistemology and methodology lent itself to semi-structured interviewing as a means of collecting rich and in-depth data. Offering open-ended questions and follow-up prompts (appendix E) empowered participants to create their

own discourse, as they were designed to be as value-free and non-directive as possible whilst still attending to the topic and themes to be explored. There was also a personal preference for this more conversational style of interview, allowing dialogue to organically flow, perhaps subconsciously driven by a fear of directing the creation of knowledge as etic. I also noticed how emotionally-driven and personal much of the participant dialogue was, and wanted to honour their voices being heard without the power dynamics of directing discourse. Separating the psychologist and researcher within me was challenging, and often required gentle redirection and explicit time management practice. There was a disadvantage to this style of interviewing, however, where the collation of data was far more complex to analyse than had interviews followed a more formal question-and-answer structure. Another alternative could have been to hold focus groups, encouraging more obvious collaborative meaning making (Wilkinson, 2008), however, the respect for participant confidentiality and safety, a more pertinent consideration for this research population group than others, was prioritised.

Four of the participants requested to meet face-to-face for their interviews (following Government Covid-safe protocols at the time), with the remainder via an online video platform. The interviews lasted between 60-90 minutes, and were audio recorded for accurate transcription. One of the online interviews, the participant chose complete anonymity, hiding his name and video. I noticed how this changed my presence as researcher, subconsciously surfacing a more directive role. Perhaps this was due to perceived apprehension or anxiety, noting their dialogue structure too. Interestingly, I felt also more rushed for time, and more thankful for his contribution, confusing his preference for anonymity with more of a duty to participate, rather than choice. With all of the participant interviews, this sense of duty was transferentially experienced. Many participants voiced desperation for change, and I felt a degree of

responsibility for advocating such, in exchange for hearing their voices.

3.7. Ethical Considerations

The research adhered to the ethical guidelines for research stipulated by both the British Psychological Society (BPS, 2021) and London Metropolitan University (2021).

The inherent disclosure of confidential and private information involved in the recruitment and data collection stages of this research meant that consent as a process, rather than a singular objective, was honoured. Informed consent (appendix F) was formalised through a confidentiality agreement that included the right to withdraw and outlined the storage of anonymised data in line with GDPR. Those who attended interviews face-to-face had been included in Covid contingency plans that reflected Government legal requirements at the time. Participants were reminded of the confidentiality agreement during their debrief following the interview (appendix G), additionally ensuring there had been no adverse effects from participation.

Acknowledging social associations to illegal activity for this population group exist (Hallsworth & Young, 2004; 2008), precautions were placed to manage the risk of disclosure of such arising. Not only were these precautions curated through the research aims and interview schedule far from any objective for such disclosure, but participants were reminded at several stages of the researcher's legal obligations should such occur.

Given the prevalence of undiagnosed or untreated PTSD, depression and anxiety associated with this population group, all participants were provided with a mental health risk assessment so as to avoid recruiting vulnerable participants or those at risk of retraumatisation. This was in the form of completing a GAD7 (Williams, 2014) and PHQ9 (Kroenke, Spitzer & Williams, 2001) assessment. Those for whom participation may have been inappropriate were sensitively informed, debriefed and

signposted (appendix H).

3.8. Data Interpretation

The interpretation of the data mirrored more so an experiential process, rather than anything prescriptive or replicable, loosely following the guidance of Parker's discourse analysis (1992). The steps taken, which are discussed below, mirrored a reflexive dialog between the researcher, the participants or research 'material', and the research question.

Basing the 'therapeutic relationship' as the discursive object of the text material, a process of reading and re-reading the transcripts offered such a closeness that discourses could be slowly surfaced or uncovered. Indeed, it seemed as though every sentence of every transcript was oriented around the discursive object, and by following a 'pragmatic rather than analytic' (Potter & Wetherell, 1987, p.167) approach to coding, interpretations of the data offered opportunities to collate similarities, differences and contraindications, which were in turn routinely interpreted and reflected upon. With this forming the next 'step' of the interpretation process, the discursive references relating to the therapeutic relationship were organised. The organisation of these into 'building blocks' (Edley, 2001, p.198), allowed for interpretive repertoires to become uncovered. These consisted of 'discursive devices' (Goodman, 2017, p.143), each with their own discourses, sub-discourses and subject positions. These were categorised, built, constructed, and deconstructed as new themes emerged throughout the data interpretation. This formed a repeated part of the process, continuously combining, removing, and building parts of the discourse together. The aim was to explore how meaning was being created throughout this process, and how the interpretation of the various discourses were contributing to the process. The last steps of the process explored how the discourses were closely connected to institutions, power, and ideology. Indicative of an appropriate method when considering its critical lens and

awareness of power dynamics, a step-by-step summary of the process of the data interpretation can be found in appendix I.

3.9. Researcher's Relationship with The Epistemology and Method

The chosen epistemological and ontological positioning fits appropriately not only with this research, but also with researcher, as an invariable part of the process (Willig, 2001), and personally and professionally, as the individual and developing counselling psychologist that I am. As someone who has always invested in activism and social justice, it perhaps is by no surprise that I have been drawn to find a gap in the research that centres around challenging how oppression and injustice is constructed and maintained within society, with the epistemological position to match. Not only fitting comfortably with the philosophy and values of counselling psychology as a discipline, but also with the social justice agenda within it, this goes beyond an awareness of how such complex contextual configurations surrounding an individual are influencing and influenced in return, but also actively challenges the ways in which they may contribute to and maintain oppression (Vera & Speight, 2003). The more critical realist positioning in counselling psychology is one that I have challenged in my traineeship, where I have found the very subtle, but still idiosyncratically respectful, nuances that suggest 'right or wrong' ways of thinking that accompany slight power imbalances (Proctor, 2008) as a deficit-focused or solution-based orientation in counselling psychology one difficult to ally with. I personally prefer theories of knowledge that take an entirely open and unassuming stance for the continuously changing reality of others. Such an epistemological and ontological positioning fits the way in which I choose to view the world, the responsibility I assume to wider society in contributing to oppression and injustice, and my motivations and aspirations as a counselling psychologist. Based upon this, I was particularly drawn to CDA as a method for its consideration of 'emic versus etic', or more specifically to this research,

those who have knowledge of direct or lived experiences of SYV; the participants, versus those who do not; the researcher. By honouring the meso-level factors in how communication will be experienced by both participants and researchers with regard to this, there is space for this in such a method of analysis. Not only fitting with the epistemological and ontological positioning, but CDA allows the utmost respect for a reality which can never be entirely and truly understood by another.

As a consequence of the epistemology and ontology of both research topic and researcher, a careful consideration of power dynamics in the process of interpreting the data was required. I certainly felt very conscious of such, at every stage between participant recruitment and data interpretation. I was perhaps self-conscious, aware of the inherent power associated with doctoral level research, and the unconscious biases and assumptions that people may not only have about me as researcher, but questioning the purpose or intention of the research. I certainly did not want to replicate those structures and systems in society that frequently work from a top-down, hierarchical, prescriptive approach, a fear which was realised when one participant shared his disappointment with professionals paying for their relational skills and entitlement to work with GAYP through expensive and inaccessible degrees and qualifications. I attempted to 'bracket' these fears and reservations, however, trying to revise my role as researcher as simply sharing the voice of those who are unheard. This proved difficult during the early stages of data analysis, where a new fear in missing any such voice complicated the process of succinctly collating the most present interpretive repertoires and discourses. I also wrongly feared that 'not enough' would emerge from the data, minimising its potential impact and evocation. Reflecting on the motivations of not only this research, but my training more generally, allowed me to refocus on allowing the data to have its own voice, reprioritising the epistemological and ontological values and theories of knowledge.

Chapter 4: Results and Interpretation

Interpreting the interview transcripts as data, discourses were identified at the macro-level that contribute to the ideological and hegemonic constructs of the phenomena of mental health support within SYV. These were the mental health discourse, the accessibility discourse, and the lived experience discourse. Within these discourses, participants used interpretive repertoires to answer the research question, how gang-associated young people and the mentors working with them understand the concept of a therapeutic relationship. These interpretive repertoires were; that the therapeutic relationship experienced between GAYP and their mentors supports their mental health; that the accessibility of such therapeutic relationships needs to be better; that the relevance of lived experience in the therapeutic relationship is important; and that it is not, all of which are outlined in table 2.

Contributing to the formation of these interpretive repertoires within these discourses were participants' subject positions, and corresponding ideological dilemmas. For the mental health and accessibility discourses, participant interviews all suggested one subject position on the matter; that poor mental health is prevalent, and that current accessibility of mental health support falls short accordingly. For the lived experience discourse, participant interviews suggested two subject positions, with those participants with lived experience forming an interpretive repertoire that merits the therapeutic relationship remaining within those with lived experience, and those without creating an interpretive repertoire that valued how a therapeutic relationship can be offered by anyone. These differing positions offered an ideological dilemma in itself that, reflecting a nuance in the research question, will be described in this chapter and discussed in the next.

In this chapter are relevant quotes that demonstrate how such meaning was made. In line with CDA, the quotes include a minute and micro-level of discursive detail, with pauses in speech conveyed by the use of (.), and omissions in favour of keeping the quotes concise and relevant through [...]. The underlining of certain words demonstrate a change of tone in the speech, or annunciation or emphasis.

Table 2.

Identified Discourses, Sub-Discourses and Interpretive Repertoires

4.1. The Mental Health Discourse: *'a thousand per cent it's a problem' - Jason, 344* Subject Position: Poor mental health is prevalent in this population Ideological Dilemma: There is resistance within the population to bring the public mental health discourse to the forefront	
Interpretive Repertoire: The therapeutic relationship experienced between GAYP and their mentors can support their mental health	**5.1.1. Sub-Discourse:** Population-specific language
	5.1.2. Sub-Discourse: Consideration for context

4.2. The Accessibility Discourse: *'...it's so great that those conversations are happening in those therapeutic relationships that are trusted and open and honest...but then it's almost like that's almost where the conversation then stops...it's almost like that chain of communication or escalation needs to keep going I think' - Theo, 734-740*

Subject Position: The mental health support that currently exists falls short, or is considered not enough

Ideological Dilemma: Accessibility barriers mean that GAYP rely on alternative forms and routes of support away from formal, clinical mental healthcare

Interpretive Repertoire: The accessibility of therapeutic relationships for supporting GAYP's mental health needs to be better	**5.2.1. Sub-Discourse:** Constructed inaccessibility
	5.2.2. Sub-Discourse: Adaptation

4.3. The Lived Experience Discourse: *'...there's an insider way of understanding things and people on the outside don't know...' - Sam, 256-257*

Subject Position: The relevance of lived experience contributes to a debate about who can offer a therapeutic relationship for GAYP

Ideological Dilemma: Only those with lived experience are able to offer an appropriate therapeutic relationship, versus, even those without lived experience can offer one

Interpretive Repertoire: It is important that the therapeutic support is kept within the people with lived experience	**5.3.1. Sub-Discourse:** Keeping it within
	5.3.2. Sub-Discourse: Overcoming barriers
	5.3.3. Sub-Discourse: Systematic 'fit'
	5.3.4. Sub-Discourse: 'Deservedness' of help
Interpretive Repertoire: Anyone with therapeutic training can support GAYP's mental health	**5.3.5. Sub-Discourse:** Values and qualities
	5.3.6. Sub-Discourse: Effective relationships

4.1. The Mental Health Discourse

Participants were unanimous in their subject position when creating this discourse, in that mental health needs are prevalent in this population, and that therapeutic relationships with mentors offer GAYP the opportunity to be supported with these needs. Participants spoke, however, of the discourse as population-specific, not only in language, but its consideration to the contexts of culture, history, politics and society. This contributed to the ideological dilemma of this discourse, that there is resistance towards public discourses of mental health, in favour of population-specific discourses.

4.1.1. Population-Specific Language

This sub-discourse suggested that the strength of the therapeutic relationship experienced between GAYP and their mentors resulted from a mutual understanding within the population about the construction and meaning of language, seemingly created from unspoken rules within the population for how mental health is spoken about in ways that are non-clinical and non-direct. An illustrative quote from Michael describes how they 'just know' about how to use such specific and special language within the population, that allows for effective mental health support.

> *'Hahah ohhh so that's a <u>tricky</u> one (laughter) ok ok so so, <u>look</u>, we are talking about these things yeah, but we just don't do it in the same way that <u>you</u> lot do (laughter) [...] <u>well</u> what I mean is, we don't say 'oh NAME you're looking a bit depressed today, what's going on at home or what's happening in your life?' (laughter), coz we <u>just don't</u> you get what I mean, I guess coz we know though ennit (.) we know that we can see that behind the smiles and the joking about is sadness and stress but we just don't talk about it like that you get what I mean? [...] hmm well you know we <u>do</u> talk about it, but we just don't use <u>those</u> words like we don't say depressed or anxious we just ask what's going on and they talk and we listen and sometimes we talk about what we went through and then that's it there's your therapy done (laughter)' - 67-76*

Mirroring the efforts to differentiate the language within this discourse for GAYP, by way of it being population-specific, were suggestions of right or wrong ways of using language. Indeed, it could be that incongruous use of language, that which does not prescribe to the specificity, speciality, or the unspoken rules, would be met with resistance, rejection or denial, as also illustrated by the below quote from Sam. The use of laughter within both of these quotes echoed this too, suggesting incomprehensibility

for that which exists outside of the population.

> *'Yeah so um (.) and even with kids, when you say <u>mental health</u> their-*
>
> *their first thing it sort of, their first reaction they think of a <u>madness</u> (.)*
>
> *so when you use the terminology, you should understand that-that it*
>
> *should be a lot different with kids, it's just sort of (.) you've got to*
>
> *dumb it down <u>it's not mental health but it's</u> like (.) if you say 'have you*
>
> *got a problem?', they'll be more reciprocated to ask-start like <u>letting</u>*
>
> *<u>out</u> what problems they've got going on, 'have you got mental health?'*
>
> *(laughter) they'll start to look at you like (.) it's alright there's-there's*
>
> *nothing wrong with trying to help it's just gotta be in <u>the right way and</u>*
>
> *<u>right language</u> (.) it's the terminology it's the terminology you can't*
>
> *use the same terminology as adults as in with kids [...] mental health*
>
> *isn't something they'll understand' - 165-173*

Indeed, participants echoed denial of direct or clinical mental health language, not only in use, but in how such would be received by young people. The quote below from Luke also suggests conviction with this denial, that one could 'get cheffed' (slang language for stabbed) for such. This quote also suggests some emotional distance, or even dissonance, between that which is being experienced, and that which is being spoken about.

> *'Well <u>yeah</u>, you know, no youth has mental health problems (laughter)*
>
> *yeah that's not the language, it's not even ever that <u>direct</u>, you know,*
>
> *half the time it's not any of the emotion that goes on, <u>like</u> imagining a*
>
> *youth telling you about something that's happened, yeah, you'll get <u>all</u>*
>
> *the details, you won't have a clue how he's feeling about it, coz yeah*
>
> *that just doesn't get discussed, and you'll get cheffed if you ask 'and*
>
> *so how are you feeling about that?' (laughter), yeah (.) but you know*

(.) there's no denying, yeah, no denying that this stuff is having an

impact on their mental health, that <u>whole</u> thing about men not

showing weakness or emotion needs to change' - 470-476

While affirming the prevalence of poor mental health in this population, this quote simultaneously introduces the concept of contextualisation to that which is specific within the population, for example, the construct of hyper-masculinity, which in this quote, Luke suggests as a much wider influence on the use of language in this discourse through the enunciation of the word 'whole'. It is perhaps this careful consideration for context which contributes to the resistance, rejection or denial of direct or clinical language.

4.1.2. Consideration for Context

This sub-discourse highlights such consideration for context, with all participants of the same subject position weighting its importance. Whilst some spoke of how context creates the discourse of mental health, and the stigmatisation of external discourses as a consequence, others spoke of how such stigmatisation is generationally and contextually maintained. Interestingly, this contributed to the mental health discourse within this population as having its own cultural context forthrightly, cyclically constructing its meaning and providing rationale for resistance, rejection and denial of discourse that does not fit the culture. From herein, the 'culture of the gang' will be the terminology used to describe this identification.

'Yeah, yeah I don't feel like it's been part of our it's not part of when you

grow up in a certain it's not part, you don't hear your mum in in a lot of

households in in, in the <u>hood</u> or wherever or whatever you wanna call it

you don't hear 'oh yeah mum went <u>counselling</u>' or whatever and auntie

'Brenda' or whatever its just people don't really talk about it it's not

really something that's I don't know its its just not one of the ways we

we've we were known to deal with problems and then all of a <u>sudden</u> I've just gotta go talk to this person that I don't know and <u>in my household</u> I've been taught not to trust you lot and now I'm <u>just sitting there and I'm supposed to tell you all of my vulnerable feelings</u> and stuff like that ye-yeah the whole no snitching thing is weird as well because it's almost like don't talk like you're supposed to like guard your feelings and the people who are the idols for these communities like the rappers and stuff you always hear them talking about not talking about their feelings and and how <u>weak</u> it may be to talk about your feelings and stuff like that yeah and like it's a very male thing for sure and there's a lot of barriers to not only like understanding their own mental health there's nothing wrong with me you know, <u>witnessing God knows what</u> hasn't had an effect on me and <u>I'm kinda thinking</u> 'are you sure about that coz you've just seen some whatever' but then also in getting the help for it as well' - 329-343

When asked why mental health is not spoken about in the population, Jason, quoted above, refers to collectivism through the repetitive use of the pronoun 'we'. Paraphrasing, the public discourse of mental health does not seem to exist 'in the hood', or 'whatever [we, on the outside] want to call it'. This creates a separation between public and population-specific discourses, and strengthens 'the culture of the gang', as well as collectivising those outside of 'the culture of the gang', through the frequent terminology of 'you lot'. In this, Jason implicitly suggests power dynamics throughout, and more explicitly when speaking of 'no snitching' as crossing the boundaries of such.

Contextual consideration also seems to make it difficult to access the public discourse without resistance or conflict, for example, young people 'supposed to tell [us] all', contradicting that which is ingrained in 'the culture of the gang', when being

'taught not to trust [us] lot'. This then seems to be maintained by context too, through modelling and media, as well as wider contextual matters of gender roles and norms. Using many words that refer to keeping things within 'the culture of the gang', is a suggestion that this culture itself sits within a wider intersectional and systemic lens of racism, oppression, and prejudice.

In the quote below, Theo directly names 'the culture of the gang', and how the public discourse of mental health is denied or 'rejected or mocked'. Theo echoes the unspoken intergenerational rules of 'the culture of the gang', that enables it to be its own entity, as well as sitting within its own systemic context. In 'trying to change a system that has been set up to let people suffer', collectivism and 'the culture of the gang' becomes politically and emotionally charged.

> *'...there's almost this <u>constant message</u> to young people that they <u>can't</u> show weakness or vulnerability, and that I think because all the gang stuff has been going on for <u>god knows how long</u>, it's almost like accumulative (.) like 'ancestors have dealt with everything without the need for counselling, and so you should be able to too' (laughter) people were still struggling with their mental health <u>of course</u>, but guess we just didn't know to call it that, but I think what I'm trying to say is that the problem is slipping away from us, snowballing I guess, because <u>it's the culture</u> to make yourself believe <u>you have to get on with it</u> without any mental health struggles (.) in the same way that the culture can very quickly change to talk about mental health more or whatever, it just takes <u>one person</u> to speak up and for that not to get <u>rejected or mocked</u>, and then that new school of thought snowballs, so yeah, trying but like I said <u>a slow slow dance</u> trying to change a system that has been set up to let people suffer' - 775-786*

Such emotional charge is reiterated in the quote below from Luke, who questions 'how far back the change' needs to go when describing how well established and maintained 'the culture of the gang' has become.

> *'...I mean, maybe it starts with changing the whole weak versus strong argument, you know, what <u>makes</u> a man, what makes <u>vulnerability</u> okay, talking about feelings accepting that <u>you have feelings to even get hurt</u> yeah (.) but you know that's a big thing, yeah, because how far <u>back</u> does the change need to go? Yeah, we know these youth haven't ended up here <u>randomly</u>, yeah, and we also know that the <u>people in power know that,</u> yeah, and still want to do nothing about it (.) yeah, so, I mean (throws hands up), (laughter) yeah, I mean I guess we just start making those, those <u>individual small </u>changes, encouraging people to talk up to listen to hear each other out (.) and also teaching people that its ok to need more support than what you currently think you deserve (.) or what your position in society dictates as you deserving' - 491-499*

Not only these representative quotes, but all participants, referenced intersectionality (of factors across race, class and gender) as contextualising both the population-specific discourse of mental health, and 'the culture of the gang'. Hegemonic hyper-masculinity in particular, with the constructs of strength and invulnerability embedded within it, seemed to shape the way that the culture of speaking about mental health was to resist or reject discourse that suggested weakness or vulnerability, which was also identified through the literature review.

Interestingly, using the word 'should' or its synonyms alongside collectivising pronouns, reiterates how 'the culture of the gang' and its intersectional context creates the mental health discourse and how the discourse in return, both that which is used and that which is rejected or stigmatised, is indisputable to those within the population. Using

rhetorical questions and laughter also supports this, all of which suggest the cyclical construction of discourse within 'the culture of the gang' that mirrors the social constructionist epistemology.

To answer the research question, the findings from the mental health discourse suggest there is 'the culture of the gang', which speaks of mental health is specific ways, with particular attention to social, political and historical context of both that which is within 'the culture of the gang', and within which 'the culture of the gang' sits.

4.2. The Accessibility Discourse

Linked to the previous discourse is the accessibility and appropriateness of mental healthcare services that fit 'the culture of the gang'. Accessibility barriers seem to exist across macro-level systems and structures, meso-level or rational processes and power dynamics, and micro-level factors such as individual shame and blame. These themselves seem interlinked, with all participants naming them and of the subject position that the mental healthcare provision currently for GAYP falls short, or is considered not enough.

Due to these accessibility barriers, an ideological dilemma presents in how GAYP access mental health support. GAYP seem to turn away from clinical and formal healthcare provision that does not meet 'the culture of the gang' or the population, to more accessible and appropriate provision elsewhere. Specific to the research question, participants label this formal, clinical provision as the therapeutic relationship that exists in counselling psychology.

Such an ideological dilemma forms an interpretive repertoire to answer the research question, that the accessibility of therapeutic relationships for GAYP needs to be better. There were two sub-discourses identified to explain this, the first of which named and described the accessibility barriers in which these therapeutic relationships exist, and a second which described why alternative professions that offer a therapeutic relationship, with their alternative accessibility routes, primarily mentoring, are preferred

by GAYP.

4.2.1. Constructed Inaccessibility

This sub-discourse describes some of the accessibility barriers that exist across macro-, meso- and micro-levels, mirroring the social constructionist epistemology that this research sits within. The below quote by Reece begins with words of exasperation that the support that can be offered considering such barriers is not enough. The quote also introduces the concept of a pathway of support for GAYP, accommodating such barriers. The pathway begins with mental health support currently offered by mentors, but seems to prematurely end there.

