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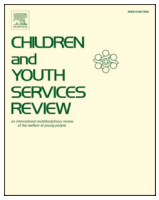

Engaging youth at risk of violence in services: Messages from research

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A B S T R A C T

Addressing youth violence is a public health priority given its prevalence, harms and costs to society. Services designed to prevent or reduce youth violence exist. However, their effectiveness depends on youth engaging with them. To our knowledge, there is no overview of the evidence on how to support this process. This article therefore aims to identify key messages from the scientific literature about how services can best engage youth at risk of involvement in violence. We undertook a rapid review of the evidence on youth engagement in services, prioritising English language studies published from 2010- which included youth aged 10–14 years and were conducted in high-income countries. Key messages for practice relate to 12 themes: co-designing services with youth; personalising provision to youth needs and preferences; recruiting staff with suitable experience and qualities; developing positive practitioner-participant relationships; nurturing an enabling service system; creating an inviting service environment; designing interesting activities and service content; encouraging peer engagement; securing parent/carer support; exploring opportunities for service integration; proactively including marginalised groups; and exploiting digital opportunities. While we could identify key messages from the literature, more prospective empirical research is needed to test the effectiveness of strategies in isolation and combination. This includes exploring what works for whom and in what circumstances.

1. Introduction

Youth violence can range from threats (with or without weapons), bullying and physical fighting to more severe sexual and physical assault and homicide (WHO, 2020). Although it often occurs between acquaintances and strangers in community settings, it can also involve domestic abuse, whether physical, verbal, sexual, psychological or financial (Russell, 2021). Addressing youth violence is a public health priority given its prevalence, harms and costs to society (Kieselbach & Butchart, 2015). It can have negative physical and psychological consequences for young people, including mental health problems, increased health-risk behaviours, injury and death, and it also adversely affects families and communities (Bellis et al., 2017).

Multiple factors increase the risk of youth involvement in violence, whether at the individual, family or community levels (e.g., youth alcohol and substance use, violence in the home, living in areas of deprivation) (Farrington et al., 2017). Here, we define youth as being "at risk" if they have one or more such risk factors. Much is known about how to prevent or reduce youth violence through school-, family- and community-based interventions (Matjasko et al., 2012; Fagan & Catalano, 2013; Farrington et al., 2017; Russell, 2021). Regarding interventions that involve young people, there is good evidence of effectiveness for mentoring, life skills training, social-emotional learning, family therapy services, bullying prevention and dating violence programmes.

The engagement of youth in services is foundational to the ability of services like these to have a positive impact on outcomes. We define engagement as joining – or enrolling in – a service, continuing to attend or take part in that service in some way, and the depth and quality of the young person's involvement or participation in the service. Yet this can be very challenging, especially for youth at risk of involvement in violence. The Covid-19 pandemic and associated lockdowns exacerbated this, since many approaches traditionally used by organisations to engage youth no longer worked in the same way.

To our knowledge, there is no existing overview of research on how services can best engage youth at risk of involvement in violence. The aim of this article is therefore to synthesise key messages for practice from the scientific literature on this topic. Youth at risk of violence are first and foremost youth, and both universal and targeted services may seek to prevent or address youth violence. For these reasons, the review encompasses evidence on a broad range of young people and forms of provision. Its messages are arguably applicable to service providers working with a wide range of young people, from small grassroots non-profit organisations to large statutory providers (health, social care,

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education, youth justice), and cover in-person and online programmes from targeted work in schools to detached youth work. Although the review sought to identify factors that organisations should consider when engaging youth regardless of the pandemic, the immediate context meant that we were particularly interested in what might work under lockdown. We should be clear that our focus is on engaging youth in services rather than youth engagement in decisions that affect them, although the two are connected (as we demonstrate).

2. Method

We undertook a rapid review of evidence to answer our research question within a limited timeframe. Rapid reviews are known for being a pragmatic alternative to systematic reviews when time is constrained, such as when evidence is needed to inform policy (Sutton et al., 2019). They allow elements of a systematic review process to be expedited, which might typically include fewer database searches, single screening of results and no critical appraisal (Tricco et al., 2017). These shortcuts need to be agreed between the commissioners and the review team, in recognition of the potential for introducing bias (Ganann et al., 2010).

