

Community-Based Participatory Action Research (CBPAR) using Digital Stories to Explore People's Experience of Using a Public Living Room

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Author Biographies: *Katie Voss*, is a clinical and community psychologist working in the South West of the UK. She is passionate about community psychology, the impact of health inequalities, and the social determinants of mental health and wellbeing. She is particularly interested in strengths-based and participatory approaches that centre lived experience and prioritise collaboration with communities. Katie Voss uses a systemic lens to recognise the value of community wellbeing and how a person's environment influences experiences of distress within her work. She holds both a community and critical psychology perspective, heavily influenced by her involvement with Psychologists for Social Change. This work has strengthened her commitment to addressing the structural determinants of distress and promoting approaches that support collective as well as individual wellbeing.

Lealah Hewitt-Johns, enjoys networking and making connections with others working in this field. She is a clinical and community psychologist working at the University of Plymouth training psychologists for the health service. She is passionate about the integration of community psychology values and practice into clinical psychology training to ensure psychologists have the skills to work preventively and proactively with the social and material determinants of inequality and distress. She also works at Leadworks, a community arts and wellbeing hub and believe in interdisciplinary working across sectors to achieve community level wellbeing and social justice. My research is guided by community psychology values and community based participatory approaches with a focus on poverty, food insecurity, welfare and

professional integration with these experiences. *Pete Keohane*, is a clinical psychologist and an academic. Dr. Keohane has a clinical background in acute and urgent care. His work is grounded in a critical and community psychology alongside systemic perspectives. Dr. Keohane is particularly interested in how psychological insight and practice can be applied alongside teams, organizations and the people who lead them. He is interested in social justice, workforce development and alternative models of therapeutic delivery. *Steve Minton*, identifies as a 'human being in formation' – currently, he is a father, partner, brother, uncle, great-uncle, friend and colleague. He was English-born of Scottish, English and Irish Traveller descent; he is an educator, researcher, psychologist and advocate; and employed at the School of Psychology, University of Plymouth as an Associate Professor in Applied and Clinical Psychology. Dr. Minton has research and practice interests in (i) processes of exclusion and marginalisation (esp. experiences of Indigenous peoples and members of alternative subcultures); and, (ii) addressing abuse, aggression, bullying, prejudice and violence in educational, community and institutional settings. Consistent with being informed by decolonisation ('....the process in which we rethink, reframe and reconstruct the curricula and research that preserve the Europe-centred, colonial lens' (Akel, 2020)), much of the research that he undertakes and supervises involves meaningful co-creation, and the utilization of community psychology approaches.

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Abstract

For decades, community psychologists have demonstrated the positive impact of community belonging on people's health. However, we have seen a vast reduction in funding for community initiatives. I partnered with a community arts hub that offers a public living room in a highly deprived area. Utilising a community-based participatory action research design (CBPAR), we used digital storytelling to explore the impact of the public living room (PLR) on people's lives. Using reflexive thematic analysis, we interpreted nine participant stories. Co-analysis identified that a 'welcoming environment', described as a 'non-judgemental' "safe space" with 'boundaries' and accessible support such as "free food", fostered a 'chance to belong to a community'. This included opportunities to "give back to the community", 'build trust' and 'connections', and recognise that participants were 'not alone' and that 'people care'. This sense of belonging was linked to reported "life change". Participants described moving from a "circle of shit" towards greater "purpose" and "opportunity", alongside improvements in "mental health" and 'self-worth'. Recommendations are offered regarding ways of promoting a warm environment, creating relationships with the community and opportunities to develop connections.

Introduction

Community and mental health

Sarason (1974) defines a *sense of community* as something that results when someone feels that they belong to a collective and are an integral group member. Maslow (1954) has argued that a sense of belonging is a social need. Desmet and Fokkinga's (2020) fundamental need typology model also suggests being part of, and accepted by, a community is a fundamental driver of human behaviour. Researchers have argued that a sense of community is important for psychological health (Park et al., 2023). Neufeld et al. (2019) also found that people who felt connected to their community were more likely to participate in government initiatives. This aligns with critical community psychology, which values working with communities and acknowledging social injustice (Thompson, 2005).

Place attachment, the bond people create with places, is a concept explored by

Lewicka (2011), who suggested that people with a more robust place attachment tend to feel safer, laying the foundation for connected communities. The benefits of place-based attachment are manifold, including reducing social isolation and improving mental health (Zahnow, 2023).

Bronfenbrenner's Ecological Model (1992, 1979) posits that individual development must be understood within the context of multiple systems. This is particularly evident in the connection between an individual's place of residence and their mental health (Moxham, 2016). As social beings, our mental well-being is influenced by various social and material factors, including social inequality (Cromby et al., 2012). Research has shown that individuals residing in relatively disadvantaged neighbourhoods often experience poorer mental health compared to those in advantaged areas (Cruwys et al., 2022), in line with the social gradient model (Bonaccio, 2020) and Marmot's (2013, 2020) reviews. However, research has shown that individuals' perceptions of their social and physical neighbourhood

environment can buffer people's mental health outcomes (Kawachi & Subramanian, 2018; Mohnen et al., 2015). Greater social cohesion, neighbourhood trust, safety, and a sense of inclusion (Pérez et al., 2020; Roberts et al., 2021) have been proposed as mediating pathways between neighbourhood factors and health outcomes. To delve deeper into this, Haslam et al. (2023) developed an integrated social identity model, where a person's identification with other residents emerged as a critical factor in community cohesion.