> *'...yeah like um we know the upkeep of appointments or like even (flutters lips) turning up to like the first one or whatever, that doesn't really happen [...] like we can only like support them so far until we've like run out like um our resources to support them with their mental health (.) and like then we try to hand them over to something or someone, um, like and we know that that's not gonna like work or like the young person isn't gonna engage or like want to make the effort [...] because you know, there are like um barriers in terms of the young person of course, you know like um their own ideas about um what it is gonna be like or um like what to expect and that like um nobody is gonna understand them or that like um they're unhelpable or something like that (.) like um yeah that's the big one I think, like um that nobody is gonna be able to like um help them anyway (.) so what's the point you know (.) but yeah like, aside from like those I guess individual factors why the referral process doesn't like um work is like um the bigger I guess like structural things or like the systems or something [...] young people don't know even the things of like how to navigate that system, it's just not in their frame of reference (.) like you know, not*

knowing <u>how to actually</u> attend an appointment [...] its like um not known basically like the steps (.) and you know like that can be quite scary or threatening to a young person (.) especially when they think it's like this massively clinical or like even punitive setting...' - 598-630

Reece names the hostility of macro systems as being difficult to navigate, which combines with diminishing effort to access such at the micro, or individual, level. Through the above words, he describes how such inaccessibility results from, and is maintained by, this vicious cycle that bridges across different levels. Michael, in the below quote, alludes to this vicious cycle as perhaps more intentionally maintained through intersectionality and systemic context.

'(laughter) yeah we need to sort that out don't we coz if I'm <u>honest</u> it's just not on the scene you know, <u>its mad</u> to think that this stuff exists out there that we have no idea about (.) you know, its like you know people are tryna <u>move around like they got a secret to hide</u> (laughter) like you know keep <u>some</u> people healthy and happy and <u>let the others</u> suffer (.) you know it's like <u>fair enough</u> maybe things get taught in school about <u>where to go</u> and <u>what to do</u> if you need help but I know that isn't happening on road because it's just not what we're talking about you know what I mean (.) like you know, maybe if we did know what to do or where to go or who to talk to things could be different you know (.) like where do you even start when you haven't got a clue you know...' - 146- 155

Accessible mental healthcare kept as 'a secret to hide' is a strong choice of words by Michael, such that maintains the idea of injustice and the systemic context of privilege that contextually clashes with 'the culture of the gang'.

Participants also spoke of barriers at the meso or relational level, that include the process between GAYP and clinicians that are contextualised to macro-level factors forthrightly. For example, Sam below names the intersectionality of race, class and gender as contextualising inaccessibility, particularly about practitioners within mental health services.

'…some people are approachable (.) they look approachable, some people are not (.) some people (.) their management the way they manage, isn't suitable for these young people (.) they shouldn't be involved with these young people full stop (.) but if you're a practitioner and you've studied 25 years for it (.) who says who says who says that (.) you get what I'm trying to say (.) it's not as simple as being from a certain demographic or background or education (.) as I said it's about having a certain experience and a certain quality to you that can't be taught through the terminology [...] like let's look at how gender and race come into this (.) coz tell me if I'm wrong but counselling is white middle-class ennit (.) and that's not relatable to young people (.) but I guess it also comes down to the terminology you use now (.) so for example, counselling is predominantly white middle-class however, when it comes to <u>mentoring,</u> where you use a different word (.) you'd find (.) a lot more Black young men…' - *259-270*

Sam speaks of the importance of relatability, both of individuals and of words, or terminology, for that which matches 'the culture of the gang'. Not only does this

strengthen the specificity of the discourses identified, but Sam suggests that efforts to reach relatability are often unsuccessful for those who are considered not relatable by the population. Sam says that relatability as a means to access the population is not necessarily something that can be bought or taught, which again, explains not only how discourses are kept within the population and maintained, but how important the context of 'the culture of the gang' is, and how deeply rooted it is within systemic contexts, especially those that relate to academic and financial inequality and oppression.

> *'...but I thought like it starts at the home as well and in in a lot of black households like you don't talk to the police you don't talk to gay people don't trust white people we don't like labels what's ADHD? <u>Nah man</u> you just need a beating so if <u>you've grown up from that</u> and then <u>all of sudden</u> you gotta sit down and talk about <u>your feelings</u> yeah (.) and you're coming from a house like you're trying to like <u>undo</u> a lot of work that's already done it's this it can be done but it's a uphill struggle...'- 325-329*

The quote from Jason above illustrates this idea of the strength of 'the culture of the gang' as an accessibility barrier in itself, naming it as something impenetrable by those outside or unaware. Keeping it within, or 'separate' as Reece says below, seems to be adaptive for the population, until the point of needing more or further access to mental healthcare services. Reece, in naming the stigma of 'being seen to be struggling' honours not only the collectivism in 'the culture of the gang', but reinforces how discourses that are outside of it are met with resistance and denial.

'...because yeah like <u>the stigma</u> comes in that a lot I think too yeah so like um, the stigma of what these young people are actually like you know, involved in um the stigma of <u>being seen to be struggling with it</u>like you know um, not being man enough so that you <u>catch a depression</u>or something, and then like the stigma of like um yeah like just accessing that support or something, you know like um there's this idea that these people in these fancy offices or institutions aren't really the ones to be trusted you know, keep things <u>separate</u>...'- 649-657

From these representative quotes, we see that accessibility barriers exist across all levels, and that these themselves are interlinked and dynamic, as well as strongly influenced by population-specific discourses and 'the culture of the gang'. Participants identified a vicious cycle that exists between the macro-level structures and systems in public society being inappropriate for accessibility by those who may not exist within the majority, and a population culture that has been exhausted in attempts to access such. It could be said that there is cultural resistance or exhaustion, at many levels, to meet or challenge that, along with structural resistance to accommodate.

4.2.2. Adaptation

As a result of such inaccessibility cycles, participants named that mentoring, as a relational mental healthcare provision, was more appropriate and accessible, as it moves away from both the cultural and structural inaccessibility. Participants speak of the qualities that are valued in such mentoring relationships, and they speak of these as being different to those qualities that exist in counselling relationships.

'...you become the person they rely on or depend on (.) and I guess flexibility for example somebody could call me two three times now, and now depending on the age of that kid, I could be there <u>quick</u> (.) like some parents don't know how to talk to their kids (.) and I gotta be there, the

way that I respond is very important, coz you got to <u>have time to have</u> <u>an impact</u>, for example (.) I can't just answer that call with a quick hey hello, I got to give that call the time, because they have called for a reason, can't be something to sort out tomorrow [...] it's <u>a lot</u> of work you know (laughing) we're doing more work than their parents (.) than the professionals (.) they don't want professionals though, that's the problem [...] it's just like a stigma (.) it's just like a stigma (.) professionals are usually used for (.) people in <u>dire</u> want, nobody wants to feel like they're in <u>dire</u> want, there's pride in it, yeah, with pride you've got to be mindful of (.) how you sort of approach it too…' - 185-209

Michael, above, speaks of investment as a quality that is offered in mentoring relationships, not only of time and attention, comparably to counselling relationships, but of the amount of work and input that is offered as a consequence. Michael also directly compares the context within which both types of therapeutic relationship sit, naming counselling as one which carries with it connotations of severity and desperation. This fits with 'the culture of the gang', the stigmatisation of mental health, and hegemonic hyper-masculinity, identified in the previous discourse.

It becomes apparent that 'the culture of the gang', and the cultural context it sits within, is foundational to the accessibility discourse as well as the previous mental health discourse. Luke, below, lists qualities and values of a therapeutic relationship, that whilst he speaks of it as existing in mentoring, seemingly match that which would be found in counselling.

'So, a therapeutic relationship to me means, well just a supportive relationship, between two people, where there is no judgement, there is honesty, there is openness, familiarity fun, yeah, I guess in this context young people have that kind of therapeutic relationship with their mentors, with teachers, with other professionals, its interesting because I don't think therapeutic relationships really exist between young people at social workers, or police or authority figures if you see what I mean (.) yeah so I think there's something about a therapeutic relationship for these young people being one that democratic or non-hierarchical or punitive (.) like one that moves away from the typical power dynamics they experience <u>outside</u> of this context…' - 394-401

Essentially, this quote describes the values and qualities of a therapeutic relationship offered in mentoring, that from the literature, seem to match the values and qualities that exist in counselling's therapeutic relationships. However, Luke tells us how implicit power dynamics directly remove such qualities from a relationship, so that in turn, they are experienced as non-therapeutic by GAYP. Theo suggests something similar below, in that the reason why the therapeutic relationship as in mentoring is preferred is due to such implicit power dynamics.

'...Yeah yeah..so.. I think maybe I mean that it fits a <u>purpose</u>, but maybe one that neither the mentor or the young person is explicitly aware of I think (.) so I think the connection comes first, two people just <u>click</u>, even though ones the adult or the mentor or whatever, and one's the kid, but it's like following that click, something grows, and with that grows trust and authenticity and openness and I think that's how it kinda becomes healing (.) it's like it's kinda different from going in <u>head first</u> <u>needing</u> to fix something or change something (.) that just kinda happens along

the way as the relationship strengthens [...] well, if I'm actually being honest (.) I think the mentor knows something that the young person doesn't, whether that's just that something could help them out or stopping something or changing something could help them out (.) but that's never made obvious, I guess coz the dynamic is different, it's not like the same kind of relationship you'd have with like a teacher or a mother, not even a big brother to be honest with you, because they will also have a bit more of an, agenda (.) it's like for the young person, it's just another person who is willing to be there and sit with them through all the shit, and actually not tell them off or tell them to change, but the mentor knows that that's coming if I'm honest, it's just a slow slow dance…' - 693-707

Naming the relationship as having a 'different' dynamic in terms of its agenda or directiveness, Theo also echoes the investment in time in the mentoring therapeutic relationship as Michael did above, calling it a 'slow slow dance'.

These participants have named qualities and values of a therapeutic relationship that could be found in counselling psychology too. This suggests that assumptions or beliefs have been created about the therapeutic relationship that exists in counselling, or more formal and clinical relationships. It could be said that such are maintained within 'the culture of the gang' and exacerbated by accessibility difficulties. For the population, and 'the culture of the gang', an active practice of working against power dynamics is important in the therapeutic relationship. Where democracy and non-hierarchy are important tenets in counselling psychology philosophy, perhaps they have not been experienced or demonstrated within the culture, resulting in resistance.

In answering the research question, the findings from the accessibility discourse suggest that the therapeutic relationship currently offered in mentoring, GAYP's preferred service due to its position within 'the culture of the gang', supports their mental health, but that this becomes limited, or does not suffice, when additional, or more specialised, mental health intervention or support is required. From this discourse conclusion, two bi-directional points for discussing accessibility arise, from the perspective of 'the culture of the gang', and the perspective of mental health services. In conclusion, this bi-directionality suggests that what is provided is not enough to support the mental health needs of GAYP.

4.3. The Lived Experience Discourse

A discourse emerged from the data debating the relevance of lived experience for therapeutic relationships with GAYP. There are two subject positions on this matter, with those participants with lived experience of SYV saying that a therapeutic relationship with GAYP can only be effective when provided by those within 'the culture of the gang', meaning prescription to the mental health and accessibility discourses previously identified. Conversely, those participants without direct lived experience of SYV, said that an effective therapeutic relationship could be offered by anyone, that it is the qualities and values of the relationship that are more important. These opposing subject positions contributed to two interpretive repertoires of the discourse, as well as an ideological dilemma, questioning who can offer the most appropriate and effective therapeutic relationship to GAYP.

The first interpretive repertoire to describe is that which refers to lived experience as being imperative for appropriate and effective therapeutic relationships with GAYP.

4.3.1. Keeping It Within

Representative quotes from participants within this sub-discourse describe how the determination of the previous discourses, and consequently how there are 'some things [they] just don't even have to explain', merits this perspective. In stating his subject position, Michael, quoted below, refers to the rhetoric that was identified in the mental health discourse, which was formative for 'the culture of the gang'.

> *'I think it works you know, yeah, I think the fact that these <u>people</u> are similar and they have a shared <u>understanding</u> you know it makes a difference (.) I think young people <u>like</u> to relate to us you know we're young we're fun we're cool we get it, some <u>know</u> what life on road is like and so there are some things you just don't even <u>have</u> to explain orwhatever you get what I mean? (.) and I think for a lot of them actually, you know they <u>need us</u> a bit if I'm honest (.) a lot of youth these days are missing the important interactions and conversations with adults and they're missing those those <u>opportunities</u> for role models you know what I mean? I mean yeah even (.) sometimes you know we can be the dad telling them off about chasing girls or not eating a proper meal or something you know what I mean and I think they secretly love it (laughing)' - 84-91*

The emphasis on words that young people 'like to relate', describes a more active and decisive dynamic from GAYP, perhaps as Michael says, these therapeutic relationships fulfil a need that can only be met by those within. Using the word 'need' and referencing role modelling perhaps reflects how these therapeutic relationships between those with direct lived experience are able to offer a different, holistic, or parental version of that which may exist in counselling, or where there is no shared lived experience. It seems that something different is experienced in therapeutic

relationships where there is shared understanding and shared culture, a byproduct of lived experience, given GAYP's preference for mentoring as was established in the literature.

Some participants offered a direct comparison to how mental health support, or the therapeutic relationship, is more effective and appropriate by those within. Sam below, identifies similar qualities of the therapeutic relationship that exist within both mentoring and counselling, but explains through the imagery of 'put[ing] myself in your shoes', that understanding the experience of SYV is different.

> *'More or less the <u>experience</u> I have that that I can use to <u>guide</u> me whilst I mentor you know, more or less it's just the experience (.) <u>how</u> you communicate, can they <u>rely</u> on you, can you <u>reciprocate</u> what they're saying so for example, you were supposed to tell me give me I-I-if you were supposed to tell me something, can I then <u>put myself</u> in <u>your shoes</u> to understand what you mean, rather than making generalisations or assumptions on what you're trying to say or might mean, I think it's more being specific and trying to (.) use what you've <u>got</u> as much you can (.) understand from another person's perspective, like for example if you haven't been robbed before (.) you might not understand the feelings of being robbed so sometimes (.) you-you might get the <u>empathy</u> (.) without actually <u>understanding the feelings</u> (.) it's linked it's linked but it's not the <u>same</u>' - 249-257*

This emphasises that the relevance of lived experience is important. Sam's quote suggests that empathy takes on a different form or value when it is experienced within those from a shared understanding or culture. We could hypothesise that there is something implicitly communicated and felt.

> *'I think the best way I can describe a successful therapeutic relationship*

for these young people is one that <u>on the surface</u> looks like that big brother kind of relationship, the one where, you're not necessarily gonna get <u>told off</u>, or punished or snitched on, that's, important, but also one where there is implicitly <u>so much</u> trust for that to happen, so that you can you can actually share stuff, the reality, because, I'm saying that some of the relationships, some of the relationships I have with young people are therapeutic, and by that I mean they support and help and I'm there for them, but I know actually I might not get told e-v-e-r-ything, you know (laughing), there's still <u>a little bit</u> of that power dynamic there, but it's enough for me to get things without them having to be spelled out to me, if you know what I mean, <u>no</u> young person wants to share something with someone for them to just turn around with <u>fifty million questions</u> about what it <u>means</u> or something, I guess like having the shared language for things like that, and same <u>perspective</u>, they're important things too, same worldview, understanding of racism and oppression and prejudice and things like that, the <u>foundations</u>, so that whatever you get told, you already have that <u>baseline</u> knowledge, <u>baseline</u> connection [...] so yeah like I said, I think that therapeutic relationship dynamic exists less so in relationships where there's space for power dynamics hierarchy punishment and stuff [mhmm], more so it's in the relationships where things are <u>equal</u> and the knowledge and the language is <u>shared</u> [mhmm], I guess contextualised to something that is <u>much bigger</u> than just the problem, so yeah like all the awareness of race and class and prejudice and violence and stuff' - 401-424

Luke above reiterates this. His words suggest more than something that is implicitly communicated and felt, but a shared reality that is experienced. It is

interesting that Luke identifies the presence of power dynamics, but suggests that somehow these are accepted differently when it is experienced within, as opposed to rejected or resisted when it is experienced between. Perhaps this is because the therapeutic relationship may be dynamic and malleable, as in that of a 'big brother' or other role model figures, or perhaps simply due to the shared language, shared perspective, and awareness of culture and context as a foundation to a therapeutic relationship that can be trusted. Luke's use of words 'baseline knowledge, baseline connection' suggests something about ease in the therapeutic relationship too, without having to explain the minutiae. Sam, below, mentions this concept too, suggesting importance of the structures of what the therapeutic relationship looks like.

> *'Like with us yeah (.) with practitioners it's always gonna be more a _private secluded_ you know quiet conversation, imagine I'm in a practitioners room (.) the more we're sitting in this room and I'm telling you my deepest darkest secrets (.) they're slowly filling the room (.) the deepest darkest secrets still remain in the room, there's no _space_ for them to go or space _left_ for anything else [...] _we're effective_ because we're outdoors, we're free, we can talk and _be_ free (.) kids have seen on tv what a counsellor's room looks like, nobody wants to sit in a room like that (laughing) [...] a mentor (.) yeah somebody who has _seen that lived that been_ that yeah (.) they know (.) they _know_ what the next move in two minutes is gonna be and so they can predict that and _intervene_ with that [...] it's all about the terminology (.) _nobody_ wants to hear that they need counselling (.) instead, you say, here's a relationship that can help you with things (.) and _that's_ mentoring' - 15-226*

Referencing accessibility barriers from the previous discourse, Sam explains how such are experienced differently and more adaptively for those within the same

culture. He also uses imagery of words 'slowly filling the room', suggesting suffocation as there remains no 'space left for anything else'. These words could be interpreted to suggest GAYP's fear of being labelled or blamed for their involvement in SYV from those outside of 'the culture of the gang', which as we know from the research epistemology, results from systemic prejudice, oppression and lack of equal opportunities. Sam also references the mental health discourse, in reiterating the importance of terminology, and the implicit power dynamics in naming something as a 'need' versus a relationship that may be of help. Along with the merits of keeping things within 'the culture of the gang' for the mental health discourse, are also connotations of merits for the accessibility discourse.

4.3.2. Overcoming Barriers

This sub-discourse suggests that keeping the therapeutic relationship within those with lived experience is not only a matter of preserving 'the culture of the gang', and ease of sharing that which is mutually understood or experienced, but also adaptive from an accessibility perspective. Representative quotes from participants suggest a degree of resourcefulness in overcoming the identified accessibility barriers through a shared lived experience. Michael, below, suggests adaptation at logistical level of time and money.

> *'Hmmm ok yeah so counselling, I think some young people need it if I'm honest, you know what I mean? (.) I think there are a lot of youths struggling in silence (.) but it's hard you know, coz I guess not a lot of people want to admit that and even if they do you know, how do you actually get counselling you know (.) and where do you even start you know I don't know how time and money will let that be a priority you know [...] yeah like it's just not really something on the scene if I'm honest [...] it's kinda alien you know if I'm honest (.) like you know what*

I mean, it's just something not really on the scene (.) like I don't know if young ones know even how to get counselling if I'm honest (.) it's just not really something we do (.) yeah which I guess is a bit of a shame actually, like if you deep it that's how the problem continues you get me? Not talking about something means that anger stays inside you and it grows or whatever until you end up accidentally cheffing someone up' - 101-115

Perhaps Michael suggests that it is not only the overt inaccessibility of paying for mental healthcare that a therapeutic relationship within overcomes, but the covert message that comes with such, and how closely this interacts with the mental health discourse and 'the culture of the gang' with the connotations of being in dire need, or sick enough to qualify, as Jason says below.

'It's it's different, yeah (.) as in (.) people who receive counselling (.) it depends on what they're receiving counselling for, however sometimes (.) people pay for counselling, it's very different that you don't pay for mentoring (.) it's very rare that you pay to get mentored (.) it's like a service that you volunteer or it's just given free will and that makes it feel different (.) it's like not forced like 'you have to have this help because you are troubled', it's like here's an opportunity to make a new relationship and whatever that relationship brings is that ennit (.) so it's just the different terminology and the ideas that come with that yeah (.) and it's like another thing with counselling, you gotta be sick enough to qualify for free counselling, so look at that terminology too [...] I guess one part of it is allowing people to talk about their feelings, but then I guess another part of it is making sure that the services in place that are appropriate for that you know (.) you know simple things like location

what people are wearing none of this <u>fancy shirt and tie stuff</u> you know (.) like is there any risk of them bumping into someone <u>they know</u> in the waiting room you know (.) and things like that um and you know the simple things like timings that <u>suit the lifestyle</u> of them and stuff you know, the formalities and stuff and like I guess traditions <u>it's time</u> to challenge them a little bit' - 377-383

Reiterating the adaptation to logistical accessibility barriers, and additionally introducing formalities such as 'fancy shirt and tie stuff', Jason suggests how the therapeutic relationship experienced between those of shared lived experience eradicate such. Jason, using the words 'free will' touches upon the power dynamics mentioned earlier, and directly compares how such are experienced differently when it comes from within. He says that such 'makes it feel different', that there is experiential difference when the therapeutic relationship comes from a position of offering, rather than dictating from the outside, which from previously used quotes, is assumed from the therapeutic relationship in counselling.

'Yeah haha, it's kinda mad isn't is, but that's just what happens, you know, even in my other role at * (.) I guess coz the relationship doesn't have the same boundaries and rules and regulations as other professional relationships do, yeah (.) you get young people <u>running up to you wherever, calling you whenever</u>, demanding you speak right <u>there and then</u> (laughing) yeah (.) it's what makes it <u>work</u> though I think, that its not this formal strict relationship, but yeah, mentors are getting taken advantage of a little bit (.) it's just not really having the mental space <u>or capacity</u> or training to deal with that I think (.) and yeah I know we're talking specifically about mental health, but that's not safe to be having these <u>big deep convos</u> in tesco (.) we <u>know</u> that, but, yeah, at the same

time, they get told these things, and don't know where to go with it [...]

yeah, you know <u>dealing</u> with anxiety or depression, the youth may only

want to speak to their mentor about that, yeah, coz they <u>trust</u> them, they

<u>know</u> them, but what is the mentor meant to do with that then? (.) but

yeah, the youth like that kind of informality, it's what works for them,

they're not gonna <u>wait</u> for an appointment to meet with their mentor to

discuss whatever, they just need it off their chest <u>there and then</u>' - 454-

466

Luke, above, describes further the experiential difference when the therapeutic relationship is offered from within the same culture. He mentions fewer boundaries, which seems adaptive, effective and preferable, and uses words that suggest GAYP are the active agents in seeking help. This also relates to the previous discourses, identifying how these relationships are seemingly more GAYP-centred than service-centred. Luke also references the premature ending of support from mentors within the culture, seemingly due to a lack of awareness about processes outside of 'the culture of the gang'. GAYP emotionally dumping, getting it 'off their chest there and then', is a unique facet of these relationships, and whether ethical and therapeutically effective or not perhaps depends on position to 'the culture of the gang'. Interpreting Luke's words, as effective as these therapeutic relationships between those with lived experience are, the structures and systems around them still require change.

These sub-discourses suggest there is a preference for keeping things within, from both GAYP and the mentors within 'the culture of the gang' they experience a therapeutic relationship with. Perhaps this is due to the shared understanding and language, leading to effective and adaptive mental health support, but there are suggestions of this not being enough. There is merit to keeping things within, which is compromised by that which exists outside of the within, such as unchanging systems

and structures.

