

Portfolio Volume 1: Major Research Project

Supporting the Wellbeing of Black Girls and Young Women: A Qualitative Exploration of Cross-Generational Knowledge Within Community Organisations

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Abstract

Background and Aims: Despite rich ancestral heritages, histories of creativity and resistance, and ongoing contributions to culture and society, Black girls and young women face intersecting layers of oppression, shaped by race, gender, age and often class. Despite some evidence highlighting the impact upon wellbeing and identity development processes, they remain underrepresented in statutory mental health services and psychological literature, with many instead finding support from community-based organisations. Responding to gaps in UK literature and calls for practitioner perspectives, this thesis centres cross-generational community knowledge through the lens of Black Feminist Thought and Critical Race Theory. In conversation with Black girls, young women, and the practitioners who support them, it explores the factors influencing their wellbeing and the role of community organisations in fostering and sustaining it.

Methodology: This study employs a qualitative design, using Critical Thematic Analysis. Data were collected through a combination of online and in-person focus groups and dyadic interviews with 11 Black girls and young women (aged 16-25) and 11 Black female practitioners based in community and grassroots settings. Participants were recruited from 11 London-based community organisations.

Findings: Four overarching themes were identified: 'Resisting Dominant Discourses', 'Seeing Ourselves in Each Other: A Double-Edged Sword', 'Wellbeing is Political', and 'Centring Love, Mutual Care and Non-Western Forms of Knowledge'. These themes reflect the challenges faced by Black girls and young women in navigating oppressive contexts, the strategies they draw upon to resist and heal, and the ways in which support is co-constructed within community settings.

Conclusions: Findings call for sustained investment in, and learning from, community-led approaches, inviting a reimagining of care that is relational, culturally sensitive, and anti-oppressive.

Findings also highlight the complexities of shared identities between young people and practitioners, the political nature of wellbeing, and the urgent need for structural change.

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Chapter One: Introduction

1.1 Chapter Overview

This chapter begins by outlining my positionality as a researcher, followed by an overview of the theoretical frameworks that inform this thesis, its epistemological positioning, and list of key terms. The rest of the chapter is divided into four sections. Part One focuses on the strengths and assets of Black women and girls (BWG), describing some of the many ways they continue to resist oppressive structures, whilst taking care of themselves and others. Part Two outlines the current context for young people (YP) within the UK, with a focus upon racialised youth in London, specifically Black girls and young women. It also explores the present-day issues faced by Black girls and young women, situating them in their historic and sociopolitical contexts. Part Three discusses the implications of these issues, with a specific focus upon wellbeing and identity development. The final section, Part Four, examines the support currently offered by statutory and UK community-based organisations and practitioners, contributing to the rationale for the project.

1.2 Positionality

1.2.1 Relationship to the Research Project

As a woman of Black-mixed heritage, with my own experiences of Black girlhood, I know my inner child has undoubtedly influenced this project, as well as my wider commitment to supporting Black girls and young women. In my life, I have also held relationships with incredible Black women and girls (BWG), being present for their triumphs, struggles, and experiences of injustice. This includes the practitioners I have met while working for and alongside youth and community organisations, who, drawing on their own experiential knowledge, continue to support YP with the utmost love and care, with little (external) recognition for their life-altering work.

Reflecting on my career so far, I have predominantly supported people in a therapeutic capacity, many of whom have had their distress compounded by their wider contexts, including experiences of social injustice. Before even having the language to articulate it, I was aware of the power of dominant societal narratives, but this became even more pronounced while working with refugee and asylum-seeking people, and other historically marginalised groups. Over the years, I have borne witness to the immense courage, spirit and resistance of these communities, but also the impact of power and inequality on the ways they are responded to – the absence of love and care, and the institutional harms inflicted by systems. I have also experienced similar failings of services, within my own family and the communities of which I am a part.

Throughout my academic journey, I continuously noticed the absence of the voices of Black YP in research, so chose to centre my projects around their needs and experiences where possible. I hope that the current study can make a helpful contribution to the evidence base, shaping more progressive, flexible and culturally sensitive care for Black girls and young women.

1.2.2 Setting the Intention

Understandably, much of the existing literature concerning Black youth is trauma focused. However, there is also a wealth of Black feminist literature, and strengths-focused research conducted in more recent years, which is important to refer to. The intentions of the project are suitably summarised by Edwards et al. (2016) and Kelly (2020), who call for humanising research that considers the multiple layered oppressions faced by BWG, whilst also celebrating the beauty and joy of Black girl/womanhood.

1.3 Theoretical Frameworks

Drawing on Critical Race Theory (CRT), Black Feminist Thought, and intersectionality, this thesis critically examines the racialised and gendered experiences of Black girls and young women, including the ways that structural and discursive forms of power shape their wellbeing and access to

care. CRT challenges the idea that racism exists solely at an individual level, focusing instead upon the ways it is culturally and structurally embedded, thereby rendered 'integral, permanent and indestructible' through institutional practices and dominant ideologies (Bell, 1992, p.xxi; Crenshaw et al., 1995). The theory emphasises the socially constructed nature of race, positing that racial categories are created, maintained, and manipulated to serve political and economic interests, rather than reflecting any biological difference (Delgado & Stefancic, 2017). Credited with informing much of CRT scholarship, Black Feminist Thought centres the ways that Black women and girls survive and resist intersecting systems of oppression, affirming their experiential and community knowledge, critiquing structures of power and domination, and advocating for collective, liberatory care (Collins, 1990; 2000; Lorde, 1984). Relatedly, originally coined by Crenshaw (1989) to describe the challenges faced by Black women in the legal system, and heavily shaped by Black Feminist Thought, intersectionality has evolved into a broader analytical framework for examining how systems of oppression – such as racism, sexism, classism, ableism – interact to shape individuals' experiences of marginalisation and access to power (Collins, 2015b). In this thesis, I apply an intersectional lens to examine how power operates in the lives of Black girls and young women, and how they are simultaneously racialised, gendered, and stereotyped in ways that produce specific challenges and exclusions.

1.3.1 Epistemological Positioning

Black Feminist Thought is integral to this study, shaping the research questions, literature review, methodological choices, and providing the lens through which participant narratives are understood. I have integrated this approach with social constructionism to inform the study's epistemological standpoint. The Black feminist epistemological position challenges dominant frameworks of objectivity and neutrality, and the traditional, Eurocentric and patriarchal methods of knowledge production that often marginalise Black women's experiences (Collins, 1990; 2015a). Instead, it privileges experiential, embodied and relational forms of knowledge, or 'lived experience',

recognising personal narratives and community wisdom as legitimate sources of insight (Collins, 2000). Put simply, for Black women, 'knowledge' and 'truth' are rooted in their own experiential wisdom, and do not require validation from external authorities. The standpoint therefore reflects the intention of the research, to create space for marginalised voices.

Also challenging dominant frameworks of objectivity, social constructionism challenges notions of objective 'truth', situating the knowledge production within its sociopolitical and historical contexts (Berger & Luckmann, 1966; Gergen, 2022). Rather than positioning people as inherently worthy of domination or subjugation, the standpoint maintains that social hierarchies are constructed through dominant discourses, which are shaped by wider power structures and institutions (Burr, 2015; Foucault, 1975). This lens supports the externalisation of the challenges faced by BWG, helping to deconstruct the stereotypes and systemic barriers they face (White & Epston, 1990). By integrating Black Feminist Thought and social constructionism, this thesis centres the experiential knowledge of BWG, whilst simultaneously paying attention to the specific sociohistorical and structural contexts in which it is situated.

1.4 Language and Key Terms

Table 1

Language and Key Terms

Term	Definition
Adultification	Describes the phenomenon whereby children are perceived to be older and/or more mature than they are, and treated as such by adults and peers (Epstein et al., 2017; Goff et al., 2014). Rooted in stereotypes and historical racial biases around marginalised groups, adultification is said to permeate the lives and experiences of racialised children across the diaspora - particularly those who are Black (Cooke & Halberstadt, 2021)
Black	A term used to refer to individuals of African and Caribbean descent (Maylor, 2009). Represents a socially constructed racial category, as opposed to an inherent biological marker (Rockquemore & Brunσμα, 2008; Root, 1996), and is therefore used to encompass those of Black-mixed heritage (Davis, 1991). The term is capitalised to acknowledge its role as a descriptor of a shared cultural and political identity, rather than skin colour (AP News, 2020; Crenshaw, 1991)
Colourism	Describes the privilege afforded to racially minoritised individuals based on their visible proximity to whiteness (Dixon & Telles, 2017; Phoenix, 2014).
Community / Grassroots organisation	Terms often used interchangeably to describe a locally based group, usually formed and led by members of the community to address social, cultural, or economic issues. These organisations typically operate independently of government structures and prioritise community participation and empowerment (Smith, 2010).
Diaspora	A population of people who have spread or been dispersed from their original homeland to multiple locations, often maintaining cultural, social, or emotional ties to their place of origin (Clifford, 1994).
Epistemic injustice	Occurs when people are unfairly discredited or dismissed in their ability to share or hold knowledge, largely due to prejudice and discrimination (Fricker, 2007). Often silences marginalised voices and devalues lived experiences, reinforcing social inequality by restricting whose perspectives are trusted and acknowledged.

Ethnic group	A community of people who identify with one another through shared cultural practices, language, history, or ancestry, distinguishing them from other groups (Barth, 1969).
Ethnicity	A socially constructed category based on shared cultural identifiers such as language, religion, ancestry, and customs, which create a sense of common identity and belonging (Barth, 1969).
Gender	A socially constructed category shaped by cultural, historical, and political contexts, which informs the behaviours, expressions, and identities of individuals according to their categorisation, and the distribution of power and resources in society (World Health Organization, 2023).
Lived experience	A term used to refer to the first-hand, subjective accounts and interpretations of individuals' everyday realities (van Manen, 1990). This study uses the term, recognising its value in centring marginalised voices but also its limitations in capturing the full complexity of lived realities shaped by structural and historical forces (Rose & Kalathil, 2019).
Marginalised	Refers to individuals or groups that experience exclusion or disadvantage within society, often facing limited access to resources, rights, and opportunities due to social, economic, or political factors (Young, 2000). This thesis acknowledges the deficit-based connotations of the term, but uses it intentionally to highlight the active and systemic processes of marginalisation it reflects (Grosfoguel, 2011).
Parentification	Closely linked to adultification, parentification involves the premature assumption of adult roles and responsibilities for children, this time within the family structure. Again, commonly associated with racialised groups, parentification involves children taking on caregiving or financial responsibilities to support their families, often as a consequence of structural inequalities, such as economic instability (Jankowski et al., 2014).
Pedagogy	The methods and approaches used in teaching and education to support and guide learners' development and understanding (Alexander, 2008).
Practitioner	An individual who applies specialised knowledge and skills in a professional context (Epstein, 2014). In this thesis, the term primarily includes (but is not limited to) youth and support workers, therapeutic workers and other positions held within community/grassroots organisations.

Professional	Widely used to describe an individual with formal training and authority in health, education, or social care, responsible for providing direct or indirect support (Thompson, 2016). In this study, the term primarily refers to those working in statutory services.
Race	A social construct used to categorise people based on perceived physical characteristics such as skin colour, ancestry, and facial features. Often considered biological, but instead primarily shaped by social, historical, and political factors that influence identity and social relations (Omi & Winant, 2014).
Racialised	Describes a process whereby societies construct and assign racial identities to groups or individuals, often based on perceived physical or cultural distance from whiteness. This categorisation is shaped by social, political, and historical contexts and influences experiences of power, privilege, and discrimination (Miles, 1989).
Racially minoritised	Refers to individuals or groups who have been socially, politically, and structurally positioned as minorities through processes of racism, marginalisation, and systemic exclusion (Gabriel, 2020). Use of "minoritised" reflects the active process of social positioning, as opposed to a natural minority status (Maylor, 2009).
Racism	A system of beliefs, practices, and social structures that create and maintain racial inequality by discriminating against or privileging groups based on perceived racial differences. Operates at individual, institutional, and systemic levels (Feagin, 2006).
Stereotype	A socially constructed generalisation that simplifies individuals or groups, reinforces dominant power structures, and/or shapes expectations through cultural, institutional, and interpersonal narratives (Devine, 1989; Steele & Aronson, 1995).
Structural inequality/ injustice	Refers to the formalised institutions, policies, and frameworks that organise society and create or maintain unequal access to resources, opportunities, and power. Includes laws, policies, economic systems, and institutional practices and organisation (Gee & Ford, 2011).
Systemic inequality/ injustice	Refers to the ways in which social inequality is embedded and reinforced across institutions, practices, and cultural norms (Crenshaw, 1991).

Wellbeing	This term has been chosen after consultation with practitioners and YP, recognising the cultural and social stigma that can be attached to the term 'mental health' (Rivera et al., 2021). In this context, the term is used to encompass mental health and emotional wellbeing, including self-esteem, emotional regulation and identity development (Keyes, 2002; Ryff & Singer, 2008).
White	A socially constructed racial category typically used to describe individuals of European descent or light skin pigmentation. The term reflects social and political processes across sociohistorical contexts, as opposed to solely biological traits (Omi & Winant, 2014).

1.5 Empirical and Theoretical Literature

1.6 Part One: A Word on Joy, Coping and Resistance

Although many of the issues outlined in the following chapter are deeply unjust, it is important to look beyond the idea that equates Blackness with victimisation, and support Black women and girls to define themselves outside of the ‘colonial gaze’ (hooks, 1995; Fanon, 1967; Tuitt, 2019). Throughout history, Black communities have found ways to resist trauma and oppressive structures, drawing upon creativity (dance, music, art, writing, storytelling), community healing, and ancestral practices (Chioneso et al., 2020; Crawford et al., 2020). Despite navigating layered and entrenched forms of societal discrimination, Black girls and young women continue to challenge and (re)define their own narratives, rejecting societal expectations and creating their own representations of Black girlhood (Nunn, 2018).

Kelly (2020) posits that much of the existing literature concerning Black girls positions them as problems to be solved, rather than as “critical and sociopolitical actors and agents of change” (p.449). Indeed, Black women and girls have long shown immense capacity for resistance, leading social justice movements, advocating and organising for themselves, and in solidarity with other oppressed communities (Combahee River Collective, 1977; Cox, 2021). Creativity has also been used as tool of resistance against the marginalisation and policing of their bodies (Brown, 2013; McElya, 2011). Black women and girls are widely recognised as trendsetters and pioneers, using fashion, art and music as forms of self-expression, whilst challenging assumptions surrounding respectability, class and sexuality (hooks, 1990; Ford, 2015). Moreover, in response to histories of marginalisation and misrepresentation, Black women and girls have continued to carve out spaces of safety, both physically and more recently in the digital sphere, to foster support, empowerment and self-expression (Allen et al., 2024; Lane, 2018). The digital space has also been used as a space for young Black women to celebrate their sexual self-expression, rebuke notions of “toxic respectability” (Halliday, 2020, p.878) and reclaim narratives around sexuality.

1.7 Part Two: Situating the Injustice

1.7.1 The Current Landscape for Young People in the UK

Adolescence and young adulthood are widely recognised as critical life stages, accompanied by significant physical, cognitive and emotional changes (Sawyer et al., 2018). During this time, YP are commonly expected to manage academic and career-related pressures, build and sustain peer and romantic relationships, and adapt to growing independence – all whilst navigating a complex process of identity development (Backes & Bonnie, 2019; Lane, 2018). For many YP, these developmental challenges are exacerbated by broader societal factors, which shape the environment in which they grow and adapt (Bronfenbrenner, 1979). Within the UK, austerity measures, cuts to youth services, and the long-term effects of economic and policy decision-making have contributed to a climate of instability and uncertainty, with many YP navigating high levels of unemployment, limited access to affordable housing, and a national ‘cost-of-living crisis’ (Broadbent et al., 2023; El-Enany, 2020; Wandira, 2024). These conditions are reported to have compounded existing health and economic inequalities, with marginalised communities disproportionately affected (Marmot, 2010; 2020). In London, child poverty rates are a third higher than in the rest of England, affecting approximately 35% of children, predominantly from racialised communities (Trust for London, 2023; UK Parliament, 2025). These same communities are facing increasing surveillance, gentrification, and policing– factors linked to chronic stress, social exclusion, and inadequate access to culturally safe and inclusive services (Balazard & Peace, 2023; Joseph-Salisbury, 2020; London Youth, 2017; Trust for London, 2021).

The social inequalities embedded in the UK’s political and economic structures have been described as ‘structural violence’, systematically harming marginalised populations by restricting their access to resources, rights, and wellbeing (Canning, 2018; Gilmore, 2007; Waugh, 2024). Evidence suggests that racially minoritised individuals face additional, layered challenges, prompting calls to adopt an intersectional lens to their mental health and wellbeing needs (Afuape & Hughes,

2015). Black communities, in particular, face intersecting forms of inequality, including socioeconomic disadvantage, institutional racism, and systemic exclusions across education, housing, and healthcare (Nazroo et al., 2020). Black children and YP are more likely to be excluded from school, overrepresented in the care and criminal justice systems, and exposed to institutional neglect and harm— factors linked to heightened risks of anxiety, depression, and emotional distress (Barnardo's, 2023; Mental Health Foundation, 2023; Mind, 2023; UK Youth, 2024). However, despite widespread recognition of these challenges, they remain underrepresented in statutory mental health services, experiencing culturally insensitive care, and overall poorer treatment outcomes when they do access support (Fernando, 2017; Nazroo et al., 2020).

1.7.2 The Unique Position of Black Girls and Young Women

Adopting an intersectional lens to the mental health of YP necessitates exploration of the experiences of Black girls and young women¹. Although Black girls and young women hold diverse and multifaceted identities, and cannot be homogenised as one single group (Brown, 2013; hooks, 2014), it is suggested that there are shared elements of their identities, at the intersection of race and gender, which may unite their experience (Crenshaw, 1989). The convergence of racism and sexism experienced at this intersection, also referred to as 'misogynoir' (Bailey & Trudy, 2018) and 'gendered racism' (Essed, 1991), has been described as a consequence of interrelated systems of power— namely, white supremacy, patriarchy, heteronormativity, and capitalism (Collins, 1990; hooks, 2014; Smith, 2015). As a result of this 'matrix of domination' (Collins, 1990), many Black women and girls must navigate additional societal challenges, including discrimination, barriers to receiving appropriate care, and internalised stigma and prejudice (Bent-Goodley et al., 2017). A lack

¹ In this study, 'Black girls and young women' encompasses those up to the age of 25 (World Health Organization, 2014).

of culturally appropriate services can exacerbate these challenges, with Black women and girls often feeling misunderstood or unsafe in predominantly white systems.

1.7.3 Social Constructions of the Black Woman (and Girl)

To better understand the present-day experiences of Black girls and young women, it is necessary to situate them within their sociohistorical context. Beginning in the early 16th century, the transatlantic slave trade was instrumental in the construction of a racial hierarchy, and establishing white supremacy as a global system of domination (Gordon-Reed, 2018; Robinson, 1983). Stereotypes emerging at this time positioned Black people as savage, uncivilised, and inherently inferior to white people (Fanon, 1967; hooks, 2014). Black women were constructed in direct opposition to white women, who represented femininity, morality, beauty, and fragility (Collins, 2000; West, 2008). These constructions are said to have legitimised the violence and dehumanisation inflicted upon Black people, and reinforced the hyper-sexualisation and objectification of Black women (Harris-Perry, 2011; Phipps, 2021). Also based on hierarchical constructions of racialised people, the same period saw the emergence of colourism, a phenomena that persists globally, privileging proximity to whiteness (Gabrielle, 2008).

The *Angry Black Woman* (ABW) is recognised as one of the most pervasive stereotypes pertaining to Black women, positioning them as hostile, aggressive and easily provoked (Ashley, 2014; Jones & Norwood, 2016). The stereotype has functioned to delegitimise Black women's feelings of anger and frustration, both historically and in the present, attributing them instead to their antagonistic and argumentative nature (Harris-Perry, 2011; Kilgore et al., 2020; McLaurin, 2002). The *Strong Black Woman* (SBW) is another common trope, suggested to have evolved as both an external expectation and survival mechanism, with similar silencing and delegitimising effects to the ABW (Beauboeuf-Lafontant, 2007). During slavery, Black women endured immense physical and emotional hardship, with their capacity to survive framed as an absence of vulnerability, and

representative of a high pain tolerance. Relatedly, *The Mammy*, characterised as a loyal, self-sacrificial caretaker devoted to serving white families, has also been argued to justify the exploitation of Black women, portraying them as inherently one-dimensional, and best suited to domestic servitude (Collins, 2000; West, 1995).

In addition to angry and strong, Black women were also constructed as ‘promiscuous’, hypersexual, and devoid of virtue and morality, in direct opposition to the idealised, virtuous white woman (Harris-Perry, 2011). Often referred to as *The Jezebel*, this trope is said to have provided justification for the sexual violence inflicted upon them, framing it as natural, or to some extent, desirable, by virtue of their inherent sexual insatiability (Gregory, 2006). Today, the same narrative or ‘script’ (French, 2013), continues to be upheld through Western media, positioning Black women and girls primarily as objects of desire (Sauer, 2015). It has also been said to play a significant role in the adultification of Black girls as, during slavery, they were also perceived to be hypersexual, with ascribed assumptions of sexual maturity often attributed to their racial identity (Epstein et al., 2017).

1.7.4 Present-Day Implications

Today, stereotypes surrounding Black women and girls persist, shaping the development of self-concept during adolescence, and contributing to their marginalisation and neglect across the statutory services tasked with supporting and protecting them (Acquaah & Ville, 2024; Mims & Williams, 2020; Morris-Jarra & Iyere, 2025; Olufemi, 2020). Moreover, intertwined with long-standing ideas linking Blackness and deviance, colourism continues to influence societal perceptions and institutional responses, resulting in disproportionate mistreatment and punishment of darker-skinned YP across these settings (Cox & Sacks-Jones, 2017; Joseph-Salisbury, 2020; Phoenix & Craddock, 2022; 2024a). Evidence also shows that colourist tropes can be internalised by Black communities, often manifesting in romantic and familial relationships (Phoenix & Craddock, 2024b; 2025). Black women and girls are said to experience ‘gendered colourism’, whereby those with

darker skin are frequently devalued, including by others who share their heritage (Hill, 2002; Phoenix & Craddock, 2022; 2024a; Vitro & Carter, 2024).

Existing literature shows that Black girls and young women face challenges throughout the education system, from primary school through to university– experiencing reduced empathy, misinterpretation of their emotions and behaviours, and disproportionately punitive responses, including higher rates of exclusion (Akel & Iyere, 2023; Epstein et al., 2017; Evans, 2019; Evans-Winters, 2005; Pennant, 2024). Darker-skinned students are also said to face intensified scrutiny and lower teacher expectations (Joseph-Salisbury, 2020). That said, Black girls of all shades continue to express their cultural pride and identity, particularly through their hairstyles (Onnie-Rogers et al., 2022). However, they often experience disproportionate scrutiny and regulation under restrictive uniform policies (Equality and Human Rights Commission, n.d). Educational inequalities have also been linked to the overrepresentation of Black girls and young women in the criminal justice system, otherwise known as the ‘school-to-prison pipeline’, yet mainstream conversations often centre boys and young men, leading to the misconception that Black girls are not at risk (Clark, 2020; Crenshaw et al., 2015). There is also evidence to suggest that, once involved in the criminal justice system, as a consequence of multiple interrelated factors, including adultification, Black girls are subjected to heightened suspicion and harsher treatment, being treated with less empathy and understanding than those of their non-Black peers, and having their mental health needs overlooked (Acquaah & Ville, 2024; Cox & Sacks-Jones, 2017; Joseph-Salisbury, 2020).

There are also implications for Black girls and young women within domestic settings. Family has been found to provide a source of strength and support within Black communities, bolstering against wider oppressive forces, imparting intergenerational wisdom, and preserving cultural identity (Harker, 2001; Hughes et al, 2006; McAdoo, 2007). However, Black girls can experience parentification within the home, often linked to internalised familial expectations of strength and wider structural inequalities (Burton, 2007; Davis, 2019; Hooper, 2011). Black children are also

overrepresented in the care system, an issue largely attributed to socioeconomic inequalities and institutional racism (Bywaters et al., 2015; Department for Education, 2022; Hill, 2004; Stephens, 2022). Once within the care system, Black girls often face adultification and a lack culturally responsive support from foster carers and social workers (Bernard & Gupta, 2008; Davies, 2022).

Research also suggests the harms of structural violence can be internalised by communities, meaning that it becomes normalised at the microlevel (Bourgois, 2001; Williams et al., 2020). Black women and girls continue to experience various forms of gender-based violence, including higher rates of intimate partner violence (Ebeuhi, 2023; Kelly et al., 2020). In London, femicide disproportionately affects BWG, who experience higher rates than any other ethnic group (Smith, 2024). Moreover, when Black women go missing or are killed, there is said to be less of a public outcry, with media attention predominantly given to women who are white and upper or middle class (Liebler, 2010; Slakoff & Fradella, 2019). This erasure is considered a global issue, leading to the emergence of the #SayHerName and #BlackGirlsMatter hashtags in the US (Lane, 2018). As well as increasing the risks of domestic and other forms of interpersonal violence, structural inequalities can also restrict access to support, justice, and resources such as safe housing and financial security (Kumar, 2018). When they do report violence, Black victims are often met with scepticism and indifference from institutions, even with evidence of visible harm (Acquaah & Ville, 2024).

1.8 Part Three: Implications for Wellbeing

Despite experiencing layered forms of oppression, Black girls and young women continue to resist and challenge marginalisation. Many choose to openly challenge and reject stereotypes, through classroom discussions, activism, artwork and other creative means, instead deciding their own narratives (Brown, 2013; Crenshaw et al., 2015; Morris, 2016). Others explicitly critique and reject colourist ideologies, excel academically, demonstrate leadership, and build supportive communities, within and beyond the care system (Butler-Barnes et al., 2013; Evans-Winters, 2011;

Rollock, 2012; Rosario et al., 2021; The Black Care Experience, 2024). However, despite their resourcefulness and capacity for resistance, experiences of marginalisation and neglect persist (Akel & Iyere, 2023; Mims & Williams, 2020). Although there is limited research examining the impact of these experiences on the health and wellbeing of Black girls and young women specifically, it is increasingly understood that marginalised communities can face emotional and physical health challenges as a consequence of inequality and systemic oppression (Marmot, 2010). The following section draws upon available literature to discuss the potential implications for Black girls and young women.

1.8.1 Holistic Health Implications

Offering a challenge to individualising discourses surrounding distress, Minority Stress Theory (Meyer, 2003) provides a framework for understanding the impact of inequality and discrimination upon the health outcomes of marginalised (young) people. Originally developed to describe the challenges experienced by LGBTQIA+ populations, the theory suggests that individuals with marginalised identities experience unique, chronic stressors, rooted in structural and interpersonal forms of oppression. These stressors, both external (e.g., discrimination) and internal (e.g., internalised stigma), can accumulate over time and contribute to heightened psychological distress and poorer health outcomes (Frost & Meyer, 2023). Indeed, experiences of racism, microaggressions and social inequality have been linked to negative physical health outcomes, including ‘biological weathering’, and increased risk of disease (Forrester et al., 2019; Geronimus, 2023; Obeng-Gyasi, 2023). Literature has also highlighted the links between racism, both interpersonal and structural, and mental health inequalities, with extensive evidence demonstrating its contribution to increased psychological distress, depression, anxiety, and trauma-related symptoms (Williams & Mohammed, 2009; Paradies et al., 2015; Carter, 2007; Nazroo et al., 2020).

The persistent gendered-racist tropes pertaining to Black women and girls can also have harmful implications. The emotional suppression resulting from internalisation of the SBW archetype

or 'schema' (Watson-Singleton, 2017), i.e. feeling compelled to perform strength despite experiencing internal vulnerability, can compound existing psychological distress, and increase the likelihood of depression, anxiety and binge-eating (Beauboeuf-Lafontant, 2007; Curtis-Boles, 2021; Donovan & West, 2015; Harrington et al., 2010). There is also evidence to suggest that negative internalisation of stereotypes and other forms of structural violence can increase susceptibility to grooming, unhealthy relationships, and engagement in sexual risk behaviours (Hope et al., 2019; Jackson et al., 2015; Opara et al., 2022; Williams et al., 2020). Moreover, as previously discussed, the internalisation of the SBW schema at a familial level has been linked to the parentification of Black girls, which has been found to contribute to adverse effects on mental health, identity development processes and educational outcomes (Burton, 2007; Hooper, 2011). Utilising a strengths-based lens, an argument can be made that the challenges Black girls and young women face can equip them with resilience, independence and other life skills (Evans-Winters, 2005). However, there is a risk that this framing reinforces existing stereotypes, and minimises the injustice underpinning social inequality (Bentley-Edwards & Adams, 2024; Sims-Schouten & Gilbert, 2022).

Adverse health outcomes have also been linked to feelings of exclusion from dominant social norms. Black girls and young women's perceived distance from the hegemonic beauty standard has been linked with internalised negative self-perception, decreased confidence and lower self-esteem (Bryant, 2013; Robins et al., 2002; Robinson-Moore, 2008). Low self-esteem, in turn, has been linked with an elevated cortisol response to stress, and increased risk of body dysmorphia, problems with eating, anxiety, depression, and suicide (Quatman & Watson, 2001; Stinson et al., 2008). There are also implications from colourism, with darker-skinned YP reporting significant mental health challenges, found more likely to report feelings of depression and inadequacy compared to their lighter-skinned peers (Louie, 2020; Spratt, 2024).

1.8.2 Implications for Identity Development

As well as contributing to negative health outcomes, there is evidence to suggest that structural inequalities, including racism, can impact upon the identity development of Black girls and young women (Thomas et al., 2012). The Multiple Worlds Model of identity formation (Phelan et al., 1991) posits that individuals develop their sense of self in response to distinct social environments or ‘worlds,’ such as family, school and wider community – each of which has its own set of values, norms and expectations, which may align or conflict. Consistent experiences of discrimination across ‘worlds’ may decrease confidence and contribute to feelings of exclusion, with implications for identity development (Archer, 2008; Mirza, 2009). As part of a broader process of identity development, during adolescence and early adulthood, racially minoritised individuals are understood to engage in Ethnic Racial Identity (ERI) formation, whereby they explore and come to define the significance of their ethnic-racial group membership in relation to their self-concept and sociocultural context (Umaña-Taylor et al., 2014). A range of factors have been found to influence this process and shape the extent to which individuals feel able to embrace their identity, including how positively or negatively one’s racial group is perceived by others, such as family, peers, elders, and wider society (Sellers et al., 1998). Based in the US, Mims and Williams (2020), drawing on Phelan et al.’s model, highlight how social constructions of Black girls and young women often define them before they can define themselves. Other US-based literature has also emphasised the significant influence of family, school, peers, and media on Black girls and young women’s identity development (Thomas et al., 2012). Despite the significance of this literature, there remains a need for further exploration of how these dynamics play out in UK-specific contexts.