The term social capital is a concept that has a rich history and was first introduced into academic discourse by Pierre Bourdieu (1986). A contemporary definition of social capital is a collective asset that revolves around shared values, social networks, and trust, culminating in fostering cooperation and action (Bhandari & Yasunobu, 2009). Research conducted in Norway, for instance, has demonstrated that innovative solutions, where residents co-create and build care-orientated communities, can effectively complement welfare services (Smith, 2009) due to the strengthening of communities. Corrigan et al. (2023) delved into people's experiences of being involved in community groups, which they identified as a form of social capital and showed it helped to mitigate the widening health inequalities within socially deprived areas.

Impact of austerity on community

The UK government's austerity measures (2010-2019) were a political project to recast and reduce the social state's role (Cummins, 2018). The damage that a decade of austerity has done to mental health services is far-reaching (Cummins, 2018). The demand for mental health services cannot be reached with the resources afforded to them (British Medical Association, 2024). We have seen an increase in mental health diagnoses, self-harm and suicide, highest in deprived areas (British Medical Association, 2024; Windsor-Shellard, 2020). Our society is distressed in response to the socio-political context (Walker et al., 2022). The evidence

from the social determinants of mental health shows that the social conditions people live in are key (Islam, 2019). However, mental health services in the UK predominantly individualise distress and seek to treat people through medication and therapy (Harper, 2016). During the austerity period, community grant funding was cut by 38%, leading to a vast decline in UK community health interventions (Haves, 2024). The poorest experienced the most extensive cuts (Cummins, 2018). UK local governments have sold off community spaces, meaning fewer places exist for people to meet (Davies et al., 2019).

Psychologists for Social Change (PSC), a UK-based group that promotes positive social change, identified five psychological ailments (humiliation and shame, fear and distrust, instability and insecurity, isolation and loneliness, being trapped and powerless) exacerbated by austerity measures (McGrath et al., 2016). They also outlined vital psychological processes that foster social and economic systems, including agency, security, connection, meaning, and trust (McGrath et al., 2016). Marmot's (2010 & 2020) report also promotes creating and developing healthy, sustainable communities to reduce health inequalities. The British Psychological Society, a professional body for UK-based psychologists, also promotes partnerships with community organisations (Thompson et al. 2019).

UK Community initiatives

UK Government and National Health Service (NHS) policies appear to recognise that they must work with communities to promote mental well-being and consider the social determinants of health (Community Mental Health Framework, NHS England, 2019; NHS Long Term Plan, NHS England, 2019). There has been an increase in social prescribing services where people are signposted to third-sector organisations (Polley et al., 2023). One approach to social prescribing is the Life Rooms approach (Hassan et al., 2020). The Life Room model aims to provide a safe

space and welcoming environment with access to community resources and café facilities. No formal referral is required. Community is their approach's core starting point, and they encourage community collaboration within service design. Participants from disadvantaged backgrounds participated in focus groups, which showed people could use the service when needed, it felt less clinical, and they could empower one another and feel part of the community (Hassan et al., 2020). They faced challenges ensuring partnerships were equal, effective communication and appropriate referrals (Worsley et al., 2021).

The Research Setting

I¹ partnered with a community organisation, called Leadworks, using a community-based participatory action research (CBPAR) design. Leadworks (Leadworks Projects CIC, 2022) was created in 2019 as a response to local needs in one of the most deprived areas in the country (Plymouth City Council, 2020). It functions as a community arts hub, bringing together different organisations across the city to deliver a public living room (PLR), community fridge, café, kitchen, artist studios, event spaces, and a community radio. Frequently, partnerships support statutory and other services to engage with underserved groups, including people who are experiencing street homelessness.

Community members spend most of their time in the PLR, a space where people can choose how they want to spend their time, they may talk, read or play games. Community guidelines (Appendix 1) are advertised in the space, such as respecting each other. It is operated with mutual aid principles (Perach et al., 2023), and people are encouraged to help each other.

Leadworks established their PLR based on the Camerados principles, officially registering with them in December 2023. Camerados is a social enterprise that advocates and researches PLRs (Batty et al., 2020). The impact of PLRs on individuals has been positive, with people reporting increased feelings of connection, happiness, and resilience and decreased levels of anxiety, stress, and loneliness (Batty et al., 2020). People's Voice Media (2024) used ripple effect mapping and discovered a positive ripple effect on the individual, organisation, and community levels.

In essence, social inequalities are significant determinants of mental health, and we understand that community connections can act as a mediator. As PLRs are one such initiative with promising findings, we aimed to delve into people's experiences of these spaces. A comprehensive account of this is presented in a particularly deprived community area in Plymouth.

Aims of the study

The research aims co-produced with the community organisation were to:

1. Explore how the PLR model operates in this specific community setting.
2. Understand how people describe the impacts of the PLR on their lives.
3. Understand the lessons from this specific community initiative in enhancing service and community development.
4. Make recommendations regarding utilising these findings to inform other comparable community settings.

Positionality

Lead author positionality

I am completing my doctoral training to become a clinical psychologist. Being

located in this research, therefore, as a way of positioning myself within the research.

¹ I have used pronouns 'I' throughout the research paper due to the community involvement I felt it was important to respect the traditions of community researchers, and I am deliberately

actively involved with PSC has guided my critical community psychology perspective.

When I initially had concerns about the accessibility of the digital stories approach, I worked with the community to problem-solve, fostering a strengths-based approach. This experience has deepened my understanding of the value of co-production and creative methods, inspiring me to continue my journey as a community clinical psychologist.

Olmos-Vega et al.'s (2023) guidance informed my personal, interpersonal and methodological reflexivity. I have engaged in a presuppositional interview (Rolls & Relf, 2006), kept a reflective log, and engaged in reflective supervision to promote rigour and ethical practice (Holmes, 2020).