4.3.3. Systemic 'Fit'

This sub-discourse builds on those above, suggesting that perhaps beyond the shared language and understanding between those who exist within 'the culture of the gang', that there is a shared understanding that those with lived experience of SYV form their own group, that do not systemically 'fit' public mental health discourses and access. It is this that merits the relevance of lived experience for therapeutic relationships. Words suggesting blame for involvement with SYV prominently feature in these representative quotes.

> *'I guess it's even in the whole <u>game</u> of counselling too actually (.) you know trying to (.) <u>fix</u> you make you better <u>relieve</u> your depression or whatever, I mean does that <u>actually</u> work when the issue isn't that there's something wrong with the <u>kid</u> (.) yeah and also like, I think youth are scared of that, scared of being <u>blamed</u> as being <u>part of</u> the problem or whatever, or you know, some of the ones who have actually done bad things you know, like legally <u>or whatever</u>, they don't need some professional to <u>blame</u> them for that (.) yeah they need to just understand that maybe it wasn't them or you know, it was just the <u>version of them</u> living in that <u>circumstance</u>, yeah, and I guess you know the relationship with the mentor, they kinda <u>know</u> that you know, everybody in the game <u>knows</u> that the <u>gang you</u> and the <u>real you</u> isn't necessarily the <u>same</u> in fact it's <u>not</u> the same yeah, two versions (.) yeah, I'm not sure <u>professionals</u> know that (.) or if they <u>do</u> you know, they're not making that clear enough' - 524-534*

Luke, above, uses the words of 'being blamed' with anger. Interpreting this, he suggests that GAYP have wrongly become the object of blame, rather than the

systemic and structural risk factors that give no choice other than to become involved with SYV. Suggesting that these are ignored, and that the 'issue isn't that there's something wrong with the kid', perhaps contributes to the argument that lived experience allows for that to be accepted in ways that those outside of 'the culture of the gang' do not. Because they do not fit, or the reality is unaccepted by wider systems and structures, merits the relevance of keeping the therapeutic relationship within. Suggesting unconditionality only occurs within those of 'the culture of the gang' is something Reece, below, speaks of too.

> *'They need counselling to be um something that is <u>understanding</u> and <u>supporting</u> and <u>non-blaming</u>, and um I think like also able to listen to some of this really <u>dark</u> stuff that is going on you know, um like, it's not <u>easy</u> to hear some of those words come out of the mouths of someone <u>so young</u> you know um, and I think well in my personal experience you know young people have a fear of being judged, and you know like someone not really <u>being on their side</u> with it, and like you know the fear of um getting into trouble with the law as a result of something that's um been said or <u>disclosed</u> or something you know (.) guess it's just this real <u>us and them</u> culture that has been created' - 646-652*

Using the words 'us and them' is definitive. Reece seems to say that those within, the 'us', accept, understand, and support GAYP in a way that the systems and structures around them do not.

> *'You know I wonder if young people have been failed <u>too many times</u> by professionals before they've even got <u>to the point</u> of needing counselling, and you know why would you believe that some new professional now, a counsellor or therapist or psychologist would be able to come along and support you and help you when <u>nobody else</u>*

really has before? That's quite sad you <u>know</u> (.) that I think almost this

culture of being <u>ostracised</u> in society trickles down to even wondering

whether you <u>deserve</u> the help if you do end up needing it (.) but yeah, I

think it's quite a big issue, this almost reluctance well not <u>reluctance</u>

because that makes it sound like <u>the young person's</u> fault, but like how

it feels almost too far gone to help in any way…'- 757-763

Repeating Theo above, it does seem 'quite sad' that these therapeutic relationships within the 'culture of the gang', where there is shared lived experience, language and understanding, may result from having to take matters into their own hands. It suggests there is no other choice after being 'failed too many times', which brings with it anger and a resistance to keep trying to systemically fit where they have not before. Again, Theo alludes to 'the culture of the gang' not systematically fitting not being GAYP's fault, that they are not to blame in the way that structurally and contextually they are made to believe. Later, Theo expresses his frustration at systemically not fitting, that the narrative within 'the culture of the gang' is to resign to unaccommodating structures.

'I mentioned service design and stuff, like that all needs to change, it's

kinda a very <u>clinical</u> way of working with the same time same place same

room same person you know, these young people can't relate to that, I

know that that stability gives them something too, but flexibility is

needed <u>too</u>, it's a <u>dynamic</u> life these young people are living, you can't

fit a square peg in a round hole and then <u>blame the</u> peg for not <u>trying</u>

hard enough, you've got to <u>challenge</u> why that round hole can't change

and <u>accommodate</u> you know, that's if they <u>actually even</u> want to help

(laughing)' - 767-772

These last few words from Theo suggest some of the intentional inaccessibility

previously mentioned, that implicit with structural power dynamics, suggest systems wrongly accept that they do not fit all.

4.3.4. 'Deservedness' of Help

This sub-discourse serves as a culmination of that which has been discussed. That due to the specificity of 'the culture of the gang', and the arguments for therapeutic relationships remaining within this due to the culture systemically not fitting within wider contexts, those within 'the culture of the gang' have internalised an 'undeservedness' of help. The representative quotes below suggests that this happens across two facets, the micro and macro, in that GAYP internalise such a feeling, fearing blame for their circumstances, and that systems and structures reciprocally deem them as undeserving of help through their inaccessibility. It seems that this also merits the relevance of lived experience for those within this subject position.

> *'I guess from my own personal experience as well, from when I was younger, there's just this <u>disbelief</u> that anyone would ever be able to understand what you're going through, that nobody would really be able to <u>enter that world</u> unless they were a part of it already, it's a pretty closed off community in that way, and you get almost <u>brainwashed</u> into protecting that in some ways I think, well, definitely in my day I think there was more of an <u>'us and them'</u> dynamic (.) because obviously what the gang stands for (.) yeah…'* - 752-756

Theo above, reflecting on his own lived experience, reiterates the strength of 'the culture of the gang', and how this means the only effective therapeutic relationship can come from within. Saying that he felt 'disbelief that anyone' could help, or that they would have the tools to 'enter [his] world' reflects subjugation, and his use of the word 'brainwashed' suggests the process of internalising the 'deservedness' of help.

'Something scary yeah like I guess just because it's something so unknown (.) but like I guess also like, um the assumptions like um, not only of like what it's going to be like, but like the assumption that that like, means they're really crazy or something like, um, like blaming them I guess like almost like a double punishment, like first you're gonna like suffer because of what you're experiencing on road which isn't even you know like your own choice I think personally and then um, second for determining you as like crazy as a result of that (.) and that you need to seek help from someone who has no idea what you're going through and is gonna tell you that you've made all the wrong choices in life and that's why you're like suffering now…'- 639-645

Speaking of resistance towards counselling within 'the culture of the gang', Reece above talks around the internalisation through the powerful words 'double punishment'. Also speaking from the context of 'the culture of the gang' of poor mental health as something to blame, particularly for circumstances that are not '[their] own choice', strengthens the previously used 'us and them' rhetoric that stems from a lack of shared understanding. Paraphrasing, he says that without seeing these GAYP as victims of wider structures, there is risk of such internalisation.

'Yeah course (.) so, I think, I think there's a very thin line between helping someone with their problems and then blaming them for their problems (.) yeah and so I think that may be where some people are getting things wrong when trying to help (.) yeah, and you, you gotta think like blaming someone isn't necessarily something obvious, but it's like the blame that is, subtly suggested (.) like, I mean, I work in a way that, you know, never blames the kid for the situation they're in, and I mean the bigger picture stuff too like even being involved in youth

violence etcetera (.) and actually, you know, there's empathy there
instead of blame (.) because I think what a lot of people forget or
professionals sorry, forget, is that these youth don't actually want to be
in these situations, scared all the time running all the time having their
mums sad with them or pissed off or worried about them all the time you
know (.) and so yeah just to swing back to your question, I wonder if
there's something about that in why counselling and stuff isn't really
attractive, like the bigger picture stuff...' - 514-524

Luke, above, uses words that suggest an insidious internalisation, through 'blame that is subtly suggested'. Perhaps referencing the rhetoric of 'us and them' through the established mental health and accessibility discourses, that those outside of 'the culture of the gang' risk 'blam[ing] the kid for the situation they're in', GAYP and those within the culture internalise the undeservedness through no other than inaction by the structures or systems that allowed for that situation to be created.

An emotive sub-discourse due to the words of participants that suggests surrendering or subjugating to wider contexts of injustice, oppression, and prejudice beyond 'the culture of the gang', there is conviction with which participants in this subject position merit the therapeutic relationship as most effective when experienced between those with lived experience. This is opposed by the second interpretive repertoire in this discussion, that anyone is able to offer an effective therapeutic relationship to GAYP. This includes representative quotes from participants who do not have direct lived experience of SYV.

4.3.5. Values and Qualities

Speaking from the subject position that anyone can offer a therapeutic relationship to GYAP, was the argument that the values and the qualities of the

relationship are what is most important, regardless of lived experience or sharing 'the culture of the gang'. The participants from which the representative quotes below come from, all work with GAYP to support their mental health, which they consider to be a therapeutic relationship even without the shared direct lived experience.

> *'Every person is different (.) every single person is <u>different</u>, and it depends on that young person's specific situation, but um yeah therapeutic could mean, yeah for me example, the work I do is a therapeutic relationship, so its just kinda curiosity and care, the things I kinda <u>notice</u> that helps me better understand that child in terms of supporting them, um, it's a lot of unconditional positive regard you now? (.) you know, a young person could look at me, and straight away without us having a conversation, <u>just</u> body language, he would know that I get it (.) if that makes sense? (.) [...] a lot of people you know, would say you know it needs to be, you know, a <u>particular</u> type of person, but I don't think anything like that, like if you <u>care</u>, a young person can feel that you care, doesn't <u>matter</u> what country you're from, what background you're from who you are what you do, you just need to care' - 3-12*

Michael above mentions honouring idiosyncrasy is an important consideration for effective therapeutic relationships, stating that 'every person is different' in their preferences in relating to others. Perhaps suggesting that we cannot overly prescribe to 'the culture of the gang' as its own, Michael speaks of ways in which those outside of it can offer connection. He directly names the ideological dilemma of who can offer an effective therapeutic relationship, stating that all it needs is for 'a young person [to] feel that you care'.

> *'Showing that like um you're not just there to tell them what to do or*

how to change but that you're willing um <u>support</u> them and sort of <u>show</u> them that things could be different (.) and yeah so like that therapeutic relationship, I think, isn't something strikingly obvious to young people (.) I think it's more like, um, something that sort of <u>subtly</u> develops in the background for that young person over time [...] it doesn't have to be anyone <u>special</u> um, yeah just anyone who can make those qualities of like um trust and openness and unconditional positive regard um, not only like um known to that young person but like um, <u>felt</u> by them too' - 564-571

Reece above stating that 'it doesn't have to be anyone special', supports this subject position. Again, Reece describes the qualities of what he considers to be an effective therapeutic relationship, but that these seem to take a more active role of 'show[ing] them that things could be different'. Interpreting this, such differences that he mentions could effectively be shown by outside of 'the culture of the gang'. Stating the requirement for unconditional positive regard, however, touches upon the sub-discourses of the opposing interpretive repertoire, suggesting that unconditionality is not always experienced in therapeutic relationships for GAYP.

'I think there are lots of <u>different</u> relationships with <u>different</u> people that can be a therapeutic relationship, ones that aren't necessarily mentoring if you get me (.) so where I work, there are all these <u>great</u> therapeutic relationships we have with young people involved in knife crime or serious youth violence etc, all of those come from different roles and different perspectives though, and so there are nuances to them (.) they're all therapeutic, sure, because they all have the best interests of that young person at heart and they have all of those Rogerian core conditions (.) but they're not all mentoring, some are

more medical, some more systemic, some more proactive in intervention, some less so etc etc, if that makes sense' - 710-719

Theo's words above seem to benefit the nuances to different relationships, even those that exist outside of 'the culture of the gang'. Describing how these can take on different forms in offering alternative roles and perspectives in an effective and beneficial way, he determines them all as therapeutic, again, as long as they all offer unconditional positive regard.

With all three participants from these representative quotes naming unconditional positive regard as experientially essential, it can be argued that both of the interpretive repertoires are valid. With participants of this subject position, that it is such unconditional positive regard that is important, and participants of the opposing subject position, that unconditional positive regard can only be offered by those with direct lived experience, perhaps for discussion is the ways in which these opposing views contribute to a cycle whereby a new accessibility barrier is formed. That is to say, that there are barriers in accessing a therapeutic relationship for GAYP due to these opposing subject positions.

4.3.6. Effective Relationships

Supporting the previous sub-discourse, participants also offered words to suggest that effective therapeutic relationships for GAYP have been offered by those who do not have direct lived experience, supporting the subject position that such is not a requirement. Below, Jason offers an example from his service.

'I'll give you a nice example as well, there's this support worker called * she's this <u>small</u> little asian lady, all these rough boys its not like they necessarily gonna go to the <u>guys</u> in the organisation, she has these guys and <u>no</u> meat on Wednesdays gets cooked (laughing) they eat, they pull up there and she just makes them each vegetarian food encourages them to

ride bicycles and stuff it's it's crazy what she done with them the relationship she's made with them yeah so, and that's just come from being <u>herself</u>, I feel like even from someone, that sense of familiarity <u>too much familiarity</u> people don't like it 'I look like you so I know your story' '<u>no</u> you don't' you know, and yeah when you get to create that relationship with someone whos non-judgemental whos <u>outside of</u> your social circle sometimes you're just drawn to them a bit more' - 304-311

Jason speaks of this therapeutic relationship as existing between GAYP and somebody entirely different and outside of their 'social circle' or 'the culture of the gang' as something actively sought out and cherished by GAYP, as they are 'drawn to them a bit more'. He goes as far as to actively discourage over-familiarity, suggesting that within 'the culture of the gang' at times can be such. Interpreting this, perhaps the value of idiosyncrasy is lost within 'the culture of the gang', as Jason firmly refutes the common parlour of 'I look like you so I know your story'.

'I think take that exact same relationship that already exists, and just place that into the the counselling or therapy world [...] just making sure that those counsellors or therapists are in the <u>real world</u>, like they're real people who aren't judgemental, who have an idea of what is going on for that young person, and most importantly like um isn't punitive or punishing or like going to report them to the police or social or something, and um I think like as soon as one young person has a positive experience with um a counsellor who <u>actually</u> really gets it and like does <u>really</u> support them, that like then um snowballs, and more and more like young people will be interested and get involved' - 678-685

Reece above more directly describes how the process of effective therapeutic relationships can be achieved for those outside of 'the culture of the gang'. He speaks

of the qualities and values as important, but also speaks of how the narrative identified in the opposing subject position can be challenged. Reece suggests that it takes just 'one young person [to have] a positive experience' for it to 'snowball', which also supports previously identified sub-discourses relating to resistance within 'the culture of the gang' towards discourse that exists outside of it.

> *'Yeah, I mean it <u>can</u> work, you know, I know a place that offers counselling to youth yeah, yeah, and they do <u>alright</u> you know, but they're all in places that offer that whole <u>holistic</u> thing (.) where you know, you have the key-worker the mentor the counsellor whatever all <u>in house</u>, and yeah, the youth who go to those places, yeah, I think they <u>accept</u> that they need the help, yeah, which obviously isn't the same for most' - 484-488*

Luke reassuringly above shares his experiences of effective therapeutic relationships with those outside of without direct lived experience, specifically a counselling service working with GAYP. Explaining that they 'do alright', he suggests some benefit of a multi-disciplinary approach for various therapeutic relationships to support the mental health needs of GAYP. He also states, however, that such effectiveness is dependent on GAYP 'accept[ing] that they need the help', which we know from the discourses within 'the culture of the gang', has many barriers of resistance, rejection and denial.

In answering the research question, this discourse brings forth the ideological dilemma that exists within the phenomena forthrightly, that being, the debate about who best can offer an effective therapeutic relationship for GAYP. This seems to exist within a cycle that is representative of the social constructionist epistemology in which this research and population sits, and will be discussed and contextualised to literature later.

Chapter 5: Discussion

The aim of this research was established from the literature review in chapter three. This chapter began by outlining the prevalence of mental health needs for young people at risk of, or involved with SYV and identified a lack of evidence-based therapeutic intervention that fit the particular dynamics of this population. It then explored the population's preference for mentoring as a therapeutic relationship to support mental health needs, of which the qualities and values seemingly replicated those found in CoP, such as Rogerian core conditions and non-judgment. With similarly 'marginalised' groups to the population actively disliking and turning away from CoP, however, the research aimed to understand this further.

Six participants, working or volunteering as mentors offering a therapeutic relationship to GAYP, were interviewed and data was interpreted using CDA. From this, four interpretive repertoires were identified; that the therapeutic relationship supports the mental health needs of GAYP; that the accessibility of therapeutic relationships needs to be better; that only those with lived experience of SYV can offer effective therapeutic relationships to GAYP; and that anyone can offer a therapeutic relationship with there being the right qualities and values to it. These existed within various discourses and sub-discourses, suggesting how participants made meaning of the therapeutic relationship that contributed to understanding the preference for mentoring for GAYP. The key findings from these discourses in relation to the research question will be discussed in this chapter by presenting key ideologies that cyclically and critically maintain them. Also in this chapter is the clinical relevance of this research, implications for CoP, its limitations and opportunities for further research.
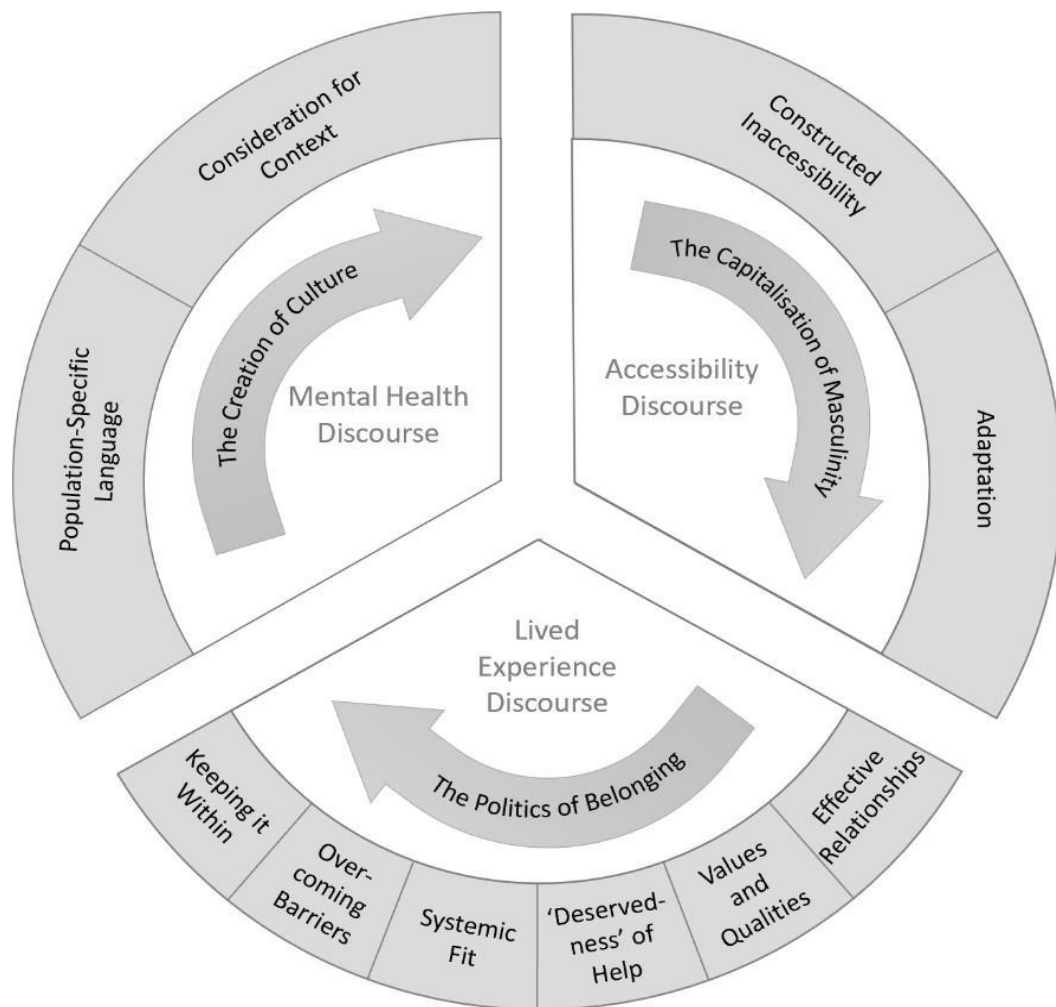
5.1. Key Findings

Presenting the key findings from the discourses, particular importance is paid to discussion through the lens of CDA. This relates to both the cyclical role of discourse, shaping knowledge, social structure and culture, and to deconstructing power, aiming to make the implicit explicit. Discourse is seen as a means through which (and in which) ideologies are reproduced, as in Gramsci's (1971) 'hegemony', there is a relationship between language, power and ideology.

The diagram in Figure 1 offers a visual for the key findings to be discussed, that through the critical interpretation of discourse, surfaced ideologies (represented by the arrows). That is to say these ideologies; the creation of culture from the mental health discourse, the capitalisation of masculinity from the accessibility discourse, and the politics of belonging from the lived experience discourse, are the discursive practice by which the interpretive repertoires, and discourses, of participants have been formed. They are socially constructed to shape knowledge and deconstruct power, for an understanding of the therapeutic relationship between GAYP and their mentors to be created, as well as offering an insight into the preference for mentoring rather than CoP.

Figure 1.

The cycle by which the meaning of a therapeutic relationship has been made.

Note. The innermost part of the cycle represents the discourses used for such meaning making, with the outermost part representing corresponding sub-discourses. The arrows represent ideologies as the discursive practice by which these relate, and are cyclically maintained, to shape knowledge and deconstruct power.

5.1.1. A Conceptual Framework from The Discourses

To relate the theoretical background of this research with the method, it would be helpful to share a conceptual framework from which to discuss the key findings. Echoing the epistemological stance of this research, participants' collectivist language supported this population as 'simultaneously the products of their own psychic worlds and a shared social world' (Gadd and Jefferson, 2007, p.4). An insight into this shared social world emerged from participants' creation of 'the culture of the gang' (in section 5.1.2.), which served as a foundation for situating participant discourses. Using theories from Kleinian object relations (Klein, 1946, 1957), relational psychoanalysis (Mills, 2005) and symbolic interactionism (Mead, 1934) within post-structural sociology (Foucault, 1980) allows for such situation, and will be referred to appropriately throughout the discussion.

Considering individuals within the population as both a centre of agency and the subject of external forces, the processes of the therapeutic relationship supporting their mental health can be understood through identification with themselves and others, and defences accordingly, without disavowing the impact of social environment. To layer social constructionism, the idiosyncratic subject becomes defended and unconsciously motivated as a result of historic, social and cultural context and constitution. It is that individual agency alters how they may position themselves, and psychologically invest, in competing discourses and ideologies (Foucault, 1980), and the social identities of intersectionality in serving function in their position to systems and structures.