We chose a rapid approach to reviewing the evidence because providers were interested in reconfiguring youth services in the context of the Covid-19 pandemic. Commissioners were involved in designing the review and developing themes (Garritty et al., 2020). Searches were sensitive, comprising multiple terms, and used comprehensive sources for both peer reviewed and grey literature. Results were screened by one reviewer and then discussed with the wider team. No critical appraisal was undertaken due to the diverse nature of included material and speed of the review.

In order to increase relevance to services funded by the research funder, we focused on English language studies published from 2010 onwards which included youth aged 10–14 years and were conducted in the UK or other high-income countries.[1] To answer the research question, we prioritised studies of interventions targeting youth at risk of violence. However, we also drew on wider evidence for strategies to engage youth in services, partly out of necessity given the dearth of studies on the specific topic but also because many of the lessons have broader applicability. Youth at risk of violence share many common risk factors with those at risk of poor outcomes in other areas, such as education, behaviour, substance use and mental health (e.g., Monahan et al., 2014).

We used Scopus for peer-reviewed literature and citation searching and took an iterative approach, starting broad before focusing on more specific areas. The approximate order of searches, which took place in May and June 2020, was as follows:

1. Reviews (including umbrella reviews, systematic reviews, meta-analyses, literature reviews, rapid reviews) of the effectiveness of interventions to prevent or address youth violence (including dating violence, gang involvement, bullying), crime and anti-social behaviour as well as youth alcohol and substance misuse (risk factors for youth violence).
2. Implementation issues (including barriers and facilitators to delivery and engagement) affecting interventions and services for the above as well as mental health problems.
3. Virtual/digital interventions aimed at the above issues, with a focus on issues such as engagement, acceptability, safety and format.
4. Studies (reviews and primary studies) concerned explicitly with youth engagement and retention in interventions and services focusing on the above issues, especially with disadvantaged and minority youth.

[1] The Youth Endowment Fund focuses on preventing children and young people becoming involved in violence, especially those aged 10-14 years.

Supplementary grey literature searching focused on youth engagement in services. Google and Google Scholar were used to identify non-academic publications and sources of data (e.g., service evaluations, reports, white papers, guidance) and relevant peer-reviewed articles missed by the indexed database search. Websites of relevant UK youth-orientated organisations were manually searched for reports or other data, and where appropriate links to other sources were explored. Appendix S1 provides further information about the search strategy, and Table 1 summarises key features of the included studies.

Studies were screened for relevance by first author (NA) and placed in four categories accordingly (essential; very useful; useful but not essential; leave). Reviewers (NA, JTR, SRB, TT) focused primarily on the first two categories and extracted the following data: study design; study aim; study sample; study setting; nature of the intervention(s); age range targeted by the intervention(s); and key messages on engagement. To support consistency, the first author provided feedback on co-authors' initial reviews and we worked together to review completed data extraction forms. The first author then reviewed all completed data extraction forms to identify key themes, which were shared with the research commissioners. All authors copied relevant text from their completed reviews into this framework and suggested sub-themes or new main themes. The first author reviewed and consolidated this framework, which the team then refined and approved.

3. Messages from the research

The majority of studies (Table 1) are reviews (including umbrella reviews, systematic/non-systematic, with meta-analyses or narrative syntheses). Other studies use qualitative (e.g., interviews, focus groups, questionnaires, field notes, ethnographic), quantitative (e.g., RCTs, surveys of providers/users) and mixed methods. Most studies focus on violence, crime/offending, anti-social behaviour and gang involvement, although related outcomes are also covered (e.g., substance/alcohol use, mental health, harmful sexual behaviour). Interventions are universal and targeted, a mixture of school-based, community-based and digital, and include *inter alia* sport, mentoring, cogitive behavioural therapy (CBT), social-emotional learning, music, youth work and generic health services. Study participants are aged 4 to 25 years but nearly all studies include some youth in the 10-14 year age-range, with most focusing on adolescence/early adulthood. Our analysis identified messages that cluster into 12 areas (summarised in Table 2).