This project was qualitative, underpinned by critical realist ontology and contextualist epistemology. Critical realism is the school of thought that people's experiences are situated within their social, cultural, and historical context (Botha, 2021).

I know citing co-researchers' positionalities in CBPAR studies is standard practice. Whilst I have included the community members throughout the process, some are no longer part of the community; therefore, only I was included. Please see the 'partnership' section below for further information about community involvement.

Methods

Design

We used a CBPAR design, a collaborative research approach in which the researchers and the community members co-produce each aspect of the research design (Israel et al., 2003). CBPAR aims to improve the community and keep their needs central (Israel et al., 2003). The Short Guide to CBPAR Process Model (Burns et al., 2011) was used to help implement this research project because it posed helpful points to consider for each research stage.

Using a CBPAR design was appropriate given the study's aims because it promotes the idea that studying communities should be rooted in people's everyday life experiences (Brush et al., 2020). It allowed me to recognise the socially marginalised community members as experts in their worlds, which helped to reduce the hierarchical relationships between university-trained researchers and community members (Duke, 2020). It allowed me to establish a strong partnership, which led to mutual respect and created a safe space for participants to be creative and vulnerable.

Partnership

This research was informed by Israel et al.'s (2003) CBPAR principles. I started building a relationship with the community three years ago (December 2021). I recognised the strengths and resources that the community had, and we tried to build on this within the research by using creative methods. We tried to ensure equitable partnerships by co-producing each element of the design, method, and analysis. As I started building a relationship with the community, we formed a community advisory board (CAB), which included three Leadworks Directors, who help run the space. The CAB was a link between the researcher and the community to ensure all needs were represented (Newman et al. 2011), and they acted as research gatekeepers within recruitment to ensure participant eligibility. However, other community members who were not part of the CAB also informed the project.

The project was mutually beneficial; not having enough funding is one of the main threats to the community space, and having stories about the impact it is having on people's lives will inform future funding bids. I have developed a relationship with the community, which has enabled me to work with Leadworks in my clinical role. The partnership will be sustained after this research project ends. We have co-produced the dissemination phase, where

we will hold an exhibition to showcase the stories to the broader community.

Consultation

This research involved co-constructing the research focus, planning a workshop, and

collecting data (See Table 1). Throughout the three years, I spent, on average, one or two days per week in the PLR and wider community space and networking with other community researchers.

Table 1

Timeline of the research (2021-2024)

Date	Phase
November 2021	Meeting with a Leadworks director & Clinical Psychologist about research possibilities at Leadworks.
November 2021 – January 2022	Spent time in PLR, introducing myself and finding out about the community space.
January 2022-May 2022	Whilst in the PLR having conversations about community research ideas.
May 2022	Meeting to discuss research opportunities with the academic supervisory team and CAB held at Leadworks.
August 2022	Meeting with CAB and supervisory team decided on research aims.
September 2022	A community member suggested using digital storytelling (DST) as a research method because they had previously used it within a research project and felt other community members would like the flexible and creative way of telling their story. They also were neurodivergent and felt it allowed for reasonable adjustments.
October 2022-February 2023	Meetings with researchers that have used DST and attended Story Centre workshop on 'Introducing DST' (McNair & Kershaw, 2022)
February 2023	Discussion with community officer at Camerados.
April-August 2023	Planned DST workshop with community. CAB and community helped design research materials.
July 2023	Ethics application submitted and granted.
August 2023	Held two-day DST workshop
August- December 2023	Held individual meetings with participants who were unable to come to the workshop and people who needed some extra support.
January 2024	Meeting with community researchers about collaborative data analysis.
January - February 2024	Participants invited to take part in data analysis phase.
February 2024	Initial coding and theme development of the data.
February 2024	Meeting for participants to watch all the digital stories and initial impressions of the preliminary thematic map.
March 2024	Meeting for community to support the theme development data analysis phase.
April 2024-May 2024	Pulled all the data themes together and produced a research report.
June 2024	Compilation and dissemination of the research report.

Participants

Nine participants completed a digital story. Due to three people not giving the demographics questionnaire back, we have six participants' demographic information. The participants ranged in age from 36 to 61. Three identified as male, one as a trans woman and two as female. They all identified as white British. Four identified as having mental health issues (responses included depression, anxiety, and suicidal thoughts), one person sometimes had mental health issues, and one identified as having no mental health difficulties. Five people identified as having a disability (responses included being neurodiverse, deafness, and other physical health disabilities). All self-identified as living in poverty.

Participants were a convenience sample. A community member co-produced a research poster (Appendix 2), which we advertised in the PLR. People chose to participate after conversations with me. In line with the criteria, they had all visited the PLR at least once, were over 18 years old, were able to consent, and agreed not to take drugs or alcohol during the workshop.

Apparatus and Materials

At the start of the workshop, a PowerPoint presentation (Appendix 3) on a computer was presented to the participants using a projector on the wall. Everyone was provided HP laptops loaned from Plymouth University IT services. I created nine Gmail and WeVideo accounts. The free version of the WeVideo platform was used to edit the digital stories; for two people who extended the free version capacity, a premium version was purchased. A camera was provided for people to take photos. Food

was provided throughout the workshop. Once digital stories were completed, participants were given a £15 voucher.

Procedure

We collected our data through digital storytelling. Digital stories are short videos that allow people to tell their stories, combining it with their chosen music, videos and pictures to create a unique visual representation of their experience (Brice & Lambert, 2009). A systematic literature review found that studies using DST within a CBPAR design led to community action, fostered community connection, and allowed people to express a community perspective within their story (Voss et al., 2024). DST was also used because it can be used to disseminate knowledge, teach participants new skills (Flicker & MacEntee, 2019), and help people learn about people's lived experience of mental health (De Vecchi et al., 2016).