This framework provides the contextual lens of social constructionism and the critical lens of CDA through which to discuss the identified discourses. Such allows for the discussion of the ideologies of the creation of culture, the capitalisation of masculinity, and the politics of belonging, through which to understand the mental

health discourse, the accessibility discourse, and the lived experience discourse accordingly.

5.1.2. The Creation of Culture from The Mental Health Discourse

The data for the mental health discourse suggested that the therapeutic relationship works to support poor mental health, prevalent in this population. Mental health was spoken about in specific ways, seemingly to contradict public, and potentially pathologizing, discourses. Indeed, challenging public mental health discourses orientated around 'the medicalisation of misery' (Pilgrim & Bentall, 1999) was frequently used by participants. For example, referring to depression as a common cold, or something to catch during weakened immunity or strength. Deconstructing this as an anti-public mental health discourse requires explicitly situating it within the systems and structures in which it is formed and the way in which it is oppressive.

Generally, 'mental health literacy', that is to say prescribing to public mental health discourse, is well-recognised as affected across intersectionality (Jorm et al., 1997; Bhui, 2002) by mediation of systemic accessibility barriers (Kutcher et al., 2016). When such cyclically disproportionately effect Black, working-class females (Edge & MacKian, 2010), we need to challenge directions of certain causality. Within the layers of CDA, this requires mentioning micro-level language translation errors and anomalies within psychological language (Leff, 1973) and noting the importance of discursive practice as a communal exchange between (Tajfel & Turner, 1986) and within (Scheff, 1996) social groups. Such can be contributive to the formation and function of stigma, and subject position realities to it. Although stigma towards public mental health discourses is prevalent across race, ethnic and gender groups (Corrigan, 2004), for GAYP and this specific research population, such is bidirectional. Given the over-policing and criminalisation of Black Mental Health by police as first responders to crises (Watson et al., 2021), over-representation in statistics for psychosis and

schizophrenia (Henderson, Thornicroft & Glover, 1998), as well as secure-unit inpatient stays (Bhui, 2001), public mental health discourses for this population are both a product of, and thus resistance towards stigma.

The creation of the culture of the gang to resist 'double stigma' (Gary, 2005) serves as a foundation from which this can be understood. Although in recent decades, culture has been created freely and socially celebrated, from the epistemological positions of social constructionism and symbolic interactionism (Mead, 1934), the creation of the culture of the gang for this population seems to be more politically aligned. Internalising attitudes of both the social (public mental health discourse) and the cultural (anti-public mental health discourse) worlds as parts of the self creates a 'generalised self-other' (Mead, 1934) that represents the more palatable, in this case, less oppressive, culture. The generalised self-other becomes the reference from which decisions are made, behaviours are performed and identity is developed. This 'looking-glass self' (Cooley, 1902) theory of individual and group identity development strengthens the generalised self-other as one separate to the oppressive social public, and thus merits the role and function of 'the culture of the gang'. Belonging to it serves as an act of self-identification and identification for others, which although transient, is constructed within political power systems.

Researchers in this field support such a creation of culture. 'The Game', a term created by Harding (2020) as a proxy for 'street life', can explain behaviours that frequently other those involved in SYV as deviating from public discourses and practices. For example, knife carrying, stemming from feelings of vulnerability and the anticipation of danger, within 'The Game' is a localised practice for protection (Harding, 2020). If young people involved in SYV do not feel protected by the stigmatising systems that should be protecting them, self-protection is adopted in its absence (Afuape & Oldham, 2022). In fact, over-policing and imprisoning young

people for carrying knives does little to address the antecedents, and contributes to the alienation and development of contentious relationships between 'The Game' or 'the culture of the gang' and the public, systems, and institutions. Thus, the physical and symbolic arena in which 'The Game' and its behaviours are conceived, in combination with a generalised self-other, offers locally specific empowering discursive positions (Harris, 2022). It can be understood that 'the resources available to individuals through social networks allow them to thrive within the street field' (Ilan, 2013, p.19), referring to a spatial metaphor (Bourdieu, 1975) that positions the culture in society. This allows the processes and practices within 'the culture of the gang' to exist and operate very differently to that which is outside.

Unfortunately, much of this seems unaccommodated in society, for example, with youth simply being seen in the background of a Drill video leading to their arrest and charge for involvement in violent crime (Fatsis, 2019) and nearly 1 in 3 young Black men in London being stopped and searched without reason (Lawrence-Jones, 2020). Knowing such disparity between the population's self-concept and society as having a negative impact on youth mental health (Ali & Champison, 2021), it is no surprise that the traumatic impact of not only state violence and oppression, but their public discourses based on prejudice and racism, only fuels identification with 'The Game' further as a defensive resistance. Despite such divisive discourse imposing boundaries and exclusions on the generalised self-other, GAYP continue to display their agency through negotiation and contestation. It can thus be said that the specificity of the mental health discourse, indeed one which is particular to the culture and the identities of those belonging to it, is in itself active resistance.

5.1.3. The Capitalisation of Masculinity from The Accessibility Discourse

There exist functions to the creation of 'the culture of the gang' in resistance, most remarkably in adaptation to the inaccessibility issues that arise from the

oppressing, unjust and unequal powers and structures of society. Relevant to this research, such inaccessibility is of effective, evidence-based, affordable and appropriate mental health care and services. Participants named multiple, cyclical structural and individual barriers as contributing to their accessibility discourse. Acknowledged as important (Whitley, 2012), community efforts to improve cultural competence in accessibility to mental health services have been made, so far for ethnic and religious minority groups (Brach & Fraserirector, 2000). These efforts, however, frequently contradict the philosophies of community and CoP by inadvertent homogenization (Blears, 2003) and resignation to realism and reductionism in which the wider systems of the NHS and its medical model function. Marginalised groups, not only GAYP but including sex workers, the travelling community, and those who are homeless (Gill, 2013), are left to suffer from the failings of the one-size-fits-all approach to accessibility.

Being a vast topic, the most referenced within this research, and that which allows for appropriate discussion of the conceptual framework, is the capitalisation of masculinity that is dyadically developed from, and develops accessibility barriers for this population. From a vantage of the self-other and society as separate, Messerschmidt (2000) suggests that negative feelings arising from experienced oppression, prejudice and injustice are mobilised towards other resources, such as physical strength, defence, and protection of others and community, to create a subculture, 'the culture of the gang', that revolves around machismo, masculine power and respect. Based on Connell's (1995) theories of hegemonic masculinity, the inability or unwillingness to concede masculine capital by admitting vulnerability, abiding to the narratives of weakness, or invite stigmatisation, contributes to the accessibility barriers that remove the appropriateness of mental health services for those furthering in marginalisation. Dominant public discourses disproportionately limit appropriate access to services for

young working-class and marginalised Black men conversely, as parlour of hegemonic hypermasculinity becomes acquainted with 'undesirable, violent, dangerous and aggressive' (Black, 2004, p. 32). Further constraining, and contributing towards the chasm between self-other and society, subject positions maintain a defensive identity that bidirectionally affects access to services. Where a seemingly fundamental practice in the psychological fields is to understand the function beyond the form, as part of a healthcare system we are forgetting to do such. It was once characterised that Black young men's identity is constructed around an embodied masculine subjectivity that emphasises respect, appearance and pride (Majors & Bilson, 1993), the function of which was designed to render the Black male visible in a society where they are invisible (Ellison, 1947).

The interpretation of this research suggested that GAYP have a preference for the practice of mentoring, or other youth work processes whereby the same social world is shared. Such was suggested to replace the primary provision of therapeutic relationships to alternative routes and professions, which the population and the culture deem effective, particularly due to factors of relatability, affordability and flexibility. Perhaps as mentoring within this population is typically offered by those who mirror GAYP, as certainly the participants to come forward for this research exemplify, the intersectional analysis of identity is to also include the capitalization of masculinity (De Visser & McDonnell, 2013). A mentor who shares a social identity rooted in 'the culture of the gang', whether through localised knowledge and practices, histories, geographies, language or intersectionality, have been known to create a 'streetwise professional identity' (Harris, 2022). Those who embody such an identity may seek such capitalisation to engender credibility, acceptance, approval and access to previously inaccessible communities (Glynn, 2014). Participants suggested that these render such therapeutic relationships more effective than formal therapeutic

relationships because of this very opportunity to access that which is deemed and maintained inaccessible. Not only, but those with a reflexive streetwise professional identity may empathise differently with the personal and social challenges faced by GAYP, that could help them to recognise evolving subjectivities in ways that other professionals may find difficult (Harris, 2019). Indeed, this formed the basis upon which the ideological dilemma about the relevance of lived experience was formed.

5.1.4. The Politics of Belonging from The Lived Experience Discourse

All of that which has been discussed thus far culminates in the discussion of the lived experience discourse. This discourse seemed built upon that which came before, existing as a result of the mental health and accessibility discourses, as well as contributing to them cyclically. Within this emerges the politics of belonging, which also serves to underpin participants and public discourses used about the therapeutic relationship supporting the mental health needs of GAYP, as well as the creation of culture and the capitalisation of masculinity that critically contextualises them.

First to discuss the interpretation of participant discourses, from which emerged two opposing subject positions. Those without direct lived experience were quick to mention the processes, qualities and values within the therapeutic relationship as moderating effectiveness, although it is important to note that some degree of shared reality, whether through their reference to the creation of culture or population-specific language, rendered this population as still existing to some degree within the shared reality of those involved in SYV. From the discussion of the accessibility discourse and the capitalisation of masculinity that critically contextualises this, it could be said that the participant population exhibited a 'streetwise professional identity' from the capitalisation of masculinity, suggested to mediate a degree of connection even from the outside of 'the culture of the gang'.

Those within 'the culture of the gang' seemed contradictingly, to affirm the

ideology of keeping things 'within', that the most effective therapeutic relationships for GAYP came from those already part of the shared reality of SYV. Not only does such correspond with the discourses of mental health and accessibility, but also relates to the critical context within which the accessibility discourse sits, in there being capitalisation of masculinity. Perhaps those who merit keeping things within are meriting social mobility and agency, maintaining the patriarchal power, as individuals typically transition from child to adult in ways that mirror the transition from GAYP to mentor (Harris, 2022). Included in this could be powerful scripts of redemption (Maruna, 2001) from which these adult mentors are able to make sense of their youth, and thus, themselves. Combining such ideology with the accessibility discourse creates a powerful narrative that GAYP and those within the shared reality comprise their own social group, who do not systemically 'fit'. The paradox here is that the systematic fit of the majority is rarely a topic of discussion.

Within such a paradox are discourses of belonging, and deservedness of belonging, which sits dichotomously within personal and intimate belonging, and belonging to that which is politically constructed and maintained at the macro-level (Yuvul-Davis, 2006). For this research, the deservedness of help, that is to say being deserving of systems and structures that help mental health, is entrapped within the macro boundaries that use and reproduce language to negotiate conditional positions for deserving help, for instance, the public mental health discourse. Internalising such deservedness risks Marxian 'alienation' (Sayers, 2011) from the self, which would only concede to strengthening 'the culture of the gang' and the anti-public mental health discourse, for example. Indeed, concurrent with the internalisation of discourses 'deserving' or 'not' are the discourses of 'good' or 'bad'. Indeed, GAYP using the same dichotomous language in their discourses of mental health, accessibility and lived experience, saying that certain words are either accepted or not, that practices or

processes are either right or wrong, are recognised as projections in attempts to self-legitimise.

Belonging is considered not only about social location or affiliation, construction of the individual and their collective or attachments, but about the ways in which these are internally valued and externally judged. This includes specific ideologies concerning where and how identity and categorical boundaries are or should be drawn (Yuval-Davis, 2006). The politics of belonging therefore refers to the political separation that is constructed between 'us' and 'them'. Participants using these very words suggest the degree to which such dichotomy is embedded. They seem, however, also to be dyadic or bidirectional, in that which has been externally created is maintained internally. It could be said that such is an agency to promote collectivised power within. Of course, belonging and the constructs of deservedness associated with it, are not only created by, but maintained by both individual and group identity.

The politics of belonging, and all of that which it includes, could be said to strengthen the ideological dilemma about lived experience, and maintain the macro-level barriers to accessing an effective and appropriate therapeutic relationship for GAYP struggling with their mental health. That is to say, that inherent need to belong to something greater than oneself inhibits the opportunities to let in that which is different. The inaccessibility of effective therapeutic relationships for GAYP exists in a cycle between the creation of culture, the capitalisation of masculinity and the politics of belonging.

5.2. Clinical Relevance and Implications

CoP's Professional Practice Guidelines state that "counselling psychologists will consider at all times their responsibilities to the wider world." (Division of Counselling Psychology, 2005, p.7.). There have been clinical, professional, and personal motivations for this research to contribute to something bigger from the outset,

particularly given the political component of social justice work (Watts, 2004) and social constructionist epistemology. By the very nature of this research being themed around best practice for the mental healthcare needs of GAYP, it can be considered clinically relevant across multiple pathways; to therapeutic relationships and interventions for GAYP, to the practice and process both of mentoring and CoP, and to society and policy more broadly. Within these, are implications for the practice and training of CoP.

For what I believe to be most relevant, is considering the position of the discourses of the therapeutic relationships and of mental health more broadly. By this, population specific language and a consideration for context, particularly that which is intergenerational, should be honoured. Indeed, cultural-adaptation is already in practice, for example with culturally adapted cognitive behaviour therapy (Ca-CBT, Naeem et al., 2015) well versed for multiple cultures and diagnoses, and an adaptation to language, culture and communication needs recommended by NICE (2013) for many of the same presentations affecting GAYP. The largest contribution of this research is the identification of 'the culture of the gang', and it argues that this should be socially positioned in the same way that other cultures in society are catered for and adapted to. Reframing not only clinical therapeutic relationships and interventions with GAYP as such requiring cultural adaptation, but also disseminating the discourses of this research relating to macro-level contextualisation of such to media and policy, challenging public victim-blaming narratives could allow for greater visibility of the extent of the current health problem in the UK and thus, inform effective relational interventions, funding for such, and even investment in public interest as a matter of national health concern.

Also of clinical relevance is the understanding that poor mental health in this population is being supported to some extent by mentoring programmes, and those in

therapeutic mentoring relationships. Also clinically relevant is the fact that it is macro-level context that inhibits the continuation of effective therapeutic support in these mentoring relationships. Thus, there is an opportunity here to provide training and support for such preferred mentoring relationships, as is the value of being client-led. Recognising that a significant part of the social justice agenda in CoP is sharing power and knowledge (Goodman et al., 2004), we have a responsibility as a profession to empower others. Upskilling mentors and mentoring programmes by providing training, support and supervision could support them to be as therapeutically and clinically informed as possible. Contributing to an evidence base for such in the long term could help to alleviate some of the relational disparities, or ideological dilemmas, in providing effective therapeutic interventions for GAYP's mental health. Indeed, challenging the landscape of recruitment into the profession to reflect the changing needs of society, CoP could also look to fundraise or publicise roles of mentoring for this population. Challenging macro-level inaccessibility of mental healthcare more generally requires challenging the accessibility of training programmes for such too. Indeed, a core tenet of community psychology and co-production of services is to work with what already works. As such, this research could inform the access of mentoring relationships in the community and in youth justice services as already supporting GAYP mental health needs, potentially improving funding and provision of such in the long-term.

In conjunction with this is the responsibility the profession holds to promote the inclusion of GAYP mental health by supporting and challenging access to appropriate healthcare and service use. Challenging discriminatory practices in CoP can be considered relevant for actioning the findings of this research, across micro-level factors of waiting room dynamics and postcode geographies, to macro-level factors relating to race and class as barriers to accessing effective healthcare. Where the recent transition towards trauma-informed care across many of the systems in the UK has

traction, this research is of the position that this is a traumatised population too, where services could be considering longitudinal risk factors in presentations and as impacting appropriate access.

5.3. Limitations of the Research

To weave throughout the research epistemology and researcher reflexivity would be to also include a section on the limitations of the research. Given that absolute knowledge can never be certain within social constructionism, this study was not designed to attain objectivity, generalisability or replicability. It did, however, endeavour to offer a suggestion for how some GAYP and the mentors working with them construct an idiosyncratic meaning of a therapeutic relationship.

Of course, this suggestion was a bi-directional process of meaning making between participant and researcher, where relation was important. Throughout the interviews, this relation may have been as 'etic', somebody outside of, and with no direct lived experience of the research phenomena, potentially having an effect on what was, or conversely, not said. Thus, the identity of the researcher poses a limitation of this research. Their relation and discourse may also have been influenced by systemic hierarchical power dynamics, maybe relating to me as the doctoral student in higher education. Indeed, I was conscious of any top-down assumptions and biases that could have been made in terms of this power dynamic, fearful of mirroring macro-level systems that dictate political and social change from a position of external academic expertise, rather than internal and experiential. This extends to the literature referenced throughout, noting that some may have come from published researchers without such experiential expertise, and thus required an acknowledgement of subtle power dynamics affecting the aims and applications of this research and the phenomena more broadly. Already limiting objectivity through the research epistemology, it was thus imperative to maintain a reflexive stance for how bi-directional and cumulative biases

and assumptions corrupt the approach to meaning making, as indeed, it is such reflexivity that validates this research.

Addressing the specificity of the participant population as limiting includes the locations from which participants were recruited, where we know the phenomenological landscape of SYV to be geographically vast. And although more indicative of the phenomena itself than any disadvantage of the recruitment process, participants were all male, and all, bar one, non-White. A particular limitation of this study was that it was not more interested in the individual motivation for participation, which whilst suggested through dialogue, could have allowed for a deeper discussion of the processes and practices within the therapeutic relationships, or indeed, arguments about macro-level inaccessibility of contributing to positive change.

Another limitation of this research presents from the dual roles of participants, speaking from the position of both themselves as mentors, and the GAYP they work with. Dialogue inevitably changes when it is not from the source and whilst this creates opportunities for further research and does not largely compromise validity given the research epistemology, the voices of the young people were not directly heard, and should this research contribute to change, would risk mirroring the very top-down mechanisms it tried to initially avoid and compromise one of the core tenets of social justice work (Goodman et al., 2004).

5.4. Opportunities for Further Research

Following these identified limitations, an immediate opportunity for further research comes from an expansion of the research participants to include young people directly involved with SYV as participants. Regrettably, I was apprehensive about recruiting young people from a research ethics perspective, primarily concerned with it affecting the long process of doctoral research. I had wrongly assumed that not only would ethical approval be difficult, but recruitment and commitment to the interview

process. I was also more concerned with potential implicit power dynamics between researcher and participant had they been GAYP, echoing reservations about hierarchical mechanisms of change, particularly within issues of social justice. Working with adults, I hope, removed the addition of generational power imbalances. Replicating theoretical background, aims and methodology of this research to include GAYP as participants would allow for the clinical relevance and implications for therapeutic practice to differ, either contributing to the discourses and ideologies as discursive practices identified in this research as confirmatory, or contradictory. Regardless, with the aim of understanding current and informing best practice relational interventions for GAYP, it is essential that their voices are heard.

Chapter 6: Review, Reflections and Conclusions

To review this research, it would be helpful to return to the research question, which asked how GAYP and the mentors working with them understand the concept of a therapeutic relationship. The research question was accessed through a gap in the literature that suggested that young people, marginalised in society due to the social constructions of their circumstances, showed preference for mentoring relationships over, and showed an active dislike of, counselling relationships. However, when trying to understand this further, it became apparent from research, literature and theory, that the values of both these mentoring and counselling relationships were the same, and based on the core values of 'the therapeutic relationship'. As these values between mentoring and counselling relationships were consistent, it was intriguing how the young people who experienced these relationships understood them, and how they understood the preference of one over another, or the active dislike of one. From here, acknowledging the large numbers of unsupported poor mental health presentations in this particular population, and a phenomena so closely linked to mentoring and counselling in practice, the research was born.

To answer the research question, how GAYP and the mentors working with them understand the concept of a therapeutic relationship, it seems, firstly, that the therapeutic relationship between GAYP and mentors is something that fits 'the culture of the gang', an ideology forthrightly, developed from population-specific discourses honouring the social, political and historical context within which the culture exists, and within which it sits at a macro-level. It seems also that this creation of the culture of the gang is as a means to challenge macro-level inaccessibility of mental health services, doing so through the capitalisation of masculinity. Such not only exists within

the culture, but is used as a means of accessing therapeutic relationships in a culturally appropriate way. It can thus be recognised that there is a specific form and function which the therapeutic relationship takes, with participants acknowledging such as limited in terms of therapeutic impact for more severe presentations of mental health needs. Thus, it can be suggested that the therapeutic relationship existing between GAYP and their mentors requires more practice and resources in terms of specialised and evidence-based interventions. We could say that through this research, what has been answered is any doubt around the efficacy of mentoring relationships, particularly due to the lack of research into the processes or practice by which it works. Where also understanding that young people particularly value these relationships, perhaps as what is, and by whom they are, offered are seemingly separate and distant to the oppressive and prejudicial systems that have preceded poor mental health in the first place, mentoring relationships should be held with the same positive high regard as other therapeutic relationships, and funding, training, supervision and public investment into such therapeutic relationships for marginalised young people should be respected and honoured.

Complicating matters, however, presents an ideological dilemma about how such effective therapeutic relationships within mentoring are achieved. Those mentors within the culture of the gang determine a strong ideology that inhibits such from being achieved from externally sourced services or practitioners. This ideology is based on the politics of belonging, and is one which is socially constructed across a complex interplay between macro-, meso-, and micro-level factors contributing to oppression, prejudice and injustice that creates such inaccessibility in the first place. There is an emotional charge to this ideology, almost as a means to protect and preserve the culture. It has been discussed in this research as a way of cyclically maintaining macro-level inaccessibility of such well-practised and well-resourced therapeutic interventions,

essentially determining the therapeutic relationship that exists within the culture of the gang as holding more power by the very ideology and virtue that it based on the politics of belonging. The inherent need to belong to something that is greater than oneself inhibits the opportunities to let in that which is different. In a way, this research contributes to the case for changing the power dynamics of therapeutic relationships for this population, from one based in the school and values of counselling psychology, whereby psychological interventions are co-created into treatment plans to alleviate distress, to more of a relationship based in the school and values of mentoring, where the aim is to empower individuals to reach their potential, with distress reduction as an indirect effect. In practice, this manifests as ultimately treating people with more respect, and considering poor mental health not only as an indirect effect of systemic prejudice, oppression and injustice, but also the indirect aim or objective of a therapeutic relationship, where first and foremost, two people should be relating with care and respect.