1.9 Part Four: Supporting the Wellbeing of Black Girls and Young Women

1.9.1 Existing Recommendations

Within the US, there is a body of research which speaks to the unique and specific needs of Black girls and young women, advocating for the integration of Black Feminist Thought into mental health interventions. Recommendations include: co-production of culturally specific interventions;

addressing and confronting systemic racism and discrimination in therapeutic settings; embedding intersectionality into clinical practice; centring the needs of Black girls and young women in research; and, more generally, decentring dominant, individualising, Eurocentric ideologies surrounding mental health (Chioneso et al., 2020; Curtis-Boles, 2021; Jones & Harris, 2021; Modeste-James et al., 2024; Williams-Butler et al., 2024). Inniss-Thompson et al. (2024) posit that ‘safe spaces’, providing validation, ‘honouring [Black girls’] glory’ (p.24), and enabling authentic self-expression, are fundamental to their psychological safety. Within oppressive structures, these spaces or ‘homeplaces’ (hooks, 1995) can serve as places of love, healing, comfort, joy, and resistance against white supremacy, promoting self-expression and fostering healthy identity development (Henry, 1998; Kelly, 2020).

Fostering cultural pride, knowledge of Black history, and development of critical consciousness, have also been found to buffer against the effects of racism, promoting positive identity development and improving self-esteem (Okeke-Adeyanju et al., 2014; Pastor et al., 2007; Seaton et al., 2012). Black feminist teaching philosophy, often referred to as Black feminist pedagogy, emphasises the importance of a ‘politicised ethic of care’, that is, care rooted in love, trust, and the deconstruction of racial hierarchies (Lane, 2018). In this approach, practitioners are called to engage with the cultures, lived experiences and socioemotional needs of BWG – fostering critical consciousness and challenging dominant hierarchies through relational and community-based practices (Collins & Tamarkin, 1990; hooks, 2003; McArthur & Lane, 2019).

Within the UK, limited existing research calls for spaces that nurture Black girls and young women’s creativity and worth, and provide diverse representations of Black girlhood and young womanhood to foster positive identity development (Akel & Iyere, 2023; Davies, 2024; Morris-Jarra & Iyere, 2025). There have also been calls for investment in tailored mental health interventions which centre the voices of Black girls and young women in service design. Despite the value and

significance of the research which does exist, there remains a need for further and centring of Black girls and young women voices, specific to a UK context.

1.9.2 UK Support Provision for Black girls and young women

In recent years, there has been a movement amongst Black girls and young women to embrace 'soft life', a term originating in the Nigerian social media influencer community (Pollock, 2024). In other words, to reject the notion of hard work, struggle and sacrifice historically associated with Black women, and embrace self-care, healing, and comfort. Despite this increased commitment to healing, and the destigmatisation of mental health conversations more generally (Williams-Butler et al., 2024), the unique gendered, racial and age-specific position of Black girls and young women can exclude them from support and compound their experiences of marginalisation within statutory services (Acquaah & Ville, 2024). The following section explores the available support options within the current UK mental health landscape.

1.9.3 The Origins of Contemporary Mental Health Systems

It is suggested that, from its inception, Western mental health systems have been ill-equipped to meet the needs of Black and other racialised communities, due to their colonial origins (Fernando, 2017). Despite the abolition of slavery in the nineteenth century, pseudo-scientific theories emerging at the same time involving gender, race and the origins of human difference, constructed a hierarchy, that entrenched the notion of white (male) supremacy in the West (hooks, 2012; Gould, 2007). These ideas were central to the development of many modern disciplines, including clinical psychology, which has influenced other psy-disciplines (Smith 2012; Fernando, 2017). Early psychological ideas were heavily shaped by colonial and eugenicist thought, positioning whiteness, masculinity, and Eurocentricity as the standard against which all others were measured (Richards, 1997; Fernando, 2017). It is argued that contemporary mental health systems continue to reflect and reproduce these legacies, often pathologising racialised and marginalised groups, and

privileging Western, individualistic ideas surrounding mental health (Fernando, 2017; Kline, 2020; Rutherford, 2009). Questions have also been raised about the conceptualisation of mental illness and diagnosis more broadly – specifically, whose experiences are reflected in these constructs and how they have been shaped by historical frameworks that have consistently excluded and marginalised Black communities (Sue et al., 2019).

1.9.4 Present-Day Statutory Mental Health Support

Within the current sociopolitical climate, UK statutory mental health services have experienced ongoing cuts to funding and resources, limiting their capacity to provide timely and appropriate care (e.g., The King's Fund, 2023; Mind, 2022). Longstanding disparities also persist, with racially minoritised communities disproportionately underrepresented, particularly in early intervention and talking therapy services (Fernando, 2017; Nazroo et al., 2020). As it stands, there is limited literature exploring Black girls and young women's experiences of accessing statutory mental health support, with much of the existing research focusing on adults or entire ethnic groups. However, broader research into the experiences of Black girls and young women accessing other support services (education, health, social care) shows services often fail to address the wider, structural factors shaping their unique experiences, including racism, sexism, colourism, and adultification, often perpetuating these dynamics instead (Acquaah & Ville, 2024; Bhui, K., & Sashidharan, 2003; Davis, 2019). Furthermore, for many racially minoritised groups, support which considers factors such as spirituality, cultural and family dynamics is often lacking within mainstream mental health services (Bhui et al., 2007). Structural inequalities also contribute to delayed mental health support for Black individuals, meaning they often present to services at crisis point, which can make recovery more difficult and treatment less effective (Bhui et al., 2018). Existing findings therefore suggest that statutory support services are unlikely to meet the needs of Black girls and young women.

1.9.5 Community-Based Support

Operating outside of statutory systems, community organisations have long been celebrated for their ability to reach and engage marginalised YP, providing flexible, creative and culturally sensitive forms of care that is often inaccessible otherwise (Fernando, 2017; Flanagan & Hancock, 2010). Literature specific to Black girls and young women is again limited, but broader research suggests that community organisations play a crucial role in addressing mental health disparities for Black youth, providing culturally sensitive support that reflects their lived experiences (Azeez et al., 2020; Morris-Jarra & Iyere, 2025).

In the absence of appropriate statutory care, trusted relationships with community practitioners have been deemed fundamental in fostering the wellbeing of YP, also supporting with risk management and early intervention (Lefevre et al., 2017; Meltzer et al., 2016; Plaistow et al., 2014). Often sharing multiple intersecting identities and experiences with those they support, alongside 'insider' knowledge of communities, practitioners tend to be highly skilled in fostering engagement and developing relationships with YP, with some YP expressing a preference for talking to their youth workers instead of being referred to a therapist (Agboola & Firmin 2024; Davies, 2023; Williams et al., 2020). Despite this acknowledgement, there remains an absence of literature capturing the voices of practitioners from the youth and community sector (YCS), with researchers calling for their views to be captured, on the basis of their acquired wisdom and expertise (Drake et al., 2014; Larson et al, 2015). In addition, whilst it is acknowledged that marginalised YP often turn to community organisations and benefit from their support, community organisations continue to face significant challenges within the current sociopolitical climate. Unlike statutory services, they tend to rely upon grants, donations, and short-term contracts, which presents challenges around sustainability and funding competition, often leaving them under-resourced (Davies, 2024; Local Government Association, 2013). Research also shows that the knowledge and expertise held by community organisations is often undervalued compared to statutory services, and that they can

face restrictive requirements from funders to evidence non-tangible outcomes (Agboola & Firmin, 2024; de St-Croix & Doherty, 2023; Griffith et al., 2005).

1.10 Conclusions

Research has shown that the experiences of Black girls and young women do not exist in a vacuum, rather they are shaped and upheld by entrenched societal discourses that normalise violence and discrimination against BWG. These discourses are intertwined with legacies of colonialism, with historical archetypes continuing to influence their interactions with education, healthcare, family, relationships, and the criminal justice system. Despite the continued creativity, resourcefulness and determination shown by Black girls and young women, existing evidence suggests an inevitable impact upon their wellbeing and identity development, at least to some extent.

Literature has also revealed how the UK's sociopolitical conditions both drive the need for mental health support among racialised communities and contribute to its inadequacy (Williams & Mohammed, 2009). Whilst it is recognised that marginalised groups are at increased risk of psychological distress, existing statutory services have been found to provide inadequate support, in some cases inflicting further harm. Disparities in access and outcomes persist, with limited understanding of what works to support racially minoritised groups. This is particularly apparent for BWG, whose needs remain especially overlooked.

Findings from this chapter suggest a need to hear directly from Black girls and young women themselves, alongside the practitioners who support them, based on explicit recommendations from researchers, and a notable absence of their voices in the literature. Engaging with both YP and practitioners will offer a cross-generational, holistic understanding of the factors impacting the wellbeing of Black girls and young women, and the types of interventions required to support them. This provides the rationale for the project.

Chapter Two: Systematic Literature Review

2.1 Chapter Overview

Literature examined in Chapter One situated the present-day experiences of Black girls and young women in their historical and sociopolitical contexts, exploring the potential implications for their wellbeing and identity development. It also highlighted the absence of appropriate statutory mental health support for racially minoritised populations, reinforcing the significance of community-based provision. As it stands, extensive literature acknowledges health inequalities, particularly surrounding access to mental health services for adults, children and YP from racially minoritised communities. However, there remains a gap in research capturing the perspectives of those affected, particularly YP, which is essential to effectively address their needs. This chapter therefore presents a Systematic Literature Review (SLR), exploring the views and experiences of racially minoritised YP accessing statutory mental health support in the UK.

2.2 Systematic Literature Review

An SLR follows a rigorous and structured approach to synthesising existing evidence in response to an identified research question (Aromataris & Pearson, 2014; Boland et al., 2017). This review aims to identify and critically appraise existing literature, offer recommendations for clinical practice, and strengthen the rationale for the current study (Fink, 2019; Gough & Richardson, 2018; Snyder, 2019). It will address the following question: What are racially minoritised YPs' views and experiences of accessing statutory mental health support in the UK?

To date, no SLR has been published on this specific subject. Given the ongoing underrepresentation of racially minoritised YP in research, and the persistent inaccessibility of many mainstream mental health services, their views and experiences necessitate exploration. This review

aims to contribute to the development of mental healthcare provision that is more responsive to their needs.

2.3 Method

In this SLR, I employed a meta-synthesis approach to combine findings from multiple qualitative studies. Qualitative methodologies were deemed appropriate as the research question centred on exploring experiences, which cannot be adequately represented through numerical data (Braun & Clarke, 2013). Following consultation with other doctoral colleagues and the project supervisor, I decided to include grey literature, on the basis that marginalised groups are often underrepresented in academic publications and peer-reviewed journals (Adams, 2017; Paez, 2017). This decision also aligned with the project's epistemological position, which seeks to challenge and critically engage with dominant academic frameworks.

I used the SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research) model, developed by Cooke et al. (2012) to develop and refine inclusion and exclusion criteria and search terms (see Table 2). This helped ensure a structured approach to the process, whilst maintaining relevance to the research question.

Table 2

SPIDER Tool

SPIDER	
<i>Sample</i>	<i>Racially minoritised YP</i>
<i>Phenomenon of Interest</i>	<i>Statutory mental health support</i>
<i>Design</i>	<i>Interviews, focus groups</i>
<i>Evaluation</i>	<i>Views, experiences</i>
<i>Research</i>	<i>Qualitative and mixed methods</i>

2.3.1 Inclusion and Exclusion criteria

Guided by the research question, I developed inclusion and exclusion criteria (see Table 3) to enhance the rigour, transparency and reproducibility of the SLR (Patino & Ferreira, 2018). Only studies conducted in the UK were included, to represent the unique landscape of statutory mental healthcare provision in this context (Lennon, 2021). This includes CAMHS and other NHS mental health support services, social services, schools and youth offending services offering mental health provision for YP. Studies conducted in the last fifteen years (2010-2025) were included, to reflect developments in mental health service provision following legislation such as the 2010 Equality Act (Henderson & Thornicroft, 2013).

Table 3*Inclusion and Exclusion Criteria*

Inclusion Criteria	Exclusion Criteria
Includes qualitative data (including mixed methods)	Studies where it is unclear whether the intervention specifically targeted mental health (e.g., where mental health was combined with other focus areas without clear distinction)
UK-based	Studies that combine the experiences of racially minoritised and white YP without distinguishing between them
Empirically based (i.e. not a literature review)	Studies that include both adults and children without separating findings relevant to YP
Focused on the experiences of racially minoritised YP up to the age of 25	Studies marked as 'fatally flawed' in quality assessment framework (see 2.4 <i>Quality Assessment</i>)
Refers to views and/or experiences of statutory mental health services	
Conducted between 2010 and 2025	

2.3.2 Search Strategy

I conducted searches on Scopus (21.2.25), PubMed (21.2.25), PsycINFO (21.2.25), CINAHL (21.2.25), and used Open Dissertations (21.2.25) and Google Scholar (21.2.25) to search for grey literature. I set database alerts to ensure the inclusion of new studies up until the point of analysis.

I utilised a concept-based search strategy (McGinn et al., 2016) to support with the development of keywords and synonyms related to the research question (see Table 4). A thesaurus

also aided this process. Terms were truncated to obtain all relevant literature, and quotation marks used for key terms containing more than one word. Boolean operators 'AND'/'OR' were combined with the search terms.

Table 4

Search Terms

Concept 1	Concept 2	Concept 3	Concept 4
Black OR Asian OR BME OR BAME OR "ethnic minorit*" OR "minority ethnic" OR "of colour" OR "mixed heritage" OR "mixed race" OR "dual heritage" OR biracial OR "racially minoritised" OR "global majority" OR "non-white" OR racialised	"YP" OR "Young person*" OR child* or youth OR adolescent OR teenage* OR "Young adult" OR "emerging adult**"	support OR therap* OR intervention OR help OR help–seek* OR NHS OR CAMHS OR "child adolescent mental health services" OR "youth justice" OR YJS OR "youth offen*" OR YOT OR "MHST" OR "mental health support team" OR "local authority" OR "social care" OR "social services" OR "crisis" OR "tier" OR "inpatient" OR statutory OR services	"mental health" OR "mental disorder" OR "mood disorder" OR psycholog* OR wellbeing OR "well– being" OR emotio* OR anxiety OR depression OR psychosis OR trauma OR PTSD

Concepts 1 to 3 alone generated a large volume of literature that was not relevant to this review for example, Black experiences of the care system, unrelated to mental health support. I therefore decided to develop concept 4 to further refine the search results, combining sensitive and commonly used search terms for mental health content (Murray et al., 2024; Richardson et al., 2015; Wilczynski, 2006).

Table 5 shows the database search parameters. I selected a qualitative filter on PsycINFO, the only database where this was possible.

Table 5

Search Terms Used in Database Literature Searches

Database	Concept and Search Parameter
Scopus	Concept 1 - Article title Concept 2 - Article title Concept 3 - Article title, Abstract, Keywords Concept 4 - Article title, Abstract, Keywords
PubMed	Concept 1 - Title Concept 2 - Title Concept 3 – All fields Concept 4 – All fields
PsycINFO	Concept 1 - Title Concept 2 - Title Concept 3 – Any field Concept 4 – Any field
CINAHL	Concept 1 - Article title Concept 2 - Article title Concept 3 – All text Concept 4 – All text
Open Dissertations	Concept 1 - Article title Concept 2 - Article title Concept 3 – All text Concept 4 – All text

I decided to limit Concept 1 and Concept 2 to the article title so that literature was shown which focused on racially minoritised YP. Prior to doing this, thousands of articles were displayed which did not focus specifically on this population. For example, providing reflection under the discussion that experiences of racially minoritised people should be considered in future research.

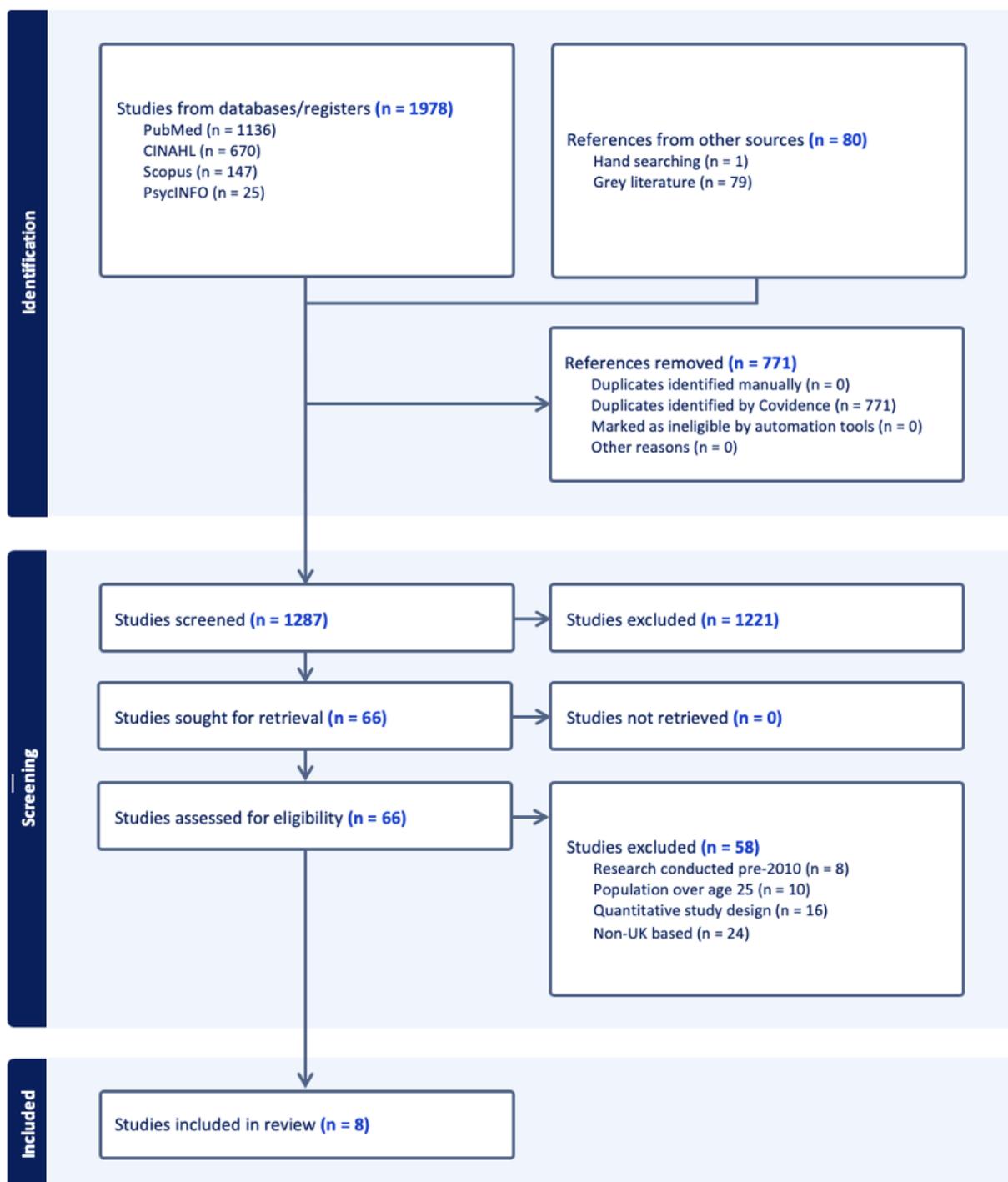
Advanced search terms were not available on Google Scholar, so I entered in the research question– ‘What are racially minoritised YPs’ views and experiences of accessing statutory mental health support in the UK?’. The number of studies reviewed in this process was not pre-determined, rather guided by relevance to the research question. After reviewing ten pages of search results sorted by relevance, the studies became increasingly unrelated and were therefore excluded. I also undertook hand-searching through the reference lists of shortlisted articles. This identified one further article which is included in this review.

I imported all relevant identified papers into Covidence, the online software platform used to facilitate screening and data extraction. After duplicates were automatically removed, 1,287 titles were reviewed for relevancy, with abstracts were referred to if this was unclear from the title. Once duplicates were removed and papers screened out, a total of 66 studies underwent an in-depth, full-text review, involving continuous referral to the inclusion and exclusion criteria (Moher et al., 2009). A second reviewer was also involved throughout the process, screening 25% of the 1287, and undertaking a full-text review of 25% of the 66 papers. The PRISMA flow chart (see Figure 1) outlines the process of selection.

2.3.3 Studies Included in the Review

Figure 2

PRISMA Flowchart



The process led to a total of eight studies selected for data extraction. Of these, seven were peer-reviewed journal articles and one classified as grey literature (a doctoral thesis). Papers explored the views and experiences of 118 YP, aged 12 to 25 years, in accessing statutory support for their mental health needs. Although gender data was not reported in one study (Sarr, 2024), the remaining studies collectively involved 57 female and 42 male participants. Most papers provided a breakdown of participants' racial and/or ethnic identities; however, one study grouped all participants under the broad 'BME' label (Gurpinar-Morgan et al., 2014), limiting specificity. Based on the available data, it appears the research predominantly centred the voices of Black Caribbean, Black African and South Asian populations.

Table 6

Summary of Studies Included in the SLR

Title, Author	Aims	Participants	Data Collection	Data Analysis	Summary of Findings	Strengths (+) and Limitations (-)
Pakistani YP's views on barriers to accessing mental health services (Ali et al., 2016)	To explore UK Pakistani YP's views of mental health and mental health services	Pakistani children and YP aged 11-19 who attend schools and youth groups in Peterborough. N=33	Focus groups	Generic framework approach	YP appeared to have limited awareness of available mental health services, specifically CAMHS, and other support options for mental health difficulties. Cultural stigmas surrounding mental health were identified as significant barriers to engagement. Participants identified community as a resource for support and as a potential opportunity to foster engagement with mental health services.	(+) Qualitative exploration of under-researched area (+) Practical recommendations for culturally appropriate interventions to engage and improve access for Pakistani YP (-) Method of analysis may not permit in-depth exploration of participant meaning
Considerations for minority ethnic YP in multisystemic therapy (Bunting et al., 2021)	To explore 'minority ethnic' YPs' experiences of Multisystemic Therapy, focusing on	Children and YP from 'minority ethnic' backgrounds,	Semi-structured individual interviews	Constructivist grounded theory analysis	Recognising and respecting family and cultural background is central to building trust and	(+) In-depth qualitative exploration of under-researched area

	their understanding of their presenting difficulties and aspects of the intervention which facilitated or hindered engagement and change	based in London, aged 14-18 N= 7			understanding in the therapeutic relationship. Encouraging YP to explore and reflect on their culture can contribute to personal growth and therapy effectiveness. Reflecting on cultural difference can strengthen the therapeutic relationship.	(+) Provides practical recommendations for training and supervision, and addressing cultural issues in therapy (-) Cross sectional design limits knowledge of the long-term effects of multi-systemic therapy
Exploring experiences and impact of the COVID-19 pandemic on young racially minoritised people in the United Kingdom: A qualitative study (Burgess et al., 2022)	To explore the impact of the COVID-19 pandemic on lives and emotional wellbeing of YP	Children and YP from 'Black, mixed and other minority backgrounds' living in London, aged 16-25 years N= 40	Focus groups	Thematic analysis	Highlighted psychological challenges which emerged from the pandemic. Participants reported an absence of appropriate statutory support during this time. Participants employed individual and community resources to cope with challenges in the absence of statutory support.	(+) In-depth qualitative exploration of under-researched area (+) Study was informed by co-design principles, developed in partnership with community organisations (+) Power sharing through recruitment of peer facilitators, and group thematic analysis involving YP. Themes shared back to participants for input.

<p>Ethnicity and the therapeutic relationship: Views of YP accessing cognitive behavioural therapy. (Gurpinar-Morgan et al., 2014)</p>	<p>To examine service users' perceptions of how ethnicity featured in the therapeutic relationship and its relevance to their presenting difficulties</p>	<p>Children and YP aged 16-18 years, who self-identify as being from a black or minority ethnic group. All have been accessing CBT for between 4 and 12 months via a specialist adolescent service in the Northwest of</p>	<p>Semi-structured individual interviews</p>	<p>Interpretative Phenomenological Analysis</p>	<p>Participants value cultural sensitivity, awareness and empathy from therapists.</p> <p>Participants appreciate having conversations surrounding ethnicity initiated by therapists, but the timing of this is important and needs to be carefully considered.</p> <p>Participants felt that similarity between their</p>	<p>(+) Accessibility considered in focus groups (e.g. use of Google doc as well as verbal conversation)</p> <p>(-) Online data collection meant that connectivity issues and data shortages further marginalised some participants</p> <p>(-) Unclear whether YP were paid for their involvement</p> <p>(+) In-depth qualitative exploration of under-researched area - contributes to a sparse body of literature on ethnicity and CBT</p> <p>(+) Provides practical recommendations to enhance future CBT interventions</p> <p>(-) No mention of member checking or steps to mitigate bias during analytic process</p>
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		England.			own and therapist identities enhanced the relationship.	
		N=5				
Impact of the COVID-19 pandemic on YP from black and mixed ethnic groups' mental health in West London: a qualitative study (Lenoir & Wong, 2023)	To explore the effect of the COVID-19 pandemic on YP with ethnic minority backgrounds' mental health, how this changed since the end of lockdown and what support they need to cope with these issues	Children and YP aged 12-17 years from 'Black and mixed ethnic groups' who attend a community centre in West London N=10	Semi-structured individual interviews	Interpretative Phenomenological Analysis	YP from minority ethnic backgrounds lacked structural support during the COVID-19 pandemic (including psychological). YP now need psychological, practical and relational assistance to cope with these challenges.	(+) In-depth qualitative exploration of under-researched area (+) In person interviews (despite being held during COVID-19) helped to build rapport which strengthened findings (+) Participants received a £30 gift voucher for their involvement (-) Interviews of 14 questions lasted 15 minutes, potentially limiting depth of data (-) Convenience sampling meant that girls and those aged 15 years and above were disproportionately represented in the data

<p>Understandings of mental health and support for Black male adolescents living in the UK (Meechan et al., 2021)</p>	<p>To examine the way in which young Black males in the UK make sense of mental health and associated systems of support</p>	<p>Black males aged 16-18 from a South London school N=10</p>	<p>Semi-structured individual interviews</p>	<p>Thematic analysis</p>	<p>Participant understandings of mental health were linked to ideas surrounding masculinity, control and strength. They understood mental health as something that is experienced by other people.</p> <p>Statutory support for mental health difficulties was constructed as an unfamiliar and unapproachable system, often hostile to Black males.</p> <p>Speaking to family and friends about mental health difficulties felt more accessible for participants. However, their own (and community) constructs of mental health had a silencing effect on their ability to help-seek.</p>	<p>(+) In-depth qualitative exploration of under-researched area</p> <p>(+) Accessibility considered- interview questions were co-authored with YP and a young Black male teacher, flexible schedule offered for interviews, option for printed interview schedule</p> <p>(-) The lead author reflected that researchers may have been perceived as a representative of the formal system that participants find it difficult to engage with. This may have limited the depth of data.</p>
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<p>Experiences of ethnic minoritised YP in a specialist child and adolescent mental health service: A qualitative analysis as part of a mixed methods service evaluation (Sarr, 2024)</p>	<p>To explore the perspectives and experiences of YP from ethnic minoritised groups accessing psychological therapy in a National Specialist CAMHS in England</p>	<p>Children and YP aged 12-19 years who had been assessed and accessed Cognitive Behavioural Therapy via the specialist CAMHS service N=9</p>	<p>Semi-structured individual interviews</p>	<p>Thematic analysis</p>	<p>Ethnicity exploration in therapy was important for some participants but not for others. Some were hesitant and viewed it as irrelevant. Development of a strong trusting relationship with therapist was an important part of discussions surrounding ethnicity.</p>	<p>(+) In-depth qualitative exploration of under-researched area (-) Researchers suspect that YP may have had concerns around confidentiality and did not want to speak badly of their therapist (-) Overrepresentation of Caribbean and English born participants (-) Cross-sectional study, providing a one-off view of experiences. Participants were at varying stages of their therapy journey and did not have the same number of sessions or relationships with their therapists.</p>
<p>Exploring the experiences of YP from an ethnic minority background in accessing and engaging with CAMHS</p>	<p>To explore the experiences of YP from an ethnic minority background in their experiences of their mental health</p>	<p>Children and YP aged 16-18, from an 'ethnic minority' background who had accessed and</p>	<p>Semi-structured individual interviews</p>	<p>Interpretative Phenomenological analysis</p>	<p>Participants experienced difficulties speaking out due to cultural stigma and fear of being misunderstood.</p>	<p>(+) In-depth qualitative exploration of under-researched area (+) Youth advisory group involved in research process</p>

(Wintermeyer, 2020)	difficulties and accessing and engaging with CAMHS	engaged with CAMHS in the past two years N=4	<p>Participants experienced challenges reconciling their cultural backgrounds with mental health professionals. This led to misunderstandings and/ or disengagement.</p> <p>The process of seeking mental health support influenced participants' sense of self and was incorporated with the development of their cultural identities.</p>	<p>(+) Participants were paid for their involvement</p> <p>(-) Small sample size – 4 participants, all female – limited representation of voices</p> <p>(-) Conclusions drawn about 'ethnic minority backgrounds' – not accounting for difference across or within ethnicities.</p>
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2.4 Quality Assessment

Critical appraisal is deemed an important part of qualitative research, involving the comprehensive and structured assessment of research studies for their trustworthiness, relevance and methodological rigour (Tod et al., 2022). The process of critical appraisal can be susceptible to bias across researchers, due to subjective interpretation and differing epistemological stances (Dixon-Woods et al., 2006). A structured framework or tool is therefore recommended to ensure a transparent and consistent assessment (Tod et al., 2022). With this said, many existing critical appraisal tools are based upon positivist traditions of reliability, validity, and generalisability, and thus not always compatible with qualitative research, which tends to prioritise depth, subjectivity and meaning-making (Dixon-Woods et al., 2006; Tracy, 2010). Moreover, racial bias within academia and research publishing can influence which studies are deemed worthy and rigorous, often marginalising perspectives from underrepresented groups (Smith, 2012). Since the current study has an integrated Black feminist and social constructionist epistemological position, a conventional appraisal tool such as the Critical Appraisal Skills Programme (CASP) would not be suitable. I therefore developed my own tool (see Table 7) informed by multiple qualitative evaluation frameworks and guidelines which centre decoloniality, feminism and social justice (Few et al., 2003; Smith, 2012; Tracy, 2010). Research is still appraised to determine qualitative rigour, but now includes areas such as positionality, power, and transformative potential, aligning with Black Feminist Thought (Collins, 2000) and intersectionality (Crenshaw, 1991).