The digital story workshop agenda is detailed Table 2, informed by The Story Centre approach (McNair & Kershaw, 2022). A flexible approach was adopted to accommodate the participants' varying skills and support needs. My two colleagues and I provided support throughout the workshop, offering individual assistance when necessary. We made it clear that participants could choose how to present their story and how anonymous they wanted it to be. Six participants attended the workshop, three completed it within the designated time, two finished it in their own time, and one who could not attend the second session, required three hours of individual support. Three participants could not attend the workshop, two completed it independently, and one required 2-hour individual support.

Table 2*Outline of the DST workshop*

Step	Research activity
Day 1	
Step 1	Participants arrive. Food and drinks provided.
Step 2	30-minute presentation given. Providing examples of DST and brief tutorial on We Video.
Step 3	Support participants to write their story.
Step 4	Lunch provided.
Step 5	Participants supported to find photos online, take photos or find their own. Upload to We Video.
Step 6	Provide debrief sheet. Check-in with participants before they leave.
Day 2	
Step 1	Participants arrive. Food and drinks provided.
Step 2	10-minute presentation
Step 4	Support people to record a voiceover of their story. Help them to find an AI voice over if they don't want their own.
Step 5	Help to edit the voice over, photos', music, and special effects on We Video.
Step 6	Support to email a copy of the video to themselves.
Step 7	Debrief sheet provided.

Ethical Considerations

When someone expressed an interest, I went through the information sheet (Appendix 4) and step-by-step digital story sheet (Appendix 5) with them and allowed them to ask any questions. They then completed the consent form (Appendix 6). The consent form explained they had the right to withdraw their story until one month post-workshop; they could choose how anonymous they wanted their story, and the report would be published and presented at conferences. They had a further consent form if they included photos of other people or properties (Appendix 7). Before the workshop they were given an outline of key activities and timings for the DST workshop (Appendix 7). Once they had finished the DST they were given a debrief sheet (Appendix 9).

Trauma-informed practice

The trauma-informed, socially just research framework (Voith et al., 2020) informed the DST workshop. The high levels of community deprivation mean the risk of trauma is likely to be higher. I secured laptops for participants and provided food. This flexible approach empowered people

to make their own choices and allowed an open dialogue between the researcher and participants. I recognised that trauma is widespread, and community connection was a potential path to recovery. The facilitators and I were aware of the signs and symptoms of trauma. Within recruitment, I consulted with the research gatekeeper to ensure the capacity to consent. Throughout the workshop, I put processes in place to reduce the chance of re-traumatisation, for example, regular reminders there was no pressure to talk about aspects of their story that they did not feel safe sharing. We also completed the stories at Leadworks, where they felt comfortable. The documents were in an easy-to-read format, which ensured they were accessible to people with neurodivergence and trauma-informed because we know that people who have experienced trauma experience cognitive overload (Petkus et al., 2017).

The University of Plymouth Faculty of Health Research Ethics and Integrity Committee approved this project's ethical approval on 3/7/23 (see Appendix 10).

Data analysis

Through consultation, we decided that co-analysing the stories would align with CBPAR principles and increase the validity. We decided that understanding the broader themes of the data would be the most appropriate level of analysis (Braun & Clarke, 2021). The transcripts from the digital stories were co-analysed using a reflexive type of thematic analysis (Braun & Clarke, 2021). This approach was used because the themes did not passively emerge from the data; they were interpretive stories about the data constructed from our theoretical assumptions, prior knowledge, and the data (Braun & Clarke, 2021). We used an inductive critical realist framework. We used a mixture of latent and semantic approaches to capture meaning at the surface and implicit levels. We used the six-phase protocol outlined by Braun and Clarke (2021): 1) Familiarisation with the data, 2) Data coding, 3) Initial theme generation, 4) Reviewing the emerging themes, 5) Defining the themes and naming, and 6) Write up.

Through consultation with the CAB and experts in the field, I completed a preliminary analysis of the data, which

included stages 1-3. Participants were invited but did not attend at this stage. In the first meeting, three participants attended, where we watched all the digital stories and reviewed the emerging themes (stage 4); preliminary findings had good face validity. Two participants attended the second meeting where I printed off all the themes and quotes from my preliminary analysis so we could easily move them around. We examined each proposed theme/sub-theme and picked the quotes we felt provided the most representative account. We picked quotes from all the stories and noticed a tendency to pick quotes from a couple of the stories because they used concise ways of expressing their story. We created a narrative around how the themes fit together and returned to the study's aims.

Results

This section explores the data gathered to understand how the PLR operates and its impact. The findings have been collated from the transcripts of the nine digital stories. Figure 1 illustrates the main themes and subthemes.