There are of course, clinical implications of this shift in perspective, which have been discussed in section 6.2., but to appropriately address the mental health needs of GAYP in a way that is respectful to and understanding of the culture, requires challenging the powerful politics of belonging. In some ways, this feels a disheartening conclusion, as how far back does one need to go to undo the creation of such a defended ideology. And how far forward do we need to look for this to be achieved. More specifically, to address how the politics of belonging have created a defence against letting in that which is different, or in the case of this research, that which does not belong to the culture of the gang, we have to look at how and why such have been created in the first place. Respecting the origins of the gang to be an anti-authority rebellion, steeped within the contexts of structural inaccessibility, prejudice and oppression, requires a careful management of how such authoritarian positions relate to

effective therapeutic relationships, for example, those which are created from a top-down approach, rather than one born from community, and how such could risk mirroring the original anti-authority rebellion. With this research suggesting that there is a form of therapeutic relationship that works for GAYP and marginalised young people more broadly, this must be respected. As opposed to offering a therapeutic relationship for these young people in spite of the structural inaccessibility and inappropriateness of current therapeutic relationships, within social constructionism, this could be shifted towards the challenging the macro-level structures and systems of oppression, prejudice and injustice based on race, class and gender that as a country, we maintain every day. From that which has been discussed in section 5.2, we know that there is a one size fits all approach to accessing mental healthcare and the associated therapeutic relationships in today's society. With the systemic differences in treatment, funding, access and public investment reflecting differences in the 'deservedness' of such based on race, class and gender, we need to challenge the political hostility and resistance towards fair and equal treatment of people. Which of course, extends to lobbying for systems and structures to acknowledge the extent of the invisible problem, and to make changes accordingly. This research exemplifies that changes need to be made, that what is currently being offered does not fit the needs of the community, culture, or young people involved in SYV. Although additional research could support how such changes should be made moving forward, what we have been told is that more funding, a better understanding of the phenomena, and culturally appropriate methods of formulation and intervention are required.

As has been suggested throughout, this is an emotionally-charged topic of research for those involved, and much like the tumultuous process of understanding my personal and professional motivations for becoming involved with it, I experienced a tumultuous relationship with the research question and process. Although I have no

direct lived experience of SYV, it is an emotive topic for me too, and one which demanded a greater practice of 'bracketing' (Smith et al., 2009) as it progressed. I was taught how an emotionally-driven agenda may influence the position and prioritisation of data, risking credibility, rigour and ultimately, its contribution. Having the tenets of social justice work as the foundation, I wanted to produce research of quality, that meant allowing data to emerge without defensibility or drive. To manage how this competed with my emotive agenda to shame and blame the social constructionism of prejudice, oppression, and injustice, required the use of a reflective journal, supervision, and personal therapy. Through these, I reflected on not only the origins of this agenda and its role within this research, but my assumptions and beliefs about the world, people, justice, equity and activism more broadly. Most pivotal in this was reflecting on how and why I feel responsible for contributing to change, and how this fluctuates between advocacy, despondency and acceptance.

During the literature review process, my primary concerns were surrounding the wealth and breadth of literature circulating the phenomena. Being a relatively new area of research, I was scared to miss the latest updates and progressions, creating a sense of pressure to not only keep pace, but convey the uniqueness and validity of this research's contribution. Over the four years of writing this research thesis, countless publications have appeared that have altered the course and direction of this work. This alone was a practice in removing or limiting any personal or professional agenda, but admittedly, one that did not come easily. Unknowingly, I had kept in mind the voices of young people I had worked with very early on in my career, and had allowed this to not only contribute to my assumptions and beliefs about the world, people and justice, as indeed I have no direct lived experience of SYV myself, but also the agenda to ally with and advocate for those voices from a decade ago. Reflexivity during the literature review process was the practice of accepting how much does change and progress within a

decade. I was also aware of the unique position of public and political opinions during the literature review process, with search engine results raising numerous news articles and policies along with academic literature. I found this overwhelming to manage and maintain the neutral, unassuming position of the researcher within. At times I recognised this neutrality as tipping between hopefulness and hopelessness about the research contribution, that in turn affected the effort with which I examined literature critically and rigorously. Combining fluctuating effort, perfectionistic tendies, and a fear of missing new research, meant that this process was indeed a long and arduous one.

The process of recruitment for this research could also be described similarly. I am now able to recognise that a lot of the difficulties faced with gathering a participant group could have resulted from a motivation to 'keep things within' 'the culture of the gang' by those involved with the phenomena, and although interest in participation was plentiful, commitment to the processes between interest and interviewing led to a high dropout rate. A few individuals expressed desires for a 'quick chat' over the phone, avoiding the stages of screening and informing consent, but conscious of credible and ethical research, minimising harm or retraumatisation, these individuals had to be appropriately removed from potential participation, and the long process of recruitment endured. I was also left feeling a little disappointed by potential leads, who although expressing interest in participation from its very conception four years ago, perhaps felt fearful of what could become exposed about 'the culture of the gang', or what potential retributions could lead from discussing a phenomena that is so closely linked to illegal and illicit activity in society and media. Although I tried to reassure, and explain the intention with which the interview aims and schedule had been arranged, I also did not want to risk replicating power imbalances, directing or dictating participation against an individual's wishes. I recognised that their decisions, whether informed or not, were

decisions to be respected.

Although boundaries around gender-specific experiences were accounted for in the inclusion and exclusion criteria for those participants with lived experiences of SYV (in line with what has previously been discussed around the focus of this research being the male experience of SYV), even those participants without direct lived experience, and thus able to offer this insight from any gender, were male by chance. Reflecting on this, it may have been that such female-specific experiences of SYV forms a well-acknowledged secondary phenomena, which by no means feels right from a feminist discourse, does reflect what is currently at the forefront of media, literature and research as the male experience of SYV, and continues to be reflected in those services and relationships that are designed to support such. It may mean that typically, those in mentoring roles are male, and thus are able to offer a relationship that carries opportunities for role modelling through same-sex mentoring. From the research, we know that these mentoring relationships are valued by the young people involved in SYV, although not directly factoring for same-sex mentoring. Not only is this an opportunity for further research, but for a further point of reflection, interesting given the researcher's identity as female, interviewing male participants on their experience of mentoring male SYV. This may have influenced what was said or not said during interviews, and the researcher-participant relationship.

During participant interviewing processes, my felt sense of responsibility became a hypervigilance to power dynamics. Rooted in the insecurities I hold generally in this profession about not being old enough, or qualified enough, or expert enough to contribute significantly and meaningfully, I have difficulty with positions of directionality or hierarchy overall. In conjunction with my lack of direct lived experience of the phenomena, I was at times too passive in my role as researcher. This surfaced during participant interviews most significantly, where the lack of structure

and direction I offered complicated the process of gathering quality or coherent data, making later stages of data interpretation particularly difficult. I reviewed transcripts that represented monologues of free association rather than informative answers or suggestions targeting the research aims. I was torn between validating and acknowledging participant dialogue therapeutically from a position of non-directiveness, and my role as researcher gathering relevant and succinct data. This was eventually managed, as I began to set the interviews up according to what was appearing, offering a period of free association at the start of the interview, followed by a more intentional question-and-answer process.

The dynamics of the interview process meant that data interpretation, something I had been particularly looking forward to from the outset, was complicated and difficult. Data between transcripts was difficult to compare and contrast due to the lack of coherent structure in the interview schedule, and data within each transcript was difficult to organise into themes due to the quantity. The quality of the data also played a role here, personally feeling that all was valid and offering something of relevance, but professionally recognising that not all can be in line with the research aims. Organising the data also felt difficult, with initial data tables revised numerous times in order to best reflect the research method. During these initial drafts of the data tables, I felt quite disheartened with the research, feeling as if its contribution to the phenomena had fallen short, as indeed, that which had appeared during the first drafts of the data interpretation had only replicated that which had been explored in the literature review. Using supervision here to develop my understanding and practice of the research method was helpful, and my relation to the data changed rapidly the more novel and valuable discourses were appearing. This quick shift, however, also required reflection, exploring why it felt so important for discourses to emerge of value. Discussing the data, however, returned to a practice of joy, and reminded me of my affinity for

research. In fact, my initial fears about the inclusivity of knowledge meant that the supporting literature sourced for discussion was chosen very intentionally, as related phenomena already within my zone of achieved development, and thus, able to discuss and explore with relative confidence and ease. This was also due to the familiarity I now had with not only the data and discourses, but the phenomena as a whole, feeling slightly more confident in sharing my knowledge. With honesty, the more laxed attitude towards the processes of discussion could also have just been the product of a very long four years.

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Appendices

Appendix A: Email contact to potential participants

Dear xxx,

My name is Lakhita and I am a Counselling Psychologist in training at London Metropolitan University. I am emailing in regard to recruitment for my doctoral research.

Introducing myself briefly, I am interested in researching and supporting the mental health needs of young gang-associated people. Having worked for Barnardo's at HMYOI Feltham and a number of children's centres prior to this doctorate, I have previously worked to advocate for the wellbeing of such young people, and I come from the position that they are victims of oppression institutional racism, and classism.

Valuing the work that mentors do in creating incredible relationships that change many of these young people's lives around, I also appreciate that change needs to happen at a societal and structural level if we're to challenge the cycles that these young people can get caught in. I recognise that things are complex though, and my research hopes to contribute to the wider understanding and wellbeing of gang-associated young people.

I am researching what it is specifically about the mentoring relationship that works for gang-associated young people. Understanding how these bonds are made and what exists within them may mean that they can hold stronger evidence in the eyes of those in power. I also understand that some gang-associated young people do not like getting professionals involved in their lives, especially not mental health professionals. I am also researching why this is, with the hope to understand how we can make mental health more accessible and appropriate for these young people.

The government funding and research for mentoring in the UK, and specifically for gang and youth violence, is not extensive at present. Yet, young people are suffering from gang-related violence every day, even witnessing murders, and attending funerals. Hopefully, by researching what works about mentoring relationships and understanding how we can apply that to other helping relationships, we can start to open up some mental health support for these young people.

If you know of any adults (aged 20-30 years old) who had accessed a mentoring relationship when they were younger (12-18 years old), and would be interested in chatting to me about their experiences, then I would love to be able to get in touch with them. Likewise, if you know of any adults who work or volunteer as mentors (informal or formal) with gang-associated young people at the moment, and again would be interested in chatting, then please let me know.

If they are happy for you to share their details with me (email or phone), I can contact them. Otherwise, they can email or phone me directly.

Thank you so much for your time and I really look forward to hearing from you soon.

Kind regards,

Lakhita Uppal

Appendix B: Further information pre-recruitment

Dear xxxx,

My name is Lakhita and I was passed on your information from xxx at xxx. I'm just getting in touch because xxx mentioned that you might be interested in taking part in some research with me. I'm currently studying for a doctorate in Counselling Psychology at London Metropolitan University, where I'm researching how a mentoring relationship is created and works. I believe xxx may have already spoken to you a bit about the research, but I just wanted to share a bit more.

Before you decide whether you want to take part or not, it's important for you to understand why the research is being done and what it will involve. Please take the time to read this carefully. If you'd prefer me to call you with all of this information instead, then please let me know.

What is this research about?

This research is to understand the relationship between a mentor and the person they are mentoring (the mentee).

Specifically, I will be looking at mentoring for 'gang-associated' young people, as an intervention to help avoid or stop youth-violence. Being 'gang-associated' in this research means having had some involvement in a 'gang', but the definition and specifics of that are up to you.

This research is with adults only, which means holding sessions with people who used to be gang-associated when they were younger and current adult mentors working with gang-associated young people now. You may fall into one of those groups.

This research is also to understand if and why mentoring relationships are preferred over other helping relationships, such as those with mental health professionals, like counsellors or therapists. It would also be to understand how to make these relationships with mental health professionals work for gang-associated young people currently, so how to make them more appropriate and accessible.

This is important to find out, because research already out there suggests that young gang-associated people do suffer with mental health problems, and often aren't able to access

support that suits them. Research suggests that young people are experiencing things on roadand dealing with them on their own. It may be, however, that they get that through a mentor, which would be important to know too.

In summary, this research is going to be about:

- Understanding the relationship between mentor and mentee
- Understanding if and why mentoring relationships are preferred over other helping relationships
- Understanding how to make mental health helping relationships better suited

Do you have to take part?

No, you most definitely don't have to take part if you don't want to. It is entirely voluntary. If you do want to take part, then there are some further steps to go through.

Is it all confidential?

Yes, this is confidential. All of your information will be securely stored, and anything identifiable will be removed or changed. For example, different names will be used in order to protect your identity. This will be the case when this research is made public too, so there will be no way for anyone to be able to identify or recognise you.

Is my personal information safe?

Yes, the processing and holding of your personal data will be in accordance with the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.

What does taking part involve?

It begins with a form that I send out to gather a bit more information about you, for example, whether you were a mentee or mentor and for how long etc. From here, some people may not go on any further, because it might be a bit risky or potentially difficult to think about some of that stuff. From there, if you still want to continue, and are okay to do so, we will meet up or chat over the phone to sign a written consent form, where you can ask questions to make sure you fully understand. Signing that document means that you are happy to take part. Then the research session will take place. This will be one session in a secure, private and convenient place that will last for around an hour and will be audio-recorded, but anonymously.

Will anything bad or harmful happen?

Although nothing is designed to do so, some people might find it difficult to talk or think about things to do with gang 'behaviour' and youth-violence, either as a mentor or a mentee. Everything will be done to avoid this, and your safety and wellbeing is priority. This means following ethical guidelines and principles such as the London Metropolitan University Distress Protocol. We will also check in with how you are feeling before we begin the interview, during and after. You may take breaks, decline to answer questions and ask to stop to completely at any time, without any consequence. At the end, we'll go through more thoroughly how it was for you and you'll be given some supportive information to take home if you wish.

Is it safe to take part?

Yes, the research project has been reviewed and approved by the London Metropolitan University Ethics Committee.

Costs

You will be reimbursed for your travel costs.

Concerns and Complaints

If you have any concerns, questions or complaints that you would like to raise about anything to do with this research or the process, then you are able to get in touch with my supervisor.

If you would like to get involved…

Or would like some more information about the research, you are able to contact me on the details below.

I look forward to hearing from you.

Kind regards,

Lakhita

Contact Email and Contact Number

Appendix C: Inclusion and exclusion criteria

Age:

Gender:

Please tick which box applies to you:

	Yes	No
I am a mentor currently working with gang-associated young people aged 12-18 years old… Any comments:		
I am a mentor currently volunteering with gang-associated young people aged 12-18 years old…		
I have been a mentor working or volunteering with gang-associated young people aged 12-18 years old before…		
I have mentored a young person for at least 12 months…		
I was associated with a 'gang' between 12-18 years old…		
It has been more than two years since I have been gang-associated…		
It has been more than ten years since I have been gang-associated…		
I experienced being mentored between the ages of 12-18 years old…		
I had the same mentor for at least 12 months….		
My mentor was assigned to help me with gang-associated experiences…		

I have received help from a professional about my mental health…		

I am currently taking medication for my mental health…		
I used to take medication for my mental health but not anymore…		

Over the last two weeks, I have…

	Not at all	For a few days	For more than half the days	For nearly every day
Been feeling little interest or pleasure in doing things…				
Been feeling down, depressed or hopeless…				
Had trouble falling or staying asleep, or sleeping too much…				
Been feeling tired or had little energy…				
Had a poor appetite or overeating…				
Felt bad about myself – like I am a failure or have let myself or my family down…				
Had trouble concentrating on things, like reading or watching TV…				
Moved or spoken so slowly that other people noticed, or the opposite – been fidgety or restless, moving around more than usual…				
Thought I would be better off dead or hurting myself in some way…				
Felt nervous, anxious or on edge…				

Not been able to stop or control worrying about things…				
Worried too much about different things…				
Had trouble relaxing…				
Been so restless that it is hard to sit still…				
Become annoyed or irritable easily…				
Felt afraid that something awful might happen…				

Appendix D: Information sheet to inform consent

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Dear xxx,

The purpose of this letter is to revisit the information provided to you in more depth before you choose whether to consent to participation or not. Just as a reminder, you are under no obligation to take part. By signing the form attached, you give your consent to take part.

The Research

The study is hoping to explore more specifically, how the concept of a 'therapeutic relationship' exists in mentoring for gang-associated young people, and whether it can exist in other helping roles working with them. The research is going to consider perspectives both from the gang-associated young person and the mentor, and will think about these relationships retrospectively. There will be a particular focus on mental health, as some research suggests that it is impacted by being gang-associated.

The research will hopefully help inform what already exists in practice for gang-associated young people currently, in terms of supporting their mental health and challenging barriers of accessibility.

You are being asked if you would like to take part as it seems as though you may have been gang-associated when you were younger, and that you accessed mentoring during this time **or** You are being asked if you would like to take part as it seems as you are currently a mentor working with gang-associated young people.

The Session

The session is very much open and collaborative, more like a conversation than a question-and-answer interview. No personal questions will be asked about your experiences whilst being gang-associated, or about your mental health. Questions will be very open and can be discussed together, and they will focus on experiences for young people generally, for example, what were the positive and negative things about having a mentor, or what do you think are the current barriers for gang-associated young people accessing mental health support? You will not have to answer any questions you don't feel comfortable with and are

free to withdraw or stop whenever you want. **There will be no questions asking what activities may be taking place in gangs, either that you participated in or knew of.** Discussing this is far from the objectives of this research. Should, however, information requiring a legal obligation to share come up, the researcher may have to take appropriate action. Just to reiterate, it is very unlikely that this will happen, unless you choose to share information unrelated to the research questions.

Precautions have been taken to ensure that there are no risks or dangers in taking part, and your safety and wellbeing is priority. If at any time you feel uncomfortable or distressed, we are able to take a break or stop completely.

I will be the one to interview you, for one hour-long session at a convenient place. I will record the sessions and type them up into transcripts for the research, but anything identifiable will be removed. Anything you say will be confidential, unless there is deemed a risk to yourself or to anyone else.

The Findings

There is a period of two weeks after the session where you are able to withdraw your consent. Any longer than two weeks, the information from your session may still be used, but of course, it is completely confidential and will be unidentifiable. This is just to ensure fairness for the research process. The recordings of the sessions and written up transcripts will be kept for five years before being destroyed.

This is a really exciting opportunity that will hopefully help support the mental health of gang-associated young people, and I really value your interest up to this point.

Please feel free to get in touch if you have any further questions or any concerns.

Otherwise, if you are happy and ready to take part, please sign the form attached!

Thank you!

Lakhita

Appendix E: Interview schedule

QUESTIONS ABOUT THE THERAPEUTIC RELATIONSHIP

What does a 'therapeutic relationship' mean to you?

How do you feel about it and what comes to mind when thinking about your experiences of being mentored **or** mentoring?

In what relationships do you feel you experienced this?

Where and how do you think GAYP currently experience a therapeutic relationship?

- Is it helpful or not helpful?
- What works well?
- What could be done better?

QUESTIONS ABOUT MENTORING

What does mentoring mean to you?

How do you feel about mentoring for GAYP?

- What about in terms of their mental health?
- What do you think works well?
- If anything, what do you think could be better?

What comes to mind when thinking about a therapeutic relationship?

How do you think the **other participant group** feels about this?

QUESTIONS ABOUT COUNSELLING

What does this mean to you?

How do you feel about counselling for GAYP?

- What about in terms of their mental health?
- What do you think works well?
- If anything, what do you think could be better?

What comes to mind when thinking about a therapeutic relationship?

How do you think the **other participant group** feels about this?

QUESTIONS ABOUT MENTAL HEALTH

How you feel this relates to GAYP?

- What about at an individual level?
- What about at a societal level?

What comes to mind when you think about GAYP and mental health?

- What do you think works well?
- What do you think could be better?
- What do you think is important here?

What about accessibility to mental health support?

- What comes to mind for GAYP?
- What do you think works well?
- What do you think could be better?
- What do you think is important here?

END OF SESSION

Is there anything that you thought was important that I did not ask you about, and if so would you like to tell me about it now?

How do you feel about what we have discussed today?

What has your experience been of taking part in this interview?

Is there anything you would like to ask me about our discussion today?

Appendix F: Confidentiality agreement

This consent form is to ensure that you are happy with the information that you have received about the study, and that you are aware of your rights as a participant, and that you are happy to participate.

Please tick if you agree to the following:

- ☐ I confirm that I have read, and that I understand the information sheet for this study
- ☐ I have had the opportunity to consider the information about the study, and to ask questions about it
- ☐ I have received enough information about the study to enable me to decide whether or not I want to take part
- ☐ I understand that all of the information will be kept confidential
- ☐ I understand that the principle of confidentiality cannot be maintained if the information disclosed is to cause harm to myself or to others
- ☐ I understand that this study has received ethical approval from the Research Ethics Committee at London Metropolitan University
- ☐ I understand that the study will be carried out in accordance with both the London Metropolitan University's Code of Good Research Practice, and the British Psychological Society's ethical guidelines
- ☐ I also understand that both I and the researcher have the right to bring the interview to an end if undue distress is being experienced
- ☐ I understand that I am free to decline to answer any questions that I do not wish to answer
- ☐ I understand that my participation in this study is entirely voluntary
- ☐ I am aware that I have the right to withdraw myself and all the details of my interview from the study for a period of up to four weeks following the interview
- ☐ I understand that I will participate in a face-to-face interview that will last for around one hour. The interview will be audio-recorded and will later be transcribed by the researcher
- ☐ I understand that the researcher will use quotations from my interview in the writing-up and publication of the study
- ☐ I understand that my identity will be completely anonymous and that my name will not be revealed at any point in time

- □ I understand that for publication purposes both the recording of the interview and the transcript will be kept for a period of five years
- □ Please tick this box if you would like to receive by e-mail a summary of the results of the study
- □ I hereby agree to take part in the study

Name of Participant:

Date:

Signature:

Name of Researcher:

Date:

Signature:

Appendix G: Debriefing information

Thank you so much for taking part in this research study. Your contribution has been very valuable in helping support young gang-associated people's mental health, whether that is through challenging accessibility, informing best practice, or supporting what already exists out there.

I understand how taking part might have been anxiety provoking, maybe as being a completely new experience or being worried about what might have come up. For this reason, I enclose a list of organisations it may be helpful to talk to, if you wish.

As mentioned before, your anonymity will be ensured throughout the whole study, and all identifiable information will be changed or removed in order to protect your confidentiality.

Should you wish, for any reason, to withdraw your consent from the research, please do so within two weeks of your interview. In this case, all of your material will be destroyed immediately.

Also, if you would like to receive a copy of your interview transcript and/or summary of the findings of this study, then please let me know and I will get them to you.

Finally, if you have any questions or concerns about any of this, then please get in touch with either myself or my supervisor.

Thank you once again for taking part!

Best wishes,

Lakhita

Appendix H: Signposting information

Thank you for being interested in taking part in this research!

The research has been designed so that there is no impact on your mental health or wellbeing by taking part, so there are strict requirements for who it is most suitable for.

Because of the some of the answers to our previous form, unfortunately it has been decided that it would be best for you to not take part.

This is nothing to worry about. Because you suggested xxx about xxx, we want to keep you protected from any potential negative emotions that might come up from taking part in this research.

If you'd like to chat a bit more about why this has happened, then please contact me by email or you can call or text.

You may also be interested in chatting to your GP if any negative emotions have already started coming up. Or you can contact some of these for some support:

- **Samaritans** provides confidential, non-judgemental emotional support, 24 hours a day for people who would like to talk about how they are feeling. Phone: 08457 909090
- **Mind** helps people with their mental health, by giving information and advice. Phone: 0845 766 0163

Once again, thank you so much for offering to take part in this research.