3.1. Co-designing services with youth

Services are arguably more likely to attract and retain adolescents when they meet their natural developmental needs for increasing levels of autonomy, voice and decision-making authority (Saito & Sullivan, 2011). Authentic input from young people helps to create programmes in which other youth are more likely to participate. Specifically, involving youth in service design and potentially delivery helps to ensure that services are not patronising, tedious or repetitive but rather useful, engaging and relevant (Robards et al., 2018; Walsh, 2019; Achilles et al., 2020). It can make interventions seem more "real" and "close to home", providing authenticity which youth identify as a key ingredient of successful interventions (Stanley et al., 2015). Undertaking co-design workshops with youth can also help ensure that intervention design is age appropriate (Liverpool et al., 2020). Involving young people meaningfully in creating their own care plan (where relevant) gives them a sense of autonomy, control and belonging (Sinclair et al., 2019). The most successful models of youth outreach and engagement build on youth strengths (Walsh, 2019).

There are various ways to engage youth effectively in service development and planning. One is providing youth with incentives that are practically appealing (Hawke et al., 2019). This may help young people take the first step to enter a service organisation, which in turn may lead to valuable youth engagement at organisational and service

Table 1
Overview of studies.[1]

Study	Study design/location(s)	Study aim(s)	Intervention(s) and age range[2]
Achilles et al. (2020)	Literature review (number and location of studies not specified)	To (i) review evidence on factors associated with improving adherence to e-mental health interventions among youth, and (ii) provide a viewpoint on the association between adherence and intervention outcomes and factors associated with improved adherence	E-mental health treatment interventions (nature not specified); young people aged 12–25 years
AYPH (2013)[3]	Mixed methods evaluation (surveys, interviews, site observations, monitoring data), 4 demonstration sites in England	To present key learning about how to make health services more accessible for young people (especially 30% most vulnerable)	Health improvement information, advice and guidance (e.g., alcohol/substance use, emotional well-being, mental health) delivered in non-health settings (e.g., schools, community-based services); age range not specified but focus is teenagers
Briggs (2010)	Qualitative study (interviews with 14 young people, ethnographic observations of programme sessions); London	To explore how minority ethnic young people can be equipped to develop social capital	In-person programme to raise self-esteem and deter minority ethnic group youth from involvement in crime and gangs; young people aged 14–22 years
Brisson et al. (2020)	Mixed-methods evaluation (questionnaires, documents, qualitative interviews and observation of sessions); Canada	To reflect on lessons learned from the implementation and evaluation of three gang prevention programmes	Community projects (e.g., community mobilisation, mediation, public education and support) focused on preventing extreme risks for violence (gang-related activities and criminal behaviour); young people aged 9–20 years
Campbell et al. (2020)	Systematic review (13 studies, all in high-income countries)	To establish what intervention components are viewed as acceptable or useful by young people and their families to inform the development of interventions for young people with harmful sexual behaviours	Various interventions (e.g., family treatment, wilderness therapy, boxing); age-range not specified but typically adolescents
Case & Haines (2015)	Literature-based commentary (number and location of studies not specified)	To set out and evidence an alternative model of youth justice (Children First Offenders Second; CFOS)	Whole child, preventative and diversionary approach to youth justice; young people aged 11–25 years