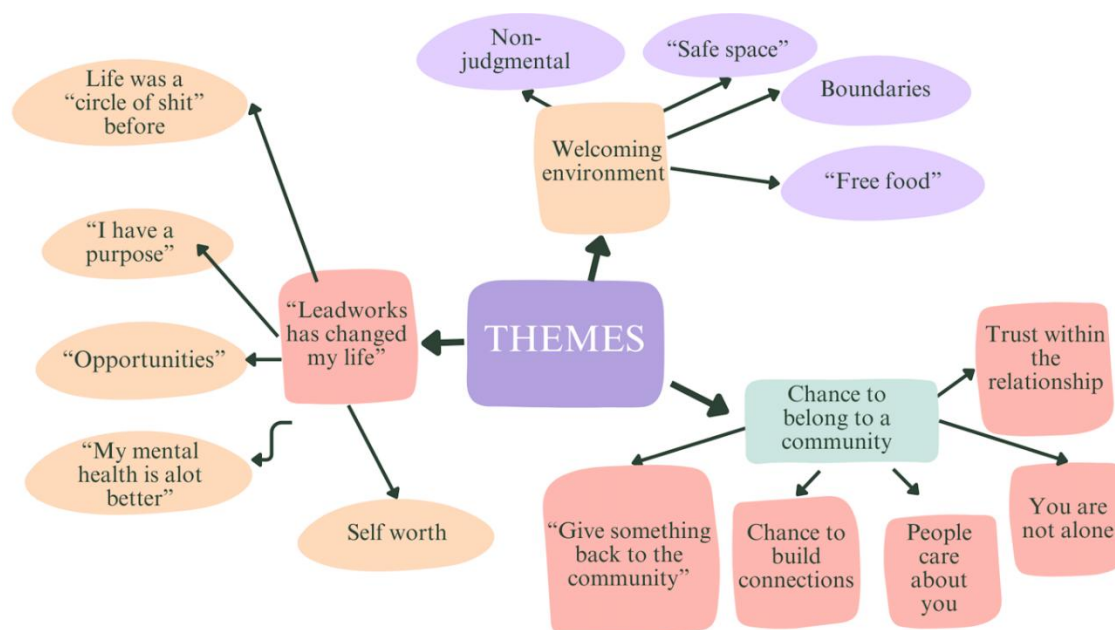


Figure 1
Thematic map of findings²

² Themes and sub-themes that have been taken from the data are represented with "double hyphens".

Theme 1: Welcoming Environment

Most people talked about the welcoming environment when they first came to Leadworks, which was one of the reasons that they decided to come back. People felt respected and weren't seen as a nuisance for being there.

"so I came down one day and asked to stay and borrow a book, and someone said yes. They made me feel welcome. They didn't look at me and think 'what the fuck do you want to read a book for'" (Participant D)

This welcoming environment continued when they visited again, which built up people's trust.

"There was always someone there. You were welcomed with open arms every time you walked through the doors." (Participant G)

Subtheme 1. Non-judgemental

People talked about being judged in the past, therefore, it was a shift for them to experience something different.

"I was always worried that I'd be judged at Leadworks, but that has never happened." (Participant B)

This non-judgemental experience led to people feeling respected and reduced the power dynamics people had often felt:

"refreshingly treated as equals without any judgemental exceptions whatsoever" (Participant E)

Having experiences when they were distressed and vulnerable and not being judged was often something that they hadn't experienced before.

"Didn't judge me, even when I had panic attacks." (Participant H)

Subtheme 2. "Safe space"

Everyone reflected that Leadworks is a space where people felt safe.

"I found a safe space." (Participant H)

This safety made people feel "protected" (Participant C) and that they had something to lean back on when they needed it.

"I have a safety net." (Participant C)

Subtheme 3. Boundaries

Part of the welcoming environment was knowing that there were boundaries and being held accountable to them.

"I never want to get banned from this place; I would be stupid if I did." (Participant D)

The boundaries feel different from talking to a professional because they feel more transparent.

"It's not like talking to a professional, they tell me honestly, they won't take no shit." (Participant G)

People reflected that if boundaries are broken, there are opportunities for forgiveness.

"If they mess up, they can come back again. It's forgiving here, but there's a line". (Participant F)

Subtheme 4. "Free food"

Most people started to use the PLR because of the community fridge or through accessing Leadworks through another project.

"When the electricity, the Energy Company from Plymouth, were coming down here, so I had an appointment . . . I started coming back down, down here because it filled a gap. There's free food here." (Participant A)

People have continued using the fridge and then discovered other opportunities they could access in the space.

"soon discovered that there was so much more to the mission statement of Leadworks than just a place for free food and have in fact found it to be much more than this" (Participant E)

Theme 2: Chance to belong to a community

People felt that one impact of coming to the PLR was that they had a chance to feel part of a community, which gave them a sense of belonging.

"chance to be a true community member" (Participant E)

For the majority of people they hadn't felt like they belonged somewhere before.

"Because in the oddest of spaces, I felt like I actually belonged. I found my people." (Participant G)

Even when people stop attending as regularly, this sense of community continues, and they know they can come back.

"But I still visit often. Sometimes for a coffee, other times when I just need a hug. The building its self is just 4 walls but the people inside are what makes it a home." (Participant G)

Subtheme 1. "Give back to the community" (Participant C)

There was a strong sense that when people felt part of the community, they wanted to give something back.

"I then wanted to raise funds for the Kintsugi project" (Participant B)

People's relationship with how they see themselves in the community has changed.

"Coming to Leadworks helped me to give back to the community that I had taken from . . . I am responsible now, I help with the fridge, I clean the toilets." (Participant C)

Subtheme 2. Trust within the relationship

There was a consensus that the people at Leadworks have good intentions, which has led to people trusting their actions.

"For me, building the trust was key to my success today." (Participant C)

"I have come to trust all that Leadworks has to offer" (Participant E)

This trust has allowed people to feel part of a community and build connections to enable them to share their concerns and feel supported.

"If you get problems, there's always someone here to talk to." (Participant F)

Subtheme 3. Chance to build connections.

The PLR provided an environment where people could build connections with other people, tell their stories, and be listened to.

"Leadworks helped me find a connection that I had not known was possible. Through sharing our stories with each other and a shared passion for building connections" (Participant G)

These connections felt different because people have shared experiences and, therefore, could resonate and empathise as equals.

"It doesn't often help me talking to other people, but sometimes people here are different to normal people. They struggle, they aren't off their heads. They struggle with life. So they get it." (Participant F)

Subtheme 4. You are not alone

The community gives people a sense that they are not alone and reduces their feelings of isolation.