I decided to integrate multiple frameworks because no individual framework was entirely appropriate. For example, Tracy's (2010) eight 'big-tent' qualitative appraisal criteria provided useful prompts on worthiness and rigour. However, the question involving 'credibility' of the literature (p. 840) invites reflections on 'explication of tacit (nontextual) knowledge'. Similarly, the criterion of 'resonance' emphasises 'aesthetic, evocative representation', and 'naturalistic generalisations' (p.840). This may have inadvertently de-legitimised the perspectives of several studies included in

this review, as they were not concerned with these specific phenomena. Each component of the developed framework focuses on a key aspect of a qualitative study, inviting the researcher to consider various areas of inquiry. Table 7 provides further explanation, with prompts informed by the work of Collins (2000), Crenshaw (1991), Few et al. (2003) Smith (2012), and Tracy (2010). An ordinal scale (*'strong-moderate-needs strengthening'*) has been utilised to limit rigid scoring, as recommended by Dixon-Woods (2006). In line with the specified exclusion criteria, papers considered to be 'fatally flawed' – i.e. marked as *'needs strengthening'* across multiple domains – were to be excluded from the synthesis (Depraetere et al., 2020). However, the need for this did not arise.

Table 7*Critical Appraisal Framework*

Area of Appraisal	Explanation
Worthiness	Is the study socially and politically relevant?
	Does the study contribute to theory, practice, or social change?
Positionality and reflexivity	Does the researcher acknowledge their own social positioning?
	Has the relationship between the researcher and participants been adequately considered?
Intersectionality	Does the research consider issues such as race/gender/class/ systemic oppression?
Richness and rigor	Does the study use adequate data and depth?
Ethics and power	Is the study ethically engaged with participants?
	Are issues of power considered?
Clarity of findings	Are the findings stated clearly and accessibly presented?
Transformative potential	Does the research seek to disrupt inequality?
	Does the research call for wider change?

2.4.1 Reflexivity

Despite the epistemological position of this study embracing subjectivity to some extent, reflexivity was an important part of the review process (Finlay, 2002). I reflected with my supervisory team on my position as a researcher who identifies as being of Black-mixed heritage and female, and having worked in the YCS, and the ways that my own experiences may influence the analytic process. For example, I may have been more inclined to favour findings from the papers centring Black youth, since they aligned more with my own experiences. I therefore utilised a triangulation method to help maintain transparency and credibility of the appraisal process (Cresswell & Miller,

2000), inviting a doctoral colleague to review 25% of the identified papers utilising the framework developed, and discuss their appraisal with me. Discussions demonstrated a high degree of consistency in appraisal, reinforcing the robustness of findings presented in Table 8.

Table 8*Critical Appraisal of Research Included in the SLR*

Title, Author(s)	Worthiness	Positionality and Reflexivity	Intersectionality	Ethics and Power	Richness and Rigour	Clarity of Findings	Transformative Potential
Pakistani YP's views on barriers to accessing mental health services (Ali et al., 2016)	Strong – amplifies the voices of an underrepresented group	Needs strengthening – no reflections provided	Moderate – some exploration of gender and culture	Moderate – ethical engagement with participants but absence of critical lens/ reflections upon power dynamics	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Moderate – some recommendations provided but no discussion of systemic change
Considerations for minority ethnic YP in multisystemic therapy (Bunting et al., 2021)	Strong – amplifies the voices of underrepresented groups	Needs strengthening – no reflections provided	Moderate – consideration of culture and age Limited exploration of gender and ethnicity	Moderate/ strong – ethical engagement with participants No explicit reflection on power dynamics but data coding was undertaken by a second researcher and	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Moderate – some recommendations provided but no discussion of systemic change

				verified with participant			
Exploring experiences and impact of the COVID-19 pandemic on young racially minoritised people in the United Kingdom: A qualitative study (Burgess et al., 2022)	Strong – amplifies the voices of underrepresented groups	Moderate – no explicit consideration outlined but implied through overall research design	Strong – consideration of race, ethnicity, socioeconomic status, age Limited exploration of gender but some reflection of this in discussion	Strong – ethical engagement with participants. Consideration of power through recruitment of peer facilitators, relationship building with community organisations and group thematic analysis involving YP	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Strong – Research calls for systemic change and aims to disrupt through co-designed research and a strengths-based perspective
Ethnicity and the therapeutic relationship: Views of YP accessing cognitive behavioural therapy. (Gurpinar-Morgan et al., 2014)	Strong – amplified the voices of underrepresented groups	Needs strengthening – no reflections provided	Moderate – focus on ethnicity and some consideration of class	Moderate – ethical engagement with participants. No explicit consideration of power dynamics	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Moderate – presents new insight into the therapeutic relationship in CBT No calls for wider systemic change

Impact of the COVID-19 pandemic on YP from black and mixed ethnic groups' mental health in West London: a qualitative study (Lenoir & Wong, 2023)	Strong – amplified the voices of underrepresented groups	Needs strengthening – no reflections provided	Moderate – some exploration of race, ethnicity. Reflections upon ages of participants also discussed. Acknowledgement of absence of discussion surrounding gender, socioeconomic status and disability	Moderate - Ethical engagement with participants Some reflection on potential for researcher bias in analysis and emphasis on rapport building during data collection	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Moderate – identified significant challenges and barriers to help-seeking Strengths focused, drew attention to wider systemic inequalities More scope for disruption and power-sharing
Understandings of mental health and support for Black male adolescents living in the UK (Meechan et al., 2021)	Strong – amplified the voices of an underrepresented group	Strong – in depth reflection on positionality	Strong – considers intersections of race, ethnicity, age, class and gender	Strong – ethical engagement with participants and issues of power considered	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Strong – Research calls for systemic change and redressing of power in therapy and research
Experiences of ethnic minoritised YP in a specialist child and adolescent mental health service: A qualitative analysis as part of a mixed	Strong – amplified the voices of underrepresented groups	Needs strengthening – no reflections provided	Needs strengthening – focus upon ethnicity Discussion acknowledges absence of consideration for	Moderate/strong – Ethical engagement with participants No explicit consideration of power given	Strong – in-depth qualitative exploration of participant perspectives	Strong – clearly presented findings and discussion	Moderate – worthy research but no call for wider systemic change

<p>methods service evaluation (Sarr, 2024)</p> <p>Exploring the experiences of YP from an ethnic minority background in accessing and engaging with CAMHS (Wintermeyer, 2020)</p>	<p>Strong – amplified the voices of underrepresented groups</p>	<p>Strong – clearly states positionality and considers impact upon research process</p>	<p>other aspects of identity</p> <p>Moderate – some consideration of race, culture, religion</p> <p>Discussion acknowledges absence of consideration of gender, socioeconomic status and class</p>	<p>Strong – Ethical engagement with participants</p> <p>Explicit reflection upon power dynamics</p>	<p>Strong – in-depth qualitative exploration of participant perspectives</p>	<p>Strong – clearly presented findings and discussion</p>	<p>Moderate – worthy research but no call for wider systemic change</p>
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2.4.2 Critical Appraisal of the Literature

The studies reviewed obtained a moderate-to-high quality rating overall, scoring highly in the areas of worthiness, richness and rigour, and clarity of findings. The 'moderate' aspect of this assessment does not necessarily reflect methodological flaws in the research, rather a prioritisation of areas that differ from those in the chosen framework. In other words, if a more conventional tool (e.g. CASP) was used, the articles may have been rated more favourably, as these tools often rely upon more definitive responses such as 'yes', 'no', and 'unclear' (CASP, 2018). Furthermore, despite being guided by a framework, my own subjectivity remains present, particularly in areas such as 'worthiness' and 'transformative potential'.

Each article centred the voices of racially minoritised YP, responding to wider sociopolitical inequalities, thus conveying strength in terms of worthiness. Recruitment strategies drew upon community centres (Burgess et al., 2022; Lenoir & Wong, 2023), youth groups (Ali et al., 2016), schools (Meechan et al., 2021) and other educational institutions (Ali et al., 2016) across the UK. Other studies recruited via the NHS, including CAMHS (Sarr, 2024; Wintermeyer, 2020) and multisystemic therapy teams (Bunting et al., 2021). This ensured a diverse range of perspectives and experiences of underrepresented YP were captured. With this said, within most articles there was space for more reflection upon the intersectional identities of participants, and how these may have contributed to positive or negative experiences of accessing services.

The doctoral thesis provided detailed breakdowns of ethical considerations (Wintermeyer, 2020). Other studies included less detail, but declared approval had been granted from NHS (Bunting et al., 2021; Gurpinar-Morgan et al., 2014; Sarr, 2024) and university ethics boards (Ali et al., 2016; Burgess et al., 2022; Lenoir & Wong, 2023; Meechan et al., 2021). This implies some consideration to ethical issues involved, but provides limited insight into how (or whether) power, positionality, and participant voice were addressed in the process. With this said, positionality and power were explicitly considered by some authors, largely in terms of ethnic and racial difference and similarity

to participants (Meechan et al., 2021; Wintermeyer, 2020). The rest of the papers provided limited or no discussion surrounding this.

Focus groups (Ali et al., 2016; Burgess et al., 2022) and semi-structured individual interviews (Bunting et al., 2021; Gurpinar-Morgan et al., 2014; Lenoir & Wong, 2023; Meechan et al., 2021; Sarr, 2024; Wintermeyer, 2020) were utilised for data collection. Both methods provided in-depth explorations of participant experiences, enhancing the richness and rigour of all studies. Studies utilised a variety of methods for data analysis, again allowing for in-depth exploration and presentation of participant experiences. These included Interpretative Phenomenological Analysis (Lenoir & Wong, 2023; Wintermeyer, 2020), Thematic Analysis (Burgess et al., 2022; Meechan et al., 2021; Sarr, 2024,) and constructivist grounded theory (Bunting et al., 2021). With this said, Ali et al. (2016) utilised a generic framework approach, which may have limited depth of analysis to some extent (Gale et al., 2013). Overall, a clear and accessible summary of findings were presented across the articles.

In terms of transformative potential, much of the literature offered practical recommendations for services and professionals. However, I observed further opportunities to address social inequality and call for broader systemic change, with some studies focusing narrowly upon one single area or service, with limited consideration of the broader issues faced by racially minoritised YP (Ali et al., 2016; Sarr 2024). With this said, other studies did consider these issues, examining participant experiences in the context of structural racism (Burgess et al., 2022; Meechan, 2021) and/or utilising progressive research approaches, seeking to challenge dominant academic paradigms (Burgess et al., 2022, Meechan, 2021; Wintermeyer, 2020).

2.5 Analysis

Although a systematic approach was used to identify and appraise relevant studies, I employed Critical Interpretive Synthesis (CIS) as the analytical framework, because of its suitability in

exploring complex, structurally rooted issues (Dixon-Woods et al., 2006). In line with the wider study's aim to interrogate assumptions and power dynamics in academic research, CIS facilitates a critical and reflexive analysis of qualitative literature; in this case questioning how the views and experiences of YP have been constructed, the nature of the assumptions drawn upon in doing so, and what ideological or cultural influences may have shaped the framing of problems and proposed solutions (Dixon-Woods et al., 2006; Flemming & Noyes, 2021). Considered an adaptation of meta-ethnography, CIS also allows for the development of new concepts from the literature, considered important for research exploring marginalised or under-researched perspectives (Barnett-Page & Thomas, 2009; Booth, 2017).

The CIS involved an iterative process of data analysis from the findings and discussion sections of the eight included qualitative papers. Following initial familiarisation, I employed an inductive coding approach to identify recurring patterns in the data, drawing primarily from participant quotations and author interpretations, in line with CIS methodological guidelines (Dixon-Woods et al., 2006). As part of the coding process, I documented reflections on power, positionality, and underlying assumptions I perceived within each study. I used this information to generate new 'third order' interpretive categories or 'synthetic constructs', which were revised and refined as the synthesis progressed. These constructs were then used to develop a synthesising argument that critically reinterpreted the literature. The argument paid attention to the sociopolitical and historical contexts of participants and researchers, identifying areas for interpretative development, and highlighting implications for practice and further research.

2.6 Findings

Three interrelated synthetic constructs were developed from the analytic process (see Table 9). These are explored in the following section, with quotes² included to illustrate key points.

Table 9

Synthetic Constructs from the Critical Interpretive Synthesis

Synthetic Constructs

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- 1) They Don't Care About Us
 - 2) Holding it Together: Stigma, Strength and Self-Reliance
 - 3) The Need for Culturally Sensitive Support
-

2.6.1 Synthetic Construct 1: They Don't Care About Us

This construct depicts the exclusionary nature of statutory support, as described across multiple papers (Burgess et al., 2022; Lenoir & Wong, 2023; Meechan et al., 2021; Wintermeyer, 2020). Participants expressed frustrations towards the government and other statutory agencies, describing feeling overlooked, ignored and misunderstood: *"I know I have issues... It's just like, I need more support... No one is listening."* (Lenoir & Wong, 2023, p.6; see also Burgess et al., 2022;

² (...) indicates words that have been

omitted from the quote

[] indicates words that have been

added to improve clarity

Meechan et al., 2021). This sense of neglect appeared to be exacerbated by the COVID-19 pandemic, with the government failing to provide practical and psychological help to underserved communities: *“I’m fed up [with] thinking they’re (the government) going to help—they’re not going to help. They don’t care, we are not a priority to them, they have their own people, and they don’t care”* (Burgess et al., 2022, p.9). This disillusionment appeared to transcend statutory agencies, *“like if that happens in one sector of, like, government...then it is within all sectors”* (Meechan et al., 2021, p.5), reinforcing mistrust and reluctance towards engaging with mental health services (Ali et al., 2016; Burgess et al., 2022; Gurpinar-Morgan et al., 2014; Lenoir & Wong, 2023). For some, an absence of statutory support had been normalised over generations, therefore shaping community expectations of support:

...I think there’s the thing like, historically, the help hasn’t been there...So,...you have to be okay...you have no choice... That was instilled in people. So, now, even though the help is there, because we’re so used to...people...not having our best interest at heart, we choose not to use it. (Burgess et al., 2022, p.9).

The prevailing sense of exclusion and neglect from statutory services, both historically and in the present day, may help explain the tendency, as noted by several authors, for racially minoritised YP and their communities to manage mental health difficulties alone (Ali et al., 2016; Bunting et al., 2021; Burgess et al., 2022; Lenoir & Wong, 2023). However, across the literature, there was limited exploration as to why this may be the case, and how this continued absence of support may have shaped support-seeking behaviours. As explored in Chapter One, racialised communities have long been situated in wider narratives of deviance and deficiency, with their needs and experiences marginalised or exploited (Collins, 2000; Fanon, 1967). Any reluctance to seek help in the present-day may therefore have been compounded by histories of exclusion and negative institutional experiences.

In the absence of trust in formal services, YP reported turning to sources of support they considered more accessible and relevant to their experiences, describing leaning upon friends, family, neighbours, and, at times, online communities to meet their needs and manage their distress (Ali et al., 2016; Burgess et al., 2022; Meechan et al., 2021). They also drew upon their own internal resources, developing skills in emotional regulation and, “*help[ing to]... find the right...outlets to project any...anger or aggression*” (Lenoir & Wong, 2023, p.5). Others took matters into their own hands, creating the support needed by themselves and their communities, or voicing what they perceive this to be (Ali et al., 2016; Burgess et al., 2022):

If I left it to the government? No, definitely not...I’m opening a youth club. So,... I’m not worried about them...They’re not worried about our problems. Our problems are our problems, and they need to be dealt with by us. In their eyes. (Burgess et al., 2022, p.10)

Participant accounts highlight the need for care which aligns with the lived experiences of racialised communities. With this said, some of the literature attributed their under-engagement to a lack of awareness of available statutory services (Ali et al., 2016; Wintermeyer, 2020), with one study describing participant awareness as ‘poor’ (Ali et al., 2016, p.8). Locating these deficits at a community-level risks oversimplifying issues of accessibility, and minimising the significance of structural inequality. It also assumes these services are inherently appropriate and desirable, as opposed to interrogating why desire or accessibility may be lacking to begin with. Such framings may inadvertently place the onus on communities to adapt to systems that have failed them, rather than inviting scrutiny of the systems themselves. Participants' own accounts challenge the idea that the problem of under-engagement is due to a lack of knowledge, instead reflecting a belief that statutory systems do not care (Burgess et al., 2022; Lenoir & Wong, 2023).

2.6.2 Synthetic Construct 2: Holding it Together: Stigma, Strength and Self-Reliance

This construct captures the complex nature of YP's decisions to seek statutory support, including the influence of familial, cultural and gendered expectations. Participants consistently emphasised their own self-reliance, at both an individual and community level: *"In my culture, you're not really supposed to reach out to someone if you have a problem. You're the one who's supposed to fix that problem"* (Bunting et al., 2021, p.272; see also Ali et al., 2016; Meechan et al., 2021; Sarr, 2024). Some expressed concerns over, *"what other people would think if mental illness was disclosed"* (Ali et al., 2016), stating, *"I would like... sit on it...and keep it in for as long as I could"* (Meechan et al., 2021, p.6). This tendency to internalise distress appeared to reflect both a cultural norm and survival strategy, which was also reinforced intergenerationally: *"In [my parents'] eyes having a social worker or therapist, it's like... bad to your family, 'cause in the Congo... It's like reputation, innit?...You gotta keep your family name as pride"* (Bunting et al. 2021, p.273). This intergenerational reinforcement of stigma highlights how cultural values and histories shape YP's attitudes toward help-seeking, with authors reflecting upon the tension often present between Western and non-Western conceptualisations of distress, and how children and YP from immigrant families can be positioned between (Ali et al., 2016; Bunting et al., 2021; Gurpinar-Morgan et al., 2014; Wintermeyer, 2020). However, despite some recognition of these complexities, parental resistance to support-seeking was, at times, framed as a lack of understanding, with authors upholding a predominantly Western lens (Ali et al., 2016; refs; Wintermeyer, 2020). Such framings reflect wider power imbalances within academia and mental health systems, whereby professional assumptions rooted in Western psychology often overshadow non-Western ideas and practices (Fernando, 2017).

In addition to familial expectations, cultural constructions of gender appeared to equate vulnerability with weakness, causing some participants to resist seeking statutory support: *"There's, like, a stigma around [help-seeking] for men... they have just, like,...get on with it and deal with it themselves...I think that's a bit more intense within...Black male communities...They will see it as,*

like,...a weak thing" (Meechan et al., 2021, p.4). At the same time, expectations surrounding strength also shaped how distress was experienced and expressed by young Black women, who articulated the burden of persistent stereotypes:

If you're...Black.... mental health isn't, like, a thing...Especially if you're young as well...Like, "oh, what do you have to worry about?" [...] I feel very...uncomfortable...self-conscious to talk about...mental health problems...'cause like they think, [...] "oh, you're a strong Black woman"... [But] I don't always feel strong, I don't always feel independent, sometimes I feel helpless and vulnerable. (Sarr, 2024, p.133)

Whilst Meechan (2021) acknowledged the role of gendered and cultural socialisation processes upon support-seeking, other studies did not explore these and other intersections in depth – instead positioning stigma as an internal community issue. Though this may be true to some extent, internalisation of stereotypes and wider societal discourses may also shape community relationships with support-seeking, with implications for their desire to engage with mental health services (Planey et al., 2019; Watson-Singleton, 2017).

2.6.3 Synthetic Construct 3: The Need for Culturally Sensitive Therapeutic Support

Though some participants were open to receiving support (Ali et al., 2016; Gurpinar-Morgan et al., 2014; Wintermeyer, 2020), there was consistent acknowledgement of the statutory mental health sector as largely dominated by white professionals, over which some participants expressed concerns:

I feel like it would be difficult to talk to like a white person if you are Black...[they] might not understand... You just want to, like, relate to someone...It's like if I had mental health issues, I don't think I would be comfortable... speaking to someone who is white and hasn't been through something I have.... The fear... your world is different from my world...People think differently. Like

there are white people problems and Black people problems. It's real, but people think problems are problems, I guess. (Meechan et al., 2021, p.5)

Despite similar views being expressed across multiple papers (Ali et al., 2016; Bunting et al. 2021, Gurpinar-Morgan et al., 2014; Lenoir & Wong, 2023; Sarr, 2024), there was limited exploration of the underlying reasons behind them. Within the West, racialised communities have experienced ongoing cultural pathologisation, epistemic injustice, and cruelty and marginalisation within mental health systems (Fernando, 2017). These harms may therefore shape participant perceptions of professionals, as disconnected from, or unable to relate to the experiences of racialised communities. This prevailing sense of disconnection appeared to be compounded by other aspects of professionals' identities:

I don't think [my therapist] relates to me though...he wouldn't relate if I....needed money for instance... 'cause I doubt he's ever been in the situation where he...was to not have actually money or anything... so sometimes I find...our sessions hard, like I'm not as enthusiastic 'cause [therapist's name] wouldn't be able to relate to me and my frustration. (Gurpinar-Morgan et al., 2014, p.721)

The strength of the therapeutic relationship appeared to be influenced by the YP's ability to relate to the professional supporting them. For some, this sense of understanding was facilitated by working with a therapist of a similar ethnicity or cultural background (Ali et al., 2020; Bunting et al., 2021; Gurpinar-Morgan, 2014). For others, a shared experience of racial minoritisation, regardless of ethnicity, was enough: *"When... a therapist...can relate to your problems as, like, an ethnic minority...they understand...You can still be the person you want to be and...that is really nice"* (Sarr, 2024, p.134; see also Gurpinar-Morgan et al., 2014; Wintermeyer, 2020). For other participants, the race of the therapist was less salient, with more significance placed upon how they approached difference. Participants stated that naming difference could be helpful (depending on the nature of the relationship), and support in addressing assumptions: *"we know from our side that different backgrounds have different thinking, so we just wanna know how your background is and how your*

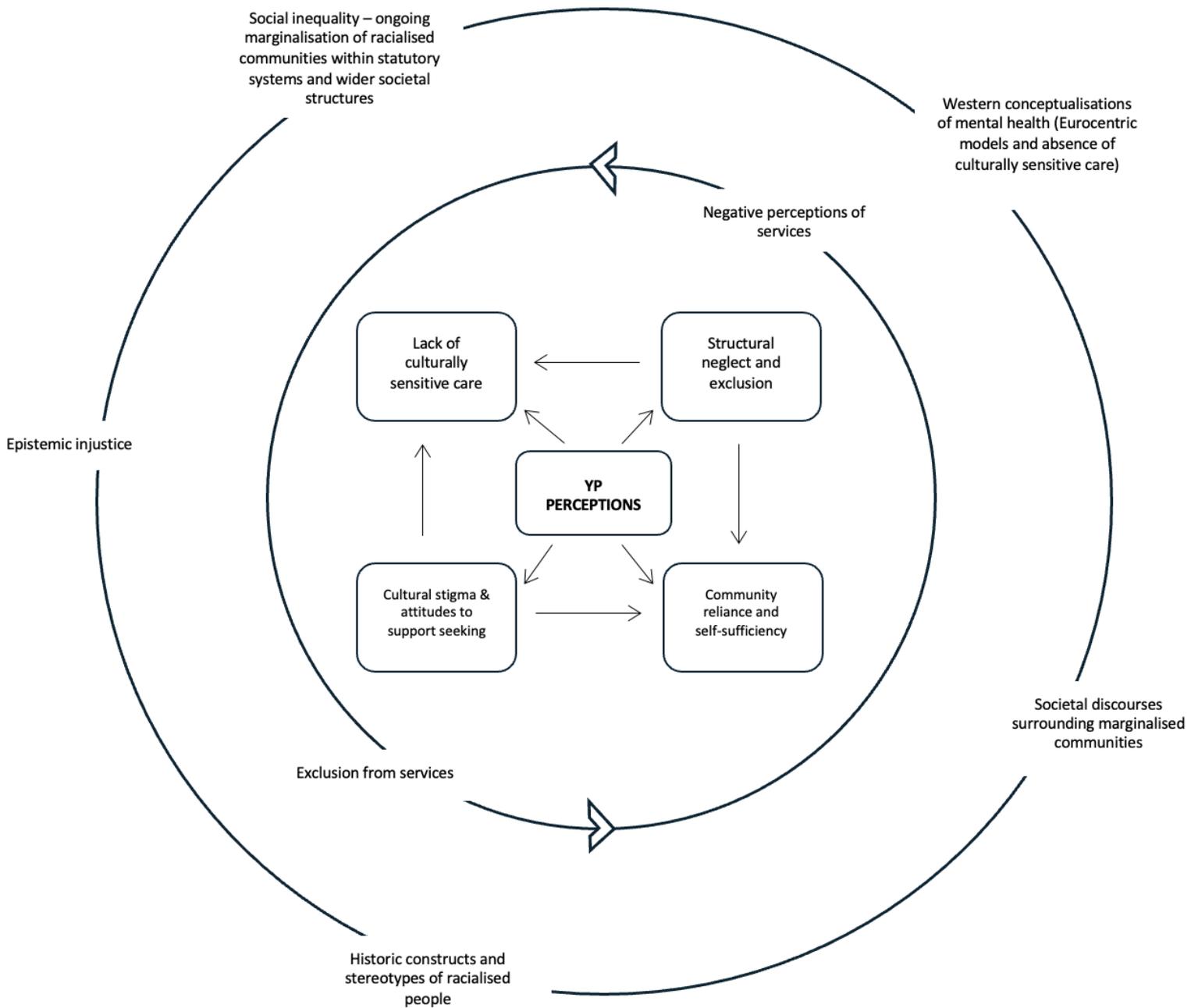
family work” ... ‘cause obviously you need to know that for you to work with them” (Gurpinar-Morgan et al., 2014, p.719). At the same, discussions surrounding race and ethnicity were found to require careful consideration, with YP expressing caution rooted in histories of discrimination and racism: “It’s just I haven’t had a conversation... where it’s not about ethnicity as a problem” (Gurpinar-Morgan et al., 2014, p.719). Overall, participants’ reluctance to engage with statutory support appeared to be rooted in a desire to feel understood, with intersections of whiteness, class privilege, and professional power influencing their perceptions of safety, and thus their therapeutic relationships. Participants did not reject help in principle, but expressed a desire for support from practitioners who listened and helped them to feel understood.

2.7 Discussion

This review has demonstrated the complex nature of racially minoritised YP’s engagement with statutory mental health services, highlighting the combined influence of structural and interpersonal factors, as depicted in Figure 2. Findings have illustrated the ways that cultural and gendered expectations, alongside experiences of systemic neglect, have contributed to a reluctance among many to seek or trust in mainstream support. When services fail to understand these dynamics, they reinforce perceptions of cultural insensitivity, which, in turn, strengthens patterns of community reliance and self-sufficiency. This creates a cycle in which racially minoritised YP feel excluded from services, further reinforcing their mistrust and negative perceptions. These dynamics are situated within broader sociopolitical and historical contexts that have long harmed and marginalised racialised communities, informing both the ways that mental health is understood and experienced by them, and the ways that services respond.

Figure 2

Young People’s Perceptions of Statutory Mental Health Services



Despite platforming underrepresented perspectives, some author interpretations indirectly reinforced deficit-based narratives, shifting responsibility onto already underserved communities. By attributing under-engagement to stigma or lack of awareness, an opportunity to interrogate whether services themselves are structurally accessible or culturally safe was missed. This echoes wider patterns within psychological research, where an emphasis has traditionally been placed upon

individual or cultural barriers and limited understanding, as opposed to wider systemic failings (Alam et al., 2024; Bansal et al., 2022).

Despite this critique, the literature did highlight the resourcefulness and capability of YP and their communities, demonstrating the ways they draw upon informal support networks, develop their own internal self-regulation skills, and create grassroots solutions to meet their own and community needs. However, the continued demonstration of self-sufficiency may also indicate a failure of systems to meet their obligations, with the burden placed on communities to compensate for this absence potentially perpetuating structural inequality and normalising the adultification of racially minoritised YP.

2.7.1 Clinical Implications

This review highlights the complex interplay of structural and interpersonal factors that shape racially minoritised YP's engagement with statutory mental health services. To better meet the needs of these populations, clinicians and services must recognise how systemic neglect, alongside cultural and gendered expectations, contribute to mistrust and reluctance to access mainstream support.

There is also a need to adopt an anti-racist lens to clinical practice. With the race and/or ethnicity of the therapist found to serve as a conduit for, or barrier to connection, there may be trepidation from YP around engaging with white professionals, largely based upon cultural mistrust and assumptions held about their identities. This has highlighted the need for professionals who are willing to invest time and energy into the development of culturally sensitive trusted relationships with YP, and for services to enhance cultural safety by adopting approaches that are responsive to the lived experiences of YP and their communities. In practice, this might involve: auditing access pathways and referral criteria; reviewing language used within services; actively naming and addressing racism in team formulations or case discussions; meaningfully involving Black girls and

young women in service development; co-producing flexible interventions that reflect the needs and experiences of YP; and influencing policy, training, and commissioning to develop tailored and holistic forms of care. This recommendations also necessitate the development of organisational cultures that actively support intersectional, anti-oppressive, culturally-informed practice (Fernando, 2017; Prilleltensky, 2008).

Moreover, services should avoid deficit-based explanations that place responsibility for under-engagement solely on YP or their families, and instead critically evaluate how systemic barriers and limited accessibility contribute to these patterns. Findings also highlight implications for research, whereby increased reflexivity across the literature may have helped to make the authors' own cultural positions and epistemological assumptions more visible, and therefore led to the decentring of Western ideas surrounding wellbeing and distress. Further exploration of what is required to support the mental health of YP is also needed, based not necessarily on the assumption that statutory services are the best fit.

Overall, the literature emphasises the need for culturally sensitive and community-informed interventions to support YP from racialised backgrounds. This requires an intersectional approach to service delivery, one which considers diverse constructions of distress, whilst attending to the needs of YP within their sociopolitical and historical contexts.

2.7.2 Strengths and Limitations

A key strength of this SLR is that it has addressed a neglected area of research, qualitatively explored the views and experiences of racially minoritised YP in accessing and engaging with statutory mental health services. With that said, despite the importance of the literature reviewed, much of it refers experiences of racially minoritised YP as a whole. Homogenising all racial and ethnic groups under one term has the potential to ignore the unique needs and experiences of each (Aspinall, 2020). In addition, though generalisability of findings is not the priority of qualitative

research, findings imply shared and differing experiences across ethnic groups. However, it was difficult to draw solid conclusions pertaining to different ethnic groups because of the limited literature available.

In addition, as with any qualitative analysis, CIS cannot provide full transparency because of the interpretive processes involved (Dixon-Woods et al., 2006). I chose CIS in line with the epistemological stance of the wider study, recognising the socially constructed nature of knowledge and the value of subjectivity in interpretive research (Medcalf & McFerran, 2016). However, I acknowledge my positionality may have shaped which concepts felt most salient, and other researchers with different lived or professional experiences might have constructed alternate interpretations from the data.

2.8 Conclusion

This SLR has shown how an absence of culturally sensitive therapeutic care, broader cultural and societal discourses, and histories of structural neglect, can intersect to discourage racially minoritised YP from seeking statutory mental health support. It has also highlighted the role of professionals as representatives of wider systems that perpetuate inequality, often shaping YP's perceptions and willingness to engage. At the same time, findings have demonstrated the creativity and resourcefulness of communities, in navigating mental health challenges without formal support. With this said, reliance on informal systems should not be romanticised; instead, it highlights a gap in provision which places undue burden on minoritised communities, arguably reinforcing structural inequality.