Clarke et al. (2015)	Systematic review (28 studies, all except one in high-income countries)	To synthesise evidence on the effectiveness of online mental health promotion and prevention interventions for young people	Online mental health promotion and prevention interventions (e.g., stress management, relationship skills, CBT, self-monitoring, peer/therapist support); young people aged 8–25 years
Crawford et al. (2017)	Qualitative study (interviews with young people (36), parents (18), professionals (>70); England	To explore (i) how anti-social behaviour interventions are implemented and (ii) their legitimacy from young people's perspective	Anti-social behaviour interventions (e.g., preventative orders, prohibitions, conditional support); age range not specified (though likely young people aged 0–21+ years)
Densley et al. (2017)	Mixed methods: qualitative process evaluation (programme document analysis, observation of sessions in three schools) and RCT (391 students); London	To evaluate (i) implementation processes in a gang prevention programme ('Growing Against Gangs and Violence' (GAGV)) and (ii) its impact on outcomes (e.g., attitudinal change, self-report offending, gang activity)	GAGV is a universal school-based programme involving the police, covering skills development (e.g., conflict resolution, refusal skills) and issues awareness; young people aged 12–14 years
Dickson et al. (2018)	Systematic review (10 studies, all in high-income countries)	To examine (i) how positive youth development (PYD) interventions were implemented, (ii) how young people received them, and (iii) how this was affected by contextual characteristics of places and persons	PYD programmes to prevent substance misuse, violence and anti-social behaviour (e.g., life skills, educational support, leisure activities, community-based activities, training/employment opportunities, leadership opportunities); young people aged 12–18 years
Dunne et al. (2014)	Evidence synthesis (literature, mapping of national contexts, stakeholder consultation, analysis of successful practice); European Union (EU) countries	To facilitate the understanding and appreciation of youth work in the EU and its contribution for young people	Variety of youth work projects (universal and/or targeted, concerned with broad goal of personal development and/or specific issues); age range not specified but includes adolescence and early adulthood
Dunne et al. (2017)	Literature review (40 studies, all in high-income countries)	To evaluate opportunities to improve youth engagement in mental health and substance use prevention and treatment programmes	Mental health and substance use interventions (e.g., social media campaigns, school-based programmes, therapy, social action projects, text messaging, family services); young people aged 11–19 years
Ellis et al. (2013)	Quantitative longitudinal analysis (114 participants); US	To evaluate levels of parent and child engagement in an evidence-based preventive intervention for youth at risk for behaviour problems (Coping Power), including the relationship between them	A cognitive behavioural programme involving child group sessions (e.g., goal-setting, awareness of feelings, problem-solving skills, dealing with peer pressure) and parent group sessions (e.g., behaviour management skills, family problem-solving, communication); young people aged 10–11 years
Fixsen et al. (2011)	Literature-based commentary (number and location of studies not specified)	To describe interactions between the components of implementation science and community engagement strategies in relation to promoting the uptake of evidence-based youth violence prevention programmes	Evidence-based violence prevention programmes (no detail); age-range not specified
Folk et al. (2020)	Mixed methods study (survey, interviews; 168 caregivers); US	To (i) assess the feasibility of recruiting caregivers of justice-involved youth using social media into clinical research and (ii)	Digital mobile health technology interventions for caregivers (e.g., supportive/motivational text messages, online support community, individual therapy sessions); young people aged 10–17 years