"For me, the Community Fridge didn't just stop me from being hungry

*... It's saved me from being alone,
and led me to much more."
(Participant H)*

People felt less isolated because the friendships they formed at Leadworks created a sense of togetherness.

*"Whenever I find myself to be lonely,
Leadworks provides some much
needed companionship" (Participant
E)*

Subtheme 5. People care about you

The caring environment made people feel like they mattered and they were valued by others.

*"I have friends who notice if I'm
anxious or struggling now." (Participant H)*

People take time to show each other that they care. They feel empowered to make decisions because they are confident that they have a safety net.

*"She told me only you can make
decisions, (...), but we'll be here to
support you." (Participant C)*

Theme 3. "Leadworks has changed my life"

Participants agreed that Leadworks had changed their life trajectory.

*"Over the past 18/19 months,
Leadworks has changed my life." (Participant
B)*

For some participants this change in their life contributed to them saving their own lives. There was an overarching message that Leadworks gave people a base to come to, which offered them purpose and identity.

*"Has it made a difference? You don't
have to ask me twice the answer to
that question is Leadworks saved my
life." (Participant I)*

*"This place has saved me. It doesn't
make me want to drink. I'd be lost
without it." (Participant F)*

*"If I didn't come here, I would
probably be taking drugs still and in
jail." (Participant D)*

This changed outlook meant people *"began to live"* (Participant I). For some people, this change in life led to other opportunities where they have been able to develop skills and confidence to start working again. Once you come to this place, you get hooked and want to come back.

*"The reason I have used past tense is
because I was able to restore my
confidence and I am now working
full-time so I am no longer at
Leadworks as a volunteer. But I still
visit often." (Participant G)*

Subtheme 1. Life was a "circle of shit" before

Most of the stories reflected that people had difficult lives. People experienced traumatic experiences, used illicit substances, and suicidal attempts.

*"In 2021 I was made homeless, I lost
my mum to cancer, and a could
barely walk. Christmas 2021, I was
suicidal. ... I was paying my bills but
had little left over for food."
(Participant H)*

*"He was a piece of work, very abusive
... It was hard when you got locked
up. They put you in isolation. Suicide
watch. It's hard to be illiterate. ... I
was in Glenbourne for two weeks. I
was on the edge of Tamar Bridge. ... I
thought, sod this piece of shit life ... I
was drinking a bottle and a half of
vodka a day, ketamine and steroids."
(Participant F)*

*"He fell in.. And that's when
everyone's life changed." (Participant
A).*

People reflected that getting out of this loop was hard, and the difficulties were pervasive.

"You get in a spiral, a loop, I call it the circle of shit, you just keep falling back in." (Participant F)

People felt like they didn't fit in, this impacted how people showed themselves, and the value they felt they held in society was low.

"When I first came to Leadworks, I thought that I had nothing to give, just a handful of poems and a few ukulele tunes." (Participant I)

Subtheme 2. "I have a purpose" (Participant C)

Leadworks allows them to get out of the house and incorporate spending time with other people into their day.

"It would feel strange not coming down here now. I get my meth(adone) every morning and then come down." (Participant D)

People have started to develop a holistic view of mental health and recognise that social factors impact how we think and feel about ourselves.

"I do take a tablet every day but that, this helps as well, getting out the house helps as well." (Participant A)

Subtheme 3. "Opportunities"

People reflected how being at Leadworks has given them opportunities to connect with other people and made them feel empowered to push themselves out of their comfort zone. This has allowed people to be responsible and learn new skills that will be transferrable to other contexts.

"I think we covered about 230 miles over 2 days. We raised over £500 for the community fridge." (Participant B)

"We were all creatives and were all given opportunities that were never thought possible." (Participant G)

Opportunities have been supported by other people at Leadworks and knowing that you have support around you makes it feel more possible to try different things. There is an opportunity to create goals and have a team around you to help make this a reality.

"This year, I started 3D printing. With the help of the team at Leadworks ... I'm looking at turning this into a business." (Participant H)

People also spoke about opportunities to develop other skills around emotional intelligence. Being in a safe place with people you have come to trust has allowed people to be 'vulnerable' and develop aspects of their identity and self-esteem.

"I learnt how to be confident. I learnt how to express myself. I learnt how to ask for help. I learnt how to set boundaries. I learnt how to be honest. I learnt how to be vulnerable." (Participant G)

Subtheme 4. "My mental health is a lot better"

People started using different coping strategies to help their mental health instead of strategies that had negative side effects.

"My mental health is a lot better. I am now on less medications, not taking overdoses," (Participant C)

People didn't say it cured their mental health difficulties, but there was a consensus that coming to Leadworks improved their ability to cope with difficulties and think about themselves. People spoke about feeling less isolated and knowing there are people there to talk to can alleviate people's mental health distress.

"My mental health, it's a lot better here. My hoarding, my collecting would be much worse. I'd be more depressed. I'd be at home on my own." (Participant F)

People echoed that Leadworks provides them with hope and happiness, which can change someone's outlook on the future and how they see themselves.

"Coming across Leadworks has invariably provided me with moments of great happiness and joy" (Participant E)

Subtheme 5. Self-worth

People discussed that attending Leadworks has increased their self-worth. They have been able to make positive steps in their life, which has led to them developing a more positive self-identity, which in turn has led to a different perspective.

"I'd come from drug addiction and mental health diagnosis, reliant on other people's words, company and memories, to then being able to think for myself, being happy in my own company and importantly, making my own memories." (Participant C)

For some people, the positive impact of this has been internalised, leading to a helpful shift even when they are not at Leadworks.