Best wishes,

Lakhita

Appendix I: Step-by-step process of data analysis

Step 1: Reading

- Notice general discursive effects, impressions and what is 'doing' (Willing, 2013)
- Familiarity with the text - reading and rereading, relistening etc, making notes of patterns by highlighting implicit and explicit references to relevant topics

Step 2: Coding

- Highlight general observations of the discourse relevant to the topic - similarities, differences and contradictions in how topics are constructed
- Consider participant groups and roles and dynamics of power
- Construct into themes
- Broader contextual, social and cultural influences apparent and implicit in the text
- Consider subjectivity, what is felt, thought and experienced from a particular subject position
- Reconstruct themes

Step 3: Fine-grain analysis of discourses about therapeutic support for GAYP

- Analysing what is encoded in sentences (ie signification)
- Analysing its interaction with context (ie significance)

Appendix J: Transcript and analytic process

CREATE A LIST OF DISCOURSES - WHAT IS BEING SAID IN LINE WITH THE RQ: HOW DO GAYP AND THE MENTORS WORKING WITH THEM UNDERSTAND THE CONCEPT OF A THERAPEUTIC RELATIONSHIP?

DISCOURSES ABOUT MENTAL HEALTH | DISCOURSES ABOUT SUPPORT FOR YP | DISCOURSES ABOUT POWER AND POLITICS | DISCOURSES ABOUT THERAPEUTIC RELATIONSHIP

#	Transcript	Codes
88.	know they need us a bit if I'm honest, a lot of youth these days are missing the important interactions and	
89.	conversations with adults and they're missing those opportunities for role models you know what I mean?	Adult - child dynamic is important
90.	mean yeah even sometimes you know we can be the dad telling them off about chasing girls or not eating a	Role model Unspoken connection
91.	proper meal or something you know what I mean and I think they secretly love it hahah [haha]	
92.	And what about particularly in terms of their mental health?	
93.	Well then things are a little different I think because you don't forget we're not talking about depression or anxiety	Mental health is not the same as feelings
94.	you know what I mean, we're just talking about feelings [mhmm], you know I think sometimes I think I want to	
95.	give more about that but I don't really know to be honest [mmm] I mean we deffo have some people who are	MH = feared topic
96.	able to talk about mental health problems properly [mmm] but most of us are a lil scared I think if I'm honest	
97.	[mhmm] you know what I mean? Like I don't really know what to prescribe for depression or what to suggest or	MH = medical
98.	something you know what I mean? Yeah I dunno really about that sorry	
99.	No no that's ok thank you, and just a few more questions if that's ok [yeah yeah], ok so what do you	
100.	think counselling means in the context of serious youth violence?	
101.	Hmmm ok yeah so counselling, I think some young people need it if I'm honest, you know what I mean?	
102.	[mmm] I think there are a lot of youths struggling in silence [hmmm], but it's hard you know, coz I guess not a	Struggling in silence with mental health and

7

CREATE A LIST OF DISCOURSES - WHAT IS BEING SAID IN LINE WITH THE RQ: HOW DO GAYP AND THE MENTORS WORKING WITH THEM UNDERSTAND THE CONCEPT OF A THERAPEUTIC RELATIONSHIP? DISCOURSES ABOUT THERAPEUTIC RELATIONSHIP

DISCOURSES ABOUT MENTAL HEALTH | DISCOURSES ABOUT SUPPORT FOR YP | DISCOURSES ABOUT POWER AND POLITICS

148. Hahah yeah we need to sort that out don't we coz if I'm honest its just not on the scene you know, its mad to
149. think that this stuff exists out there that we have no idea about [hmm] you know, its like you know people are
150. tryna move around like they got a secret to hide [haha] like you know keep some people healthy and happy
151. and let the others suffer [hmm what do you mean by that], you know its like fair enough maybe things get
152. taught in school about where to go and what to do if you need help but I know that isn't happening on road
153. because its just not what we're talking about you know what I mean [hmm] like you know, maybe if we did
154. know what to do or where to go or who to talk to things could be different you know [hmm] like where do you
155. even start when you haven't got a clue you know [hmm]

'SAM' - WITH - COMMUNITY

156. OK so let's start with mental health for young people involved with serious youth violence?
157. I can't disclose too much, but I can give you an example... mental health comes from...not...what someone
158. goes through...but what the barrier is that they can't overcome so for example I was supposed to sort of be
159. really rubbish at communicating, as soon as I sort of overcome that fear and start doing public speaking and
160. become very natural, that isn't...it's not an issue to me anymore... that's what mental health is to me...its sort of

Right-margin coded annotations:
- Don't know whats available
- Actively making support inaccessible
- Where do you start supporting MH when you don't have a clue
- What MH is

Handwritten margin notes:
- who is we?
- Mad is a scene → creation of 'culture'
- what is a scene?
- what is in and what is not
- internal vs external
- w + mem
- who is in and who is not?
- feeling a bit hopeless?
- optimism?
- confused
- division
- social
- support / power expectation vs reality
- relational between mentor + mentee / why?
- also ID what mental health is to accept?

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CREATE A LIST OF DISCOURSES - WHAT IS BEING SAID IN LINE WITH THE RQ: HOW DO GAYP AND THE MENTORS WORKING WITH THEM UNDERSTAND THE CONCEPT OF A THERAPEUTIC RELATIONSHIP?

DISCOURSES ABOUT MENTAL HEALTH | DISCOURSES ABOUT SUPPORT FOR YP | DISCOURSES ABOUT POWER AND POLITICS DISCOURSES ABOUT THERAPEUTIC RELATIONSHIP

281. them to go to... at the end of the day though.. everyone's different... me telling you all this now.. I'm sure
282. someone you're gonna chat to is gonna tell you the exact opposite hahah.. maybe this is just my opinion... how
283. effective the person is is different... I could be wrong.. I could be wrong... but I do feel that when it comes down
284. to mentoring young men.. It's more of... a dominance they need to see, rather than someone to mother them....
285. when I was a kid... it was important for me to see my mentor as myself maybe in five ten years time, that's
286. what mattered to me

'JASON' - WITH - YOUTH SERVICES

287. **What does a 'therapeutic relationship' mean to you in the context of serious youth violence?**
288. ...mmm... consistency um... consistency (sighs) I dunno truth honestly [mhmm] now I know it sounds cliché but
289. like a kid messaged me yesterday and asked me to wire him £5 [mhmm] and it was just like no no no for so
290. many reasons.. so sometimes you just gotta be honest with them.... ummmm... I didn't know the questions would
291. be hard like this! [oh no no no, sorry it's not menna be hard] coz I don't feel like I'm answering it right could you
292. could you phrase that question in maybe a different way? [yeah yeah of course, thinking about the
293. relationships that you have with these young people, like what are the what are the qualities that allow for that

Handwritten margin labels: Idiosyncrasy — Dominance vs mothering — Role model — Boundaries

CREATE A LIST OF DISCOURSES - WHAT IS BEING SAID IN LINE WITH THE RQ: HOW DO GAYP AND THE MENTORS WORKING WITH THEM UNDERSTAND THE CONCEPT OF A THERAPEUTIC RELATIONSHIP? **DISCOURSES ABOUT THERAPEUTIC RELATIONSHIP**

DISCOURSES ABOUT MENTAL HEALTH | DISCOURSES ABOUT SUPPORT FOR YP | DISCOURSES ABOUT POWER AND POLITICS

[handwritten top margin: somebody else mentioned rol models / CHECK: comparison]

427.	So mentoring, I think that's almost the same as the therapeutic relationship if I'm honest [mhmm]... it's got the	TR in mentoring
428.	same qualities, values, I guess, I think it's just a lot less formal [hmm], and young people seem to prefer that I	Less formal
429.	think [mm], yeah it's a lot more fun and dynamic, a lot more like a friendship than anything like a professional	Fun & dynamic
430.	therapeutic relationship [hmm, what do you mean by that?], yeah, so, like, the mentoring relationships I have	
431.	experience of, they're all, young, fun, from within the community or family, they know everyone, are popular	From within the community
432.	you know- almost like role models, and I think its great you know, that they can create these relationships that	Role models
433.	can really be used for good [mmm], yeah they do such a great job	
434.	**Yeah no doubt, and what do you think about these mentoring relationships for young people**	
435.	**specifically in the context of their mental health?**	
436.	Yeah, I think, this may be where it's lacking a little bit [mm], now, yeah, not at all to slate what they do, in all	
437.	seriousness yeah, its not that, its just that obviously they're mentors, they're young they're fun their job is to	
438.	create these great trusting relationships with young people, which they do [hmmm], and they smash [yeah], but	
439.	it's almost like we're leaving the brunt of the issue to be dealt with for the ones who are the least qualified or	Leaving hard work for mentors
440.	trained to do that, you know [yeah I get that], it's like, you know I'm sure they are counsellors or therapists at	Mentors are therapists
441.	the end of the day, with, yeah with the amount that they must hear [mmm] from young people in their ears	

[handwritten annotations: something complicity implied; use of word want; use of word want = practical → want; intentionally curve exclusion; exclusion; less you; same can alternatives = same TR different name?; comparison]

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CREATE A LIST OF DISCOURSES - WHAT IS BEING SAID IN LINE WITH THE RQ: HOW DO GAYP AND THE MENTORS WORKING WITH THEM UNDERSTAND THE CONCEPT OF A THERAPEUTIC RELATIONSHIP?

DISCOURSES ABOUT MENTAL HEALTH | DISCOURSES ABOUT SUPPORT FOR YP | DISCOURSES ABOUT THERAPEUTIC RELATIONSHIP DISCOURSES ABOUT POWER AND POLITICS

560. Ok cool, cool, and so where and how do you think young people involved in serious youth violence
561. currently experience a 'therapeutic relationship'?
562. Yeah so like, I think like that skills based stuff um is like really important [mhmm], because I think that like gives
563. the impression to the young person that you do genuinely want the best for them you know, um like sort of like
564. developing all those benefits you would get from like the bike repair or radio show stuff [mhmm], showing that
565. like um you're not just there to tell them what to do or how to change but that you're willing um support them
566. and sort of show them that things could be different [mhmm] and yeah so like that therapeutic relationship, I
567. think, isn't something strikingly obvious to young people [mhmm] I think its more like, um, something that sort
568. of subtly develops in the background for that young person over time [mm...and what about where or I guess,
569. who they have those relationships with?] [mm], like, it doesn't have to be anyone special um, I guess, really
570. yeah just anyone who can make those qualities of like um trust and openness and unconditional positive
571. regard um, not only like um known to that young person but like um, felt by them too [mmm]
572. **Ok and so these therapeutic relationships I guess, in whatever capacity, are like quite helpful to these**
573. **young people? I guess like, what works well and what could be done better?**
574.

Handwritten annotations:

challenging directiveness

→ goal orientated → poses + directedness?

everyone wel word

subtlety

reverser min doe?

YP needs to feel you have their best interests at heart

Experiential rather than dictating

Slowly experience something different for themselves

Anyone can have TR with YP

ideological dilemma ← contradictory + different

its not me qualities/values more important than who it is with?

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CREATE A LIST OF DISCOURSES - WHAT IS BEING SAID IN LINE WITH THE RQ: HOW DO GAYP AND THE MENTORS WORKING WITH THEM UNDERSTAND THE CONCEPT OF A THERAPEUTIC RELATIONSHIP? **DISCOURSES ABOUT THERAPEUTIC RELATIONSHIP**

DISCOURSES ABOUT MENTAL HEALTH | DISCOURSES ABOUT SUPPORT FOR YP | DISCOURSES ABOUT POWER AND POLITICS

693. Yeah yeah...so.. I think maybe I mean that it fits a purpose, but maybe one that neither the mentor or the young	
694. person is explicitly aware of I think. So I think the connection comes first, two people just click, even though	Natural connection
695. ones the adult or the mentor/or whatever, and one's the kid, but it's like following that click, something grows,	No adult~child hierarchy
696. and with that grows trust and authenticity and openness and I think that's how it kinda becomes healing, it's	Takes time to grow
697. like it's kinda different from going in head first needing to fix something or change something.. That just kinda	Doesn't aim to immediately fix something
698. happens along the way as the relationship strengthens.	
699. **Wow that's really cool, and so, how do you think the young person involved in serious youth violence**	
700. **experiences that 'therapeutic relationship'?**	
701. I think it's exactly the same if I'm honest well, if I'm actually being honest.. I think the mentor knows something	
702. that the young person doesn't, whether that's just that something could help them out or stopping something or	
703. changing something could help them out. But that's never made obvious, I guess coz the dynamic is different,	Very unique relationship between mentor and child
704. it's not like the same kind of relationship you'd have with like a teacher or a mother, not even a big brother to	
705. be honest with you, because they will also have a bit more of an agenda. It's like for the young person, it's just	UPR
706. another person who is willing to be there and sit with them through all the shit, and actually not tell them off or	A slow dance
707. tell them to change, but the mentor knows that that's coming if I'm honest, it's just a slow slow dance	

Appendix K: Original research ethics application

LONDON METROPOLITAN UNIVERSITY

LONDON MET RESEARCH ETHICS REVIEW FORM

For Research Students and Staff

Postgraduate research students (MPhil, PhD and Professional Doctorate): This form should be completed by all research students in full consultation with their supervisor. All research students must complete a research ethics review form before commencing the research or collecting any data and no later than six months after enrolment.

Staff: This form should be completed by the member of staff responsible for the research project (i.e. Principal Investigator and/or grant-holder) in full consultation with any co-investigators, research students and research staff before commencing the research or collecting any data.

Definition of Research
Research is to be understood as original investigation undertaken in order to gain knowledge and understanding. It includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship*; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research."

Scholarship is defined as the creation, development and maintenance of the

intellectual infrastructure of subjects and disciplines, in forms such as dictionaries,

scholarly editions, catalogues and contributions to major research databases."

London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice*, along with links to research ethics online courses and guidance materials, can be found on the Research & Postgraduate Office Research Ethics webpage: http://www.londonmet.ac.uk/research/current-students/research-ethics/

London Met's Research Framework can be found here: http://www.londonmet.ac.uk/research/current-students/research-framework/

Researcher development sessions can be found here: http://www.londonmet.ac.uk/research/current-students/researcher-development-programme/

This form requires the completion of the following three sections:

SECTION A: APPLICANT DETAILS

SECTION B: THE PROJECT - ETHICAL ISSUES
SECTION C: THE PROJECT - RISKS AND BENEFITS

SECTION A: APPLICANT DETAILS

A1	Background information
	Research project title: The therapeutic relationship as a mental health intervention for gang-associated young people: how it is conceptualised by the young people and the community mentors working with them. A critical discourse analysis.
	Date of submission for ethics approval: 12/01/2021
	Proposed start date for project: 5 weeks after approval
	Proposed end date for project: September 2022
	Ethics ID # (to be completed by RERP chair):

A2	Applicant details, if for a research student project
	Name: Lakhita Uppal
	London Met Email address: lau0030@my.londonmet.ac.uk

A3	Principal Researcher/Lead Supervisor
	Member of staff at London Metropolitan University who is responsible for the proposed research project either as Principal Investigator/grant-holder or, in the case of postgraduate research student projects, as Lead Supervisor
	Name: Dr Angela Loulopoulou
	Job title: Lead supervisor
	London Met Email address: a.loulopoulou@londonmet.ac.uk

SECTION B: THE PROJECT - ETHICAL ISSUES

B1	The Research Proposal
	Please attach a brief summary of the research project including: ● Background/rationale ● Research questions/aims/objectives ● Research methodology ● Review of key literature in this field & conceptual framework for study ● References If you plan to recruit participants, be sure to include information how potential participants in the study will be identified, approached and recruited; how informed consent will be obtained; and what measures will be put in place to ensure confidentiality of personal data.

This research aims to explore how the concept of a therapeutic relationship is understood by gang-associated young people (herein, abbreviated to 'GAYP') and the adults they have formed this relationship with. In line with social constructionist epistemology, defining this relationship is avoided. However, for a comprehensive and comparable overview of the literature that currently exists, the concept of the therapeutic relationship will be loosely orientated around a supportive and collaborative relationship that advocates for the best interests of the young person. This contextualisation of the therapeutic relationship is important, as is its focus, as research in Counselling Psychology (herein abbreviated to 'CoP') suggests it is the single most significant factor in positive outcome for an individual (e.g. Krupnick et al., 1996; Robbins, 1992; Wampold, 2000; Lambert & Ogles, 2004). Understanding how the therapeutic relationship exists most effectively across different demographics, such as in the case of this research population, is in line with CoP's social justice agenda, as it prioritises idiosyncrasy and the importance of social, cultural, linguistic, economic, and geographical context within that (Cutts, 2013).

Although numbers of GAYP in the UK is on the rise (Centre for Social Justice [CSJ], 2009), there appears to be minimal research about the effectiveness of intervention programmes for GAYP, and perhaps more generally, about 'gangs' as a phenomenon. Whilst this could be for a number of reasons, epistemological hypotheses deem social constructs of power, control and hyper-masculinity (Pitts, 2013) as responsible for elusive images of what a 'gang' is, which then become sustained through indiscriminate and discriminatory public discourse.

Considering the likely diagnosis of Post-Traumatic Stress Disorder (PTSD) in adulthood for GAYP (Kulkarni et al., 2011; Kerig et al., 2016), this absence of research about preventing poor mental health has been acknowledged by the Department of Health (Public Health England, 2015). Taking this phenomenological gap in research into account, this research then becomes aligned with not only CoP's philosophy and values in promoting the mental health and wellbeing of highly-contextualised individuals, but also with CoP's social justice agenda that challenges how these contextualised gaps in research exist in society to begin with.

The current recommendation from the National Institute for Health and Care Excellence (NICE, 2013), as the best-practice intervention for this group of young people, is Multi-Systemic Therapy (MST; Henggeler et al., 2009). MST for GAYP in the UK, however, requires a psychopathological diagnosis of conduct disorder (NICE, 2013). In effect, there does not seem to be any psychotherapeutic intervention as such for GAYP (Madden et al., 2013), without the existence of this diagnosis.

Unfortunately, the effectiveness of MST has been compromised when young people are specifically gang-associated (Boxer, 2011). Boxer and colleagues (2015) indicated that, due to a lack of engagement, GAYP were more likely to fail reaching MST's immediate outcomes of reduced recidivism compared to non-GAYP. Considering MST as a long-term intervention however, suggested no significant differences in the prevalence or frequency of recidivism whether gang-associated or not (Boxer et al., 2017). This implies that MST may only be ineffective for GAYP as a short-term intervention, and suggests an exploration of GAYP's engagement with interventions as fundamental. Indeed, this population's help-seeking behaviour and their tenuous relationships with authority (CSJ, 2009) may provide insight, especially when considering the efficacy of more relational interventions, such as that of mentoring (DuBois & Silverthorn, 2005).

Further, the focus on recidivism as outcome measures of such interventions may appropriately question the duality of harm and blame discourses that they are based upon. Indeed, it may seem as though government aims to reduce collective offending behaviour, in many ways, could lead to arguments that GAYP are criminalised before they are helped. The Office of the Children's Commissioner (Office of the Children's Commissioner [OCC], 2012) has acknowledged this prioritisation of delinquency and criminality over preceding vulnerability. Indeed, there are many risk factors, per se, that may lead a young person to join a gang, either in pre-existing depression and anxiety (Watkins & Melde, 2016), or broader adverse childhood experiences (Raby & Jones, 2016; Wood & Beresford, 2016).

Thus, it can be said that empirical research on how most effectively to support and intervene poor mental health for GAYP appears to be missing, as

what is most closely recommended is not only based on a psychopathological diagnosis, but also on effective engagement.

The aforementioned mentoring, where interventions are based upon relatability, understanding and acceptance (Dallos & Comley-Ross, 2005), certainly foster popularity in the UK charity sector, especially with GAYP (Medina et al., 2012). Born from a community initiative, potentially mirroring the anti-authority rebellion that initiated gang creation historically (Humphries, 1981), they also challenge arguments of engagement through the sheer number in existence and their 'snowballing recruitment' techniques (Zlotowitz et al., 2016).

Although randomised-controlled trials from the US suggest that mentoring relationships are effective interventions for GAYP (e.g. Lipsey, 2009), again they consider reduced recidivism as the measurable outcome. In addition, there are questions posed about the ethics of such relationships, where often, non-clinical roles work therapeutically with vulnerable young people (Parr, 2008; 2015). These relationship endings can be traumatic (Britner & Kraimer-Rickaby, 2005; Grossman & Rhodes, 2002; Herrera et al., 2011), and also risk harbouring a degree of moral judgement, in that a young person considered in need of help and guidance is actively encouraged by another to change (Parr, 2012; 2016). This has sparked discussion around directionality (Stokes, 2003) and power (Albright et al., 2017), probing the aim and function of such mentoring relationships.

There currently seems to be a lack of empirical research about the content or process of mentoring as an intervention for GAYP in the UK. Although the vast differences between the US and UK forensic and mental healthcare systems (Hazel, 2008) reflects perhaps different social constructions of 'gangs' and mental health, literature is often transferred from US mentoring research (OCC, 2018).

In existence, however, is a systematic review of UK mentoring interventions specifically for knife crime and youth violence (OCC, 2018), that although by no means prescriptive of gang-associated behaviour (Hallsworth & Young, 2004), is often socially associated with it (CSJ, 2009). Relating to the ethical arguments from US research, this OCC systematic review found that 57% of 366 programmes used at least some professionally trained mentors, although unfortunately, only 6% of programmes highlighted

improving young peoples' mental health as outcomes. Given the developing evidence base for mentoring in the UK, it seems the current small, but positive, effectiveness requires a deeper exploration of content and process of such relationships. Essentially, whilst mentoring appears to address young people's engagement through more democratic and trusting relationships, its effectiveness is mixed (Philip & Spratt, 2007), ethical dilemmas may present, and preventing poor mental health remains unprioritised.

In a bid to understand this arguable discrepancy between mentoring effectiveness and popularity, some have hypothesised a similarity to that of a 'therapeutic relationship' (Parr, 2016; Stokes, 2003), by emphasising the function of the relationship over any intervention technique. In fact, many qualities are echoed across mentoring and the therapeutic relationship found in CoP, for example, empathy (Jordan, 2000), authenticity, genuineness, and empowerment (Spencer, 2006). Perhaps then, to understand how best to support GAYP's mental health, it may be appropriate to turn to interventions where more formal therapeutic relationships already exist.

Currently it seems as though marginalised young people actively dislike counselling and psychotherapy, finding the structure and boundaries unapproachable and unfamiliar (Cormack, 2009). Lemma (2010) suggested that vulnerable young people preferred the informality and friendship of mentoring specifically compared to counselling. Although this has not been explored with GAYP, it is intriguing, considering the potential denomination of the therapeutic relationship underpinning both mentoring and counselling.

Perhaps then, it is a question of what these vulnerable young people understand from the concept of the therapeutic relationship, and to the extent that is experienced and utilised in mentoring. In hope of contributing to best practice in supporting GAYP's mental health, the proposed research question is:

How do gang-associated young people and the mentors working with them understand the concept of the therapeutic relationship?

The objectives are as follows:
1) To explore how the concept of a 'therapeutic relationship' exists in mentoring

2) To explore how this concept is understood in mentoring compared to CoP

3) To establish the perceived potential barriers to creating and maintain a therapeutic relationship for gang-associated young people

With the objective of meaning making, this research proposes a qualitative methodology. Engaging in a social constructionist epistemology illuminates the complexity of social beings and phenomena as dependent on their sociocultural environment, challenging concepts of certain causality and singular objective truth (Burr, 2015). The conscious creation of knowledge in social constructionism deems this appropriate for this research, where the very definition of a 'gang' is socially constructed by different groups based on subtle contexts of power, 'race', class and oppression (Hallsworth, 2013).