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Table 1 (*continued*)

Study	Study design/location(s)	Study aim(s)	Intervention(s) and age range[2]
		understand caregivers' perceptions of the acceptability of digital health interventions	
Fouché et al. (2010)	Systematic review[4]	To systematically review the impact and outcomes of youth work for young people as relevant to the Aotearoa/New Zealand context	Youth work interventions (no detail); young people aged 12–24 years
Fyfe et al. (2018)	Transformative evaluation[5] ('planned conversations' in youth work settings with 129 young people); Scotland	To explore the impact of community-based universal youth work, including the nature of the impact and how it was achieved (working with three youth work organisations)	Open access and targeted (one-on-one, group) youth work; young people aged 5–25 years
Garrido, Millington, et al. (2019)	Systematic review (narrative synthesis (41 studies) and meta-analysis (15/41 studies), mostly high-income countries)	To examine (i) the effectiveness of digital mental health interventions in addressing youth anxiety and depression, and (ii) factors that relate to outcomes, adherence and engagement with such interventions	Digital interventions informed mostly by CBT, mostly online (but some mobile apps, text messages, phone), variety of content (e.g., psychoeducation, games, mood ratings, online chat with counsellor, peer support, video activities, diary), some self-help or interaction with a mental health professional; young people aged 10–25 years
Garrido, Cheers, et al. (2019)	Qualitative study (focus groups with 24 young people); Australia	To explore young people's perspectives about the usability of six currently available smartphone apps for mental health to determine features that will increase appeal and engagement with future interventions	Smartphone apps focused on mood management or management of mood disturbances, specifically depression and anxiety (e.g., CBT approach, personalised behavioural strategies, psychoeducation, links to therapists, peer support, mood tracking, mindfulness, meditation); young people aged 13–25 years
Hawke et al. (2019)	Mixed methods: scoping review (28 documents, all high-income countries) and focus groups with 32 stakeholders (youth, caregivers, service providers; Canada)	To (i) identify the characteristics of youth-friendly mental health and substance use services and (ii) outline the expected impacts on service uptake, engagement and satisfaction	Mental health and substance use services (no detail); young people aged 15–24 years
Hollis et al. (2017)	Meta-review of scoping, narrative, systematic or meta-analytical reviews (21 studies, locations not specified) and update of a systematic review of RCTs (30 new studies, locations not specified)	To investigate the effectiveness of digital health interventions for mental health problems in children and young people	Internet, telephone, text-based, smartphone apps, video games, videoconferencing; young people aged < 25 years
Holton (2017)	Focus group discussions (10 young people); Ireland	To explore reasons given by young people for their continued engagement (over 3–4 years) in a targeted youth work service	Youth work 'drop-in'; young people aged 17–19 years
Ipsos Mori (2010)	Mixed methods: discussion group, survey (421 practitioners), interviews (78 young people, 47 practitioners); England and Wales	To explore (i) the views of Youth Offending Team (YOT) practitioners about how best to engage young people and the barriers to successful engagement, and (ii) the views of young people about their own engagement with services offered and their experiences of the system	Youth justice services (no detail); age-range not specified but YOTs serve young people aged 10–18 years
Iwasaki (2016)	Content analysis of written statements (7 youth leaders, 12 community agency partners) and youth project team meeting minutes; Canada	To describe the role of youth engagement in promoting positive youth development and social justice youth development among high-risk marginalised youth	Government and non-profit agencies that provide youth programmes; age range not specified
Liverpool et al. (2020)	Systematic review (83 articles, 71 interventions; two-thirds of studies conducted in US, Canada, Australia, New Zealand)	To (i) identify modes of delivery used in child/youth digital mental health interventions, (ii) explore factors influencing implementation and use, and (iii) investigate how interventions have been evaluated and whether children/youth engage in them	Digital mental health interventions (e.g., websites, apps, games, text message); age-range not specified but study samples needed to have a mean age < 25 years
Lynch et al. (2021)	Narrative literature review (22 articles, all except one in high-income countries)	To critique literature on how the type of helping relationship affects young people's help-seeking behaviour, engagement and maintenance in mental health care services	Mental health care services (no detail); young people aged 10–24 years
Macarthur et al. (2015)	Systematic review and meta-analysis (17 studies, mostly high-income countries)	To quantify the effect of peer-led interventions to prevent tobacco, alcohol and/or drug use among young people	Peer-led interventions, mostly school-based (e.g., managing pressure, awareness of impact of advertising, practice of resistance skills); young people aged 9–19 years
Mallion & Wood (2020)	Literature review (number and location of studies not specified)	To explore how, theoretically, the Good Lives Model (GLM) might be useful in understanding and addressing street gang involvement	GLM is a strengths-based rehabilitation framework for offending behaviour; age range not specified but primarily adolescents
Martin et al. (2020)	Mixed methods: rapid review of clearinghouses (116 programmes) and reviews (39 studies), survey of programme providers and developers (88 participants, location not specified but likely predominantly high-income countries), and conversations with programme developers and practitioners	To (i) set out evidence on virtual and digital (V/D) delivery of interventions across a range of domains (e.g., mental health, substance use, crime, violence, anti-social behaviour), (ii) highlight challenges and risks associated with V/D delivery and (iii) report how intervention developers have responded to COVID-19	V/D interventions (e.g., one-to-one support, group-based services, unguided self-help, games, apps) to improve psychosocial outcomes; young people aged 0–18 years
Mason et al. (2017)	Mixed methods evaluation (literature review, qualitative case studies of eight projects [interviews with project leads/staff and partners, focus groups with youth participants], survey of youth participants, analysis of project monitoring and police data); England and Wales Realist synthesis (18 evaluation studies, all in London)	To test the effectiveness of neighbourhood-based sports interventions in reducing demand for police services in response to youth crime and anti-social behaviour	Neighbourhood-based sports interventions (e.g., football, boxing, dance, multi-sports); young people aged 10–20+ years

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Table 1 (*continued*)