Overall, findings suggest the need to shift responsibility away from racially minoritised YP and their communities and toward the transformation of services, to ensure they are inclusive and meaningfully accessible. Addressing these issues therefore requires structural change, reimagining support in partnership with those currently excluded. Future research should centre the voices of

racially minoritised YP to explore what appropriate, culturally sensitive care looks like in practice, and how statutory systems can better respond to their needs and experiences.

2.9 The Rationale for the Current Research Project

The SLR highlighted the complex relationship between racially minoritised YP and statutory mental health services. However, of the studies included, only one focused specifically on Black youth, and this centred solely on the experiences of Black boys. No studies drew conclusions specific to the experiences of Black girls and young women. This reflects broader patterns within psychological research, where the voices and experiences of BGW are frequently overlooked.

Given the unique and intersecting challenges faced by Black girls and young women as outlined in the introduction, and the evidence they are underrepresented within statutory services, it is important to develop an understanding of what is needed to support their wellbeing. Rather than reinforcing deficit narratives or concentrating exclusively on the shortfalls of statutory services, this study aims to explore what forms of support are experienced as meaningful and sustaining by Black girls and young women.

In addition to highlighting the complexities of support-seeking for racially minoritised YP, both the literature explored in the introduction and the SLR findings identified community as a key source of support. Building upon this, the current study will centre the work of grassroots and community-based organisations, exploring what these spaces offer Black girls and young women in terms of wellbeing support, and what facilitates their ongoing engagement. In addition to amplifying the voices of Black girls and young women, this study also addresses a further gap in the literature—research exploring the insights and experiences of youth and community practitioners. Engaging with practitioners as part of the research provides an opportunity to learn from those who are already working closely with Black girls and young women, who can offer further valuable knowledge to support their wellbeing.

2.10 Aims of the Research and Research Questions

The current study aims to develop an understanding of the factors necessary to support the wellbeing of Black girls and young women, including the role of grassroots and community organisations in engaging and supporting them. Although it is crucial to centre the voices of Black girls and young women in this process, it must also be noted that children and YP's voices do not exist in a vacuum; they are heavily influenced by their contexts, including the institutions they are a part of (Liebenberg et al., 2020). The project therefore necessitates a combined input, to develop an understanding of what is required to support the wellbeing of Black girls and young women, and the role of community practitioners in doing so.

The study will answer the following research questions:

- What wellbeing support do community and grassroots organisations offer to Black girls and young women?
- What role do community and grassroots practitioners play in supporting the wellbeing of Black girls and young women?
- What are the key factors that contribute to the wellbeing of Black girls and young women?

Chapter Three: Method

3.1 Chapter Overview

This chapter outlines the study's methodological approach, beginning with an explanation of the research design and rationale. Ethical considerations are then outlined, followed by details of recruitment and data collection procedures, and participant information. The process of conducting Critical Thematic Analysis is described towards the end of the chapter, followed by a critical

appraisal of the current study. Black feminist principles are integrated throughout, alongside reflexive considerations and challenges encountered during the research process.

3.2 Design

Qualitative research methods allow for rich, in-depth exploration of complex phenomena, centring lived experience and interpretation of participants' social worlds (Evans-Winters, 2019; Bluhm et al., 2011). They are therefore appropriate for exploration of racialised and gendered experiences, including the ways that individuals make sense of their identities and interactions within structural systems of power and oppression (Denzin & Lincoln, 2018; Hesse-Biber, 2012). A qualitative research design is also compatible with this project's epistemological position, which recognises knowledge as co-constructed and experientially shaped. Although qualitative research can be shaped by multiple paradigms, it often emphasises the socially and culturally embedded nature of meaning-making (Denzin & Lincoln, 2011). This approach is therefore well-suited to the current study, facilitating a rich and nuanced exploration of the needs and experiences of Black girls and young women within their broader sociopolitical and historical contexts.

3.2.1 Black Feminist Approaches to Qualitative Research

Despite its ability to capture nuance and complexity, Evans-Winters (2019, p.1) encourages critique of the 'ostensible innocence of qualitative research', i.e. the often-held assumption that qualitative research is inherently benevolent, empowering and humanising. Qualitative research has the potential to perpetuate harmful power dynamics, through exploiting or misrepresenting the lived experiences of marginalised groups, and functioning in an extractive manner (Smith, 2012). To address this, the design of this project has been guided by Black feminist scholarship and other literature concerning ethical research practices with marginalised groups. Few et al. (2003) have extensively considered the challenges faced by Black female researchers conducting qualitative

research on sensitive issues within their communities, and the ways race, class, and gender dynamics can influence the researcher-participant relationship. The authors have identified five key recommendations for conducting ethical and empowering research with Black women, as detailed in Table 10. Steps taken to implement these recommendations are described in the following sections.

Table 10

Recommendations for Conducting Research with Black Women (Few et al., 2003).

Area of Significance	Explanation
Contextualising research	Understanding and situating research within the cultural, historical, and social contexts of Black women's lives.
Contextualising subjectivity	Researchers acknowledging and reflecting on their own identities and biases, recognising how these may influence the research process and findings.
Triangulating multiple sources	Drawing upon diverse sources of data and perspectives to enrich the research and validate findings, therefore enhancing overall understandings of the experiences of Black women.
Monitoring symbolic power	Remaining conscious of power dynamics in the researcher-participant relationship. Seeking to empower participants through equity and mutual respect.
Caring in the research process	Prioritising the wellbeing of participants by creating a supportive environment, addressing emotional needs, and maintaining ethical standards throughout the research process.

3.2.2 Critical Thematic Analysis

Thematic analysis offers a robust and flexible framework for interpreting qualitative data, with its capacity to inform practical recommendations and actionable outcomes making it well-suited for the current study (Braun & Clarke, 2006). However, as Willig (2013) notes, thematic

analysis can, at times, fail to critically engage with qualitative data and may not fully interrogate the underlying assumptions or dominant narratives that shape participants' views. I have therefore chosen to use Critical Thematic Analysis (CTA), developed in response to calls for a more explicitly critical approach to thematic analysis, one which interrogates how dominant narratives and systemic inequalities influence participant experiences (Lawless & Chen, 2019). CTA builds upon Braun and Clarke's (2019; 2021) reflexive approach to thematic analysis (RTA), adopting a critical lens to explore how power, discourse, and social contexts shape meaning within qualitative data (Lawless & Chen, 2019). It also draws upon Owen's (1984) foundational contributions to thematic analysis, exploring how individuals use language to construct and convey meaning. CTA also aligns with the project's epistemological position, embracing experiential knowledge and rejecting researcher neutrality, instead recognising their active role in knowledge production. Knowledge is understood to be co-constructed during the research process, with themes not reflecting objective facts, rather, socially and historically situated meanings (Braun & Clarke, 2006).

This study employs inductive and deductive coding approaches in conducting CTA. The inductive or 'bottom-up' approach involves generating themes directly from the raw data, meaning they are primarily grounded in participant experiences (Braun & Clarke, 2006). The deductive or 'top-down' approach utilises existing theories and literature to help guide and shape the analysis. Because the project has been informed by CRT, feminist and decolonial literature, and other literature exploring the experiences of BWG, it is inevitable that these perspectives will influence the interpretation of the data to some extent. In addition, according to Tuckett (2005), and Braun and Clarke (2013), engaging with relevant literature can enhance the analytic process, increasing sensitivity to subtleties of the data and therefore limiting bias to some extent. Using both approaches to coding therefore allows for a richer and more nuanced analysis (Fereday & Muir-Cochrane, 2006). This is particularly important given my own positionality and its influence on the interpretative process.

3.2.3 Strengths and Limitations of CTA

Despite offering a helpful framework for exploring power, discourse, and structural inequalities within qualitative data, CTA is not without limitations. As previously stated, CTA embraces subjectivity as an integral part of qualitative research, recognising it as a valuable tool for meaning-making. However, there have been concerns relating to researcher reflexivity and positionality, including the potential for overidentification (Lazard & McAvoy, 2020). Despite the potential to enhance understanding of the data and aid cultural sensitivity to some extent, shared identities between participants and researchers can increase the risk of interpretative and/or confirmation bias, assumptions about shared experiences, and ignorance of differing or dissenting perspectives (Braun & Clarke, 2019; Muhammad et al., 2015; Terry et al., 2017). In response to this, it can be argued that CTA's emphasis on reflexivity ensures that biases are acknowledged rather than ignored, making the process more transparent than methods claiming neutrality (Braun & Clarke, 2006; 2019; 2021). Moreover, as researchers are encouraged to document their analytic process, including decisions and reflections, this can help address concerns surrounding credibility and bias.

CTA has also been critiqued for an absence of methodological guidelines, including clear coding rules, presenting challenges in ensuring consistency, reliability and replicability (Terry et al., 2017; Nowell et al., 2017). In addition, given CTA's emphasis on critical interpretation, but no clear definition of what constitutes 'critical' in this context (Lawless & Chen, 2019), there remains a risk that findings may be shaped more by the researcher's theoretical stance than by participants' intended meanings (Braun & Clarke, 2019; 2021; Fairclough, 1992; Willig, 2013). However, these objections can also be framed as strengths, with the iterative and organic nature of CTA suggested to facilitate a richer, more nuanced analysis than rigid coding frameworks (Braun & Clarke, 2021). Furthermore, CTA's grounding in Braun and Clarke's (2006) six-phase thematic analysis provides a flexible and structured analysis framework, ensuring rigour alongside critical engagement with the data.

A further critique relates to the application of macro-level critiques of power, and the potential for over-theorisation and over-generalisation (Christodoulou, 2024; Lawless & Chen, 2019). Although CTA seeks to challenge dominant narratives, there is a risk of inadvertently reproducing epistemic injustice (Foucault, 1980; Fricker, 2007), positioning the researcher as the authority on oppression, obscuring individual agency and lived experience. To ensure participant experiences remain central to the analysis and avoid imposing interpretations which might overshadow them, Braun & Clarke (2021) encourage an ongoing process of self-reflexivity, whilst also paying attention to the uniqueness and specificity of individual participant accounts.

3.2.4 Reflexivity

CTA maintains a commitment to epistemic justice and a critical stance towards systems of oppression and exclusion (Lawless & Chen, 2019). Reflexivity is therefore an integral part of the approach, encouraging researchers to question who holds epistemic authority in the research process (Olesen, 1994). Rooted in a Black feminist epistemology, this project embraces subjectivity as both inevitable and valuable, recognising that knowledge is experientially shaped (Collins, 2000; Few et al., 2003). As a female researcher of Black-mixed heritage engaging with the narratives of Black girls and young women, I occupy an insider/outsider position (Dwyer & Buckle, 2009). This therefore required ongoing reflexive engagement with how my own social positioning, in terms of race, gender, education, and life experience, might shape each stage of the research (Day, 2012; Jacobson & Mustafa, 2019). A reflective diary (see Appendix A) served as a useful tool for this process (Finlay, 2002), allowing for exploration of my own social location (hooks, 1990), personal motivations for conducting research with this specific population (Few et al., 2003), and the conscious and unconscious processes of academic colonialism (Zinn & Dill, 1994; Fox & Murry, 2000). Reflexivity was further guided by Few et al.'s (2003) framework (see Table 10), emphasising the need to attend to power dynamics, contextualise participants' experiences, and resist deficit-based, one-dimensional narratives surrounding them.

Developing an understanding of participant histories and cultural nuances – family/community rituals, regional differences (i.e. the London-specific context), religious beliefs, and social norms – was an essential part of the research process (Few et al., 2003). An absence of this foundational knowledge, or assumptions surrounding it, can create barriers to building trust, particularly when exploring sensitive topics with BWG. It can also lead to misinterpretations of data, reinforcement of stereotypes, and further silencing/marginalisation of Black women's diverse experiences (Collins, 1991; hooks, 1989). I developed my understanding through reading, alongside ongoing feedback from the project's research consultant, who offered valuable insight into participants' lives and social contexts (see 3.4 *Professional and Service User Consultation*).

Discussions with my supervisory team also helped me to bracket my preconceived ideas and acknowledge my blind spots, contributing to a more reflexive approach to the research process (Finlay, 2002). The team was composed of two female psychologists with extensive experience in the YCS, one of whom is a woman of Black-mixed heritage who currently works for a community-based/NHS partnership project, and the other a white woman working for the University of Hertfordshire. The team were able to offer valuable perspectives from their own experiences, supporting reflexivity and critical engagement with issues of race, gender, and power (Bhopal, 2010; Hesse-Biber, 2012). However, the dynamic also presented limitations. For example, although we share a commitment to social justice, the white supervisor's proximity to institutional power positioned her, at times, as a gatekeeper of academic legitimacy. This was helpful for meeting academic requirements, but highlighted the tension between decolonising knowledge and navigating systems that continue to privilege whiteness and institutional authority (Applebaum, 2010; Mirza, 2015). Additionally, although all supervisors identify as women, this did not erase differences shaped by race, class, and access to power, nor did it automatically ensure an anti-oppressive or decolonial supervisory stance (hooks, 1994; Patel, 2016). Supervision therefore required a commitment to accountability, including a willingness to embrace discomfort and critically examine our own assumptions and biases (Applebaum, 2010; Mirza, 2015).

3.3 Consideration of Alternative Methodologies

Prior to deciding upon CTA, other qualitative methodologies were also considered:

3.3.1 Interpretative Phenomenological Analysis (IPA)

IPA's emphasis on individual meaning-making allows for detailed exploration of participants' personal experiences. The use of double hermeneutic encourages critical reflexivity, which is particularly useful in cases where the researcher shares aspects of identity with participants (Larkin et al., 2019). However, the focus on individual narratives can risk overlooking the socially constructed aspects of identity and wellbeing. Additionally, IPA may be less suited to group interviews, where the boundaries between shared and individual meaning-making can become blurred (Palmer et al., 2010).

3.3.2 Critical Discourse Analysis (CDA)

CDA examines how language shapes and is shaped by power and social structures, and the ways that discourse constructs and reinforces inequality (Fairclough, 1992; Wodak & Meyer, 2015). This aligns with project's focus on the experiences of Black girls and young women within wider systems of oppression. However, although CDA highlights the structural and discursive features of language, its focus on micro-level details such as syntax and grammar can limit its usefulness for exploring emotional and phenomenological experiences (Parker, 2013; Taylor, 2015; Wetherell, 2012).

3.3.3 Grounded Theory

Grounded theory provides an opportunity to generate new theories from empirical data, which is particularly important for under-researched areas such as the experiences of Black girls and young women (Charmaz, 2014; Clarke 2005). With this said, the primary aim of this study is to gain a deeper understanding of lived experiences, rather than to develop new theoretical frameworks.

Additionally, the process of categorising data in grounded theory can risk oversimplifying complex and nuanced experiences, potentially overshadowing the richness of participants' voices and perspectives.

3.4 Professional and 'Expert by Experience' Consultation

3.4.1 Practitioners

Whilst designing the project, I consulted a range of practitioners from across the YCS, including youth workers, therapeutic practitioners, academics, psychologists and community organisers. These individuals helped to shape the study, offering consultation on areas including research questions, participant criteria and relationship building processes. Although not an intentional decision, all identified as Black female or non-binary. All spoke of their lived experience of Black girlhood, providing a dual perspective in shaping the project.

3.4.2 Young Black Women

One research consultant was involved for the duration of the project. She was a 23-year-old Black woman, with experience of receiving support from a community-based organisation during adolescence and early adulthood, having now gone onto work for one. Throughout the research process, the consultant drew upon her own experiential knowledge to help shape the project in a way that aligned with participants' ways of knowing (Beresford, 2021; Flinders et al., 2016). She supported me to think about the setup and design of the interviews, interview questions and dissemination routes. She also helped to identify further recruitment opportunities, introducing me to potential participants and circulating recruitment materials. The consultant was also involved with data analysis (see 3.9.2 *Reflexive Considerations During Data Analysis*). In line with Few et al. (2003)'s recommendations (see Table 10), I attempted to provide ongoing care, support and power-sharing, where possible. This meant applying for additional funding so she could be paid, investing

time into relationship building, offering meeting flexibility, and providing practical support in line with her own personal goals.

3.4.3 Challenges of 'Expert by Experience' Consultation

According to Evans-Winters (2019), the research process is an opportunity to bring awareness to the sociopolitical contexts navigated by those involved. Prior to meeting the project's existing research consultant, I had invited two other young Black women to contribute, with the aim of involving a minimum of two consultants overall. However, personal challenges meant that one withdrew and the other had only sporadic involvement before also leaving the project. As a result, the research was less shaped by experiential knowledge than hoped. This reflects the, at times, challenging and unpredictable realities of the lives of those with first-hand knowledge of the issues academic research is often seeking to address, offering a realistic insight into the challenges of its co-construction. Time constraints meant I was unable to invest time into relationship-building with potential consultants, and I would have been unable to offer them meaningful and appropriate support as part of the research process. Such challenges highlight the need for flexible, well-resourced structures and processes within academic institutions, tailored to the specific contexts of people with lived experience. They also point to the need for wider systemic change – addressing the structural issues faced by marginalised communities, so their involvement in research is feasible, meaningful and sustainable (Beresford, 2013; Faulkner, 2004; McGregor, 2018; Rose, 2019).

3.5 Ethical Considerations

The study was ethically approved by the University of Hertfordshire (UH) Health, Science, Engineering and Technology ECDA (protocol number: aLMS/PGR/UH/05785(1); see Appendices B, C). An amendment was later granted, as detailed under 3.6.5 *Recruitment Challenges*.

Ethical considerations were informed by the BPS Code of Human Research Ethics (British Psychological Society, 2014). They were also shaped by my own experiential knowledge and values,

the project's epistemological position, and Few et al.'s (2003) framework for conducting research with Black female participants (see Table 10)– all of which emphasise the co-construction of knowledge, deconstruction of dominant psychological frameworks, and importance of empowering Black girls and young women to speak comfortably about their lived experiences.

3.5.1 Informed Consent

Upon expressing interest in the study, participants were emailed an information sheet and consent form (see Appendices D, E, F, G, H). The information sheet outlined the study's aims and rationale, the expectations for participation, potential risks and benefits, and information about data storage and future use. Participants were encouraged to ask questions before signing their consent form, either via email or video/phone call, or, for YP who preferred, via organisational staff who could contact me on their behalf. Practitioners and YP over 18 signed their own consent forms. Consent forms were signed by practitioners for all YP under 18 who took part.

3.5.2 Confidentiality

Participants were informed of the measures taken to protect their confidentiality, as outlined in the participant information sheet. This included an explanation of the limits of confidentiality, i.e. my duty to breach confidentiality in cases where safety concerns arose. Participants were made aware (via the information sheet, email correspondence, and a reminder on the day of the interview) that their identities would remain anonymous.

3.5.3 Data Protection

Data protection measures were detailed in the participant information sheet, with all data obtained stored securely to maintain confidentiality, in line with the Data Protection Act (2018). All interviews were recorded using Microsoft Teams, with transcripts generated automatically. Following interviews, transcripts were downloaded, pseudonymised and stored on UH OneDrive,

accessible only by myself. Recordings were then deleted. I took photos of the artwork from the in-person session on my phone, which was accessible only by me and protected using Apple's Touch ID feature. Immediately following the session, the images were transferred to UH OneDrive and deleted from my phone. No identifiable information was stored alongside the images.

3.5.4 Right to Withdraw

Participants had the right to withdraw from the study, without needing to give reason, at any point during the recruitment process and up to one-week post-participation. This was explained on the participant information sheet and reiterated at the start of each interview.

3.5.5 Risk of Harm

Although practitioners were recruited from different organisations, their shared involvement in London's YCS meant that they may know each other. During the consent process, participants were informed of this possibility and assured they could withdraw without consequence at any time. Expectations surrounding confidentiality were reiterated at the start of each interview, with individual follow-up support offered if needed (though this was not taken up). As all YP groups were held as part of the same community organisations, it was likely participants had existing relationships. Although this may have enhanced comfort levels and openness, it also raised considerations around confidentiality and group dynamics. These were addressed through a clear consent process, with expectations outlined regarding confidentiality prior to the start of each interview, and the option to withdraw at any time. Practitioners were also involved in the recruitment of YP, so had some awareness of existing dynamics. A full risk assessment (see Appendix I) was completed to help anticipate and manage potential challenges for both groups, and support offered during and after the session to safeguard participant wellbeing.

Although a strengths-based approach was utilised throughout the study, given the potentially sensitive nature of the interview topics, there remained a risk of psychological distress.

Participants were being asked to reflect on their experiences and perspectives of Black girlhood, likely including experiences of social inequality, with the potential to evoke difficult emotions. To mitigate distress, participants were informed that they could terminate the interview at any time, and could opt to skip questions if desired. Additionally, at the end of each interview, I facilitated a group debrief and reflection. Participants were then sent or handed debrief sheets containing

Personal reflection:

There was a tension present in offering debrief sheets, given that the study had been designed in response to an absence of appropriate support for BWG. Including statutory services (commonly listed in debrief materials) as sources of support therefore felt misaligned with the study's aims and participants' likely experiences of these services. I primarily included information on community-based support services that were more culturally appropriate and accessible, alongside emergency statutory contact details where necessary.

support information, including details of organisations offering specialist support (see Appendices J, K). Participants were also invited to contact me individually if they needed help navigating or accessing the appropriate support. It was agreed during the recruitment process that practitioners would call and check in with YP following the online interviews, and be available in-person to provide support to YP after I had left the in-person session.

3.5.6 Remuneration

To address the inherently extractive nature of research, and to avoid perpetuating the exploitation of BWG's labour, remuneration was essential. Providing vouchers to YP served to acknowledge their time, expertise and emotional labour, aligning with the project's ethical commitments to equity and the reduction of power imbalances. I was conscious that offering remuneration can risk compromising voluntary participation, which is particularly relevant when working with populations facing structural/economic inequality. To address this, recruitment was

carried out in collaboration with practitioners, ensuring YP received clear and accessible information about their participation, including the purpose of the vouchers, the voluntary nature of involvement, and their right to withdraw at any time.

Although practitioners were not paid due to institutional funding constraints, they were encouraged to take part during working hours, with permission from their organisations, so as not to use their own unpaid time. The research consultant was compensated for her time.

3.5.7 Self-Preservation

Given my own positionality and proximity to the subject matter, it was important that, where possible I took extra steps to care for myself throughout the research process to maintain my own wellbeing. This involved engaging in activities that bring me joy, for example seeing friends, as well as more intentional practices such as exercising and eating well. I also found the research to be energising and healing in many ways, despite the at times difficult subject matter. I was also well supported by my doctoral colleagues and supervisory team.

3.6 Recruitment

3.6.1 Recruitment Materials

Separate recruitment flyers and participant information sheets were created for both participant groups (see Appendices D, E, L, M). I creatively designed the recruitment materials using bright colours and culturally relevant images, to reflect my own identity, enhance accessibility and appeal, and challenge traditional research approaches. I also included my photo and a description of my background to make shared identities visible. The research consultant reviewed the materials and provided positive feedback on how they might be received by YP.

3.6.2 Procedure

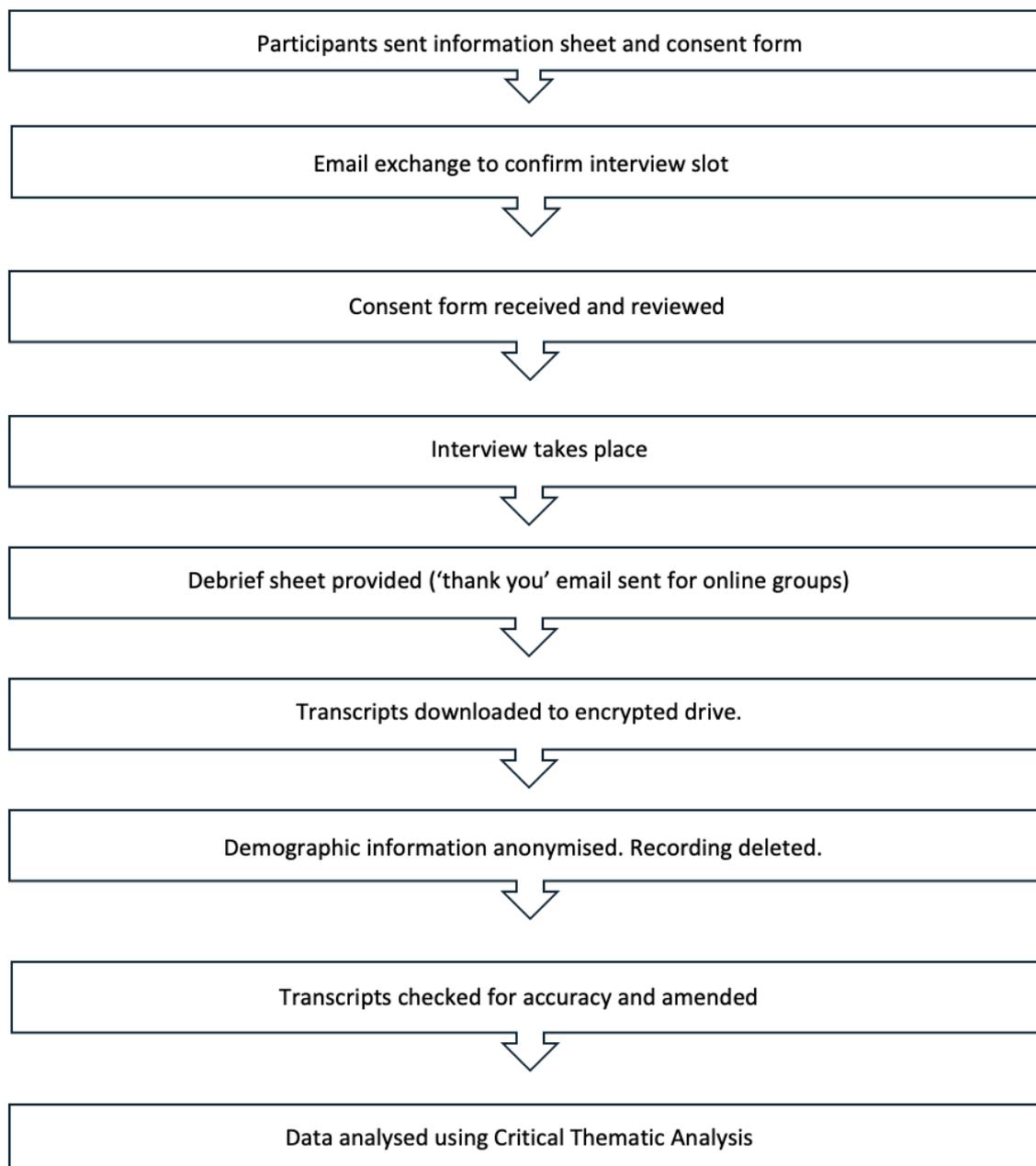
Recruitment took place between September 2024 and April 2025. A purposive recruitment strategy was used, alongside a snowballing method. Purposive sampling is particularly useful for providing 'information-rich' data (Palinkas et al., 2015, p.2), whereby participants' unique experiences or perspectives are critical for answering the research question. The first stage of recruitment involved identifying organisations in London which offered community-based support to Black girls and young women – utilising existing knowledge from the YCS, Google, word of mouth and recommendations from my supervisory team and research consultant. Initially, community organisations were contacted via email addresses obtained through websites or existing relationships. Recruitment flyers and information sheets for both participant groups were attached to the email, alongside a brief outline of the study. Staff were asked to consider any YP they perceived to be appropriate to take part in the study, to share the recruitment materials with them and request they contact me if interested. I also offered the opportunity to speak directly to YP to answer any questions, and/or their parents/guardians/carers if required. For practitioner recruitment, the same process applied. Organisations were asked to forward my recruitment materials to any suitable practitioners who were believed to meet the inclusion criteria, inviting them to contact me via email to express interest or ask questions.

Snowball sampling facilitated further recruitment through individuals with established relationships within the YCS, such as my supervisory team and research consultant. Other individuals with whom I established relationships during recruitment also supported this process (detailed further under *Relationship Building*). I also utilised an online recruitment strategy to increase reach. This involved creating X (formerly Twitter) and Instagram accounts explicitly for the project, to share my recruitment advert.

Figure 3 summarises the recruitment procedure for both participant groups once interest in participation had been expressed.

Figure 3

Participation Procedure Flowchart

**3.6.3 Relationship Building**

Despite developing a robust recruitment strategy, a flexible and tailored approach to recruitment was required, with relationship building an important part of the process (Bourdieu & Wacquant, 1992). Despite my identity as a woman of Black-mixed heritage and experience in the YCS

potentially allowing me to build trust to some extent, I was still a stranger representing both an academic institution and the field of psychology— areas commonly associated with harm of marginalised communities (Banks, 2006). This meant careful consideration needed to be given to the way I might be perceived, alongside an understanding that some organisations may refuse to take part on this basis. I offered the opportunity to speak with staff to address any concerns or hesitations, and held video calls with four individuals (two lead youth workers, a CEO, Director of Operations), which helped to build rapport and trust. This led to increased participation and, although some could not identify any YP or practitioners specific to their organisation, they agreed to circulate my recruitment advert to their networks. I also presented to staff teams at two community organisations to share information about the project (see Appendix N). This again enabled me to build trust and rapport, with several staff agreeing to take part and/or share my recruitment advert with their networks.

3.6.4 Participation Criteria

Table 11

Participant Inclusion criteria

Participant Group	Inclusion Criteria	Exclusion Criteria
Young people	Aged 16-25 Self-identify as Black or of Black mixed heritage Self-identify as female Have been attending a community organisation for 3 months or longer	Experiencing acute distress at the time the interview is undertaken (YP were to be considered on an individual basis, drawing upon the expertise of trusted practitioners considering the nature, severity, and duration of distress to ensure they could engage meaningfully without further harm)
Practitioners	Aged over 18 Minimum of 6 months experience supporting Black girls and young women	Experiencing acute distress at the time the interview is undertaken (Recognising that distress is subjective, practitioners were invited to discuss their suitability for participation with me)

The inclusion criteria required YP to be aged 16-25. Individuals in this age group are uniquely positioned to offer retrospective insight, being either in, or close enough to adolescence to recall the forms of support that were (or could have been) beneficial, whilst also able to reflect upon the transition into adulthood (Arnett, 2000; Blakemore, 2019; Smetana & Villalobos, 2009). In addition to the specified ages, YP needed to identify as female, to be able to comment on the experiences of Black girl and young womanhood. They also needed to have been attending a London-based community organisation for a minimum of three months, to increase the likelihood that participants had access to familiar, trusted adults should they experience any distress during or after the research. For practitioners, inclusion necessitated at least six months experience supporting Black girls and young women, to ensure sufficient practical experience and insight into their unique needs and experiences. In the end, concerns about acute distress did not arise for either participant group.

3.6.5 Recruitment Challenges

During the recruitment process, I encountered three main challenges. One, was that some of the organisations I approached worked primarily with YP under 16, and/or with young men. They

therefore could not directly support with recruitment for the project. I considered widening the age range to a) support with recruitment and b) to include more voices of YP, discussing this with my supervisory team and documenting my thought process in my reflective journal (see Appendix A). Ultimately, I maintained the proposed age range (for the reasons outlined under 3.6.4 *Participant Criteria*), but recommend inclusion of younger participants in future research (see 5.7 *Future Research*).