"I feel more useful and happier when I leave here, even when I'm not here. I

hear their voices. I hear Gil³ on my shoulder like Jiminy Cricket, like my conscience" (Participant F)

For some people having a different perspective from other people helped them think differently about themselves.

"The way I felt about myself wasn't the way others felt about me." (Participant G)

"Betty³ believed in me and I started to see the endless possibilities to serve and to help, to listen and to learn and to believe in myself, to learn to trust others that I had something to give, not just existing." (Participant I)

Creating an atmosphere where people feel respected and valued has helped them recognise the value they can bring.

"I had lost my voice before coming to Leadworks and it has helped me to start to get it back" (Participant E)

Potential links between the themes

We discovered that offering a 'welcoming environment' (Theme 1) allowed people a 'Chance to belong to a community' (Theme 2), and this helped to 'Change my life' (Theme 3). Table 3 includes the links to the digital stories. Due to the length of this article, other outputs from the digital stories, including photos and songs, have not been included.

³ Pseudonym names have been used.

Table 3*Title and links to the digital stories.*

Title	Link
How Leadworks saved my life	https://youtu.be/ObXyFt9ITtc
Jackie's Journey	https://youtu.be/HMEfs2gCmYQ
Charlee's New Start	https://youtu.be/GURn5l8rJ7w
New Chapter	https://youtu.be/HSMzmbG0t8c
Lost voice, found	https://youtu.be/c2e9Kv_Wihs
My thoughts about Leadworks	https://youtu.be/ScDoT_1yWWk
Fridge Thoughts	https://www.wevideo.com/view/32573779574 ⁴
Leadworks	https://youtu.be/WptPkabJKsY
Leadworks	https://youtu.be/NiZtzT2Mf_k

Discussion

Reflection on findings

We explored how this community's PLR is organised (Aim one). This research shows that having a welcoming environment when people first enter the community space encourages them to come again. A consistent presence enables trust building, encouraging people to use the space. People also felt safe because they knew that there were fair and consistent boundaries. This aligns with the literature on place-based attachment, which shows that attachment develops when people have prolonged exposure to a place and a sense of security (Giuliani, 2003). This also supports the critical indicators of a psychologically healthy society (McGarth et al., 2016) because the environment enables people to feel secure in the space and develop trust.

The PLR provides people with basic needs, including safety and access to free food (Maslow, 1954). The research shows that most people started to access the PLR by visiting the community fridge, which is also in the community space. This complements research showing that community initiatives can identify and target community needs (Smith, 2009) because there are high levels of food poverty where Leadworks is based.

The stories indicate that people have grown up in a society that judges them; this PLR allows them to be themselves, positively impacting their self-worth and mental health. Cromby et al.'s (2012) view of distress supports this, which shows the negative impact of being judged by society on our well-being when we are social beings wanting to belong.

The space encourages mutual aid which provides opportunities to give something back to the community, which benefits mental health and community resilience (Perach et al., 2023). We explored the impact of the PLR on people's lives (Aim two).

The findings suggest that the PLR allowed the participants to belong to a community after feelings of being excluded from society. At times, this sense of belonging was internalised, and this sense of connection to the community space continued after they left the physical location. In line with Sarason's (1974) research, people have developed a sense of community in which they feel an integral part, this increased their social circle and reduced their isolation. People felt they developed relationships with people who cared about their well-being and would notice if they were not ok, which reassured

⁴ Unfortunately, this file is corrupted and unable to be accessed.

them and increased their feelings of safety. Connecting as equals allowed people to share their experiences and develop trusting relationships with others in the space. This has enabled them to talk about their concerns because they have a sense of trust in people's intentions. This aligns with research that shows neighbourhood trust can buffer the link between disadvantaged communities and worsened mental health outcomes (Kawachi & Subramanian, 2018; Mohnen et al., 2015).

Groups members developed a reciprocal relationship with the PLR which led to them developing a sense of agency over the space, they wanted to keep it clean, not engage in criminal activities and raise money to keep it going. This is consistent with research that shows people are more likely to engage with government initiatives if they feel part of their community (Neufeld et al., 2019). This could have broader implications for addiction services and is consistent with the Good Lives model, first proposed by Ward and Stewart (2003). This model advocates for a community-orientated approach to rehabilitation where people are up-skilled to enable them to access external resources to help them reach their life goals (Ward & Fortune, 2013).

Giving people a chance to belong to a community has contributed to the community space, helping to change the trajectory of people's lives. In line with Desmet and Fokkinga's (2020) model, people's sense of belonging has enabled them to think differently about their lives. People's stories touch on experiencing multiple adverse childhood experiences which led to poor mental health, suicide attempts and hopelessness in their adulthood. They had used statutory services, but the hopelessness continued. The research indicates that coming to Leadworks gave them a purpose, identity, meaning, and different outlook, which contributed to people not feeling suicidal and beginning to have the life that they wanted. This led to their mental health improving and their ability to develop skills to cope with challenges. This supports

Haslam et al., (2023) social identity model because this research shows that community members' connecting has improved their mental health. This aligns with Bronfenbrenner's Ecological Systems Theory (1994), which shows that our social context has a pivotal role in our mental well-being. Interventions at a community level can help change how someone perceives their mental health, which aligns with the aims of The Community Mental Health Framework (NHS England, 2019), for example, the 'no wrong door policy'. The stories also suggest that people have started using the PLR because they accessed the space through other services, which indicates that the community space benefits through building relationships with other organisations.

People have started to develop a holistic understanding of mental health and what keeps them well, including hope, happiness, and purpose. Having a community has given people opportunities through the connections that they have made, which has improved people's confidence and provided them with new skills. This aligns with extensive research on the positive impact of increasing social capital within marginalised communities (Corrigan et al., 2023). People reflected that developing a better understanding positively impacted their self-worth.