Study	Study design/location(s)	Study aim(s)	Intervention(s) and age range[2]
McMahon & Belur (2013)		To explore (i) whether sports-based interventions have a positive impact on levels of youth violence, and (ii) what contributes to their success	Sports-based interventions (e.g., football, boxing, rugby); age range not specified
McNeish et al. (2018)	Rapid literature review of evidence and policy (no detail on study location)	To) inform thinking about ways to prevent and tackle youth violence, and (ii) in particular consider the evidence for community-based preventative projects that might be most effective in the London context	Variety of interventions (e.g., parent training programmes, early years education, life skills training, school-based social-emotional learning, youth mentoring, after school recreation); age range not specified but spans early childhood to early adulthood
Melendez-Torres et al. (2018)	Systematic review (13 evaluations, all except one in high-income countries)	To (i) examine the characteristics of school-based interventions that integrate academic and health education to prevent physical aggression and violence, and (ii) synthesise evidence for their effectiveness	School-based programmes (classroom and/or whole school elements) exploring issues (e.g., social-emotional learning, bullying) through academic lessons (e.g., English, History); young people aged 7–16 years
Morton & Montgomery (2011)	Systematic review and meta-analysis (three studies – two US, one Jordan)	To synthesise evidence on the impacts of youth empowerment programmes on young people's sense of self-efficacy and self-esteem, as well as other social and behavioural outcomes	Youth empowerment programmes (participatory research, community advocacy, training, non-formal education); young people aged 13–21 years
Newton et al. (2017)	Systematic review (13 studies, all except one in high-income countries)	To evaluate the evidence for combined student- and parent-based programmes to prevent and reduce alcohol and/or other drug (AOD) use among adolescents	Universal school-based programmes with a student component (e.g., life skills training, social learning) and a parent component (e.g., parental monitoring parent–child bonding, communication, AOD-related rule-setting); young people aged 10–18 years
O'Connor and Waddell (2015)	Mixed methods: rapid literature review (within and outside UK) and rapid evidence assessment of programmes (67, all in high-income countries)	To (i) provide a brief overview of the international literature on effective and ineffective approaches to preventing gang involvement, youth violence and associated problems (e.g., youth offending), and (ii) identify specific preventative programmes with a good evidence base	Universal and targeted interventions (e.g., educational skills-based programmes for young people, parent training, home visiting, family therapy, mentoring, sport); young people aged < 25 years
Radez et al. (2021)	Systematic review (53 studies, all except three in high-income countries)	To identify barriers and facilitators to children and adolescents seeking and accessing professional help for mental health problems (e.g., depression, anxiety, suicidal ideation, ADHD)	Various types of professional support (e.g., school-based mental health services, professional help/support in mental health settings); young people aged 7–21 years
Raposa et al. (2019)	Meta-analysis (70 studies, predominantly high-income countries)	To examine the impact of youth mentoring, including which specific outcomes are influenced most strongly (e.g., school engagement, externalising and internalising mental health, substance use, social skills)	Intergenerational one-on-one youth mentoring programmes; young people aged 9–16 years
Rasing et al. (2020)	Literature review (33 studies, all in high-income countries)	To provide an overview of the knowledge on factors that could contribute to, or withhold from, young people with depression using computerised or blended treatment	Computerised and blended treatment in routine care; young people aged 12–23 years
Robards et al. (2018)	Systematic review (68 studies, all in high-income countries)	To examine how marginalised young people (e.g., homeless, rural location, refugee background, gender and/or sexuality diverse, indigenous, low income, young offenders, living with a disability) access and engage with health services and navigate health-care systems in high-income countries	Health services; young people aged 12–24 years
Saito & Sullivan (2011)	Conceptual framework and literature review (method not described)	To (i) present a conceptual framework for youth engagement and (ii) review the literature on the benefits and outcomes of different dimensions of youth engagement	Various activities (e.g., after-school programmes, sport, creative arts, social activism); all young people but especially those aged ≥ 14 years
*Sandu (2020a, 2020b, 2021)	Qualitative research (interviews with 35 staff and 30 young people from not-for-profit support organisations); US and UK	To understand the role of professional helping relationships in altering the trajectories of young people facing severe and multiple disadvantage (typically poor mental health, misusing drugs and/or alcohol, intermittently homeless, largely disconnected from family)	Various services (e.g., youth work, social work, therapy, mental health support); young people aged 16–25 years
Sinclair et al. (2019)	Literature-based commentary (number and location of studies not specified)	To explore how youth participation is mobilised through child and youth care practice	Child and youth care; age range not specified
Smedslund et al. (2019)	Systematic review (53 studies, all in high-income countries)	To assess the effectiveness of computerised brief interventions to prevent the development of alcohol use in risky youth users	Computerised brief interventions (mostly delivered on the internet); mean youth age 17–23 years[6]
Stanley et al. (2015)	Mixed methods: systematic review of the international literature (34 papers, study locations not specified); review of UK grey literature (46 documents); consultation with UK young people (18 + participants[7]), practitioners and policy makers (numbers not specified) and international experts (16); mapping survey and analysis of programme benefits and costs	To inform UK practice and policy on school-based interventions for preventing domestic abuse for children and young people	Preventive interventions (including classroom-based curricula and whole school programmes); young people aged < 18 years
	Systematic review (48 reports, all except one in high-income countries)		Classroom and whole school activities exploring various issues (e.g., bullying, social-emotional learning, drug/alcohol use, life skills)