The second challenge arose during the process of obtaining informed consent. I originally proposed parental consent be provided for participants under the age of 16, in line with the BPS Code of Human Research Ethics (British Psychological Society, 2014). However, it became clear during the recruitment process that this had potential to contribute to further marginalisation of YP, excluding those with fractured or challenging relationships with their parent(s). I therefore requested an amendment of ethics, so trusted workers could provide consent on behalf of the young women who required it.

The third challenge I had not given enough consideration was the potential for high dropout rates, due to the often-unpredictable circumstances of YP's lives. In one case, only one participant was initially present for a planned in-person focus group, so we adapted by moving the session online to enable two participants to join. Future research should ensure the possibility of low attendance is factored into methodological considerations.

3.7 Interview Schedule and Data Collection

Qualitative interviews are understood to have been instrumental in informing researchers of the interactions between sexuality, race, and gender (Few et al., 2003). Semi-structured interviews were therefore employed to capture rich, nuanced accounts of participants' lived experiences (Kallio et al., 2006). The use of flexible and open-ended questions enabled each participant to direct the

conversation towards what was important to them, whilst also allowing for follow-up questions and exploration of unexpected themes (Kallio et al., 2016; Smith & Osborn, 2015).

3.7.1 Developing the Interview Schedules

Separate interview schedules were designed in collaboration with the research consultant for each participant group (see Appendices O, P). Key areas of interest (and some questions) were initially identified, based upon existing literature, as well as our own lived experiences of Black girlhood, and broader professional experience. Using this information, I developed the two draft schedules. Both schedules explored similar themes, such as wellbeing, support, and systemic challenges, with practitioner questions focusing on service provision and YP's questions centred on lived experience. A strengths-based approach was used to challenge deficit, trauma-focussed narratives, in line with the project's overall intention (Saleebey, 1996; Evans-Winters, 2019; Few et al., 2003). The draft schedules were reviewed by the research consultant, whose feedback informed the final versions.

3.7.2 Data Collection

In line with Few et al.'s (2003) recommendations (see Table 10), broader Black feminist literature, and other literature involving research with marginalised groups, it was important participants felt comfortable and empowered to speak from their lived experiences (Evans-Winters, 2019; Mannay, 2016; Nind, 2017; Phillips & McCaskill, 1995; Pinderhughes, 1989). This necessitated culturally sensitive data collection that recognised their diverse values, expectations, and social locations (as described below). I was mindful that, although my identity may have supported relationship development to some extent, holding similar identities does not automatically confer insider status, nor guarantee trust from participants (Few et al., 2003). My educational background, light-skinned complexion (meaning I have not faced colourism), and the fact I did not grow up in London also had the potential to create distance. I therefore prioritised power-sharing and rapport-

building through practicing appropriate self-disclosure – sharing my ethnic background, journey into psychology, and personal experiences when asked. This was especially important given that Black female researchers who appear overly guarded may be viewed with mistrust by Black female participants (Few et al., 2003). Moreover, aware aspects of my identity could influence participants' comfort, I also paid attention to my appearance. Since clothing, hairstyles, and adornment can serve as tools of cultural connection (Banks, 2000), I dressed in casual, everyday clothing that reflected my style, to downplay differences and align with my 'insider' identity.

Figures 4 and 5

Examples of Cultural Expression Worn During the Data Collection Process



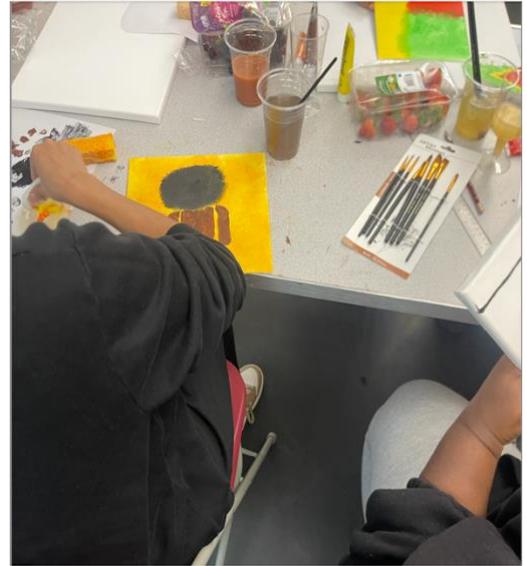
Focus groups and dyadic interviews were held separately with participants from each participant group. I chose to utilise focus groups for their ability to foster relational interactions that build trust and rapport among participants, creating a supportive environment for sharing experiences (Kitzinger, 1995). Similarly, dyadic interviews allowed for intimate, one-on-one conversations whereby participants were able to reflect and build upon each other's responses (Morgan et al.,

2013). For YP, participant availability dictated the interview method (detailed under 3.8 *Participant Information*), however, both encouraged participants to engage in meaningful exchanges, promoting rich exploration of the topics at hand (Kitzinger, 1995; Morgan, 1997). One focus group of five YP was held in-person at a participating community organisation, and three dyadic interviews held online via Microsoft Teams. Each online interview with YP lasted between 52 and 64 minutes (average: 56.34 minutes), with the in-person session lasting approximately 2 hours.

Aligning with the project's epistemological positioning, which encourages non-traditional approaches to academic research, I sought to foster relaxed and collaborative environments for data collection, prioritising participant comfort. For the in-person focus group, YP were interviewed whilst undertaking a 'sip and paint' activity involving canvases, art materials, and a non-alcoholic 'mocktail' menu (see Appendix Q). The activity, co-developed with the research consultant, invited YP to paint representations of their experiences of Black girlhood whilst answering questions (see Figure 6). YP's paintings were not used for data analysis because of the lack of consistency across online and in-person groups, though future research could seek to address this barrier by providing art materials to online attendees in advance or utilising an online-friendly creative task. I also took further measures to foster psychological safety, including offering refreshments and inviting participants to co-create a playlist with me.

Figure 6

Photos from the In-Person Focus Group



All practitioner interviews (three dyadic and one focus group of three) were conducted online via Microsoft Teams. Each practitioner interview lasted between 61 and 70 minutes (average:

65.43 minutes). Practitioners were invited to schedule times via Doodle or email, with online delivery chosen to minimise demands on their time.

Personal Reflection

Despite the, at times, difficult content, I left all interviews feeling joyful and elated. It was touching to see relationships developing between the YP and also between practitioners, bonding over their shared experiences. Some practitioners agreed to keep in touch.

At the close of each interview, several participants described the experience as 'therapeutic', 'cathartic' and 'beautiful'. In fact, upon arrival, one practitioner advised she was feeling 'quite low', apologising for if she presented as flat. I repeatedly checked that she felt well enough to take part, reassuring her that there was no obligation. She assured me that she was happy to participate. During the session, I observed her becoming increasingly animated, exchanging stories and laughter with the other participant. At the end, during the debrief, she stated that she felt energised and ready to approach the rest of her day in a way she wasn't before. I also received positive feedback via email (see Appendix R) from a practitioner who was present at the in-person focus group with YP.

3.8 Participant Information

3.8.1 Organisations

Perspectives were captured from a total of 11 London-based community organisations, across both participant groups. Several of these organisations worked exclusively with Black girls and young women, supporting their mental health, neurodiversity and/or other holistic needs. Some had developed specific initiatives to support Black girls and young women as part of their wider programme delivery. Others supported YP from all backgrounds but were well attended by Black girls and young women.

3.8.2 Black Girls and Young Women

Interviews were held with 11 YP overall, across a total of four organisations. The mean age of participants was 21.4 years.

Table 12

Participant Ages

Participant Pseudonym	Age
Alexia	25
Alicia	25
Angel	16
Ashleigh	18
Candace	25
Deanna	24
Jazmin	21
Kaya	23
Kim	24
Nia	16
Zaya	18

3.8.3 Practitioners

Interviews were held with 11 practitioners from 11 London-based community organisations. All practitioners who took part identified as Black women, each bringing a diverse range of lived experiences shaped by intersections of class, age and education level. Their roles included youth workers, community organisers, practitioner psychologists and therapists, project managers, and founders and directors. Participants had extensive frontline experience supporting Black girls and young women, ranging from four to 16 years, with an average of 6 years 7 months.

3.9 Data Analysis

3.9.1 Analytic Process

Data were analysed using CTA. This method follows the six-phase approach to thematic analysis, originally developed by Braun and Clarke (2006), expanding upon it through a critical and reflexive lens (Lawless & Chen, 2019). The process is also informed by Owen (1984), who introduced three key criteria for analysing qualitative data: recurrence, repetition, and forcefulness. Recurrence involves the repeated expression of meaning across a text, which may be conveyed through diverse language. Repetition refers to the literal repetition of specific words or phrases, and forcefulness refers to the emphasis participants place on certain expressions or ideas through use of emotive language, for example. Data from Black girls and young women and practitioners were analysed together, to provide a more holistic understanding of the wellbeing of Black girls and young women.

Table 13

Table Describing the Process of Critical Thematic Analysis

Stage	Approach	Process
1	Familiarisation with the data	I read and re-read the data, paying particular attention to language, power, and positionality, alongside recurrence, repetition and forcefulness (Lawless & Chen, 2019; Owen, 1984).
2	Generating initial codes	I conducted coding inductively and deductively, with a focus on identifying meanings that reflected participants' lived experiences and broader socio-political contexts.
3	Constructing initial themes	I collated codes into potential themes, representing their prevalence and capacity to highlight systems of marginalisation and resistance.
4	Developing and reviewing themes	I developed and reviewed themes (collaboratively with the project's research team), with consideration given to the themes' wider structural implications and alignment with the project's epistemological framework.
5	Refining, defining and naming themes	I refined, defined, and named themes in collaboration with the research team, to ensure they accurately represented key patterns and aligned with the project's research questions and epistemological framework.
6	Producing the report	I integrated themes into a coherent narrative that addressed the research questions and highlighted key findings.

3.9.2 Reflexive Considerations During Data Analysis

To support with reflexivity during data analysis, the supervisory team were invited to discuss one data extract with me, offering alternative perspectives and helping to identify potential blind spots in my interpretation. The project's research consultant was invited to support the development of codes and themes, simultaneously contributing her expertise and developing her own skills. Once the coding process was complete and preliminary themes had been generated, all parties were invited to review and provide feedback on the proposed themes. My reflective journal also served as a helpful reflexive tool, allowing me to document my own thoughts and responses throughout the process.

Note. Please see section 5.6.1 for the critical appraisal of the current study.

Chapter Four: Findings

4.1 Chapter Overview

This chapter presents the findings from the CTA, situating them within existing literature and theoretical frameworks and building upon literature explored in the introduction. Participant quotes³ are included to illustrate key points.

4.2 Themes from Critical Thematic Analysis

³ (...) indicates words that have been

omitted from the quote

[] indicates words that have been

added to improve clarity

The CTA led to the development of four themes (see Table 14) capturing the factors that shape Black girls and young women’s wellbeing, the role of community organisations and the experiences of practitioners in providing support.

Table 14

Themes from Critical Thematic Analysis

Theme	Subtheme
Resisting Dominant Discourses	<ul style="list-style-type: none"> - Navigating Stereotypes and Assumptions - The Need for Safe and Affirming Spaces
Seeing Ourselves in Each Other: A Double-Edged Sword	<ul style="list-style-type: none"> - Trust, Familiarity and Mutual Understanding - The Challenges of Caring from Experience
Wellbeing is Political: The Need for Systemic Change	<ul style="list-style-type: none"> - Addressing Structural Inequality - Burnout, Self-care and Self-Preservation
Centring Love, Mutual Care and Non-Western Forms of Knowledge	

4.3 Theme 1: Resisting Dominant Discourses

This theme explores the challenges Black girls and young women must navigate in developing a sense of self, in the context of wider societal discourses and inequalities. Participant accounts emphasise the importance of safe, affirming spaces, where Black girls and young women can exist freely – processing their emotions, exploring their identities, and reclaiming parts of themselves often marginalised or suppressed in other settings. In articulating this need, participants highlighted the significance of existing community provision and practitioner expertise, in fostering environments that support the wellbeing of Black girls and young women.

4.3.1 Subtheme 1: Navigating Stereotypes and Assumptions

This subtheme explores the external assumptions and projections Black girls and young women must navigate as part of their everyday lives, and the impact of this upon their wellbeing and sense of self. Findings drew attention to the ways Black women and girls are socially constructed through deficit-based narratives, rooted in gendered racist tropes, as explored in the introduction (Essed, 1991; Harris-Perry, 2011; Gregory, 2006). Both YP and practitioners described the pervasive expectations placed upon them across multiple areas of their lives, which were often imposed before any interaction occurred (Mims & Williams, 2020). These expectations tended to mirror wider societal discourses surrounding BWG, positioning them as inherently strong, hostile, or limited in their potential for success: *“As soon as we wake up, there’s labels thrown at us... I’ve definitely got, ‘smile,’ or ‘you look mad’. And I’m thinking, ‘I’m just in my thoughts’. Like, can I just authentically just be in that state?”* (Amaia, practitioner).

The racialised and gendered narratives surrounding Black women and girls were found to extend beyond individual encounters, to wider systems and institutions, reflecting wider CRT literature which posits that the attitudes held by individuals both represent and uphold structural racism (Bonilla-Silva, 2015; Crenshaw, 1991; Delgado & Stefancic, 2017; Gillborn, 2006). This was

shown in the assumptions made about YP within educational settings: *“...With schools... They love stereotyping the Black people... we, like, feel very ‘to ourselves’ because in my school there was only like, four Black people and me”* (Nia, YP). Participants discussed the isolating effects of institutional racism, with racialised stereotyping limiting Black girls and young women’s ability to fully participate and experience a sense of belonging at school. Findings echo literature explored in the introduction, which speaks to the impact of stereotypes of Black girls as angry, strong, and hypersexual upon their educational experiences (Crenshaw et al., 2015; Pennant, 2024). Findings also align with Gillborn’s (2006) concept of ‘institutional whiteness’, which describes how institutions are structured around the needs and values of white individuals, often marginalising the needs and experiences of those who are racially minoritised. As a result, students who are not white, in this case Black girls and young women, may find it difficult to fully engage with or benefit from the educational environment. This was a point of focus for many participants, with schools identified as spaces where restrictive norms and expectations are upheld for Black children:

What we’re brought up with is so warped, so like our perception of ourselves is just so... small, because that’s all we are seeing... There’s so much rich Black culture and history that it would have been nice to have learned about when we were younger. Even just how schools are formed—they’re not for us. Like, they police our hair and everything that is Black. (Alicia, YP)

As well as illustrating the limitations of mainstream education in reflecting and valuing Black cultural identity, participant narratives demonstrated how schools, described by Mims and Williams (2020, p.758) as ‘critical social context[s] for socialisation’, can influence the process of identity development. An absence of visibility in the curriculum, alongside restrictions placed upon physical aspects of identity expression, such as hair, appeared to limit opportunities for Black girls and young women to explore a richer, more expansive sense of self, and shape their views of Black people more broadly (Mims & Williams, 2020).

Findings also revealed the cumulative effect of narrow perceptions of Black identity, both in school and more widely: *“It’s hard to, like, fight off all of these negative things people associate with you”* (Candace, YP). Participants described how the continuous presence of limiting narratives across multiple domains or ‘worlds’ (Phelan et al., 1991) can be internalised by their own communities: *“There’s that talk of, like, ‘There’s only so much you can achieve.’ And, ‘This is where you’re going to get to.”* (Kim, YP). As well as supporting existing literature exploring the impact of different social contexts upon the identity development of Black girls (Mims & Williams, 2020; Thomas et al., 2021), participant accounts also reflect Collins’ (1990) ‘matrix of domination,’ through which individuals may internalise societal hierarchies and messages that devalue Blackness. This internalisation can lead to self-doubt, limited aspirations, and/or disidentification from one’s culture: *“I felt like there was always this ceiling on how far I could achieve”* (Kaya, YP; see Gutman & Younas, 2024).

Literature explored in the introduction and SLR drew attention to the limitations of statutory services in supporting racially minoritised people (Bhui, K., & Sashidharan, 2003; Davis, 2019). Participants contributed to this further, describing the emotional labour required in navigating therapeutic relationships with white practitioners in statutory systems:

It’s the little things they do that come from a place of ignorance or naivety, things they don’t want to learn, or they haven’t been in a situation to learn. But then it’s like we’re in a position of— it’s not our job to teach you, but yeah...If we don’t teach you, who’s gonna? (Jazmin, YP)

Participants articulated what Smith et al. (2007) term ‘racial battle fatigue’ – the cumulative weight that racialised individuals must face in navigating predominantly white systems. In this case, Black girls and young women are simultaneously underserved, whilst carrying the implicit expectation to act as educators or translators within therapeutic relationships to receive adequate care. Participants described the emotional strain of navigating spaces where they feel unable to fully express themselves:

There's always a certain element of holding yourself back in... spaces that are predominantly white.... You're conscious about how you move, how you speak, what words you use, what experiences you share. For me, [it's about] having the joy of...spaces where that level of, like, discretion is gone. Even if people disagree about their opinions or experiences, that...level of like, "oh, we have to tailor ourselves or move in a certain way", completely disappears. (Raven, practitioner)

Findings drew attention to the psychological impact of navigating predominantly white surroundings, and its implications for wellbeing. This leads onto the next subtheme.

4.3.2 Subtheme 2: The Need for Safe and Affirming Spaces

This subtheme captures what participants proposed necessary to counter their everyday experiences of gendered racism. YP voiced the importance of, *"just being able to, like, have a safe space to express yourself and...how you feel"* (Angel, YP). This need was echoed by practitioners, who called for, *"space for Black girls to be something that doesn't exist within [the] restrictions of stereotypes"* (Raven, practitioner), *"where [they] don't have to deal with the challenges... the oppression, the discrimination, and can just fully exist"* (Natalie, practitioner). Overall, participants emphasised the need for spaces free from external judgment or expectation, or *"having to, like, teach white people about why you're different"* (Ashleigh, YP). Community organisations were described as environments where such concerns were no longer relevant, and celebrated for their ability to foster psychological safety and positive identity development: *"Having a space where you can come and, as Black youth...You can learn about what it is to be Black, and have a comfortable space to do that... outside of your home"* (Nia, YP). Community spaces were praised for fostering the development of alternative, strengths-based narratives for YP, helping them to learn about and engage with their heritage, and build a positive sense of Black identity. Ashleigh (YP) stated: *"I just feel like it's just such a welcoming, wholesome community. I can leave my house in my bonnet (laughs)"*. Participants consistently spoke to the sense of belonging and cultural safety that

community spaces can offer, allowing Black girls and young women to show up as themselves without fear of judgment or policing.

The adultification of Black girls was another point of focus, again speaking to the ongoing influence of wider discourses and colonial stereotypes upon their everyday lives. In line with literature explored in the introduction (Epstein et al., 2017; Opara et al., 2022), participants described how Black girls and young women are frequently perceived to be, and treated as, older than their years:

I don't actually think they do anything different than their white counterparts, because, by virtue of being that age...girls always want to present as being older...But I think everything comes with...being Black and obviously, the history of this country... that's what leads to the adultification.
(Natalie, practitioner)

This perspective was widely shared, with others reflecting on the specific contexts in which adultification is more likely to take place: *“Outside of specifically curated spaces that are for Black girls, or informed about their experiences, they're so often adultified”* (Dominique, practitioner). Findings indicated the crucial role of community organisations, and the knowledge and expertise held by practitioners, in intentionally creating environments that centre the needs of Black girls and young women. Practitioner accounts highlighted how community spaces are developed with care and intention to ensure Black girls and young women are fully seen as they are, and given room to navigate adolescence without the imposition of external expectations: *“It's about how do we create the space for all parts of them to just be?”* (Lisa, practitioner). Across data, community organisations were celebrated for their informal, youth-centred approach, in contrast to the rigidity of statutory systems: *“Giving [BGYW] spaces to be, like, children and to be the young people they actually are... act their age and be silly and make mistakes, is when I see a lot of joy”* (Dominique, practitioner). Participants described how the freedom and flexibility inherent in the culture of community-based support, alongside the skills of practitioners, can affirm Black girls and young women's right to joy,

belonging, and self-expression, therefore disrupting processes of adultification and marginalisation. YP also described how the support of community organisations helped them to foster and develop a sense of identity:

Growing up around white people....I...realised, after school, I didn't really know who I was... And I think it's only in my last few years where I've reconnected with my childhood self and started doing things again that I was passionate about when I was growing up...I've been able to come to spaces like this, and I feel like I can be myself (Alicia, YP).

Alicia's narrative further supports the need for safe and affirming spaces where Black girls and young women can reconnect with parts of themselves that have been lost or suppressed in other environments. Overall, findings from this theme highlight how external stereotypes, institutional discrimination, and internalised narratives can combine to negatively impact the self-perception and wellbeing of Black girls and young women. In response, community spaces can serve as a means of resistance, offering refuge from societal expectations and judgement, facilitating reconnection with joy and childhood, and encouraging Black girls and young women to imagine new possibilities for themselves.

4.4 Theme 2: Seeing Ourselves in Each Other: A Double-Edged Sword

This theme discusses the complexities that arise when practitioners share aspects of their identities, such as race, culture, and class, as well as lived experiences, with the YP they support. On one hand, this can enhance trust and connection. On the other hand, challenges can arise due to potential overidentification.

4.4.1 Subtheme 1: Trust, Familiarity and Mutual Understanding

This subtheme explores the ways that shared identities and experiences between practitioners and YP can enhance relational connection, provide validation, and challenge dominant

therapeutic frameworks. Across data, practitioners emphasised the centrality of their identities in forming authentic therapeutic relationships with YP:

I think my identity is central to the work... Not just being a Black woman, but being a Black working-class woman that had....lived experiences of things that have happened in my community... I think that's really central to how I've been able to engage with and connect with young Black women and girls over the course of my career (Chante, practitioner)

Participant narratives align with Collins' (2000) concept of the 'outsider-within', which describes how individuals from marginalised groups possess a unique ability to navigate and understand both the dominant culture and the experiences of their own group: *"It was an advantage being a Black woman working with Black girls...There's an appreciation that 'you get it'... Even if we didn't share the same culture"* (Natalie, practitioner). YP described how seeing themselves reflected in those supporting them instinctively influenced how safe and understood they felt, and therefore what they felt able to express. This implicit sense of mutual understanding appeared to increase their trust in the likelihood of receiving appropriate support:

Your first thought is, 'will they understand where I'm coming from?' and that will automatically limit your perspective on what you share...When you feel like you can already relate on a level to this person, or they at least understand your experiences, you...let your guard down a lot easier. (Candace, YP)

Participant accounts demonstrate how the need for relational safety is especially significant for groups who have had their emotional needs neglected, through discrimination or other reductive tropes of strength and resilience, and histories of epistemic injustice in therapeutic relationships (Fricker, 2007). Their narratives also disrupt assumptions of universality in therapeutic relationships:

I think it [improved mental health and realising you don't have to navigate it alone] was honestly having that mentor who came from the same background as me...Because I think speaking about mental health is great with a white person, but I feel like they would never understand where you're coming from. (Kaya, YP)

Such reflections highlight the limitations of dominant psychological frameworks, which often centre white, middle-class norms, marginalising alternative epistemologies and overlooking how racialised individuals might make sense of their distress (Fernando, 2010).

The significance of feeling understood extended beyond emotional support, also influencing how YP envisioned their futures and positioned themselves in the world. Working with practitioners who reflected their own identities appeared to shape YP's aspirations and self-perceptions, offering a challenge to their own internalised limitations, and expanding their sense of agency and hope:

I feel like I can only see myself [being successful] if I've seen someone that looks like me close to that position...now... I feel like I can go above and beyond as well. (Kaya, YP)

With findings under Theme 1 (4.3) illustrating how systemic inequalities can limit YPs sense of what is achievable, this theme demonstrates how representation can function as what hooks (2012) calls 'the oppositional gaze' – a refusal of imposed limits and a reclamation of aspiration and self-worth. Such accounts echo wider findings on the importance of racial representation for identity development and future thinking among marginalised youth (Archer et al., 2015). Findings also expand on traditional definitions of representation, encompassing more than visible identity markers to include class, culture and lived experiences.

4.4.2 Subtheme 2: The Challenges of Caring from Experience

Whilst acting as a conduit for trust and relational safety, the similarities between practitioners and YP also presented challenges, as examined in this subtheme.

A personal connection to their work was widely articulated by practitioners, influencing both their commitment to and understanding of the challenges faced by Black girls and young women:

I've never reflected really too deeply on like what...brought me into the work, until now. I think I always knew, like I wanted to, I guess quote unquote. Like, 'be the person that would have helped me when I was younger'. But when I think about it, like, when I was in school, looking at my experiences and my friends' experiences and just how failed we were and how many things went unnoticed... And I think when I got older, and I realised that it actually didn't have to be like that... it made me want to, I guess, be a part of that. (Dominique, practitioner).

Such commitment means that practitioners are exposed to unique challenges: *"It's a double-edged sword because [seeing the injustice] propels you to want to do more. But it's also very exhausting, painful to witness..."* (Adina, practitioner). These included the challenges of holding their own histories alongside those of the YP they support, and managing their own activations whilst remaining present and effective in their roles: *"It's the emotional labour of doing that work...when you see yourself too much in stories."* (Raven, practitioner), as well as the possibility for overidentification: *"Am I putting myself at my own detriment because I'm overidentifying with somebody?"*. Such experiences could lead to practitioners stepping away: *"What brought me into the work is what brought me out of the work (Chante, practitioner)"* due to the cumulative emotional toll of seeing oneself reflected in the struggles of Black girls and young women. The toll described by participants aligns, to some extent, with literature on vicarious trauma (McCann & Pearlman, 1990) and 'compassion fatigue' in community and care work (Figley, 2002). However, the added layer of being both an 'insider' and a professional appeared to further compound these challenges, meaning these conceptualisations may not adequately represent practitioner experiences. Instead, findings suggest a unique form of distress linked to shared lived experiences (Comas-Díaz, 2016; Layton, 2010).

All identifying as Black and female, practitioners discussed their work in relation to racialised expectations placed upon Black women, rooted in pervasive cultural narratives such as the Mammy and SBW stereotypes, which position them as strong, self-sacrificing, and resilient at all times (Collins, 2000; Harris-Perry, 2011). As both professionals and members of the communities they serve, practitioners described being expected to minimise the suffering of others, whilst simultaneously managing their own: *“I think that...as a Black woman moving through the world, there's lots of things I'm trying to navigate... But then I'm doing all of this [work]...This is just what it's like for us”* (Lisa, practitioner). Practitioners described a heightened sense of responsibility, stemming from their own lived experiences: *“I put myself out there because I want Black women and girls to thrive so much that I'm, like, “what can I do?”* (Raven, practitioner). This, at times, made it difficult to separate their own emotional responses from those of the YP, inadvertently shifting attention away from the YP's experiences: *“Sometimes our identification blurs the help we need to provide”* (Natalie, practitioner). At the same time, participants remained critically reflective about when their shared experiences might pose a risk: *“I think your identity can be your greatest strength, but it can also be your greatest weakness.... Sometimes we just need to shut up and listen. And it doesn't matter whether you're a Black woman or not”*. (Natalie, practitioner).

Findings also identified the bi-directional nature of the relationships between practitioners and YP, aligning with Jordan's (2010) concept of 'mutual empathy'. As well as identifying strongly with the experiences of YP, some practitioners described experiences whereby YP had projected personal, familial or cultural expectations onto them:

So many things...came up... in terms of how [this YP] viewed me. And I think sometimes we do go into this work, we can activate things... Like, “you remind me of my mum or like this auntie who said A, B and C to me”. (Amaia, practitioner)

Their reflections highlight how cultural and generational similarities between practitioners and family members can surface past experiences for YP. Practitioners, at times, became symbolic representations of others in YP's lives, influencing the meaning they attached to the relationship. Practitioners drew upon their own experiences of Black girlhood to articulate this further:

When I [was] younger and I used to go to like health checks, I didn't want to see... a Black woman, because I thought she was judging me, especially like an 'auntie'....There's also lots of nuances that have to be thought about. How do we meet the young people where they are?

Such accounts emphasise the nuance in relational work with Black girls and young women, demonstrating that representation alone is insufficient to address their needs. Despite some aspects of shared identity potentially aiding connection, YP/practitioner relationships may be influenced by multiple factors stemming from their own lived experiences, including intergenerational respectability politics, cultural expectations around authority, and other intersectional differences such as age – all of which can contribute to power imbalances and other challenging dynamics.

The challenges described by participants highlighted the need for practitioners to balance support with fostering independence, whilst managing their own activations, to avoid unintended consequences of overextending support:

You can disempower the young people, in as much as they do not learn...to live life without you.... The reality is they are Black girls who are going to be Black women, they're living in a country whose history is never going to change. They are going to be living for the foreseeable future in a racist environment, in racist systems, and...they ...have to grow certain muscles to be able to navigate [that]...And if we're always fighting the hardest for them, they never learn to do [it] without us. (Natalie, practitioner)

The challenges of engaging in relational work with shared identities takes place within systems and structures that are actively harming the populations practitioners are trying to support. The emphasis on facilitating agency rather than fostering dependency, even when the impulse to protect and advocate is strong, echoes critical and Black feminist pedagogies (Freire, 1970; see also 4.6 *Theme 4*), which call for relationships that cultivate critical consciousness and self-determination, as opposed to well-intentioned forms of reliance.

4.5 Theme 3: Wellbeing is Political: The Need for Systemic Change

This theme addresses wellbeing within the context of social inequality, drawing attention to its inherently political nature. It explores the experiences of Black girls and young women and practitioners as they navigate oppressive systems, highlighting the need for radical systemic change.

4.5.1 Subtheme 1: Addressing Structural Inequality

This subtheme makes explicit the links between structural inequality and mental ill-health, as increasingly documented in current literature (Marmot 2010;2020). Participant accounts build upon the scarce UK literature, highlighting how systemic racism, poverty, patriarchy, adultification, and wider structural injustices interact to shape the lived experience and wellbeing of Black girls and young women, simultaneously challenging dominant narratives that individualise psychological distress.

Participants described the day-to-day challenges faced by Black girls and young women, including the need to consistently over-perform to gain recognition, whilst being subjected to disproportionate scrutiny and critique. In doing so, participants challenged individualised understandings of wellbeing, demonstrating how it is continually shaped by wider forces:

I feel like it's harder for [Black girls], I'd say, to have, like, higher self-esteem when they're constantly like, criticised or having to work, like, 10 times harder than their non-Black counterparts to

be in certain spaces... Which I would...say negatively impacts their wellbeing and, like, their outlook on themselves.