The relevance of discourse in social constructionism is cyclical; where discourse is shaped and constrained by social structure and culture, shaping and constraining our identities, relationships and systems of knowledge and beliefs, that return again to shape and constrain discourse (Locke, 2004). Discourse analysis, however, fails to prioritise understanding, exposing, and resisting social inequality (Burr, 2015). Critical discourse analysis (CDA), addressing this, incorporates critical issues of power and justice in ways the economy, race, class, gender, and other social constructs reproduce or transform social systems (Rogers et al., 2005). Considering how 'hegemonic ideologies' in this research topic can be created and maintained by discourse (Van Dijk, 2015), CDA transpires to be the most appropriate method in line with the epistemological positioning.

Furthermore, CDA values the interplay between micro, meso and macro-level understanding of phenomena, in order to actively engage in and confront powerful ideologies. In this, micro-level analysis of language use and communication meets with power, dominance, and inequality between social groups as macro-level structures. The meso-level, or 'level of discursive practice' (Fairclough, 2013, p. 160), involves studying issues of production and consumption of such, for example, the differences in perspectives per group. By considering this, CDA enables a holistic perspective that theoretically bridges the 'gap' between micro and macro approaches, which indeed itself forms a sociological construct (Alexander et al., 1987; Knorr-

Cetina & Cicourel, 1981). These three levels of understanding phenomena are

also apparent throughout the literature review of this research, where the existence of 'gangs' and the associated therapeutic interventions can be understood from individual, relational and societal perspectives.

Although the validity of CDA has been criticised for disregarding the minute detail of discourse (Schlegoff, 1997), the method works to empower and uncover the hidden and dominant discourses that maintain the marginalisation of certain groups. Considering the aforementioned dual discourse of harm and blame for gang-associated youth, CDA seems appropriate. Additionally, few effective therapeutic interventions for gang-associated youth have been established (Madden et al., 2013), which may reflect the unacknowledged phenomenon. CDA can allow for this understanding through various levels of analysis.

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B2	**Research Ethics**

Please outline any ethical issues that might arise from this study and how they are to be addressed.

NB *All research projects have ethical considerations. Please complete this section as fully as possible using the following pointers for guidance. Please include any additional information that you think would be helpful.*

- Does the project involve potentially deceiving participants? *No*
- Will you be requiring the disclosure of confidential or private information? *Yes*
- Is the project likely to lead to the disclosure of illegal activity or incriminating information about participants? *Yes*
- Does the project require a <u>Disclosure and Barring Service (DBS)</u> check for the researcher? *No*
- Is the project likely to expose participants to distress of any nature? *Yes*
- Will participants be rewarded for their involvement? *No*
- Are there any potential conflicts of interest in this project? *No*
- Are there any other potential concerns? *No*

If you answered yes to any of the points above, please explain.

The disclosure of confidential or private information:
This is an inherent characteristic of the recruitment and interview process of research. In recruitment, participants will be asked to disclose confidential and personal information in the form of contact details and in providing information for the inclusion and exclusion criteria. All documentation will be anonymised, stored under different names to protect participant identity. Participant contact details will not be saved to the researcher's phone and will be deleted immediately once the research recruitment and interview process is complete. In the interviews, all audio recordings and transcripts will be anonymised and disposed of securely. All participant materials, including all those with confidential and private information will be stored electronically on a password-protected file. Participants will be informed of how their confidential and private information will be managed in the participant information sheet (appendices B and D) and participant consent form (appendix E). The processing and holding of participants personal data will be in accordance with the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018. The management of participant confidentiality is in line with the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

The likelihood of disclosure of illegal activity or incriminating information:
Where social associations to illegal activity for this research population group exist (Hallsworth & Young, 2004; 2008), precautions have been put in place to manage the risk of disclosure of such arising. This is in line with the research aims and objectives, that are unrelated to the disclosure of any illegal activity or incriminating information about participants. Participants will be

informed of the risks, processes, and consequences of such disclosure before

considering participation (appendix B), prior to signing consent (appendix D) and prior to the interview (appendix G). In following these precautions, the risk of disclosure is managed. If, however, any illegal or incriminating activity is disclosed, the researcher will act in according to her legal obligations, of which the participants will be informed. The participant will be debriefed, and their personal information removed from the research study. Again, this would all be in line with the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

Likelihood of distress for participants:
Whilst the research aims and objectives allow for the risk of distress arising for participants to be low, the very nature of the research means that within this low risk there is still some potential for distress to arise. In order to minimise this, rigorous inclusion and exclusion criteria will be in place for participant recruitment (appendix C) and a risk assessment will be conducted immediately prior to interview (appendix G). Should distress arise following these precautions, the researcher will act in accordance with the distress protocol (appendix H). These have been based upon the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

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B3	Does the proposed research project involve: ● The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or available by subscription)? *No* ● The production and/or analysis of physical data (including computer code, physical entities and/or chemical materials) that might involve potential risks to humans, the researcher(s) or the University? *No* ● The direct or indirect collection of new data from humans or animals? *Yes* ● Sharing of data with other organisations? *No* ● Export of data outside the EU*? No* **If you answered yes to any of the points above, please explain.**

	Data in line with the research aims and objectives will be collected from the research participants. This will include narratives of their personal experiences of mental health support, or lack of support, they received whilst being gang-associated, along with their thoughts and suggests for how it could be best supported for young people today. Being qualitative in nature, the interview process will include open-ended questions, of which an interview schedule can be found in appendix J. In having such an interview schedule, the data collected will remain focussed and orientated to the research aims and objectives. Any data which is indirectly collected or is not required as part of the research aims and objectives will be refocused during the research interviews, or removed and destroyed appropriately in line confidentiality agreements, GDPR guidelines, the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016). British Psychological Society (2016). *BPS code of human research ethics*. The British Psychological Society. Health & Care Professions Council. (2016). *Standards of conduct, performance and ethics.* Retrieved from https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf
B4	Will the proposed research be conducted in any country outside the UK? If so, are there independent research ethics regulations and procedures that either: ● Do not recognise research ethics review approval from UK-based research ethics services? *No* and/or ● Require more detailed applications for research ethics review than would ordinarily be conducted by the University's Research Ethics Review Panels and/or other UK-based research ethics services? *No* **If you answered yes to any of the points above, please explain.**
B5	Does the proposed research involve: ● The collection and/or analysis of body tissues or fluids from humans or animals? *No* ● The administration of any drug, food substance, placebo or invasive procedure to humans or animals? *No* ● Any participants lacking capacity (as defined by the UK Mental Capacity Act 2005)? *No* ● Relationships with any external statutory-, voluntary-, or commercial-sector organisation(s) that require(s) research ethics approval to be obtained from an external research ethics committee or the UK National Research Ethics Service (this includes research involving staff, clients, premises, facilities and data from the UK National Health Service (NHS), Social Care organisations and some other statutory public bodies within the UK)? *No* **If you answered yes to any of the points above, please contact your faculty's RERP chair for further guidance.**

B6	Does the proposed research involve:
	- Accessing / storing information (including information on the web) which promotes extremism or terrorism? *No* - Accessing / storing information which is security sensitive (e.g. for which a security clearance is required)? *No* **If you answered yes to any of the points above, please explain. To comply with the law, researchers seeking to use information in these categories must have appropriate protocols in place for the secure access and storage of material. For further guidance, see the Universities UK publication [Oversight of Security Sensitive Research Material in UK Universities](#) (2012).**

SECTION C: THE PROJECT - RISKS AND BENEFITS

C1	**Risk Assessment**
	Please outline: - the risks posed by this project to both researcher and research participants - the ways in which you intend to mitigate these risks - the benefits of this project to the applicant, participants, and any others As mentioned in Section B2 of this Ethics Review Form, this research population is often associated with illegal activity (Hallsworth & Young, 2004; 2008). Although the research project in itself has no objective surrounding disclosure of such, there will exist some risk due to the qualitative method of the research and the open-ended interview structure. Knowing this, and acknowledging how far from the research aims and objectives such disclosure of illegal or incriminating information are, precautions have been put in place to avoid such from arising within the research process. These precautions include the following: - Informing participants of the researcher's legal obligation to pass on any disclosures detailing illegal or incriminating information before they consider participating in the research, prior to signing consent, and finally prior to starting the research interview (appendix D) - A rigorous inclusion and exclusion criteria that ensures some degree of separation from gang-associated activity that may arise to a disclosure of illegal or incriminating information (appendix C) - And an interview schedule that is focused and orientated to the clear research aims and objectives (appendix J) Should these precautions not be successful in avoiding the disclosure of illegal or incriminating activity, the researcher will follow the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016) in following legal obligation to pass on such knowledge.

There also exists a risk of participant distress in this research. Again, whilst the research aims, objectives and interview schedule mean that this is not above the risk expected within everyday life, precautions have been taken to mitigate these chances. Considering the likelihood of a diagnosis of PTSD in adulthood for those who were once gang-associated (Kulkarni et al., 2011; Kerig et al., 2016), rigorous exclusion criteria for participation will ensure that those with considerable mental health concerns or residual feelings or indeed, trauma, associated with gang-association will be sensitively informed about the unsuitability of their participation and excluded from participation (appendices C and F). A more direct and immediate risk assessment conducted prior to the research interview will further mitigate the risk of significant distress beyond that which is expected within everyday life (appendix G). Should any distress arise, the researcher will act according to the proposed distress protocol (H) and will continually refer to the BPS Code of Human Research Ethics (2016) and the HCPC Standards of Performance, Conduct and Ethics (2016) to ensure ethical and safe research practice.

One of the aims of this research is to understand how the therapeutic relationship is understood in the context of mentoring for gang-associated young people's mental health, with the view to draw comparisons and similarities between mentoring and Counselling Psychology. The information from this can ultimately be used to inform best practice for gang-associated young people. As such, the benefits of this research on a macro level appear for both the practice of Counselling Psychology and in the practice of mentoring. Furthermore, the research may contribute to challenging the social justice issues that compromise best practice itself, for example in further understanding this research population group's help-seeking behaviour (Centre for Social Justice, 2009) or relationships with healthcare professionals (Oetzel & Scherer, 2003).

At a micro, individual level, there are benefits to the research participants, whether formally gang-associated participants or the mentors directly working with them. These benefits are not only in the positive feelings associated with personally contributing to informing best practice for gang-associated young people currently, and in a way, contributing to a significant social 'crisis' (Ratcliffe, 2018), but also in hearing and giving voice to those who may be silenced and marginalised in society, which is in line with Counselling Psychology's social justice agenda (Goodman et al., 2004).

Regarding the researcher, there are minimal risks in conducting this research beyond the risk that is expected within everyday life, which can be appropriately managed. For example, in risks of personal safety, the researcher can ensure to meet participants publicly, ensuring that location and expected duration are shared with a colleague who will be ready to contact the police should the researcher not get in touch following the completion of the interview. Furthermore, rather than the researcher's personal phone, a

separate 'work' phone will be used in correspondence with research participants. Any risks of researcher distress following interviews can be managed through debrief sessions with the research supervisor. The benefits for the researcher primarily relate to personal gain in academic esteem and pride.

British Psychological Society (2016). *BPS code of human research ethics*. The British Psychological Society.

Centre for Social Justice. (2009). Dying to Belong: An In-depth review of street gangs in Britain. London: Centre for Social Justice. https://www.centreforsocialjustice.org.uk/library/dying-belong-depth-review-street-gangs-britain

Cutts, L. A. (2013). Considering a social justice agenda for counselling psychology in the UK. *Counselling Psychology Review*, *28*(2), 8-16.

Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The counseling psychologist*, *32*(6), 793-836. https://doi.org/10.1177/0011000004268802

Hallsworth, S., & Young, T. (2004). Getting real about gangs. *Criminal justice matters, 55*(1), 12-13.

Hallsworth, S., & Young, T. (2008). Gang talk and gang talkers: A critique. *Crime, media, culture*, *4*(2), 175-195. https://doi.org/10.1177/1741659008092327

Health & Care Professions Council. (2016). *Standards of conduct, performance and ethics.* Retrieved from https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance- and-ethics.pdf

Kerig, P. K., Chaplo, S. D., Bennett, D. C., & Modrowski, C. A. (2016). "Harm as harm" gang membership, perpetration trauma, and posttraumatic stress symptoms among youth in the juvenile justice system. *Criminal Justice and Behavior, 43*(5), 635-652. https://doi.org/10.1177/0093854815607307

Kulkarni, M. R., Graham-Bermann, S., Rauch, S. A., & Seng, J. (2011). Witnessing versus experiencing direct violence in childhood as correlates of adulthood PTSD. *Journal of interpersonal violence, 26*(6), 1264-1281. https://doi.org/10.1177/0886260510368159

Oetzel, K., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *40*(3), 215. https://doi.org/10.1037/0033-3204.40.3.21

Ratcliffe, R. (2018, 8 April). *London's knife crime crisis: meet the people with possible solutions.* The Guardian. https://www.theguardian.com/uk-news/2018/apr/07/who-can-solve-londons-knife-crisis

PSYCHOLOGY: PROJECT CHECKLIST

Delete either **NO** or **YES** to the following statements:

1.	Will the participants be required to experience unpleasant stimuli or unpleasant situations above the normal level of unpleasantness expected in everyday life?[1]	**NO**
2.	Will any relevant information about the nature, process or outcome of the experiment or study be withheld from participants?[2]	**NO**
3.	Will participants be actively misled or deceived as to the purpose of the study?[3]	**NO**
4.	Will participants receive any inducement or payment to take part in the study?	**NO**
5.	Does the research involve identifiable participants or the possibility that anonymised individuals may become identifiable?	**NO**
6.	Will any participants be unable to provide informed consent?	**NO**
7.	Might the study carry a risk – above the normal risk expected in everyday life – of being harmful to the physical or mental well-being of participants?	**NO**
8.	Might the study carry a risk – above the normal risk expected in everyday life – of being harmful to the physical or mental well-being of the researcher in carrying out the study?	**NO**

If you answered **YES** to one or more of the above questions, explain how you will address the corresponding ethical concern(s) in the study protocol (no word limit).

.

[1] If required to experience unpleasant stimuli or unpleasant situations, participants should be informed beforehand and possibly screened for suitability. Finally, depending on the level of unpleasantness, it may be appropriate to use the distress protocol immediately after data collection.

[2] If information is withheld, the participants will need to be debriefed after the data collection. In addition, a second informed consent to use the data should be obtained after debriefing the participants

(attach the second consent form as an appendix to this document). Finally, the distress protocol should be used immediately after data collection.

[3] If the participants are actively mislead or deceived, they need to be debriefed after the data collection. In addition, a second informed consent to use the data should be obtained after debriefing the participants (attach the second consent form as an appendix to this document). Finally, the distress protocol should be used immediately after data collection.

Please ensure that you have completed Sections A, B, C and the Psychology

project Checklist, and attached a Research Proposal before submitting to your

Faculty Research Ethics Review Panel (RERP)

http://www.londonmet.ac.uk/research/current-students/research-ethics/

Research ethics approval can be granted for a maximum of 4 years or for the

duration of the proposed research, whichever is shorter, on the condition that:

- The researcher must inform their faculty's Research Ethics Review Panel (RERP) of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications

- The researcher must apply for an extension to their ethics approval if the research project continues beyond 4 years.

PSYCHOLOGY: SUBMISSION

You must submit your Psychology Project Proposal and Ethics Application Form **in electronic form** (only) as follows:

1. Prepare **a single MS Word file**, including all attached material (if any) at the end of it;
2. **Sign it**, and **make your supervisor sign it** (signatures can be picture files of scanned signatures);
3. **Rename the single MS Word file** using the following convention and format: Ethics_Course Code_Student Surname_Student ID number
4. e.g., Ethics_MPhil-PhD_Bond_0000007 or Ethics_Staff_Bond
5. Submit the single and renamed MS Word file via Weblearn on *Psychology Research Ethics Community* (visible under *My Organisations*), **using the course-specific submission link**.
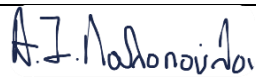6. **Alert** the Chair of the Psychology Research Ethics Review Panel (RERP) by email.

The Psychology Project Proposal and Ethics Application Form must be complete and signed. Incomplete and/or unsigned forms will not be assessed and will require resubmission at the next opportunity.

<div style="border: 3px solid red; color: red; text-align: center;">

The researcher must inform the supervisor of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications. The supervisor will then either approve the changes or ask the student to resubmit the Project Proposal and Ethics Application Form.

</div>

Declaration

I confirm that I have read London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice* and have consulted relevant guidance on ethics in research.

	Name	**Signature**	**Date**
Student	**Lakhita Uppal**	*Uppal*	**05.12.2020**

| Supervisor | Dr A I Loulopoulou | *A.I.Nallonou...* | **04.12.2020** |
| Principal Investigator | **Lakhita Uppal** | *Uppal* | **05.12.2020** |

PSYCHOLOGY: REVIEW

Reviewer

Enter **X** in correspondence with one and only one of the following statements:

C	Clear without amendment.	**x**
M	Clear conditional on the requested changes being made (minor modifications).[4]	
R	Revise and resubmit (major modifications).[5]	

Comments (required for M and R referrals).

	Name	**Signature**	**Date**
Referee			

.

[4] The project must be revised. The revised project has to be approved by the supervisor **only**. The

revised project, signed by both student and supervisor, must be submitted, for auditing purpose, via the

Minor Modifications Archive submission link.

[5] The project must be revised, signed by both student and supervisor, and resubmitted via the ordinary

submission link as if it were a new submission.

Final judge (if one was appointed)

Enter **X** in correspondence with one and only one of the following statements:

C	Clear without amendment.	
M	Clear conditional on the requested changes being made (minor modifications).[6]	
R	Revise and resubmit (major modifications).[7]	

Comments (required for M and R referrals).

	Name	**Signature**	**Date**
Final judge			

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[6] The project must be revised. The revised project has to be approved by the supervisor **only**. The revised project, signed by both student and supervisor, must be submitted, for auditing purpose, via the **Minor Modifications Archive** submission link.

[7] The project must be revised, signed by both student and supervisor, and resubmitted via the ordinary submission link as if it were a new submission.

Feedback from Ethics Review Panel

	Approved	*Feedback where further work required*
Section A		
Section B		
Section C		Although there is some relevant information in the Appendices, the application does not clearly state the ages of research participants or how exactly they will be recruited. Also, there is no information on the size of the sample and location of the research.
Date of approval		04/02/2021
NB: The Researcher should be notified of decision within <u>two</u> weeks of the submission of the application. A copy should be sent to the Research and Postgraduate Office.		
Signature of RERP chair		*S. Step*

Appendix L: Revised research ethics application

LONDON
METROPOLITAN
UNIVERSITY

LONDON MET RESEARCH ETHICS REVIEW FORM

For Research Students and Staff

Postgraduate research students (MPhil, PhD and Professional Doctorate): This form should be completed by all research students in full consultation with their supervisor. All research students must complete a research ethics review form before commencing the research or collecting any data and no later than six months after enrolment.

Staff: This form should be completed by the member of staff responsible for the research project (i.e. Principal Investigator and/or grant-holder) in full consultation with any co-investigators, research students and research staff before commencing the research or collecting any data.

Definition of Research

Research is to be understood as original investigation undertaken in order to gain knowledge and understanding. It includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship*; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and

processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research."

Scholarship is defined as the creation, development and maintenance of the intellectual infrastructure of subjects and disciplines, in forms such as dictionaries, scholarly editions, catalogues and contributions to major research databases."

London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice*, along with links to research ethics online courses and guidance materials, can be found on the Research & Postgraduate Office Research Ethics webpage: http://www.londonmet.ac.uk/research/current-students/research-ethics/

London Met's Research Framework can be found here: http://www.londonmet.ac.uk/research/current-students/research-framework/

Researcher development sessions can be found here: http://www.londonmet.ac.uk/research/current-students/researcher-development-programme/

This form requires the completion of the following three sections:

SECTION A: APPLICANT DETAILS

SECTION B: THE PROJECT - ETHICAL ISSUES
SECTION C: THE PROJECT - RISKS AND BENEFITS

SECTION A: APPLICANT DETAILS

A1	**Background information**
	Research project title: The therapeutic relationship as a mental health intervention for gang-associated young people: how it is conceptualised by the young people and the community mentors working with them. A critical discourse analysis.
	Date of submission for ethics approval: 12/01/2021
	Proposed start date for project: 5 weeks after approval
	Proposed end date for project: September 2022
	Ethics ID # (to be completed by RERP chair):

A2	**Applicant details, if for a research student project**
	Name: Lakhita Uppal
	London Met Email address: lau0030@my.londonmet.ac.uk

A3	**Principal Researcher/Lead Supervisor**
	Member of staff at London Metropolitan University who is responsible for the proposed research project either as Principal Investigator/grant-holder or, in the case of postgraduate research student projects, as Lead Supervisor
	Name: Dr Angela Loulopoulou
	Job title: Lead supervisor
	London Met Email address: a.loulopoulou@londonmet.ac.uk

SECTION B: THE PROJECT - ETHICAL ISSUES

B1	**The Research Proposal**
	Please attach a brief summary of the research project including: ● Background/rationale ● Research questions/aims/objectives ● Research methodology ● Review of key literature in this field & conceptual framework for study ● References

This research aims to explore how the concept of a therapeutic relationship is understood by gang-associated young people (herein, abbreviated to 'GAYP') and the adults they have formed this relationship with. In line with social constructionist epistemology, defining this relationship is avoided. However, for a comprehensive and comparable overview of the literature that currently exists, the concept of the therapeutic relationship will be loosely orientated around a supportive and collaborative relationship that advocates for the best interests of the young person. This contextualisation of the therapeutic relationship is important, as is its focus, as research in Counselling Psychology (herein abbreviated to 'CoP') suggests it is the single most significant factor in positive outcome for an individual (e.g. Krupnick et al., 1996; Robbins, 1992; Wampold, 2000; Lambert & Ogles, 2004). Understanding how the therapeutic relationship exists most effectively across different demographics, such as in the case of this research population, is in line with CoP's social justice agenda, as it prioritises idiosyncrasy and the importance of social, cultural, linguistic, economic, and geographical context within that (Cutts, 2013).

Although numbers of GAYP in the UK is on the rise (Centre for Social Justice [CSJ], 2009), there appears to be minimal research about the effectiveness of intervention programmes for GAYP, and perhaps more generally, about 'gangs' as a phenomenon. Whilst this could be for a number of reasons, epistemological hypotheses deem social constructs of power, control and hyper-masculinity (Pitts, 2013) as responsible for elusive images of what a 'gang' is, which then become sustained through indiscriminate and discriminatory public discourse.

Considering the likely diagnosis of Post-Traumatic Stress Disorder (PTSD) in adulthood for GAYP (Kulkarni et al., 2011; Kerig et al., 2016), this absence of research about preventing poor mental health has been acknowledged by the Department of Health (Public Health England, 2015). Taking this phenomenological gap in research into account, this research then becomes aligned with not only CoP's philosophy and values in promoting the mental health and wellbeing of highly-contextualised individuals, but also with CoP's social justice agenda that challenges how these contextualised gaps in research exist in society to begin with.