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Table 1 (*continued*)

Study	Study design/location(s)	Study aim(s)	Intervention(s) and age range[2]
Tancred, Paparini, Melendez-Torres, Thomas, et al. (2018)		To synthesise theories of change for school-based interventions that integrate health and academic education to reduce violence or substance use among children and young people	through academic subjects (e.g., literacy, drama, science, maths); young people aged 5–18 years
Tancred, Paparini, Melendez-Torres, Fletcher, et al. (2018)	Systematic review (15 studies, all in high-income countries)	To establish the characteristics of interventions, deliverers, participants and school contexts that facilitate or limit successful implementation and receipt of integrated academic and health interventions to prevent substance use and violence	Classroom-based curricula that use academic subjects (e.g., art, drama, English) to teach about various issues (e.g., bullying, social-emotional learning, drug/alcohol use); young people aged 5–15 years
Tuerk et al. (2019)	Critical review (unspecified number and location of studies)	To review digital technologies in evidence-based treatments (EBTs) for mental health	EBTs for mental health; age range not specified (but some included studies concern children/youth)
Valdebenito et al. (2019)	Systematic review and meta-analysis (37 studies, primarily in US and UK)	To systematically review and quantitatively synthesise evidence for the impact of different types of school-based intervention on the reduction of school exclusion	Interventions in mainstream schools to reduce exclusion rates (e.g., changes at school/teacher level, interventions to change pupil skills/behaviour); age range not specified (mean age 12.9 years)
Valentine et al. (2019)	Mixed methods study: focus groups (73 participants) and interviews (17 participants) with programme staff, administrators and young men; US	To provide detail on the development and implementation at a youth development organisation of a CBT life-skills programme for young men at high risk for (re)incarceration (e.g., history of arrest, gang-affiliated, struggle with substance use)	Youth worker delivered CBT life skills programme; young people aged 17–24 years
Van Doesum et al. (2016)	Quantitative survey of health and human services professionals (45 participants, all from high-income countries)	To examine successful recruitment strategies in programmes for children of a parent with mental illness, substance use and co-occurring disorders	Programmes for parents and/or young people offered in mental health services, the community, schools or social services; young people aged 6–23 years
Van Rosmalen-Nooijens et al. (2017)	RCT (93 participants); Netherlands	To (i) evaluate the effectiveness of the 'Feel the ViBe' intervention for adolescents and young adults exposed to family violence and (ii) test whether it is an effective and feasible way of reaching and delivering support	Internet-based self-support (e.g., peer support, information, support with accessing services); young people aged 12–25 years
Walsh (2019)	Rapid narrative review of reviews (17 studies, study locations not specified)	To synthesise evidence related to youth anti-social behaviour and prevention, with a focus on outreach as an engagement tool and what works for whom, when and under what conditions	Community-based early intervention and developmental programmes (e.g., outreach, youth empowerment, mentoring, multimodal); young people aged 8–18 years
Zlotowitz et al. (2016)	Ethnographic (thematic analysis of field notes); inner-city housing estate in UK	To outline the development of a music-based intervention to meet young people's mental health and other needs and ultimately reduce offending rates (with a focus on those not engaged in education, employment, training or youth services and at high risk of offending or re-offending)	Intervention using contemporary music skills (DJ-ing, lyric-writing) and other activities (e.g., support with benefits, housing, employment); young people aged 16–22 years

High-income countries represented in the reviews and primary studies.

[1] Listed alphabetically by author surname.

[2] As far as possible we have summarised actual age range and interventions included.