Strengths and Limitations

We reflected that the strength of using DST meant that when we came to the data analysis phase, the participants had already selected their most important parts of their stories. It allowed them time to reflect on their journey and capture it in a way that resonated with them, therefore, each line was concise and explained exactly what they wanted to say. This allowed the co-analysis phase to focus on the collective sense-making more efficiently whilst respecting their view on their salient points. It also meant that co-analysing the data with participants was essential to unpack the content of the digital stories to increase validity. Everyone's digital story was

different, this allowed for a flexible and person-centred approach. However, people could not go into as much depth as they may have been able to with other research methodologies, such as interviews. This was part of the decision-making process because, through consultation with the CAB, they explained that people were unlikely to sit through an interview for any length, therefore, this was trauma-informed and in line with the community's needs.

I was aware that people who were not computer literate may feel alienated, so individual support was offered to mitigate this. People had an opportunity to learn new or refresh their computer skills, including video editing. This also gave participants transferable skills.

Using DST allowed people to foster connections and reflect on the impact other people have had on their lives (Brice & Lambert, 2009). It enabled people to share their stories and receive feedback, which anecdotally helped their confidence and self-worth. DST is more than a way of collecting data; it is a community-building activity that aligns with the communities' goals (Brice & Lambert, 2009).

This project took over three years to develop. Now that I have developed this relationship, it can lead to future opportunities and research projects.

This study relied on volunteers, studies show co-researchers benefit from participating in projects (Blueprint Writing Collective), however, we advocate for increased funding for community work and co-researchers.

This study's findings are from a single-site case study. I acknowledge that some of the findings and processes are not directly replicable. We utilised a convenience sample, which has implications for representativeness.

The rigour and the quality of the study were assessed using the Clinical Appraisal Skills Programme Quality Checklist (CASP, 2014),

which suggested that the study achieved good levels of rigour (see Appendix 11).

The data analysis followed a rigorous data analysis which meaningfully involved participants. I received positive feedback from participants, who found it insightful and meaningful and commented on how collaborative it felt. This study was informed by (Hemming et al., 2020) guidance on the co-analysis of qualitative data. However, it was conducted over a shorter period due to participants volunteering their time.

Recommendations

Notwithstanding the limitations, the following recommendations are offered.

For practice

We have co-produced the dissemination phase, during which we will hold an exhibition in the space to showcase the stories, quotes, and recommendations to the broader community and stakeholders.

In terms of meeting aims three and four, the following recommendations based on our findings are:

- Recognise the value of providing a welcoming environment and talk to community members about what a welcoming environment would look like for them and incorporate this into your setting. This research has shown that providing a space where people whom society may label as 'hard to reach' can feel safe and not judged can lead to them developing a trusting relationship and meaningful engagement. It is the services that are hard to reach, not the people. A consistent space with predictable open times, a comfortable environment and familiar people may help develop the trust.
- Recognise the importance of people feeling safe. It may take time for people to feel safe and trust your

space. Have open discussions around boundaries within your community space; these should be fair, co-designed and enforced.

- Work hard to adopt a non-judgmental stance in all aspects, such as how you talk to people, what you offer, and how it is offered. This recommendation aligns with Hassan et al.'s (2020) research on the Life Rooms Approach, which also found that a less clinical and non-judgmental space could foster social inclusion and connectedness. This echoes Camerados principles around tolerating differences respectfully and valuing challenges.
- The research shows that people started accessing the PLR by being signposted to the community fridge or another service based at the PLR. We know that hunger trauma significantly impacts people's mental health (Weaver & Hadley, 2009). Organisations struggling to engage community members to access mental health support could consider food provision.
- Provide time and opportunities for people to connect. All the participants spoke about the value of the different aspects of the community space, e.g., the community fridge and cookery classes. Community spaces should consider the breadth of support and activities they offer.
- Being consistent and valuing people are crucial to developing trust in the community. Consistent staffing and volunteers enable communities to build trust.
- Value mutual aid approaches in offering mental health support. This could include helping with cleaning duties, volunteering, and fundraising.

- Hold in mind that people using similar spaces may have high levels of trauma and adverse childhood experiences, which is likely to impact their threat systems, distress levels and coping strategies. Training around trauma-informed practice, psychological safety and mental health is recommended.

For policy

This research indicates that this community initiative has changed people's outlook on life from a "circle of shit" to a life worth living, with hope, joy and belonging. This space needs sustainable funding, as funding is the biggest threat to community initiatives (Ahmadi, 2017).

This is an example of how community support works in practice to foster people's mental health. It is a way for the Community Mental Health Framework to be actualised in practice. It requires building relationships with communities that lead to authentic partnerships built on trust, we suggest using our recommendations to help develop policies and design new initiatives.

Research

I acknowledge that CBPAR is underrepresented in clinical psychology research (Collins et al., 2018). In this current project, CBPAR formulation has helped create a partnership with the community, which has led to meaningful findings and recommendations. More clinical psychology research that utilises CBPAR is important.

Community-based approaches do not conform to traditional ways of collecting research (Walker et al. 2022), this research has shown that DST is a viable community psychology tool that captures valuable qualitative data from the community.

Conclusion

This study shows the importance of community initiatives and taking the time

to create a welcoming environment led by the community's needs and ethos. It has demonstrated that community initiatives, such as a PLR, can impact members' lives in multiple ways. This impact has been shown to last even when people are no longer utilising the space. Recommendations have been given for similar spaces to help build community trust and connection. This research has been guided by Leadworks, which has led to it becoming a meaningful partnership that will continue after this project. It has allowed me to embed myself in a community and utilise the values and skills I have developed as a training clinical community psychologist.

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