The current recommendation from the National Institute for Health and Care Excellence (NICE, 2013), as the best-practice intervention for this group of young people, is Multi-Systemic Therapy (MST; Henggeler et al., 2009). MST

for GAYP in the UK, however, requires a psychopathological diagnosis of conduct disorder (NICE, 2013). In effect, there does not seem to be any psychotherapeutic intervention as such for GAYP (Madden et al., 2013), without the existence of this diagnosis.

Unfortunately, the effectiveness of MST has been compromised when young people are specifically gang-associated (Boxer, 2011). Boxer and colleagues (2015) indicated that, due to a lack of engagement, GAYP were more likely to fail reaching MST's immediate outcomes of reduced recidivism compared to non-GAYP. Considering MST as a long-term intervention however, suggested no significant differences in the prevalence or frequency of recidivism whether gang-associated or not (Boxer et al., 2017). This implies that MST may only be ineffective for GAYP as a short-term intervention, and suggests an exploration of GAYP's engagement with interventions as fundamental. Indeed, this population's help-seeking behaviour and their tenuous relationships with authority (CSJ, 2009) may provide insight, especially when considering the efficacy of more relational interventions, such as that of mentoring (DuBois & Silverthorn, 2005).

Further, the focus on recidivism as outcome measures of such interventions may appropriately question the duality of harm and blame discourses that they are based upon. Indeed, it may seem as though government aims to reduce collective offending behaviour, in many ways, could lead to arguments that GAYP are criminalised before they are helped. The Office of the Children's Commissioner (Office of the Children's Commissioner [OCC], 2012) has acknowledged this prioritisation of delinquency and criminality over preceding vulnerability. Indeed, there are many risk factors, per se, that may lead a young person to join a gang, either in pre-existing depression and anxiety (Watkins & Melde, 2016), or broader adverse childhood experiences (Raby & Jones, 2016; Wood & Beresford, 2016).

Thus, it can be said that empirical research on how most effectively to support and intervene poor mental health for GAYP appears to be missing, as what is most closely recommended is not only based on a psychopathological diagnosis, but also on effective engagement.

The aforementioned mentoring, where interventions are based upon relatability, understanding and acceptance (Dallos & Comley-Ross, 2005), certainly foster popularity in the UK charity sector, especially with GAYP (Medina et al., 2012).

Born from a community initiative, potentially mirroring the anti-authority rebellion that initiated gang creation historically (Humphries, 1981), they also challenge arguments of engagement through the sheer number in existence and their 'snowballing recruitment' techniques (Zlotowitz et al., 2016).

Although randomised-controlled trials from the US suggest that mentoring relationships are effective interventions for GAYP (e.g. Lipsey, 2009), again they consider reduced recidivism as the measurable outcome. In addition, there are questions posed about the ethics of such relationships, where often, non-clinical roles work therapeutically with vulnerable young people (Parr, 2008; 2015). These relationship endings can be traumatic (Britner & Kraimer-Rickaby, 2005; Grossman & Rhodes, 2002; Herrera et al., 2011), and also risk harbouring a degree of moral judgement, in that a young person considered in need of help and guidance is actively encouraged by another to change (Parr, 2012; 2016). This has sparked discussion around directionality (Stokes, 2003) and power (Albright et al., 2017), probing the aim and function of such mentoring relationships.

There currently seems to be a lack of empirical research about the content or process of mentoring as an intervention for GAYP in the UK. Although the vast differences between the US and UK forensic and mental healthcare systems (Hazel, 2008) reflects perhaps different social constructions of 'gangs' and mental health, literature is often transferred from US mentoring research (OCC, 2018).

In existence, however, is a systematic review of UK mentoring interventions specifically for knife crime and youth violence (OCC, 2018), that although by no means prescriptive of gang-associated behaviour (Hallsworth & Young, 2004), is often socially associated with it (CSJ, 2009). Relating to the ethical arguments from US research, this OCC systematic review found that 57% of 366 programmes used at least some professionally trained mentors, although unfortunately, only 6% of programmes highlighted improving young peoples' mental health as outcomes. Given the developing evidence base for mentoring in the UK, it seems the current small, but positive, effectiveness requires a deeper exploration of content and process of such relationships. Essentially, whilst mentoring appears to address young people's engagement through more democratic and trusting relationships, its effectiveness is mixed (Philip & Spratt,

2007), ethical dilemmas may present, and preventing poor mental health remains unprioritised.

In a bid to understand this arguable discrepancy between mentoring effectiveness and popularity, some have hypothesised a similarity to that of a 'therapeutic relationship' (Parr, 2016; Stokes, 2003), by emphasising the function of the relationship over any intervention technique. In fact, many qualities are echoed across mentoring and the therapeutic relationship found in CoP, for example, empathy (Jordan, 2000), authenticity, genuineness, and empowerment (Spencer, 2006). Perhaps then, to understand how best to support GAYP's mental health, it may be appropriate to turn to interventions where more formal therapeutic relationships already exist.

Currently it seems as though marginalised young people actively dislike counselling and psychotherapy, finding the structure and boundaries unapproachable and unfamiliar (Cormack, 2009). Lemma (2010) suggested that vulnerable young people preferred the informality and friendship of mentoring specifically compared to counselling. Although this has not been explored with GAYP, it is intriguing, considering the potential denomination of the therapeutic relationship underpinning both mentoring and counselling.

Perhaps then, it is a question of what these vulnerable young people understand from the concept of the therapeutic relationship, and to the extent that is experienced and utilised in mentoring. In hope of contributing to best practice in supporting GAYP's mental health, the proposed research question is:

How do gang-associated young people and the mentors working with them understand the concept of the therapeutic relationship?

The objectives are as follows:

1)   To explore how the concept of a 'therapeutic relationship' exists in mentoring

2)   To explore how this concept is understood in mentoring compared to CoP

3)   To establish the perceived potential barriers to creating and maintain a therapeutic relationship for gang-associated young people

With the objective of meaning making, this research proposes a qualitative methodology. Engaging in a social constructionist epistemology illuminates the complexity of social beings and phenomena as dependent on their sociocultural

environment, challenging concepts of certain causality and singular objective truth (Burr, 2015). The conscious creation of knowledge in social constructionism deems this appropriate for this research, where the very definition of a 'gang' is socially constructed by different groups based on subtle contexts of power, 'race', class and oppression (Hallsworth, 2013).

The relevance of discourse in social constructionism is cyclical; where discourse is shaped and constrained by social structure and culture, shaping and constraining our identities, relationships and systems of knowledge and beliefs, that return again to shape and constrain discourse (Locke, 2004). Discourse analysis, however, fails to prioritise understanding, exposing, and resisting social inequality (Burr, 2015). Critical discourse analysis (CDA), addressing this, incorporates critical issues of power and justice in ways the economy, race, class, gender, and other social constructs reproduce or transform social systems (Rogers et al., 2005). Considering how 'hegemonic ideologies' in this research topic can be created and maintained by discourse (Van Dijk, 2015), CDA transpires to be the most appropriate method in line with the epistemological positioning.

Furthermore, CDA values the interplay between micro, meso and macro-level understanding of phenomena, in order to actively engage in and confront powerful ideologies. In this, micro-level analysis of language use and communication meets with power, dominance, and inequality between social groups as macro-level structures. The meso-level, or 'level of discursive practice' (Fairclough, 2013, p. 160), involves studying issues of production and consumption of such, for example, the differences in perspectives per group. By considering this, CDA enables a holistic perspective that theoretically bridges the 'gap' between micro and macro approaches, which indeed itself forms a sociological construct (Alexander et al., 1987; Knorr-Cetina & Cicourel, 1981). These three levels of understanding phenomena are also apparent throughout the literature review of this research, where the existence of 'gangs' and the associated therapeutic interventions can be understood from individual, relational and societal perspectives.

Although the validity of CDA has been criticised for disregarding the minute detail of discourse (Schlegoff, 1997), the method works to empower and uncover the hidden and dominant discourses that maintain the marginalisation of certain groups. Considering the aforementioned dual discourse of harm and blame for

gang-associated youth, CDA seems appropriate. Additionally, few effective therapeutic interventions for gang-associated youth have been established (Madden et al., 2013), which may reflect the unacknowledged phenomenon. CDA can allow for this understanding through various levels of analysis.

Participants will be recruited through purposeful sampling. Key charities and organisations in London offering mentoring for young gang-associated people, identified through Google search, will be contacted via email (appendix 1). Organisations and individuals of relevance for recruitment already established within the researcher's professional networks will also be contacted. In the event that these efforts are unfruitful, the researcher will again make contact with these organisations, this time with changes in language offering collaborative opportunities. The researcher will offer to present a short psycho-educational workshop to staff and volunteers within the organisation or charity, outlining the current research around risks factors, consequences and impacts of gang association for young people and their mental health. This is with the hope to have access to contact with individuals for potential recruitment. From here, individuals with registered interest will be informed about the study (appendix B), before being screened as per the inclusion and exclusion criteria (appendix C), and offering their informed consent for participation (appendix D).

References

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B2	**Research Ethics**

Please outline any ethical issues that might arise from this study and how they are to be addressed.

NB All research projects have ethical considerations. Please complete this section as fully as possible using the following pointers for guidance. Please include any additional information that you think would be helpful.

● Does the project involve potentially deceiving participants? *No*
● Will you be requiring the disclosure of confidential or private information? *Yes*
● Is the project likely to lead to the disclosure of illegal activity or incriminating information about participants? *Yes*
● Does the project require a Disclosure and Barring Service (DBS) check for the researcher? *No*
● Is the project likely to expose participants to distress of any nature? *Yes*
● Will participants be rewarded for their involvement? *No*
● Are there any potential conflicts of interest in this project? *No*
● Are there any other potential concerns? *No*

If you answered yes to any of the points above, please explain.

The disclosure of confidential or private information:
This is an inherent characteristic of the recruitment and interview process of research. In recruitment, participants will be asked to disclose confidential and personal information in the form of contact details and in providing information for the inclusion and exclusion criteria. All documentation will be anonymised, stored under different names to protect participant identity. Participant contact details will not be saved to the researcher's phone and will be deleted immediately once the research recruitment and interview process is complete. In the interviews, all audio recordings and transcripts will be anonymised and disposed of securely. All participant materials, including all those with confidential and private information will be stored electronically on a password-protected file. Participants will be informed of how their confidential and private information will be managed in the participant information sheet (appendices B and D) and participant consent form (appendix E). The processing and holding of participants personal data will be in accordance with the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018. The management of participant confidentiality is in line with the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

The likelihood of disclosure of illegal activity or incriminating information:
Where social associations to illegal activity for this research population group exist (Hallsworth & Young, 2004; 2008), precautions have been put in place to manage the risk of disclosure of such arising. This is in line with the research aims and objectives, that are unrelated to the disclosure of any illegal activity or incriminating information about participants. Participants will be informed of the
risks, processes, and consequences of such disclosure before considering

participation (appendix B), prior to signing consent (appendix D) and prior to the interview (appendix G). In following these precautions, the risk of disclosure is managed. If, however, any illegal or incriminating activity is disclosed, the researcher will act in according to her legal obligations, of which the participants will be informed. The participant will be debriefed, and their personal information removed from the research study. Again, this would all be in line with the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

Likelihood of distress for participants:
Whilst the research aims and objectives allow for the risk of distress arising for participants to be low, the very nature of the research means that within this low risk there is still some potential for distress to arise. In order to minimise this, rigorous inclusion and exclusion criteria will be in place for participant recruitment (appendix C) and a risk assessment will be conducted immediately prior to interview (appendix G). Should distress arise following these precautions, the researcher will act in accordance with the distress protocol (appendix H). These have been based upon the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

British Psychological Society (2016). *BPS code of human research ethics*. The British Psychological Society.
Hallsworth, S., & Young, T. (2004). Getting real about gangs. *Criminal justice matters, 55*(1), 12-13.
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B3 Does the proposed research project involve:

● The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or available by subscription)? *No*
● The production and/or analysis of physical data (including computer code, physical entities and/or chemical materials) that might involve potential risks to humans, the researcher(s) or the University? *No*
● The direct or indirect collection of new data from humans or animals? *Yes*
● Sharing of data with other organisations? *No*
● Export of data outside the EU*? No*

If you answered yes to any of the points above, please explain.

Data in line with the research aims and objectives will be collected from the research participants. This will include narratives of their personal experiences of mental health support, or lack of support, they received whilst being gang-associated, along with their thoughts and suggests for how it could be best supported for young people today. Being qualitative in nature, the interview process will include open-ended questions, of which an interview schedule can be found in appendix J. In having such an interview schedule, the data collected will remain focussed and orientated to the research aims and objectives. Any data which is indirectly collected or is not required as part of the research aims and objectives will be refocused during the research interviews, or removed and destroyed appropriately in line confidentiality agreements, GDPR guidelines, the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016).

British Psychological Society (2016). *BPS code of human research ethics*. The British Psychological Society.
Health & Care Professions Council. (2016). *Standards of conduct, performance and ethics.* Retrieved from https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf

B4	Will the proposed research be conducted in any country outside the UK? If so, are there independent research ethics regulations and procedures that either: ● Do not recognise research ethics review approval from UK-based research ethics services? *No* and/or ● Require more detailed applications for research ethics review than would ordinarily be conducted by the University's Research Ethics Review Panels and/or other UK-based research ethics services? *No* **If you answered yes to any of the points above, please explain.**
B5	Does the proposed research involve: ● The collection and/or analysis of body tissues or fluids from humans or animals? *No* ● The administration of any drug, food substance, placebo or invasive procedure to humans or animals? *No* ● Any participants lacking capacity (as defined by the UK Mental Capacity Act 2005)? *No* ● Relationships with any external statutory-, voluntary-, or commercial-sector organisation(s) that require(s) research ethics approval to be obtained from an external research ethics committee or the UK National Research Ethics Service (this includes research involving staff, clients, premises, facilities and data from the UK National Health Service (NHS), Social Care organisations and some other statutory public bodies within the UK)? *No* **If you answered yes to any of the points above, please contact your faculty's RERP chair for further guidance.**
B6	Does the proposed research involve:

● Accessing / storing information (including information on the web) which promotes extremism or terrorism? *No*

● Accessing / storing information which is security sensitive (e.g. for which a security clearance is required)? *No*

If you answered yes to any of the points above, please explain. To comply with the law, researchers seeking to use information in these categories must have appropriate protocols in place for the secure access and storage of material. For further guidance, see the Universities

UK publication Oversight of Security Sensitive Research Material in UK Universities (2012).

	SECTION C: THE PROJECT - RISKS AND BENEFITS

C1	**Risk Assessment**
	Please outline:

● the risks posed by this project to both researcher and research participants
● the ways in which you intend to mitigate these risks
● the benefits of this project to the applicant, participants, and any others

As mentioned in Section B2 of this Ethics Review Form, this research population is often associated with illegal activity (Hallsworth & Young, 2004; 2008). Although the research project in itself has no objective surrounding disclosure of such, there will exist some risk due to the qualitative method of the research and the open-ended interview structure. Knowing this, and acknowledging how far from the research aims and objectives such disclosure of illegal or incriminating information are, precautions have been put in place to avoid such from arising within the research process. These precautions include the following:
−   Informing participants of the researcher's legal obligation to pass on any disclosures detailing illegal or incriminating information before they consider participating in the research, prior to signing consent, and finally prior to starting the research interview (appendix D)
−   A rigorous inclusion and exclusion criteria that ensures some degree of separation from gang-associated activity that may arise to a disclosure of illegal or incriminating information (appendix C)
−   And an interview schedule that is focused and orientated to the clear research aims and objectives (appendix J)
Should these precautions not be successful in avoiding the disclosure of illegal or incriminating activity, the researcher will follow the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Human Research Ethics (2016) in following legal obligation to pass on such knowledge.

There also exists a risk of participant distress in this research. Again, whilst the research aims, objectives and interview schedule mean that this is not above the risk expected within everyday life, precautions have been taken to mitigate these chances. Considering the likelihood of a diagnosis of PTSD in adulthood for those who were once gang-associated (Kulkarni et al., 2011; Kerig et al., 2016), rigorous exclusion criteria for participation will ensure that those with considerable mental health concerns or residual feelings or indeed, trauma, associated with gang-association will be sensitively informed about the unsuitability of their participation and excluded from participation (appendices C and F). A more direct and immediate risk assessment conducted prior to the research interview will further mitigate the risk of significant distress beyond that which is expected within everyday life (appendix G). Should any distress arise, the researcher will act according to the proposed distress protocol (H) and will continually refer to the BPS Code of Human Research Ethics (2016) |

and the HCPC Standards of Performance, Conduct and Ethics (2016) to ensure ethical and safe research practice.

One of the aims of this research is to understand how the therapeutic relationship is understood in the context of mentoring for gang-associated young people's mental health, with the view to draw comparisons and similarities between mentoring and Counselling Psychology. The information from this can ultimately be used to inform best practice for gang-associated young people. As such, the benefits of this research on a macro level appear for both the practice of Counselling Psychology and in the practice of mentoring. Furthermore, the research may contribute to challenging the social justice issues that compromise best practice itself, for example in further understanding this research population group's help-seeking behaviour (Centre for Social Justice, 2009) or relationships with healthcare professionals (Oetzel & Scherer, 2003).

At a micro, individual level, there are benefits to the research participants, whether formally gang-associated participants or the mentors directly working with them. These benefits are not only in the positive feelings associated with personally contributing to informing best practice for gang-associated young people currently, and in a way, contributing to a significant social 'crisis' (Ratcliffe, 2018), but also in hearing and giving voice to those who may be silenced and marginalised in society, which is in line with Counselling Psychology's social justice agenda (Goodman et al., 2004).

Regarding the researcher, there are minimal risks in conducting this research beyond the risk that is expected within everyday life, which can be appropriately managed. For example, in risks of personal safety, the researcher can ensure to meet participants publicly, ensuring that location and expected duration are shared with a colleague who will be ready to contact the police should the researcher not get in touch following the completion of the interview. Furthermore, rather than the researcher's personal phone, a separate 'work' phone will be used in correspondence with research participants. Any risks of researcher distress following interviews can be managed through debrief sessions with the research supervisor. The benefits for the researcher primarily relate to personal gain in academic esteem and pride.

British Psychological Society (2016). *BPS code of human research ethics*. The British Psychological Society.
Centre for Social Justice. (2009). Dying to Belong: An In-depth review of street gangs in Britain. London: Centre for Social Justice. https://www.centreforsocialjustice.org.uk/library/dying-belong-depth-review-street-gangs-britain
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Kulkarni, M. R., Graham-Bermann, S., Rauch, S. A., & Seng, J. (2011). Witnessing versus experiencing direct violence in childhood as correlates of adulthood PTSD. *Journal of interpersonal violence, 26*(6), 1264-1281. https://doi.org/10.1177/0886260510368159

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PSYCHOLOGY: PROJECT CHECKLIST

Delete either **NO** or **YES** to the following statements:

1.	Will the participants be required to experience unpleasant stimuli or unpleasant situations above the normal level of unpleasantness expected in everyday life?[8]	**NO**
2.	Will any relevant information about the nature, process or outcome of the experiment or study be withheld from participants?[9]	**NO**
3.	Will participants be actively misled or deceived as to the purpose of the study?[10]	**NO**
4.	Will participants receive any inducement or payment to take part in the study?	**NO**
5.	Does the research involve identifiable participants or the possibility that anonymised individuals may become identifiable?	**NO**
6.	Will any participants be unable to provide informed consent?	**NO**
7.	Might the study carry a risk – above the normal risk expected in everyday life – of being harmful to the physical or mental well-being of participants?	**NO**
8.	Might the study carry a risk – above the normal risk expected in everyday life – of being harmful to the physical or mental well-being of the researcher in carrying out the study?	**NO**

If you answered **YES** to one or more of the above questions, explain how you will address the corresponding ethical concern(s) in the study protocol (no word limit).

.

[8] If required to experience unpleasant stimuli or unpleasant situations, participants should be informed beforehand and possibly screened for suitability. Finally, depending on the level of unpleasantness, it may be appropriate to use the distress protocol immediately after data collection.

[9] If information is withheld, the participants will need to be debriefed after the data collection. In addition, a second informed consent to use the data should be obtained after debriefing the participants (attach the second consent form as an appendix to this document). Finally, the distress protocol should be used immediately after data collection.

[10] If the participants are actively mislead or deceived, they need to be debriefed after the data collection. In addition, a second informed consent to use the data should be obtained after

debriefing the participants (attach the second consent form as an appendix to this document). Finally, the distress protocol should be used immediately after data collection.

Please ensure that you have completed Sections A, B, C and the Psychology

project Checklist, and attached a Research Proposal before submitting to your

Faculty Research Ethics Review Panel (RERP)

http://www.londonmet.ac.uk/research/current-students/research-ethics/

Research ethics approval can be granted for a maximum of 4 years or for the

duration of the proposed research, whichever is shorter, on the condition that:

● The researcher must inform their faculty's Research Ethics Review Panel (RERP) of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications

● The researcher must apply for an extension to their ethics approval if the research project continues beyond 4 years.

PSYCHOLOGY: SUBMISSION

You must submit your Psychology Project Proposal and Ethics Application Form **in electronic form** (only) as follows:
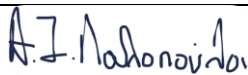
1. Prepare **a single MS Word file**, including all attached material (if any) at the end of it;
2. **Sign it**, and **make your supervisor sign it** (signatures can be picture files of scanned signatures);
3. **Rename the single MS Word file** using the following convention and format: Ethics_Course Code_Student Surname_Student ID number
4. e.g., Ethics_MPhil-PhD_Bond_0000007 or Ethics_Staff_Bond
5. Submit the single and renamed MS Word file via Weblearn on *Psychology Research Ethics Community* (visible under *My Organisations*), **using the course-specific submission link**.
6. **Alert** the Chair of the Psychology Research Ethics Review Panel (RERP) by email.

The Psychology Project Proposal and Ethics Application Form must be complete and signed. Incomplete and/or unsigned forms will not be assessed and will require resubmission at the next opportunity.

> **The researcher must inform the supervisor of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications. The supervisor will then either approve the**

Declaration

I confirm that I have read London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice* and have consulted relevant guidance on ethics in research.

	Name	**Signature**	**Date**
Student	**Lakhita Uppal**	*Uppal*	**22.09.2021**
Supervisor	**Dr A I Loulopoulou**	*A.I.Λουλοπούλου*	**22.09.212020**

| Principal Investigator | Lakhita Uppal | *Uppal* | 22.09.2021 |

PSYCHOLOGY: REVIEW

Appendix M: Ethical approval

Fwd: Research Ethics form   Inbox ×

Angela Loulopoulou <A.Loulopoulou@londonmet.ac.uk>   Thu, 4 Feb 2021, 16:32
to me ▾

Hello Lakhita,

please find your ethics form fully approved. You can proceed with recruitment.

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou PhD; AFBPsS; FHEA
(she/her)

HCPC Registered Practitioner Psychologist; EMDR Therapist

Principal Lecturer in Counselling Psychology
Programme Director of the Professional Doctorate in Counselling Psychology
School of Social Sciences
Member of the Global Diversities and Inequalities research centre
Chair of Subject Standards Board for PG Psychology
Chair of Ethics Review Committee for PG Psychology
Lead for Postgraduate Psychology

Office hours 9.30-17.00 Monday to Friday
Please email me if you would like an appointment.