As discussed under *Theme 1* (4.3), Dominique's statement highlights how systemic inequality can be internalised, undermining the self-esteem of Black girls and young women, and their sense of belonging across the spaces they occupy. Whilst this speaks to the psychological toll of exclusion, the notion of having to work '*10 times harder*' illustrates the demands of navigating structurally unequal systems, where Black excellence is required as a baseline for inclusion, whilst others may be rewarded for mediocrity (Gillborn, 2006). These outcomes of structural violence (often framed as meritocracy) have been linked to increased emotional strain, burnout, and internalised pressure to prove worth (Rollock, 2019).

The challenges faced by Black girls and young women were shown to be compounded by broader processes of adultification, functioning as both a manifestation and mechanism of systemic violence: "*I feel like our body does mature a bit quicker... so...we're seen as adults and we're kind of objectified a bit quicker compared to others,*" (Kaya, YP). Such narratives highlight how the physical development and behaviour of Black girls is often framed through the lenses of adultification and hyper-sexualisation, whereby their bodies become symbols through which broader ideologies about race, gender, and power are enforced (Ahmed, 2007). They also illustrate the ways that whiteness functions as entrenched and invisible in the construction of bodily norms, positioning racialised bodies as deviant or outside the bounds of what is considered standard or acceptable (Ferreira da Silva, 2007).

Participants described how processes of adultification position Black girls and young women as fundamentally responsible for their own survival, within the class-based and economic systems that continue to marginalise them:

A lot of Black people end up in poverty...because the system is not set up to see [us] win... When I was at school, countless times, I had friends that...couldn't afford food... [and] had to give their siblings their lunch because they didn't have enough. ...I think the support would have been tackling the issue...because ...Girls are trying to start businesses at like 12/13/14...and it all stems from poverty. There needs to be more support...even something as simple as just feeding children (Jazmin, YP)

As Gilmore (2007) suggests, the conditions producing poverty and trauma among racialised communities can be understood as forms of 'organised abandonment', with the state's withholding of resources functioning as a form of structural violence. In other words, the suffering described by participants is not accidental, rather the outcome of deliberate social, political, and economic decision-making processes. Such findings highlight the need to address the structural deprivation that Black girls and young women face, to disrupt processes of adultification, and ultimately foster their wellbeing.

As well as being linked to individual wellbeing, social inequality was described detrimental to familial support networks, with caregivers, particularly single mothers, overburdened as a consequence:

I would hazard a guess that most...who are not present within the home, are not present because...they're working. So, I think...we should... subsidise their salary, so that allows them to work shorter hours so they can be present for their kids. (Natalie, practitioner)

Such reflections position family functioning within a broader political context, recognising how economic disadvantage can directly impact caregiving and presence in the home, fundamentally impacting Black girls and young women's wellbeing. Findings echo wider critiques of dominant discourses surrounding wellbeing, which often attribute it to personal resilience or productivity (Fryer, 1986; Parker, 2007). Within this framing, distress becomes de-politicised, and

constructed as a personal issue as opposed to a response to social injustice. Participants have therefore offered a challenge to mainstream understandings, reframing wellbeing as both an outcome of sociopolitical conditions and a site of political struggle, regarding whose lives are valued and who is neglected (Fraser, 2008). Findings instead align with wider literature which posits that political decisions, including austerity policies, housing regulations, immigration laws, and school disciplinary practices, directly impact people's ability to live well (Marmot, 2005; Sen, 1999).

The emphasis upon broader structures of inequality and the need for sociopolitical change was particularly salient in practitioner interviews: *"At the end of the day, Black girls are girls. They're humans, they're people, and we function no different from anybody else. However, [ideally] the pressures that dampen and stifle joy... would be gone so... they can just be girls"*. Within oppressive contexts, participants emphasised the importance of community-based provision in meeting the needs and fostering the wellbeing of Black girls and young women:

We have, like, an emergency aid fund, if there's like people that have experienced like emergency related stuff that's made things difficult... I think the basic, essentials type of thing, and then stuff like travel money, or, like checking if they need childcare. (Adina, practitioner)

Practices of care, including provision of material and relational support, refuge, and advocacy were deemed necessary as part of broader system that routinely withholds empathy from Black communities: *"I live with the understanding that charities exist because we're filling the gap, of the government... taking care of people... My charity wouldn't exist if the government did its job properly"* (Raven, practitioner). This absence of support for Black communities was explicitly linked to the systemic devaluation of Black lives:

I feel like there was never as much support for our people as was for white children... The system is so broken for Black people and...It's to do with dehumanising...A lot of white people don't see Black

people as human. All they do is see them as below them, so they feel like “ohh we don't have to help them, but let's help our people” (Jazmin, YP)

In line with literature which speaks to the social construction of Blackness (Fanon, 1967; Collins, 2000), findings demonstrate how the failure of institutions to care for Black girls and young women is rooted in histories that continue to shape who is deemed worthy of care and protection. Practitioners discussed the devaluation of Black life with specific reference to Black women, reflecting on the challenges in obtaining support: *“...Black women's...and young Black women's work...is chronically underfunded, because you have got a harder sell for people to give you the money.”* (Raven, practitioner). Their reflections illustrate the ways that gendered racism and structural violence intersect to uphold the marginalisation of Black girls and young women under dominant frameworks of care, as well as how funding structures can uphold racial hierarchies (Farmer, 2004; Fricker, 2007).

Participants discussed the implications of navigating structural inequality, when survival has to take precedence over emotional healing, drawing attention to the socio-economic and systemic privilege inherent in having the space, resource and stability to focus on personal growth and healing (Bowleg, 2012): *“When you're trying to survive, how can you focus on healing? We are just trying to make it through... How can I think about being happier?”* (Kaya, YP). Such accounts continue to reinforce the dissonance between dominant narratives surrounding mental health and the lived realities of those navigating poverty and social exclusion.

Across data, both YP and practitioners spoke to the absence of care they had received or witnessed from statutory services, with a profound lack of empathy, compassion, and support from the institutions ostensibly tasked with safeguarding wellbeing: *“You know, it's just like and it's that systemic level of care, or ‘un-care’ that's in the system for Black girls and women...”*. She went on, *“And it's just like you ain't treating no white girl like that,...Where's the love? Where's the empathy?”*

...*Why are we not extending that to everybody?*" (Christina, practitioner). Such accounts highlight how "*un-care*" – an absence of love, empathy, and recognition, functions as a form of structural violence (Farmer, 2004), reinforcing the marginalisation of Black girls and young women within spaces where they should be protected. This also includes the care system:

I was bullied in school because of the colour of my skin. I had no one to hang out with, well, only one person I could talk to... The only Black woman [support worker] in the home. The rest of the staff were racist and would single me out. They were nicer to the white people (Zaya, YP).

Across the spaces within which they are supposed to be cared for, Black girls and young women continue to be impacted by systemic neglect and lack of empathy, a process which inevitably compounds distress. Participant narrations consistently reflect social structures of organised abandonment and epistemic injustice, with Blackness, and Black womanhood in particular, positioned beyond the scope of moral concern (Fricker, 2007, Gilmore, 2007; Rankine, 2014).

4.5.2 Subtheme 2: Burnout, Self-Care and Self-Preservation

This subtheme captures the issue of burnout, as articulated by multiple practitioners, exploring it in relation to structural inequality, political decision-making, and wider discourses surrounding racialised people. The subtheme also examines how both YP and practitioners articulate self-care as both a necessary act of survival and form of political resistance against systemic exploitation and neglect.

The systemic disregard experienced by Black girls and young women appeared to be mirrored in the lack of support available to those advocating for their wellbeing, with burnout raised as a pressing concern for practitioners. Rather than being positioned as an individual psychological issue, as dominant narratives often suggest, burnout was framed as a predictable consequence of the UK's sociopolitical landscape, amidst chronic under-resourcing, ongoing extraction of racialised

labour and perpetuation of oppressive systems. Practitioners spoke to the cumulative toll of working across statutory and grassroots sectors as Black women:

We're literally all burnt out... Not only is the job hard now just because of all the bullshit that's gone down... On top of that, we're still carrying that racialised load that ain't even ours in the first place. And managing it, it's fucking hard. And, like, for me personally, like I've stepped back so much from work because I'm just like "this is too much". I've got kids to look after. And even after stepping back from it, it's still a lot (Christina, practitioner).

Also linked to discussions surrounding family in the above subtheme (4.5.1 *Addressing Structural Inequality*), findings invite consideration of the intergenerational impact of inequality, whereby the emotional toll extends into practitioners' personal lives, affecting their families and children. This further highlights the need for systemic change, to foster intergenerational wellbeing beyond the individual.

Participants described the challenges inherent in undertaking emotionally demanding work, whilst also navigating systemic racism. Their words echo critical race theorists such as Taylor (2016), who argue that racism is infrastructural as well as interpersonal, shaping who carries is expected to provide care, who has access to rest, and who is most likely to experience exhaustion: *"I think generally there is an expectation for Black women to work hard and to be the carers and the nurturers and the supporters."* (Adina, practitioner). As discussed under Theme 2 (4.4.1), such findings speak to the gendered and racialised nature of emotional labour, whereby an expectation exists for Black women to support their communities and hold space for others, regardless of personal cost (Collins, 2000). State neglect is, in turn, normalised and sustained through the physical emotional labour of Black women, further entrenching the inequalities practitioners are working to address: *"I'm always like, 'well if the government did its job. I wouldn't be able to do this job, and I could do something else with my life completely'"* (Raven, practitioner).

Participants' burnout also links to *The Challenges of Caring from Experience* subtheme (4.4.2), whereby practitioners described the emotional toll of sharing identities with YP: *"Sometimes it's like, 'I see myself so much in this case that I'm probably overstepping boundaries'"* (Amaia, practitioner). This subtheme situates this emotional toll within its wider context, illustrating how burnout can be intensified within under-resourced settings with limited access to support. Participants linked the emotional complexity of their work with the need for robust support: *"We're struggling... And if we're those key people in these young women's lives, we need to be fully invested in as well"* (Toni, practitioner). Culturally affirming clinical supervision and reflective practice were named as vital spaces for navigating the psychological demands of their roles and buffering against emotional exhaustion: *"I'll be like, 'Oh, this has come up for me...I'm left feeling this way'. It can be anger...anything... Those...things enable me to do the job better"* (Lisa, practitioner). However, rather being than embedded within organisations as standard, appropriate forms of support were often dependent on multiple factors, such as the skill level of the person delivering such spaces, and the capacity and initiative of managers to consider the importance of representation and/or cultural sensitivity in this process, *"Don't, like, give me a clinical supervisor that doesn't understand this context, but let me pick who it is or bring forward people that are culturally competent"* (Christina, practitioner). Findings reinforce the need for consistent organisational responsibility, to ensure the wellbeing of racialised practitioners is not contingent upon their own labour or luck in finding culturally sensitive supervisors.

Another key element of practitioner support identified was the need for community, mirroring participant recommendations for Black girls and young women:

You need people. Practitioner communities where you can go and bounce ideas off other people...A lot of this work exists in vacuums and people sometimes [are] not wanting to share because of the limitations around budgets...People get protective. So, things become very siloed

and...it makes the work a lot harder. We need practitioner support, organisational support...because we're all aiming to one goal. (Raven, practitioner).

Participant accounts highlight how the scarcity created by under-resourced systems fosters a competitive, 'dog-eat-dog' context, limiting opportunities for collective care, and making knowledge-sharing more difficult to sustain. The effects of structural neglect are therefore far-reaching, costing practitioners their wellbeing in multiple ways. With this said, several practitioners described undertaking a journey, whereby they learned the self-sacrificial nature of their work could undermine its sustainability: *"Burning out doesn't serve anyone, so even if I think I'm being altruistic, it's like, 'okay, but if you burn out, you can't do this work... You're not helping anybody by running yourself into the ground."* (Adina, practitioner).

As a result of their experiences, participants questioned the internalised narrative that personal sacrifice is noble or necessary: *"I do enjoy what I do. And at the same time, I want to like still live a life that feels quite like happy and joyful"* (Adina, practitioner). This ethos was particularly apparent for YP, several of whom identified their efforts to care for themselves as both a personal and intergenerational act of resistance: *"Seeing how hard my mum works and like always giving and giving and giving. It's like, "OK, but then what's left for you?"I don't want to work that hard...I want my life to have more of a balance"* (Kaya, YP). Rather than accepting sacrifice as a condition of Black womanhood, such comments reflect a conscious departure from intergenerational patterns, and an attempt to break the cycles of what could be termed 'intergenerational burnout'. Participant accounts align with what Love (2019) describes as 'the abolition of suffering as tradition', challenging the idea that generational pain is inevitable or unchangeable. Through making these conscious choices, YP are therefore engaging in a broader political act of disrupting inherited trauma and reshaping cultural narratives, as well as attending to their own needs. For some, part of this process included resisting dominant cultural myths, such as the figure of the Black woman as perpetual saviour:

Like, not every issue is my problem. And I think sometimes like people take it upon themselves to be a changemaker and like, deal with every issue and it's just not for me. That's how I protect my well-being, because Black women are supposed to like, be for everyone. But then no one's for us.

(Kim, YP)

As Crenshaw (1991) and other intersectional theorists have argued, the burdens placed on Black women in Western cultures are structurally embedded. Through a process of critical reflection and boundary-setting, participants expressed a refusal to submit to these demands without reciprocal care, aligning with Lorde's (1988, p.125) notion that "caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare". Naming and rejecting these burdens is, therefore, in many ways, a radical act, separating the self from the deeply entrenched constructions of Black womanhood. With this said, 'self-care' was conceptualised differently across participants. Whilst some wished to prioritise self and distance from the collective struggle of Black women, a desire to move away from Western, individualising ideas of self-care was also articulated, with an emphasis placed upon community and collectivism. Participant accounts offered a challenge to mainstream narratives, which are often rooted in individualising capitalist ideologies and consumerism, instead positioning self-care as a collective and culturally grounded practice essential for sustaining wellbeing and resisting dehumanisation (Wyatt & Ampadu, 2022).

Relatedly, several participants located many of their challenges within broader capitalist structures, speaking to its isolating effects, whereby value and worth are tied to productivity and usefulness:

Our value can be placed on what we can give to other people rather than, like, an intrinsic... "we're just valuable because we exist". ...That's part of how the capitalist system keeps us separated and alone— you're so focused on just trying to survive... that you don't have the mental capacity to think about others or community. (Adina, practitioner)

Such accounts connect burnout to the structural violence of racial capitalism, again highlighting the inherently political nature of wellbeing. As Gilmore (2007) suggests, the production of vulnerability and exhaustion is central to how capitalism functions and sustains itself. In this context, engaging in self and collective care practices provides participants with a method of resisting both exhaustion itself, and the global systems of dominance that perpetuate it. Findings also show the limitations of capitalism in a more practical sense, including the limitations of short-term, externally imposed solutions, such as temporary funding cycles: *"But like, where's the... funding, it's for two years. Where's the long-term 10-year plan? Where's the 20-year plan? It's all so short term"* (Christina, practitioner). Participants emphasised that effective care requires structural commitment to resourcing Black communities and sustaining spaces where YP and practitioners are valued: *"We need sustainability"* (Toni, practitioner).

Overall, participants highlighted the connection between systemic neglect, capitalist survival, isolation, and burnout – articulating rest and boundary-setting as acts of survival and resistance in response to racialised extractions of labour. Their reflections offer a challenge to dominant conceptualisations of self-care and burnout as they are constructed under capitalism and within psychology, instead suggesting the need for radical political change.

4.6 Theme 4: Centring Love, Mutual Care and Non-Western Forms of Knowledge

This theme explores the need to fundamentally reframe approaches to the wellbeing of Black girls and young women, challenging traditional, Eurocentric models that often individualise and pathologise distress, instead embracing practices grounded in love, mutual care, and non-Western forms of knowledge.

Participants emphasised how acts of love, affirmation, and mutual recognition created the conditions for healing and self-development: *"[Community practitioners] see me for who I am and like, I'm loved. They don't ever question. It they don't ever make me feel no type of way about it."*

They're just like, yeah, "this is who you are" (Alexia, YP). In line with Black feminist pedagogical literature, which centres love as a political commitment to care, community and justice, these approaches were especially significant for Black girls and young women, who face ongoing hyper-surveillance, devaluation and neglect (hooks, 2000; Inniss-Thompson, 2024; Lorde, 1984).

Practitioners and YP tended to reject Western, individualised understandings of wellbeing, instead locating healing in relational experiences and cultural practices. Despite being born and raised in the UK, several participants described a strong sense of connection to their diasporic and ancestral roots, and the emphasis these cultures place upon community and collectivism: *"And even back home... I'm saying 'back home', I ain't even been yet (laughs), but back in Africa or where our, like, previous generations have come from... community... is really big"* (Amaia, practitioner). Their accounts echo Hall's (1990) concept of the 'diaspora experience', whereby a sense of identity is shaped through collective history and relational connection, rather than being tethered to one place. Invited to envisage a space for Black girls and young women with unlimited budget, participants invoked the significance of cultural and ancestral connection, *"I think it would be beautiful for young Black women and girls that haven't, maybe, been back home just to be like... touching the roots of that land"* (Amaia, practitioner). Their visions were largely centred upon joy, creativity, and sense of belonging rooted in shared culture, with safety and healing also considered: *"I would like space and land... like a safe protected space...where we're not having to worry about people"* (Adina, practitioner); *"...There'd be some creativity...Like, painting...dancing. We're going to eat. Maybe teaching each other different styles of cooking...Food is such a big thing, and music as well. It brings people together"* (Amaia, practitioner). Imagined spaces prioritised community, cultivation, and healing, as well as practical support:

So, there's spaces where it's about education and employment...there's a childcare section where people can bring their kids and don't have to worry about that. There's beanbags where people can chill...a gaming area...a movement area.... a yoga area. Just something holistic.. So, like

all the difficulties and...barriers can be...removed and... people can actually just exist without the negative parts that hold us back...And that will turn into so many things...dancing creativity, songs... jokes and banter. And yeah, like the freedom to feel without all of the noise. (Adina, practitioner).

In line with literature explored in the introduction, participants invoked images of culturally connected, holistically informed safe spaces for Black girls and young women, outside of the limiting white gaze (hooks, 1995; Kelly, 2020). The consistent message was that, with their stresses taken care of, Black girls and young women will be able to thrive and experience enjoyment to the fullest.

Beyond their imagined community spaces, participants drew on diasporic connections as a source of strength, healing, and resistance in the present. This involved a conscious rejection of individualistic Western frameworks, in favour of relational and cultural connection: *"A lot of African...backgrounds are a bit more collectivist in their approaches.... like, everybody's valuable because they are part of the group...Ubuntu...the idea that 'I am because you are' or 'we are'".* By drawing on worldviews that centre interconnectedness as a basis for self and collective care, participants offered a challenge to dominant therapeutic models that prioritise introspection and personal responsibility (Mbiti, 1990; Eze, 2010). The significance of community was echoed across YP interviews: *"[My organisation] builds community from scratch through trusted relationships... and that's what everyone is kind of missing right now"* (Candace, YP). This highlights the role of grassroots organisations in fostering community for Black girls and young women, otherwise identified as lacking by participants.

In addition to bolstering their practice, participants reflected upon the ways that the relational elements of their work facilitated mutual care between themselves and YP. Conversations with YP about hair and beauty rituals provided opportunities for cultural affirmation and trust-building: *"They see my hair and be 'Oh Miss, I like your hair today'...and we start talking about hair products... Sometimes these girls don't even have those conversations with their mum"* (Amaia,

practitioner). The informal nature of such exchanges appeared to disrupt traditional hierarchical models of practitioner/client relationships, as is often the case within statutory systems.

Practitioner, Christina, described her experience of facilitating a co-produced therapeutic group with Black girls and young women, whereby she and her co-facilitator undertook a process of ‘unlearning’ traditional professional boundaries:

And it was just, yeah, it completely changed the dynamic. Like, it completely changed the depth, the trust, the connection. And, you know, we went to places, we were no longer separate... We were moving together. It was beautiful.

Like Christina, several participants appeared to reject Western psychological models that prioritise detachment, instead embracing an “ethic of care” (Collins, 2000; Gilligan, 1982), and redefining what it means to be professional: *“Being in community is about us experiencing joy from other people as well... And we see these girls as people, as we sit down together”* (Natalie, practitioner). Some explicitly named the limitations of mainstream psychological interventions, reflecting on their experiences with white mental health professionals: *“Some of the things that they say you take with a pinch of salt, knowing they have a Western perspective”* (Kaya, YP). Findings show how culturally different upbringings are may lead to ineffective solutions for managing distress: *“They tell me to put in boundaries with my family...(laughs). They don’t know what it’s like for us”* (Kaya, YP). Findings suggest the need for decolonial approaches to care that do not universalise Western norms or overlook the cultural contexts of those they serve (Fanon, 1967; Mills, 1997).

The flexibility of grassroots organisations was also celebrated, further highlighting the need for non-traditional approaches to support: *“Even when I sometimes have to take breaks, I know I can come back, and it will always be the same”* (Angel, YP). This contrasts with the protocols of traditional mental health services, which tend to discharge YP when they miss sessions, often

framing this as indicative of a lack of motivation or commitment to treatment, rather than considering potential social and structural barriers (Wilson & Beresford, 2000). Findings highlighted the need for *“co-production... But actual co-production”* (Toni, practitioner), meaning co-constructed, flexible approaches to therapeutic interventions, rather than the often co-opted or tokenistic use of the term commonly seen in practice (Needham & Carr, 2009). Practitioners described the success of co-produced interventions offered by their organisations: *“It's free flowing, and it doesn't even have to be so structured. They're in the lead...It's just a space for them to come. They might not want to talk one day. Or they might want to, you know, but just actually having that space to do whatever they want”* (Toni, practitioner). In line with Black feminist pedagogical literature, participants overwhelmingly emphasised the importance of creating environments where YP feel in control of their care, to foster healing and engagement (hooks, 2012).

Also linked to Theme 2 (4.4), mentorship involving shared identity was shown to be a vital form of support, affirming the identity of Black girls and young women and fostering their growth: *“Having someone that...showed me how to navigate the system...I learnt a lot that my parents wouldn't have been able to teach me...because obviously my mum's, like, a first-generation migrant”* (Kaya, YP). Participants drew attention to the layered struggles that can affect Black communities, but also the kinship-based support community practitioners can offer (Yosso, 2005). This, and other relationships described, reflect Black feminist and diasporic traditions of intergenerational knowledge-sharing, whereby wisdom is passed on through relational and experiential connection, as opposed to institutional hierarchies: *“Being able to hear from *practitioner * [about] her own life experiences... that kind of helps put things...into perspective...It makes it feel like, “ok it's not the biggest thing in the world”, because someone else is also going through it”*. The same participant added, *“Because it's like it's hard to tell someone that you learned something without telling them how you learned it”* (Candace, YP, see also: Combahee River Collective, 1977).

As sites where love, mutual care, and non-Western knowledge are emphasised, the community spaces described by participants appear to represent Black feminist pedagogy in action. Participant accounts echo Audre Lorde's (1984) assertion that genuine connection, especially among Black women, is an act of political resistance, disrupting systems that thrive on disconnection, hierarchy, and marginalisation. Their words demonstrate the need to centre love, relationality, cultural and community knowledge in supporting the wellbeing of Black girls and young women.

Chapter Five: Discussion

5.1 Chapter Overview

This chapter summarises the key findings of the study, discusses clinical and policy-level implications, strengths and limitations, and provides suggestions for future research. Though key findings were contextualised in existing literature and theoretical frameworks in the previous chapter, this chapter draws upon further research to do the same where necessary. The chapter concludes with my personal reflections on the project.

5.1.1 Revisiting the Research Questions

This research aimed to explore the factors that shape the wellbeing of Black girls and young women, and the role community organisations and practitioners play in supporting this. Findings addressed the following research questions:

- What wellbeing support do community and grassroots organisations offer to Black girls and young women?
- What role do community and grassroots practitioners play in supporting the wellbeing of Black girls and young women?
- What are the key factors that contribute to the wellbeing of Black girls and young women?

5.2 Summary of Findings

This study has made explicit the links between structural inequality and wellbeing, echoing wider literature that positions systemic racism and social inequality as key determinants of mental health (Gilmore, 2007; Farmer, 2004; Goff et al., 2014). Findings have built upon limited UK-based research, highlighting how systems of oppression such as racism, sexism and adultification, intersect to limit Black girls and young women's aspirations, negatively impact their wellbeing and shape processes of identity development. Colonial stereotypes framing Black women and girls as angry, strong and hypersexual were found to permeate participants' lives, influencing their day-to-day experiences, interactions with systems, and help-seeking behaviours (Acquaah & Ville, 2024; Watson-Singleton, 2017).

Aligning with existing literature exploring the views of racialised groups, including findings from the SLR, participants expressed feelings of scepticism and mistrust towards statutory mental health services, rooted in histories of neglect and epistemic injustice (Ncube, 2006; Prilleltensky, 2008). In the absence of appropriate statutory support, community organisations were found to play a vital role in supporting the wellbeing of Black girls and young women, offering flexible and culturally-informed care, including co-produced interventions, advocacy, liaison with statutory services, and material and emotional support. Fundamentally, they were shown to provide safe and affirming counterspaces within broader systems of neglect and marginalisation, where Black girls and young women can receive the care they need and foster a positive sense of identity without needing to translate or *'teach'* professionals lacking cultural awareness or racial literacy (Akel & Iyere, 2023; Innis-Thompson; hooks, 1995; Price-Dennis et al., 2017). Findings also provided further insight into issues faced by community organisations, including under-resourcing, staff burnout and scarcity of long-term funding. Although the challenges of supporting marginalised groups are well-documented (Local Government Association, 2013), participants built upon existing literature,

describing the *'hard sell'* that comes with supporting Black women and girls specifically, and how this mirrors their broader experiences of marginalisation and neglect.

The knowledge and expertise held by community practitioners was found to be central to cultivating supportive environments for Black girls and young women, and therefore supporting their wellbeing. Practitioners' ability to develop relational safety, foster trust, and engage Black girls and young women with sensitivity and authenticity was apparent across the data, building upon existing literature recognising their skills in engaging marginalised communities (Drake et al., 2014; Williams et al., 2020). Findings illustrated the transformative potential of grassroots practice, with practitioner approaches simultaneously supporting Black girls and young women's wellbeing at an individual level, challenging wider societal discourses and moving away from deficit-based models of care. In line with Black Feminist Thought (Collins, 2000), more specifically, Black Feminist pedagogical literature (hooks, 1994; Lane, 2018), participants described the most transformational relationships as those which centred love, cultural affirmation, and mutual care.

Shared identities and lived experiences between Black girls and young women and practitioners were also celebrated, contributing to a sense of trust and comfort, and enabling YP to sidestep the emotional labour of having to explain their racialised experiences (Ahrens et al., 2011; Deutsch & Spencer, 2009; Munson et al., 2010; Spencer et al., 2016). Rather than pathologising or distancing themselves from the Black girls and young women they support, practitioners drew upon shared experiences as a source of *'situated expertise'*, using them to connect and strengthen relationships (Smith, 2013). In doing so, they embodied Black feminist pedagogy, challenging dominant assumptions about neutrality and objectivity in care work (hooks, 1994). Findings reflect wider literature suggesting adult mentors who share aspects of their backgrounds or experiences with marginalised YP may be uniquely positioned to connect with and support them (Albright et al., 2017; Manuel et al., 2018; Munson et al., 2015; Spencer, 2006). At the same time, these similarities also introduced a layer of complexity, including the potential for overidentification and contribution

to burnout, based upon practitioners' own lived experiences (Meltzer et al., 2016). Moreover, the emotional labour involved in supporting Black girls and young women was found to echo wider racialised and gendered narratives surrounding Black women, with practitioners implicitly expected to embody nurturing roles— supporting others, often at a detriment to themselves.

Despite the challenges identified, findings also supported literature which speaks to the creativity, resourcefulness and determination of Black girls and young women (Chioneso et al., 2020; Kelly, 2020). Yosso's (2005) Community Cultural Wealth framework is particularly applicable in this context, and can be used to highlight the strengths and resources, or 'capital', apparent within the lived experiences of Black girls and young women and those who support them. Participants' accounts reflected multiple forms of capital, including aspirational capital in their visions for joyful, culturally rooted spaces; social capital in the networks fostered by community organisations; and familial capital in the intergenerational knowledge shared between YP and practitioners. These forms of cultural wealth simultaneously challenge dominant, deficit-based narratives surrounding Black communities, whilst emphasising the need for culturally sensitive and community-led care.

In summary, by drawing on embedded community knowledge and practitioner expertise, community organisations were found to play a significant role in fostering the wellbeing of Black girls and young women. With this said, although individual and community-level support was described as protective, findings made clear that no intervention is sufficient without challenging the root causes of harm. Arguably therefore, the most crucial factor in fostering the long-term wellbeing of Black girls and young women is structural change – moving beyond individualised understandings of wellbeing to address the material and structural conditions that produce and sustain inequality (Ginwright, 2018; Ladson-Billings, 1995).

5.3 Implications

Findings from this study have demonstrated the need to radically reconceptualise how the wellbeing of Black girls and young women is understood and responded to, viewing it through a structurally embedded, politically informed lens, rather than an individual one. The following section draws on principles from community and liberation psychology, alongside Black feminist and decolonial approaches, to discuss the study's implications for understanding and responding to the needs of Black girls and young women (Martín-Baró, 1994; Kagan et al., 2011). Although these approaches have traditionally been associated with community-based work, they are also highly relevant across statutory contexts, including education, mental health, and social care. Fundamentally, they recognise distress as a response to intersecting forms of structural oppression, centring relational and community-led healing and systemic change. Community psychology, in particular, provides an ecological, multi-level framework for understanding the individual, relational, and structural dynamics that shape wellbeing (Kagan et al., 2011; Nelson & Prilleltensky, 2010). Using this approach, I will now outline implications for those working both directly and indirectly with YP, with clinical recommendations at relational⁴ and staff levels, and policy and commissioning-level guidance. Readers are encouraged to embrace the contradictions and tensions of these implications, seeing this as reflective of the complexity and deep rootedness of the issues affecting Black girls and young women.

5.4 Relational and Staff-Level Implications

5.4.1 Alternative Forms of Support

Much of the literature which considers multi-level systemic approaches to healing refers to 'individual' level interventions (Cook et al., 2024; Stokols, 1996). I have used the term 'relational' to capture the relational and collective nature of wellbeing, as described by participants.

Findings from this study highlight the collective and relational nature of wellbeing, emphasising the transformative potential of practitioner/YP relationships and the importance of safe, affirming spaces for Black girls and young women. Findings therefore point to the need for more inclusive definitions of care and healing, and a disruption of traditional hierarchies that often shape support services (McInnis, 2020). Participants articulated the value of safe and affirming spaces which prioritise non-Western, community-based forms of support – such as creative expression and intergenerational dialogue – describing them as meaningful and therapeutic. In practice, this *could* involve facilitating regular spaces that centre mutual care, power-sharing, and accessibility, within non-clinical settings. However, even with the findings from this study, this is not for me to prescribe – developing tailored and supportive interventions will require further community-informed research, and meaningful co-production alongside Black girls and young women (see 5.5.2 *Youth-Led Intervention and Co-production*).

5.4.2 Challenging Inequality and Oppressive Practice

When working with groups whose wellbeing is shaped by systemic oppression, professionals across statutory settings have a responsibility to understand and address the conditions that shape their lives. Participants in this study reported discriminatory experiences across education, health and social care settings, which inevitably impacted their wellbeing. This demonstrates the urgent need for statutory professionals to develop their understanding of Black girls and young women's needs and experiences, both generally and specific to the locality/environment in which they are supporting them. To meaningfully do this, it will require, beyond the often-suggested anti-racist, trauma-informed, and culturally responsive training, critical self-reflection, inclusive research practices, and meaningful integration of anti-oppressive, power-sharing approaches into everyday practice.

Findings have also built upon existing literature which shows that YP value adults who demonstrate authenticity, reliability, genuine care, and understand the complexities of their lives (Ahrens et al., 2011; Deutsch & Spencer, 2009; Greeson & Bowen, 2008; see also SLR findings), suggesting the need for professionals to build relationships that actively counter systemic harm. Professionals are therefore called to use their influence at relational, organisational and systemic levels – whether through service design, policy engagement, supervision, or everyday decision-making – to challenge inequities, and support the wellbeing of Black girls and young women in meaningful, sustained ways. This might involve advocating for equitable access to resources, challenging exclusionary or discriminatory institutional practices, and, again, seeking to disrupt traditional professional hierarchies. Remaining neutral in response to structural injustice risks reinforcing the harms that are negatively affecting the wellbeing of Black girls and young women.

5.4.3 Practitioner Support

With burnout identified as a pressing concern, there is a need for ongoing, tailored support for practitioners, particularly those who share marginalised identities and lived experiences with the YP they support. This is not limited to community practitioners, but includes all who provide direct support. Echoing research which speaks to the importance of support for frontline staff more generally (Wallbank, 2025), it is likely that this will enable practitioners to respond more critically and compassionately to the needs and experiences of Black girls and young women, whilst also sustaining themselves in their work (Davies, 2024). Findings from this study have highlighted the value of spaces that support reflection and reflexivity, including clinical supervision, to enable practitioners to examine and tease apart the challenges that arise from shared identities and experiences. Supervision and reflective spaces should therefore, where appropriate, support exploration of wider inequalities, and the intersecting aspects of identity that influence practitioners' work and wellbeing. Those offering support to practitioners are strongly encouraged

to engage in ongoing, critical self-reflection around positionality and power, recognising the emotional labour such roles can involve, and the sociohistorical context of these challenges.

5.5 Policy/Commissioning-Level Implications

5.5.1 Mental Health Service Considerations

Findings from this study have invited considerations specific to mental health services, raising important questions about their relevance and suitability in meeting the needs of Black girls and young women. Given the mental health system's historical entanglement with colonialism and its continued reliance on Western models of knowledge and healing, there is an evident need to re-evaluate what is considered legitimate care. In addition, within medicalised systems such as the NHS, where knowledge is often framed through diagnostic and objectivist lenses, clinical psychologists and other professionals are frequently positioned as 'experts' – a role that reflects Eurocentric and middle-class norms (Harper & Speed, 2012). This positioning risks reinforcing hierarchical power structures that may marginalise YP's voices and perpetuate epistemic injustice. In light of participants' articulated need for relational, culturally responsive, and identity-affirming support – largely aligned with Black feminist approaches – there is a strong case for policy-level investment into alternative models of support. This includes the redistribution of resources towards grassroots and community-led initiatives that already hold the trust of local communities and provide the types of safe, non-hierarchical, and affirming spaces that mainstream services often fail to offer. Such investment would reflect a shift towards valuing community knowledge and promoting forms of care that centre collective wellbeing, creativity, and liberation.

At the same time, whilst recognising that statutory mental health systems may not always be well-suited to the needs of Black girls and young women, it remains imperative that this population have equitable access to support, otherwise, their exclusion is further reinforced. Findings from this study, including the SLR, strongly suggest the need to improve the delivery of

existing statutory support services– both to support the wellbeing of Black girls and young women at an individual level, and begin to address the systemic harm and inequality they face. To do so, statutory services may wish to partner with community organisations that successfully engage Black girls and young women through their relational and culturally informed work. Rather than attempting to co-opt or replicate these approaches, services should consider collaborating with and supporting these organisations to extend their reach and impact, and to learn from their knowledge and expertise (Maynard, 2021; Innis-Thompson, 2024). Policymakers and commissioners are therefore encouraged to prioritise funding for collaborative initiatives that strengthen the statutory offer, whilst valuing and respecting community-based expertise (Maynard, 2021; Innis-Thompson, 2023).

5.5.2 Youth-Led Interventions and Co-Production

Despite an increasing awareness of the disparities racially minoritised groups face in accessing support – particularly mental health support – there remains limited guidance on how these inequities might be addressed in practice or how services can be restructured to more effectively meet the needs of those they serve (Children’s Commissioner, 2021; NHS Digital, 2022; Khan, 2022; Mental Health Foundation, 2021). Moreover, the voices of those with lived experience of racism or other forms of marginalisation are often missing from the design, delivery, and evaluation of statutory service provision (Children’s Commissioner, 2021; Younis & Jadhav, 2020). In this study, participants spoke to the importance of YP being in the lead when it comes to their support, emphasising the need for projects and services which are shaped by the voices of Black girls and young women. This must therefore also be considered during commissioning cycles, ensuring Black girls and young women are heavily involved at every stage, and paid for their contributions (Bell & Pahl, 2018). This is likely to require investment into wraparound models of care that attend to the holistic needs of Black girls and young women and practitioners, and establishing infrastructure for meaningful co-production within organisations. It would also involve drawing upon the knowledge of

Black girls and young women in shaping priorities, decision-making, and the development of evaluation frameworks – likely decentring narrow outcome measures to value relational, creative forms of support and impact (Allen et al., 2019). These ways of working align with core principles of community psychology, which emphasise the redistribution of power, and the centring of marginalised voices in the design and delivery of care (Kagan et al., 2011; Nelson & Prilleltensky, 2010).

5.5.3 Sustainability

Findings, alongside existing literature, have shown that community organisations provide consistent, culturally sensitive care to Black girls and young women in a context of structural neglect (Flanagan & Hancock, 2010; Williams et al., 2020). However, they remain chronically under-resourced, and projects are often short-term (Local Government Association, 2023). Practitioners in this study voiced the need for secure, long-term funding, so they can offer sustainable support to YP without the constant pressure of resource scarcity or service disruption. Since community organisations have been found to buffer the effects of structural harms such as racism, poverty, and adultification, their precarity reflects a wider systemic withdrawal of care and protection from marginalised communities (Crenshaw, 1991; Gilmore, 2007). To facilitate sustained community wellbeing, funders and commissioners are urged to consider funding long-term projects over a number of years, which will allow organisations to provide consistent support without the instability of short-term funding cycles. This would involve placing trust in community organisations to deliver or co-deliver services and projects, while actively resisting the tendency to overlook their knowledge and expertise (Agboola & Firmin, 2024; Local Government Association, 2023). In partnership projects, this would require ongoing critical reflection upon power, possibly aided by robust partnership agreements. Fostering equitable support may also require streamlining of reporting and application processes to make funding more accessible to grassroots organisations, especially those without dedicated administrative capacity, alongside ongoing investment into practitioner support

to prevent burnout and other forms of harm. Sustainability investment may also help to facilitate practitioner wellbeing, alleviating the scarcity mindset described by participants to some extent, allowing them to connect, build community and sustain each other.

5.6 Critical Evaluation

This study begins to address a significant gap in UK-based literature, offering an in-depth, qualitative exploration of the views and experiences of Black girls and young women and the community practitioners who support them. Although the intention of the research is not for findings to be generalised, they have offered a nuanced exploration of the needs and experiences of an extremely under-researched population. Moreover, findings challenge deficit-based narratives and the common framing of marginalised YP as 'hard to reach' (Flanagan & Hancock, 2010), demonstrating that with thoughtful and considered research practices, they will provide meaningful and necessary research contributions.

The study also utilised a community-centred and strengths-based approach, centring collective care, resistance, and the knowledge and resources already held within Black communities, as opposed to trauma-focused or pathologising narratives, as is often the case. Through its grounding in Black Feminist Thought, this thesis centres love, relationality, and intergenerational wisdom, concepts often excluded from mainstream clinical and research discourse. The cross-generational approach to data collection has also provided a rich and layered understanding of the wellbeing of Black girls and young women that draws on multiple forms of knowledge, highlighting the importance of intergenerational dialogue, and challenging age-based hierarchies in research (Kellett, 2010; Pain, 2004). Finally, the study's critical methodological approaches have encouraged a move away from individualising narratives surrounding mental health and traditional power hierarchies, with significant implications for improving psychological care, through culturally sensitive, anti-racist, and community-embedded approaches.

Despite providing a valuable contribution to an under-researched area, this study is not without limitations. Firstly, the recruitment strategy, which involved approaching community organisations directly, may have biased the sample by including individuals who were actively engaged with this support and therefore likely holding positive existing relationships with practitioners. These participants may hold different views than those who may not want to access, or have disengaged from community-led support – which may have limited the diversity of perspectives captured. Furthermore, although I remained transparent about my positionality, my insider/outsider status will have undoubtedly influenced elements of the research process, such as how participants responded during data collection and/or what was prioritised in interpretation (DeLyser, 2001). With this said, situating the research within an integrated Black feminist and social constructionist epistemological framework allowed me to embrace the subjectivity inherent in the interpretive process. Peer debriefing was utilised to share findings with my supervisory team, consultants and doctoral colleagues, facilitating critical dialogue around the analysis (Lincoln & Guba, 1985).

There was also scope for greater service user involvement throughout the research process. Longer term investment into relationship development with community organisations may have meant consultants were more likely to stay engaged, though it is likely this would have required a period of months to be meaningfully undertaken. Similarly, greater investment into relationship building may also have influenced participants' choice of participation, increasing the likelihood of in-person engagement. Although online interviews provided flexibility, this may have supported richer findings by allowing for greater rapport, creativity, and participant comfort (Braun & Clarke, 2013; Clark, 2010).

5.6.1 Assessing the Quality of the Current Research Project

Academic literature requires critical appraisal to assess its credibility, relevance, and contribution to knowledge (Booth et al., 2016). As discussed in the SLR, conceptualisations of

reliability, validity, and replicability are largely rooted in a positivist paradigm (Rolfe, 2006). For this reason, I am employing the same critical appraisal framework informed by Collins (2000), Crenshaw (1991), Few et al. (2003) Smith (2012), and Tracy (2010), as utilised in the SLR⁵. The framework (see Table 13) was completed in collaboration with the project's supervisory team to ensure reflexivity and minimise bias.

Table 15

Critical Appraisal of Current Study

⁵ The ordinal scale was not used. This was deemed necessary in the SLR only to provide a measure by which to include or exclude studies (Higgins et al., 2021).

Area of Appraisal	Explanation	Discussion
Worthiness	<p>Is the study socially and politically relevant?</p> <p>Does the study contribute to theory, practice, or social change?</p>	<p>Literature reviewed in the introduction and SLR identified a gap concerning BGYW, and a need for practitioner perspectives.</p> <p>Study centres voices and other forms of knowledge which are often marginalised.</p> <p>Study contributes to statutory and community practice, offering cross-generational perspectives on the wellbeing of BGYW.</p> <p>In the context of society and psychology now, the study is politically and socially relevant.</p> <p>Theoretical frameworks and literature drawn upon offer a critique to traditional ideas surrounding mental health, therefore contributing to more equitable academic and psychological literature.</p>
Positionality and reflexivity	<p>Does the researcher acknowledge their own social positioning?</p> <p>Has the relationship between the researcher and participants been adequately considered?</p>	<p>Ongoing consideration of researcher positionality and ownership of position.</p> <p>Epistemological stance embraces subjectivity - the goal is not to remove it entirely. My own subjectivity is informed by lived experience as woman of Black-mixed heritage and a person with experience in the YCS.</p> <p>Steps taken to critically reflect upon positionality and its influence upon the research process</p>

(collaboration with supervisors, reflective diary, conversations with peers/ colleagues).

Scope for further reflection upon identity as 'outsider' – i.e. myself as representative of academia/ psychology.

Personal consideration has been given to the challenges and tensions of this (both individually and with supervisory team) and the impact upon me, but this is less articulated in this study.

Intersectionality	Does the research consider issues such as race/gender/class/systemic oppression?	<p>Study extensively considers the intersections of race, gender and class. Some exploration of neurodiversity and age, but scope for other areas of identity to be explored in more detail. Could also have interrogated social construction of gender further.</p> <p>However, important to be realistic about the ability to honour each intersection without reducing depth and diluting findings. An entire separate project would be needed to meaningfully explore the needs and experiences of the Black trans community, for example.</p> <p>Cognisant of my role in shaping questions/ analysis and therefore information gleaned. At the same time, findings were also participant led, so would have been reflected in themes if it arose.</p>
Ethics and power	Is the study ethically engaged with participants?	I shaped ethics based upon BPS guidelines (2014), Black feminist considerations, feedback from the study's research consultant and my own lived

experiences. This was approved by UH ethics board. However, who decides what is 'ethical'? How would it look different if the ethics process was informed instead by the community, or if it drew upon an 'ethic of care', in line with Black feminist literature (Collins, 2000)?

Further recognition of limitations of university processes in co-production/ relationship building processes. For example, needing to have a fully formed research question before being able to submit ethics and access organisations/ participants.

Reflection given to my own power and outsider status, however scope for more of this. Recognition that people may not want to engage with the research based upon histories of harm within psychology and academia. Issues addressed around benevolence of qualitative research.

Recognition that research processes are fundamentally extractive. Renumeration considered to try and mitigate this to some extent – extra funding applied for. Practitioner interviews were held during workday so that they could be paid for their time. At the same time, I was paid a Band 6 salary – likely more than practitioners and definitely more than YP who were given vouchers. Money is not the only indicator of power, but there was also personal

gain for myself as this will contribute to the awarding of my doctorate.

Richness and rigour	Does the study use adequate data and depth?	<p>Interviewing 22 people generated adequate data.</p> <p>Methods allowed for generation and analysis of in-depth qualitative data, producing rich transcripts. Participants discussions were layered – discussion of historic and current experiences, future, society, etc.</p> <p>Thought given to setup of interviews facilitated comfort which likely allowed for richer data.</p>
Clarity of findings	Are the findings stated clearly and accessibly presented?	<p>Methodology allowed for development of four overarching themes, which were clearly presented.</p> <p>Accessible for academic piece of research, but not outside of this setting. Language to be reviewed for dissemination.</p> <p>Presenting findings of this nature is complicated – some ownership of this in discussion.</p>
Transformative potential	<p>Does the research seek to disrupt inequality?</p> <p>Does the research call for wider change?</p>	<p>Has drawn attention to trickle-down effect of wider structural inequalities upon mental health and wellbeing of BGYW and upon community practitioners/ organisations, therefore calling for wider systemic change.</p> <p>Epistemological stance attempts to decentre dominant ideas surrounding mental health and academia.</p> <p>Study exists within parameters of academia. However, there was greater scope for co-production/ PAR to increase equity and co-</p>

constructed knowledge (with some recognition of institutional limitations).

Findings have implications for future practice (my own as a psychologist and that of others).

5.7 Future Research

This study has highlighted the need for research that values community knowledge, challenges dominant paradigms, and centres the voices of Black girls and young women. With this said, it is important to recognise that, whilst practitioners were able to articulate phenomena such as structural inequality and institutional racism with clarity, not all YP (particularly those who are still children) may have the language or conceptual frameworks to describe these experiences. Marginalised YP, in particular, may internalise such dynamics without recognising or naming them until later in life (Epstein et al., 2017; Davis & Marsh, 2020). Use of Participatory Action Research (PAR) may help to address this, by centring lived experience, relational meaning-making, and creative expression over academic discourse (Cahill, 2007; Cammarota & Fine, 2008). PAR approaches can also challenge extractive research models and promote epistemic justice, positioning Black girls and young women and their communities as leaders in shaping knowledge and interventions, and therefore challenging historical marginalisation in research (Cammarota & Fine, 2008). This may be a helpful approach to progress the current research and begin to co-produce interventions alongside Black girls and young women. Longitudinal or follow-up research could also provide a deeper understanding of how YP's needs shift over time, and the ways that their articulations evolve as they grow older.

There is also a need to reach communities that are further marginalised than those who were included in this study. This includes communities facing additional intersectional forms of violence

and oppression, for example the Black trans community, or asylum-seeking/ refugee populations. It will also be important to reach those who are not currently receiving support from community organisations, to address their specific support requirements, as well as those younger than 16, who are often further excluded from research (Liebenberg et al., 2020). This project was also London-based, representing a unique sociocultural landscape compared to the rest of the UK, with increased diversity and concentration of youth organisations (London Youth, 2017). Future research should consider exploring the needs and experiences of Black girls and young women outside of London, given the current political climate and events such as the 2024 race riots, which predominantly affected less diverse areas of the UK (Race Equality Foundation, 2025).

With regards to practitioners, their expertise could be further drawn upon in the development of tailored and holistic interventions for Black girls and young women, or future research could involve a more detailed exploration of the support required to most effectively support them.

5.8 Dissemination Strategy

To honour the contributions of those who took part, and to impact change where possible, it will be important for findings to be disseminated widely. The project's research consultant will be assisting with this process, supporting me to develop creative and accessible ways to share findings, and where to disseminate.

I will be sharing the research within the academic field, approaching journals such as the *Journal of Critical Psychology, Counselling and Psychotherapy*, and the *Journal of Black Psychology* for publication. Any research published will be open access to increase accessibility. I will also be presenting the findings at UH's DClInPsy Research Conference in September 2025, and any additional relevant conferences, with the aim of reaching psychologists and other professionals supporting YP.

With a recognition that the language used in this thesis is largely inaccessible, I will be creating accessible research summaries for community organisations and statutory services, circulating these on social media, and submitting to policy and practice forums.

YP also advised during data collection, that they would like the findings to be shared with schools, social care and statutory mental health services, so I will begin by sharing accessible summaries with agencies with whom I have existing connections, and work alongside my existing networks to identify further opportunities.

5.9 Final Reflections

Despite the expected stresses of writing a thesis, I have greatly enjoyed the process of conducting this research. Although I anticipated that it might stir up difficult feelings, overall, the process felt healing and restorative for me. There were moments where I felt triggered, or saddened at the absence of my own community growing up, but I felt happy to know that, despite their challenges, Black girls and young women are being held and supported in the ways they deserve, at least in one setting.

The epistemological positioning helped me to conduct the research in a way that aligned with my values of authenticity and accessibility. I also found the interview process to be special and sacred, and the interactions I observed between participants were beautiful. Seeing the relational connections described by practitioners enacted and developed between them in real time was such a clear indication of the authenticity and integrity of the care they provide.

I also realised throughout this process how much I uphold Western and psychological language, which was humbling for me as I consider myself a critical thinker! I also went through a journey of interrogating my own relationship with 'professionalism', when I found myself using terms such as 'personal' vs 'professional' and wondering why I felt the need to make that distinction. The same issue came up when I first considered including images in my thesis, wondering whether it

would be 'de-professionalising' my work to some extent. Overall, the process pushed me to trust in my own capabilities and maintain my own authenticity, as I wish to throughout the rest of my career. I hope I can look back at this in 20 years, having grown and developed, but still maintaining that commitment.

5.10 Conclusion

Drawing upon cross-generational community knowledge, this thesis has explored the factors required to support the wellbeing of Black girls and young women, and the role of community organisations and practitioners in doing so. Findings build on existing literature, also responding to the scarcity of UK-based research, highlighting the ways that systemic oppression permeates the everyday lives of Black girls and young women.

Adopting Black feminist and critical qualitative approaches, the research has challenged deficit-based and individualised models of mental health, instead centring alternative frameworks of care that value cultural knowledge, collectivism, and disruption of traditional clinical hierarchies. Findings have also drawn attention to the emotional demands placed on Black female practitioners, reflecting wider structural inequalities and historical tropes surrounding Black women.

Overall, the study calls for a radical shift in how mental health is understood and responded to – moving away from individualised responses and towards approaches that recognise and address structural causes of distress, affirm cultural identity, and centre community knowledge. This includes valuing the role of community organisations, investing in long-term support, and adopting anti-oppressive, intersectional, and co-produced practices across policy, research, and clinical settings. Without this change, services risk reinforcing the inequalities they aim to address.

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Appendices

Appendix A

Extracts from Research Journal

29th March 2025
Reflecting upon role of clinical psychology in supporting BGM.
Is there space for it? A need?
Can we deliver what they need within the capacity of a clinical psychologist? They seem anti-theoretical I suppose it's about utilising the power we had to make changes @ multiple levels.
Need to interrogate my relationship with power.

17/10/24
Dilemma
Wondering whether to expand the participant age range as lots of ppl are coming back to me saying they support gns + yw under 16.
If I do that, the age range will be extremely broad + the findings might get diluted. But if I don't, am I excluding important voices? We hear from under 16s even less than the rest!
Going to talk it through with supervisor + peers. - Reflecting upon my tendency to want to do it all + help everyone at all times. There will be other chances to hear from younger pcps!

Appendix B

Ethical Approval for Study



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Jessica Davies
CC Dr Rachel McKail
FROM Dr Simon Trainis, Health, Science, Engineering and Technology ECDA Chair
DATE 22/08/2024

Protocol number: **LMS/PGR/UH/05785**
Title of study: Understanding what works to support the wellbeing of Black girls and young women

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Hannah Alghali

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 22/08/2024

To: 30/06/2025

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix C

Ethical Approval Following Amendment to Include Trusted Workers



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Jessica Davies
CC Dr Rachel McKail
FROM Dr Simon Trainis, Health, Science, Engineering and Technology
ECDA Chair
DATE 15/10/2024

Protocol number: **aLMS/PGR/UH/05785(1)**

Title of study: Understanding what works to support the wellbeing of Black girls and young women

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Hannah Alghali

Modification:

Amendment to EC6 consent form, originally for parents, carers and guardians, to now include 'trusted workers', as detailed in the approved EC2 application.

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 15/10/2024

To: 30/06/2025

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix D

Participant Information Sheet – Young People



Participant information for young people

UNIVERSITY OF HERTFORDSHIRE

University of Hertfordshire **UH** Ethics Committee FORM ECG

Understanding what works to support the wellbeing of Black girls and young women

You are being invited to take part in a study. Below I will explain more about myself, why I am doing this piece of research, what it means for you if you decide to take part, what your choices are as a participant and what you can expect throughout the process of this project.

Before you decide whether you want to take part in this study, it is important that you understand what it is about and what would be needed from you. Please read this information sheet carefully and get in touch with myself or your contact at **(INSERT ORG)** if anything is unclear.

Who am I?

My name is Jess, and I am training to become a Clinical Psychologist. I have worked a lot with young women and I think there need to be more support available that caters to the unique and specific needs of Black girls and young women. Being Black mixed race myself, I am passionate about supporting this to happen. I hope that conducting this research can be one way of doing so.



Why am I doing this?

I will be writing a paper about what helps to support the wellbeing of Black girls and young women. You have been asked to take part because I would like to hear directly from you. I am hoping to gather opinions across a range of ages and experiences. I am also going to speak to practitioners who work with and support Black women and girls. The goal is to come up with a model of recommendations for organisations to learn from, and potentially draw upon when applying for funding.

Can I take part?

You can take part if:

- You are between the ages of 16 and 25
- You identify as Black or Black mixed race
- You attend a community organisation in London (and have done for a minimum of three months)

What will happen if I take part?

If you decide to take part in this study, you will be asked to attend a group session at the **(INSERT ORG)** space, or another organisation's space in the local area. The session should last approximately 90 minutes, with break(s) in between. The session will be held with between 2 and 6 other young women and girls who attend **(INSERT ORG)** or another organisation in the local area. If the session cannot be held in person, there will be an option for it to take place online. I will try to be flexible and respond to what you prefer - either online or in person.

I will be asking you questions about your experiences of being a Black girl/ young woman and how they may have impacted upon your wellbeing. We will also be thinking about what currently helps your wellbeing, what else might help, what you enjoy and what helps you to feel good. There will be opportunity to share both verbally out loud and through other, more creative ways, depending on what you prefer.

If you do attend a session online, I ask that you have your camera on, ideally for the entire session. If this is not possible, I ask that you have your camera on at least at the start of the session, so that the other people in the group can know who they are speaking with and feel more comfortable.

You will receive **(INSERT AMOUNT)** for your time! Your travel to to the space will also be covered (up to £10).

What are the possible advantages and disadvantages of taking part?

Your voice is so important. I hope that this study can open further conversations about the unique needs and experiences of Black girls and young women, and encourage services and funders to think about what is needed to support you. Some of what you say may be anonymously included in a report that I hope to get published, which means it may be read by people with some power and influence.

I hope that taking part will be a positive experience for you. However, it is possible that conversation topics will come up that are difficult, or that others may share experiences which are difficult for you to hear. I will do what I can to make the experience as comfortable and enjoyable as possible. You can always let me know if there is a topic you don't want to talk about in depth, and I will never push you to keep talking about upsetting topics. You will also be supported by staff at **(INSERT ORG)** afterwards, if necessary.

How will my taking part in this study be kept confidential?

You will be sharing your thoughts as part of a small group, so those people will hear what you have to say, but you will be asked not to share anything that other people say outside of the group.

If the session takes place in person, I will be audio recording the session, then transcribing (writing up what's said) and using some anonymous quotes in the report. The recording will only be accessible by me.

If the session takes place in person, I will be audio recording the session, then transcribing (writing up what's said) and using some anonymous quotes in the report. The recording will only be accessible by me. I will also remove names from any creative material included. You can choose a name for yourself to be featured in the report.

If the session takes place online, it will be held via Microsoft Teams. The session will be recorded, but the recording will only be accessible by me. As with the in-person sessions, you will be able to choose a name for yourself to be featured in the report.

Information about who I have spoken to will be collected to be stated in the report, but this will be anonymous. For example, '9 of the 14 participants identified as Black, 3 as Black mixed race. 3 participants were aged 17', etc.

If you change your mind about participating in the study, you will be able to withdraw your consent up to 1 week after the group session and your data will be deleted.

What will happen to the data (quotes and information) collected within this study?

- Recording of an in-person session would take place using my mobile phone 'voice record' function. This is accessible only by me as my phone needs Face ID to be unlocked. After the focus group, the recording will be transferred to my two-factor authenticated university one drive account, on a password protected computer. It will then be deleted from my phone. Only I will have access to the recordings.
- For recording of an online session, Microsoft Teams automatically transcribes sessions and the transcript will be kept until after successful completion of the doctorate, as per the UH research policy. However, I will delete the recording once the results have been finalised.
- All data collected will be stored electronically, on a two-factor authenticated university one drive account, on a password protected computer until successful completion of the doctorate.
- A photo of each of the creative materials will also be stored on a password-protected computer until successful completion of the doctorate.
- All material will be anonymised before storage."

Will the data be required for use in further studies?

The information collected from you might be used again in the future for another study. If so, it will be anonymous.

Who has reviewed this study?

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. The UH protocol number is <ENTER>

Factors that might put others at risk

It's important for you to know that if something comes up in the group sessions which means that there could be a risk to yourself or someone else, the information would have to be passed onto (INSERT ORG). If that happens, you will be kept informed of the process.

Who can I contact if I have any questions?

If you would like further information to help you decide or would like to discuss any details, please contact myself, Jess Davies, at: jd22acd@herts.ac.uk. Another staff member at (INSERT ORG) can also put you in contact with me, so please ask them if you would prefer. They may also be able to answer any questions on my behalf.

Although we hope it is not the case, if you have any complaints or concerns about what happened during the study, you can write to the university. They want to make sure you feel heard and take your concerns seriously. Their address is:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

You can also email my supervisor, Dr Rachel McKail, at r.mckail@herts.ac.uk with any feedback or concerns.

Please note: As a Trainee Clinical Psychologist, I have received DBS clearance for working with children and potentially vulnerable people.

Thank you very much for reading this information and considering taking part.



Appendix E

Participant Information Sheet – Practitioners

Participant information for practitioners

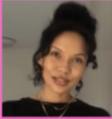
UNIVERSITY OF HERTFORDSHIRE FORM EC6

Understanding what works to support the wellbeing of Black girls and young women

You are being invited to take part in a study. Below I will explain more about myself, why I am doing this piece of research, what it means for you if you decide to take part, what your choices and rights are as a participant and what you can expect throughout the process of this project.

Before you decide whether you want to take part in this study, it is important that you understand what it is about and what will be needed if you are involved. Please read this information sheet carefully and get in touch with me at j.davies28@herts.ac.uk if anything is unclear.

Who am I?



My name is Jess, and I am currently doing a Doctorate in Clinical Psychology at the University of Hertfordshire. That means I am training to become a Clinical Psychologist. As part of my training, I am writing a thesis, which I am inviting you to be a part of.

I have worked a lot with young people and I think there need to be more support available that caters to the unique and specific needs of Black girls and young women. Being Black mixed race myself, I am passionate about supporting this to happen. I hope that this doing research can help.

Why is this study happening?

I will be writing a paper about what helps to support the wellbeing of Black girls and young women. You have been asked to take part because I would like to hear directly from you. I am hoping to gather opinions across a range of roles within the youth sector. I will also be holding separate sessions with young Black women and girls, via community organisations across London.

Can I take part?

You can take part if:

- You are over the age of 18
- You have worked with Black women and girls for a minimum of 6 months (does not need to be in one role)

Please note that if you are experiencing what's sometimes called 'acute distress' at the time of the study, you may not be able to take part. Acute distress might include a recent suicide attempt or severe flashbacks or nightmares. This is because the topics discussed may feel difficult at times. My research team and I hope to reduce harm as much as possible. However, distress is rarely clear cut, so if you feel that you wish to take part, please do get in touch to arrange an initial call/conversation.

What will happen if I take part?

If you decide to take part in this study, you will be asked to attend an online group session, lasting approximately 60- 75 minutes. The session will be held with other practitioners across different organisations who meet the above criteria. Please be aware that, since the other participants will be kept anonymous until data collection starts, there is a chance you may be part of a focus group with someone you have already met within the sector or worked with previously.

I will be asking you questions around your experience of supporting Black girls and young women, what you perceive their needs and experiences to be, and the support you feel needs to be available to them.

I ask that, if you do decide to attend a focus group session, you use a confidential space where cannot be overheard or interrupted, for the sake of confidentiality. I understand that this may not be possible for all, so ask that you do not use names of people or other identifiable information during the session.

What are the potential advantages and disadvantages of taking part?

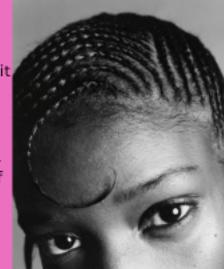
Your voice is so important. It will be included in a report that may help to shape the ways that the wellbeing of Black girls and young women is responded to by services, and provide valuable information. I aim to publish my thesis, so it may be read by some people with power and influence.

I hope that taking part will be a positive experience for you. However, it is possible that conversation topics will come up that are difficult, or that others may share experiences which are difficult for you to hear. I will do what I can to make these conversations as manageable and as comfortable as possible. You can always let me know if there is a topic you don't want to talk about in depth, and I will not push you to keep talking about upsetting topics (regardless of whether I initially asked you about it, or it came up organically in our conversation). You will be supported by myself during the session, and afterwards if necessary.

How will my taking part in this study be kept confidential?

This focus group is one session that will take place over video using Microsoft Teams, and you will be asked to keep your camera on. There will be between 3-6 participants in the focus group and I aim to ensure that no one from the same team is in the group.

All information will remain confidential. Organisations will be anonymised and, quotations will not be directly attributable to anybody from a specific organisation.





Demographic information will be collected, such as race, ethnicity, gender. However, it will be published as a collective statistic (e.g. 9 of the 14 participants identified as Black, 3 as Black mixed race, 2 as white British). Your current role and any other relevant experience may also be collected, again anonymised for the report.

You will be assigned a pseudonym, and this will be how we identify recordings or transcripts within the research team. I will include some anonymous quotes in the report. The recording will only be accessible by me.

If you change your mind about participating in the study, you will be able to withdraw your consent up to 1 week after the group session and your data will be deleted.

I intend to publish the results of this study. As previously stated, your quotes will be anonymised, and accompanied by a pseudonym.



What will happen to the data (quotes and information) collected within this study?

- I will delete the recording of the online session once the results have been finalised. Until deletion, it will be stored electronically, on a two factor authenticated university One Drive account, on a password-protected computer.
- For recording of the online session, Microsoft Teams automatically transcribes sessions. I will delete the recording once the results have been finalised, but the transcripts will be kept until successful completion of the doctorate, as per the UH research policy, up to a maximum of five years, then destroyed.
- All data collected will be stored electronically, on a two-factor authenticated university one drive account, on a password protected computer until successful completion of the doctorate, up to a maximum of five years, then destroyed.
- All material will be anonymised before storage.

As part of learning, all those on the University of Hertfordshire Doctorate of Clinical Psychology course take part in specialist workshops to support our project development. During these workshops we are invited to bring anonymised data to share with other to support our learning in the data analysis process.



Will the data be required for use in further studies?

I hope to continue to research this area post qualification. The data collected in this study may therefore be used in my future studies involving the needs and experiences of Black girls and young women. If so, it will be anonymous.



Who has reviewed this study?

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. The UH protocol number is LMS/PGR/UH/05785

Factors that might put others at risk

Please note there are circumstances in which confidentiality may have to be broken. In the unlikely event that there is evidence of harm to yourself or to someone else I will have to break confidentiality, usually by contacting relevant statutory services, with the aim of keeping you and others safe. I will always try have this conversation with you before I do anything but depending on circumstances this may not always be possible.



Who can I contact if I have any questions?

If you would like further information to help you decide or would like to discuss any details, please email me at: j.davies28@herts.ac.uk. If you provide your phone number, I can give you a call if you would like.



Although we hope it is not the case, if you have any complaints or concerns about what happened during the study, you can write to the university. They want to make sure you feel heard and take your concerns seriously. Their address is:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

You can also email my supervisor, Dr Rachel McKail, at r.mckail@herts.ac.uk with any feedback or concerns.



Thank you very much for reading this information and considering taking part.

Appendix F

Consent Form – Young People

Consent form

for young people

UNIVERSITY OF HERTFORDSHIRE
RESEARCH TEAM

Understanding what works to support the wellbeing of Black girls and young women

Please complete this form after you have read the information sheet and/or listened to an explanation about the research.

I, [please give your name here, in BLOCK CAPITALS]
.....

Please give contact details here, such as a phone number or email address]
.....

of [please give the name of the organisation you attend here, in BLOCK CAPITALS]
.....

consent to take part in the study named: *Understanding what works to support the wellbeing of Black girls and young women*

(UH Protocol number: (LMS/PGR/UH/05785))

Please tick the box next to each statement to confirm that you agree with it:

- I confirm that I have read and understood the information sheet for the above study, and any questions I had have been answered.
- I understand that my participation is voluntary. If I would like to, I can withdraw from the study up to 1 week after taking part, and all of my data will be deleted. I also understand that my decision not to take part will not have negative consequences.
- I understand that all the information I provide will be kept confidential, but if what I say causes concern for my safety or the safety of others, the researcher may have to discuss it with the organisation I am a part of, or other relevant service.
- I agree to the focus group being audio recorded (if taking place in person) or screen recorded with audio (if taking place on Microsoft Teams), but that any quotations from it will be anonymised and I will not be identified.
- I agree for photos to be taken of any creative materials (drawings, collages, etc) that I make and for them to be stored anonymously.
- I understand that, within the focus groups, my identity will not be anonymous. However, I agree to keep what is discussed confidential and will not share this with others outside of the group.
- I give my consent for my data to be stored securely for up to 5 years beyond the completion of this project.

Signature
.....

Date.....

Signature of researcher
.....

Date.....

Name of researcher [in BLOCK CAPITALS please]
.....

Ethics
Committee

Appendix G

Consent Form – Parents/Carers/Trusted Workers

Consent form

For use with participants aged 16-17

UNIVERSITY OF HERTFORDSHIRE
RESEARCH TEAM

Understanding what works to support the wellbeing of Black girls and young women

Please complete this form after you have read the information sheet and/or listened to an explanation about the research.

I, [please give your name here, in BLOCK CAPITALS]
.....

of [please give contact details here, such as a phone number or email address]
.....

give consent for [please give name of participant here, in BLOCK CAPITALS]
.....

to take part in the study named: *Understanding what works to support the wellbeing of Black girls and young women*
(UH Protocol number: LMS/PGR/UH/05785)

Please tick the box next to each statement to confirm that you agree with it:

- I confirm that I have read and understood the information sheet for the above study, and any questions I had have been answered.
- I understand that participation of the person I am providing consent for is voluntary. If I would like to, I can withdraw my permission for them to be involved in the study up to 1 week after taking part, and their data will be deleted. I also understand that this decision will not affect them negatively.
- I understand that all the information provided by **(insert participant initials)** will be kept confidential, but if what they say causes concern for their safety or the safety of others, the researcher may have to discuss it with the organisation they're a part of, or other relevant service.
- I agree to the focus group being audio recorded (if taking place in person) or screen recorded with audio (if taking place on Microsoft Teams), but that any quotations from it will be anonymised and the participant will not be identified.
- I agree for photos to be taken of any creative material produced during the session, and understand that it will be anonymised if used in the report.
- I confirm that I am an appropriate person to give consent on behalf of **(insert participant initials)**, and that I am aware of my responsibility for protecting their interests.
- I give my consent for **(insert participant initials)**’s data to be stored securely for up to 5 years beyond the completion of this project.
- I give my consent for **(insert participant initials)** to take part in the research.

Signature of person giving consent
..... Date.....

Relationship to participant
.....

Signature of researcher
..... Date.....

Name of researcher [in BLOCK CAPITALS please]
.....



Appendix H

Consent Form – Practitioners

Consent form for practitioners

UNIVERSITY OF HERTFORDSHIRE
RESEARCH TEAM

Understanding what works to support the wellbeing of Black girls and young women

Please complete this form after you have read the information sheet and/or listened to an explanation about the research.

I, [please give your name here, in BLOCK CAPITALS]
.....

of [please give the name of the organisation you work for here, in BLOCK CAPITALS]
.....

consent to take part in the study named: *Understanding what works to support the wellbeing of Black girls and young women*

(UH Protocol number: aLMS/PGR/UH/05785(1))

Please tick the box next to each statement to confirm that you agree with it:

- I confirm that I have read and understood the information sheet for the above study, and any questions I had have been answered.
- I understand that my participation is voluntary. If I would like to, I can withdraw from the study up to 1 week after taking part, and all of my data will be deleted. I also understand that my decision to take part or not will not have negative consequences for me or anybody else.
- I understand that all the information I provide will be kept confidential, but if what I say causes concern for my safety or the safety of others, the researcher may have to discuss it with the organisation I am a part of, or other relevant service.
- I agree to the focus group being recorded, but that any quotations from it will be anonymised.
- I understand that, within the focus groups, my identity will not be anonymous. However, I agree to keep what is discussed confidential and will not share this with others outside of the group.
- I give my consent for my data to be stored securely for up to 5 years beyond the completion of this project.
- I give consent to take part in the research.

Signature
..... Date.....

Signature of researcher
..... Date.....

Name of researcher [in BLOCK CAPITALS please]
.....



Appendix I:

Risk Assessment Included with Original Ethical Application

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC5 – HARMS, HAZARDS AND RISKS:

ASSESSMENT AND MITIGATION

Name of applicant: Jessica Davies

Date of assessment: 12/7/2024

Title of Study/Activity: Understanding what works to support the wellbeing of Black girls and young women

If you are required to complete and submit a School-specific risk assessment (in accordance with the requirements of the originating School), it is acceptable to make a cross-reference from that document to form EC5 in order not to have to repeat the information twice. The purpose of Form EC5 is to

consider how a participant might react to the activities in the study and to indicate how you will manage such reactions; the Form also addresses the safety of the investigator and how any risks to the investigator will be managed.

Activity Description					
1. IDENTIFY RISKS/HAZARDS	2. WHO COULD BE HARMED & HOW?		3. EVALUATE THE RISKS		4. ACTION NEEDED
<u>Activities/tasks and associated hazards</u> Describe the activities involved in the study and any associated risks/ hazards, both physical and emotional, resulting from the study. Consider the risks to participants/the	<u>Who is at risk?</u> e.g. participants, investigators, other people at the location, the owner / manager /	<u>How could they be harmed?</u> What sort of accident could occur, eg trips, slips, falls, lifting equipment etc, handling chemical substances, use of invasive	<u>Are there any precautions currently in place to prevent the hazard or minimise adverse effects?</u> Are there standard operating procedures or rules	<u>Are there any risks that are not controlled or not adequately controlled?</u>	<u>List the action that needs to be taken to reduce/manage the risks arising from your study</u> for example, provision of medical support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects NOTE: medical or other aftercare and/or support must be made available

<p>research team/members of the public.</p> <p>In respect of any equipment to be used read manufacturer’s instructions and note any hazards that arise, particularly from incorrect use.)</p>	<p>workers at the location etc.</p>	<p>procedures and correct disposal of equipment etc.</p> <p>What type of injury is likely?</p> <p>Could the study cause discomfort or distress of a mental or emotional character to participants and/or investigators?</p> <p>What is the nature of any discomfort or distress of a mental or emotional character that you might anticipate?</p>	<p>for the premises?</p> <p>Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc/</p>		<p>for participants and/or investigator(s) who require it.</p>
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<p>Use of computer or telephone devices when conducting interviews.</p>	<p>Participants and researcher.</p>	<p>Minor risk of devices being broken or damaged e.g. might fall, over heat.</p> <p>This could incur a financial risk for repair or replacement.</p> <p>Risk of minor injury for example if the device shatters.</p>	<p>Individuals will be responsible for their use of devices.</p> <p>Individuals may already have devices insured which will lessen or mitigate financial loss.</p> <p>Most people use these devices regularly and will</p>	<p>No</p>	<p>n/a</p>
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			be adept as using them safely.		
Online interviews and focus group taking part over video calling.	Participants and researcher	Long periods on screens.	<p>Individuals may have screen glare protectors already if they use screens frequently.</p> <p>The participants will be informed clearly on the information sheet about possible online meetings that</p>	No.	<p>Frequent comfort breaks to move away from the screen.</p> <p>Participants will be allowed to move away from their screens if/when they feel any discomfort outside standard breaks.</p>

			involve being on screens.		
Sitting for long periods.	Participants and researcher	<p>Interviews are expected to take up to 90 minutes and typically people will sit during online calling.</p> <p>The researcher will spend long periods of time sitting to type, research and any other activities needed to completed the project.</p>	Taking frequent breaks.	No	<p>Frequent comfort breaks.</p> <p>Participants will be invited to move during the interview if that feels more comfortable.</p>

<p>Use of virtual platforms</p>	<p>Participants and researcher</p>	<p>Virtual platform can be susceptible to hacking.</p>	<p>Microsoft Teams will be used and accessed via my university account which can only be access used my details and two factor authentication.</p>	<p>No</p>	<p>All appropriate measures will be taken to promote privacy and reduce the risk of hacking i.e. setting a password to allow entry into the interview meeting, and 'locking' the meeting once the researcher and participant are in; thus preventing anyone else from joining.</p>
<p>Focus group session</p>	<p>Participants and researcher</p>	<p>Participants identities will be revealed to those who decide to take part in the focus group and therefore anonymity</p>		<p>No</p>	<p>Participants will be informed of the risk prior to participating and made aware of their opting in in a voluntary capacity.</p>

		cannot be maintained with in the group.			All participants will sign a form agreeing to keep the identities of the focus group participants and any information shared confidential. They will not be allowed to partake if they do not agree to this.
Interview process; distress	Participants and researcher	Emotional distress and discomfort caused by interview topic.	As a trainee clinical psychologist who has experience as a therapists in other settings I have been trained in managing distress and	No	Debrief sheets will be given to everyone with a list of services they can access for further support. Participants will be briefed the before beginning the interview i.e. about the plan for session and the

			<p>engaging in difficult or sensitive topics.</p> <p>Consideration has been made about the study design to limit this risk. Interview questions will be designed in collaboration with research consultants.</p>		<p>rationale for this. They will be reminded (and informed via the participant information sheet) that the content might feel difficult at times but will be handled in the most sensitive way possible.</p> <p>After the interview we will have time to close the interview together, perhaps do a guided meditation or speak about something unrelated.</p> <p>Participants will be informed that if they feel distressed at any time, they</p>
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			<p>Researcher to be open and non-judgmental in their approach.</p> <p>For young people:</p> <p>Prior to session, researcher should ensure that any potential risks to be aware of have been discussed with</p>		<p>can take time out of the session (and, for young people, they can speak to one of their organisation's staff members afterwards).</p> <p>No one will be asked to speak on topics that cause undue distress, it will be at the participants discretion.</p> <p>For the researcher, I will debrief with a member/s of my research team as needed.</p>
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			<p>nominated organisational staff.</p>		<p>For practitioners:</p> <p>An individual debrief session is offered with myself after the interview which they can email me to arrange. This will involve a debrief using therapeutic skills and help with signposting if needed.</p> <p>For young person:</p> <p>Young people will be informed that if they feel distressed at any time, they can take time out of the session or</p>
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					<p>speak to one of their organisation’s staff members afterwards.</p> <p>If researcher notices any distress arising from a young person during the session, to communicate with their worker after the session has finished.</p>
Dissemination	Participants	<p>Possibility of self-identification or those who know the participants being able to identify them based on direct quote used</p>		No	<p>Participants have been made aware of this on the participant information sheets and have agreed to partake on that basis.</p>

		within the research writeup.			<p>Demographic information will not be presented alongside quote or other data.</p> <p>No identifiable date will be used in the quotes used e.g. services, locations, other people. No long, descriptive quotes of specific incidents will be included.</p>
Covid-19	Researcher and participants	If interviews were to take place face-to-face, there is a risk of covid-19 infection.	Participants will be asked not to come to the face-to-face session if they have any symptoms of covid.	No	<p>Government/university guidance will be followed.</p> <p>Participants will be asked if they prefer to us both to wear masks and</p>

			<p>People may have already opted to have the covid-19 vaccination and this would offer some amount of protection.</p> <p>Participants have the option to have the interviews take place via video.</p>		<p>take LFTs if we agree to meet face to face.</p>
--	--	--	--	--	--

<p>Data storage & note taking – preventing loss of data.</p>	<p>Participants and researcher</p>	<p>Use of computer could cause harm if the data is lost / saved in correctly and therefore ends up being viewed by someone it shouldn't.</p>	<p>All documents on the OneDrive are encrypted as standard.</p>	<p>No</p>	<p>Data will be backed up on One Drive then deleted from the computer.</p> <p>Computer is a personal computer which is password protected. Any documents with identifiable information will be password protected on the computer.</p> <p>I will not use handwritten notes.</p>
<p>Participants enter into a disagreement or conflict during the focus group session</p>	<p>Participants and researcher</p>	<p>A participant could become distressed through conflict with another group member</p>	<p>Potential for researcher to check in with group members at the start of the session</p>	<p>No</p>	<p>Reminding participants that that they can leave if any issues arise.</p>

		<p>In the worst case, a participant could become harmed or injured by another group member or members.</p>	<p>to find out how everyone is feeling.</p> <p>Focus group members and researcher to agree at the start of the session on what action to take should there be any disagreements.</p> <p>When the session begins,</p>		<p>If a participant does choose to leave the session, or expresses distress, to follow up with them (if practitioner) or their nominated point of contact at the organisation (if a young person) immediately after the session via telephone or email.</p> <p>If a situation escalates into verbal or physical aggression, refer back to agreed actions from the start of the session. Alert the nominated member of staff on site if this happens in-person. If the situation gets out of hand i.e. physical or verbal aggression, ask</p>
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			<p>researcher to remind participants that that they can leave if any issues arise.</p> <p>For young people:</p> <p>Researcher to check in with organisation staff before the session begins to find out if</p>		<p>the participant to leave. In extreme situations where de-escalation is not successful and violence increases, researcher to remove themselves from the scene and call the police.</p> <p>Inform organisation staff about the incident. Follow up by checking in with nominated staff member(s).</p>
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			<p>there is anything that might be important to know in terms of participant relationships, circumstances or risk, but without disclosure of personal information.</p>		
<p>Participant expresses safeguarding concern</p>	<p>Participants and researcher</p>	<p>Risk of distress, risk of conflict, risk of immediate</p>	<p>Researcher to have informed participants (via</p>	<p>No</p>	<p>For practitioners:</p>

		<p>harm to participant or others.</p>	<p>recruitment materials) and remind them at the start of the session that the focus groups are confidential unless such risks are identified.</p> <p>For young people:</p>		<p>After the session, to inform the participant of next steps where possible.</p> <p>Researcher to contact supervisor as soon as possible to discuss the issue.</p> <p>Researcher to contact the relevant statutory service, if necessary.</p> <p>For young people:</p>
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			<p>Researcher to check in with nominated staff member at the organisation prior to the consultation in order to identify if there are any risks or issues to be aware of concerning the young people taking part, without identifying personal information</p>		<p>If a young person discloses information of a sensitive nature that might put them at risk, researcher to advise the nominated point of contact at the organisation.</p> <p>Researcher to contact the relevant statutory service, if necessary.</p>
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Signed by applicant: Jessica Davies	Dated: 12/07/2024
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Appendix J

Debrief Sheet – Young People

Debrief sheet for young women

It can be difficult to talk about some of the experiences that Black girls and young women go through. If you feel that participating has brought up difficult feelings or things you just want a space to be able to process, please contact the member of staff you have been working most closely with at **(INSERT ORG)**.

Below are some support services which may also be able to help.

In the coming days, I encourage you to, where possible, connect with community, engage in self-care and seek out enjoyment!

Thank you again for your time, your expertise and your openness to sharing your experiences with me

NHS 111

- NHS 111 will tell you the right place to get help if you need to see someone. You may be able to speak to a nurse, or mental health nurse, over the phone. A GP can advise you about helpful treatments and also help you access mental health services.
- Use the NHS 111 online service or call 111.

GP:

- You may find it helpful to contact your GP if you experience psychological distress or discomfort after the study. They may be able to advise you for further sources of support, such as a referral to an NHS therapeutic service for counselling or another type of talking therapy.

Samaritans:

- The Samaritans provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland
- Telephone number: 116 123 (24 hours, any day of the year)
- Email: jo@samaritans.org (response time: 24 hours)

Black and Asian Therapy Network (BAATN):

- BAATN provide an online directory of private, qualified and registered professional Black, African and Asian counsellors, psychotherapists and psychologists. There is a choice of face to face or online counselling via Video call/telephone/email.
- Some low-cost options available.
- Website: <https://www.baatn.org.uk/>

Sistah Space:

- Specialist organisation providing support to Black women around issues such as domestic, sexual violence and abuse:
 - Website: <https://www.sistahspace.org>
 - Telephone: 020 7846 8350
 - Email: support@sistahspace.org
- **Healing Justice London**
 - Organisation offering healing and community spaces (virtual and in person) for those who have experienced social injustice.
 - <https://healingjusticeldn.org/>

Youth Organisations

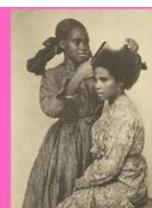
These organisations provide tailored support specifically for young people.

North and East London:

- **Art Against Knives**
 - <https://www.artagainstknives.com/>
- **Youth Realities**
 - <https://www.youthrealities.co.uk/>
- **Spark2Life**
 - <https://spark2life.co.uk/>
- **The Crib**
 - <https://thecrib.org.uk/>

South and West London:

- **Milk Honey Bees**
 - <https://milkhoneybees.co.uk/>
- **The Baytree Centre**
 - <https://baytreecentre.org/>



Appendix K

Debrief Sheet – Practitioners

Debrief sheet

for practitioners

Thank you again for your time, for providing your expertise and for your openness to sharing your experiences with me today.

I am aware it can be challenging to talk about certain experiences, even if they do not relate to us directly. If you do feel that participating has brought up difficult feelings, or would like a space to process, below are some services which may be able to help. I can also offer also an individual debrief space if helpful. Please email me at jd22acd@herts.ac.uk if you would like to set this up.

In the coming days, I encourage you to, where possible, connect with community, engage in self-care and nourish yourself:

"Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare" - Audre Lorde

Organisations

Shout:

- Shout 85258 is a 24/7 UK text messaging service for times when people feel they need immediate support.
- Text SHOUT to: 85258

Nafsiyat:

- A charity offering intercultural therapy in over 20 languages to people from diverse cultural communities.
- Telephone number: 020 7263 6947
- Email: admin@nafsiyat.org.uk

Black and Asian Therapy Network (BAATN):

- BAATN provide an online directory of private, qualified and registered professional Black, African and Asian counsellors, psychotherapists and psychologists. There is a choice of face to face or online counselling via Video call/telephone/email.
- Some low-cost options available.
- Website: <https://www.baatn.org.uk/>

Frontline 19:

- A UK nationwide service delivering supervision, debriefing and emotional support to healthcare workers.
- Website: <https://www.frontline19.com/>
- Facebook: <https://www.facebook.com/frontline19/>

NHS 111:

- NHS 111 will tell you the right place to get help if you need to see someone. You may be able to speak to a nurse, or mental health nurse, over the phone. A GP can advise you about helpful treatments and also help you access mental health services.
- Use the NHS 111 online service or call 111.

GP:

- You may find it helpful to contact your GP if you experience psychological distress or discomfort after the study. They may be able to advise you for further sources of support, such as a referral to an NHS therapeutic service for counselling or another type of talking therapy.

Samaritans:

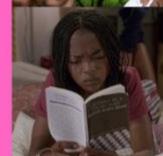
- The Samaritans provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland
- Telephone number: 116 123 (24 hours, any day of the year)
- Email: jo@samaritans.org (response time: 24 hours)

Sistah Space:

- Specialist organisation providing support to Black women around issues such as domestic, sexual violence and abuse:
 - Website: <https://www.sistahspace.org>
 - Telephone: 020 7846 8350
 - Email: support@sistahspace.org

London Black Women's Project

- Specialist organisation supporting women and girls who have experienced domestic or sexual violence, and abuse (Newham only)
 - Website: <https://www.lbwp.co.uk/>
 - Telephone: 020 8472 0528
 - Email: info@lbwp.co.uk



Appendix L

Recruitment Flyer – Young People



Black girls and young women

Your voice is needed!

Opportunity to take part in a research study

You'll receive a **£20 voucher** for your time!

Plus travel paid (up to £10)

About the study

A study exploring 'what works' and what is needed to support the wellbeing of Black girls and young women

The aim is to develop a set of recommendations that have come from young people and community practitioners, that projects, services and funders can learn from.

About you

To take part, you need to:

- Be aged between 16-25
- Identify as Black or of Black-mixed heritage
- Identify as female
- Attend a community organisation in London (and have done for a minimum of 3 months)

What's needed?

- You would need to attend a small group session with other girls and young women who attend the same organisation as you (or another in the local area).
- There is the opportunity to share what you think is needed, through conversation and/or expressing yourself creatively.
- The session will last approximately 90 minutes and take place online or in person - we can decide this together.

About me

- I'm Jess, a Trainee Clinical Psychologist with a background in therapeutic youth & community work
- Black mixed heritage identity
- Passionate about the needs and experiences of Black girls and women



If you're interested in taking part, or would like more information, please email me at:

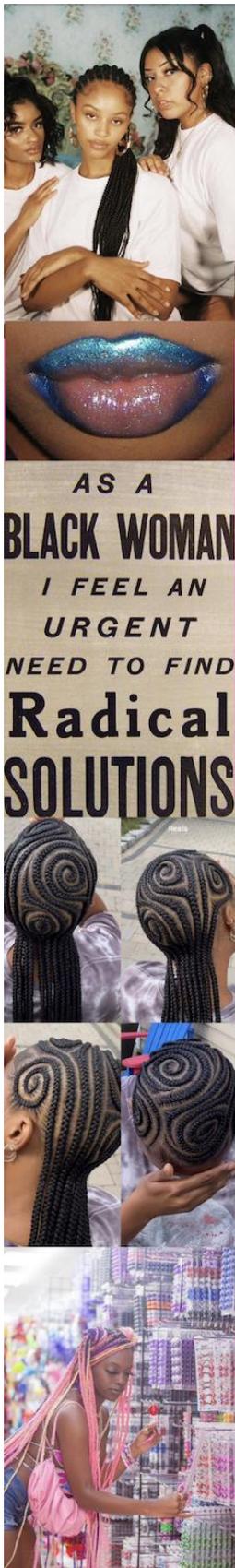
j.davies28@herts.ac.uk

You can also speak to a member of staff at the organisation you attend for more information.

This study has been granted ethical approval from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. UH Protocol Number: aLMS/PGR/UH/05785(1)

Appendix M

Participant Information Sheet – Practitioners



Community Practitioners Your voice is needed!

To support the wellbeing of Black girls and young women

About the study

A study exploring 'what works' and what else is needed to support the wellbeing of Black girls and young women.

I'll be holding separate focus groups with community practitioners and young people, developing recommendations for best practice that services and commissioners can learn from.

About you

- Have worked for at least one London based community organisation (currently or historically), where your role involved supporting Black girls and young women.
- Have worked in the role/ roles for a total of at least 6 months.

All ages, genders and races invited!

What's needed?

- For you to take part in an online focus group lasting approximately 60-75 minutes with other practitioners working in the field.
- You'll be asked questions about your experiences of supporting Black girls and young women and the recommendations you have for best supporting them.

About me

- I'm Jess, a Trainee Clinical Psychologist with a background in therapeutic youth & community work
- Black mixed race identity
- Passionate about the needs and experiences of Black girls and women



If you're interested in taking part, or would like more information, please email me at:

j.davies28@herts.ac.uk

This study has been granted ethical approval from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. UH Protocol Number: LMS/PGR/UH/05785

Appendix N

Sample of Slides Shown to Community Organisations

Understanding what works to support the wellbeing of Black girls and young women: Community perspectives

Research team
 Lead researcher: Jessica Davies
 Primary supervisor: Dr Rachel Blackall
 External supervisor: Dr Hannah Alghall
 Research consultant: Salma Jafar
 Research consultant: Anonymous

Why this project?

Personal experience



Professional experience



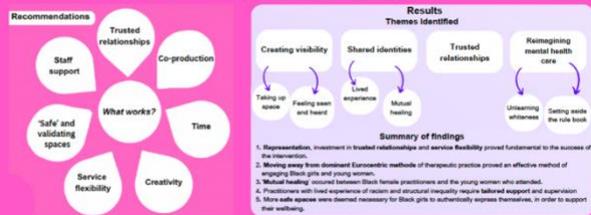
Academic literature (or lack of)



The current context



My previous project findings



How can you help?

Please consider:

- Taking part in a practitioner focus group
- Sharing this project with suitable young people/ colleagues/ organisations - linking me in via email would be a great help
- Sharing on social media
- Anything else you can think of!

You can email me with any thoughts/ queries/ concerns:
j.davies28@herts.ac.uk

Questions for me?

Appendix O

Interview Questions – Practitioners

BGYW wellbeing:

From your experience, what does Black girl/YW's wellbeing and joy look like to you? What are some of the challenges Black girls and young women face in achieving and maintaining their wellbeing?

The work:

Please can you speak about your experiences of doing this work (prompts... what brought you to the work, challenges, enjoyment, specific experiences, what the work brings up for you, etc)

You as practitioners:

What role, if any, do you believe your identity plays in the work you do with Black girls and young women?

As practitioners, what tools, resources or support helps, or would help, you to do this work most effectively?

Imagining:

If you had unlimited budget and resource to design a service to provide lasting and meaningful support to Black girls and young women, what would it look like?

(Additional question, if time):

Taking it one step further, what would a society where Black girls and young women could thrive look like?!

Appendix P

Interview Questions – Young People

Intro:

- What does wellbeing and support mean to you ? When you hear those words what do you associate with it?

BGYW's experiences:

- Would you say there is anything unique about being a Black girl/ YW? If so, what do you think that is?

(can swap out/ change order of below)

- What do you think is to be celebrated about being a Black girl/ YW? (For example, qualities and strengths)
- Are there any challenges you face as a Black girl/YW that you wish were better understood or supported?

(Prompt: possible conversation about experiences across different environments):

- School
- Social media
- Career and future
- Safety
- Friendships
- Love

(Prompt: Where have these ideas come from?)

Support for Black girls and young women:

- As a Black girl/YW, are there people or groups in your life where you feel you truly belong or feel understood? What makes those connections special?
- If you could have more support in any area of your life, what would it be? What kind of support do you think would make the biggest difference for you?

Support from community organisations:

- What made you do you come to this (community group)? What does it provide you with? (What else would help you to feel supported?)
- What are your hopes for yourself in the next few years, and what do you think would help you reach them?
- Do you have any ideas or suggestions to improve support for Black girls and young women like you? Either at this group or elsewhere?

Finishing up

- If you could make one big change to improve how Black girls and young women are supported in London, what would it be?
- Is there anything else you'd like to share about what wellbeing and support mean to you?

Appendix Q

Mocktail Menu for In-Person Focus Group



Mocktail Menu

Take your pick!

Sunset Splash

- Orange Juice
- Pineapple Juice
- Fruit syrup
- Slice of orange or lemon





Choco Mudslide

- Vanilla Ice Cream
- Chocolate sauce
- Oat milk
- Nutella

Snacks, water and selection of juices also available



Appendix R

Email Received from Lead Youth Worker providing Feedback on In-Person Focus Group Session

To:  Jessica Davies [Student-LMS]

Mon 25/11/2024 13:10

for follow up. Completed on 25/11/2024.

Hey Jess

It was so lovely meeting you and having you here, my girls really connected with you and the project and gave some amazing feedback. Can't wait to see the full report!



If there's anything else you need from me, please feel free to get in touch.

Best Wishes,