[3] This publication is a guide drawing on the independent evaluation: Sawtell, M., Austerberry, H., Ingold, A., Strange, V., Wiggins, M., & Stevens, M. (2009). *Evaluation of the teenage health demonstration sites programme: Final report*. London: Social Science Research Unit, Institute of Education, University of London.

[4] No studies met all inclusion criteria but themes from some studies were deemed useful and discussed in the report.

[5] A participatory research method involving the collection and analysis of significant change stories (in this instance by practitioner-researchers from young people). See: Cooper, S. (2018) *Participatory evaluation in youth & community work*. Oxon: Routledge.

[6] Search criteria specified 15–25 years but actual age range of study participants not reported.

[7] Numbers fluctuated between meetings: 18 attended the first, and 7 or 8 attended subsequent meetings (it is unclear if/how these numbers overlap).

levels (Hawke et al., 2019). Successful initial engagement can lead to longer-term involvement and outcomes, with youth developing skills that they can use to help shape services and make organisations more youth friendly (Hawke et al., 2019). It is important not to overlook certain groups; for example, young people in rural areas are often underrepresented in co-design projects (Achilles et al., 2020). Young people value adult facilitators who make efforts to ensure that all young people's views are heard in decision-making processes (Morton & Montgomery, 2011). When involving youth in creating their own care plan, adults need to help them to feel safe and positive about their participation and avoid tokenism; engagement should involve influence that leads to tangible change (Sinclair et al., 2019).

3.2. Personalising provision to youth needs and preferences

Services are more engaging for youth if they are tailored and responsive to their needs, interests, preferences and characteristics (Martin et al., 2020). Flexibility helps. One study found that young people wanted activities that they chose to engage with rather than appointments they would not attend because of stigma, a risk of being seen as "snitches" by other young people (in this instance gang members) and a mistrust of professionals (Zlotowitz et al., 2016). Similarly, young people appreciate being free to arrive late and drift in an out to make or take phone calls, as this helps build trust and respect with programme facilitators (Briggs, 2010). Lynch et al. (2021) argue that collaborative approaches to intervention help to ensure engagement, in other words involving youth in decisions about their care and letting them choose which intervention they would like to try. Conversely, excluding young people from this decision-making process increases the likelihood of them disengaging from interventions (Lynch et al., 2021).

Personalisation also involves activities being directly relevant to young people's felt needs. Morton and Montgomery (2011) cite a study in which youth engaged more meaningfully when opportunities for reflection in a service enabled them to personalise the experience. In another study, youth were more responsive when the issues were portrayed as being directly relevant to them – in this case because having good mental health can help with securing and keeping a job (Zlotowitz et al., 2016). In digital interventions, generic messages not individualised to the recipient's specific needs may be "personalised" by adding a user characteristic to the message (e.g., the user's name), while "targeted" communication involves communicating messages to a particular group (e.g., a given age-range) or screening for a specified risk (Hollis et al., 2017).

Personalisation is also about timing. Support can be offered to youth at any time, but interventions could usefully look for their "reachable moments". These are commonly points of transition (e.g., primary to secondary school) or vulnerability (e.g., when they are first in trouble, or after an assault, or when a family member is imprisoned) (McNeish et al., 2018).

A cautionary note is that care is needed not to over-assess young people to tailor services towards them. Assessments of need or risk to enable access to support can feel stigmatising and cause young people to disengage before the intervention starts (Case & Haines, 2015).

3.3. Recruiting practitioners with suitable experience and qualities

The effective recruitment, retention and continued engagement of youth depends on having staff with relevant experience and specific personal qualities. Regarding experience, a feature of effective interventions to prevent or reduce youth violence and crime is having trained facilitators who have worked with children and families and possess the skills and confidence to do so (O'Connor & Waddell, 2015). For example, intergenerational one-on-one mentoring programmes are more effective when mentors have a helping profession background, possibly because they have a stronger sense of self-efficacy (Raposa et al., 2019). Authenticity is enhanced when services are delivered by people with relevant expertise and experience (Stanley et al., 2015). Newer or less experienced staff members may struggle in complex projects with more challenging youth.

As for important practitioner qualities, those commonly cited include understanding youth, demonstrating authority without being authoritative, building long-term relationships and being a role model (Mason et al., 2017). Staff need to have a supportive rapport with young people, which requires hiring people who are understanding, caring, open, attentive, non-judgmental, genuine, relatable, available and skilled in making young people feel comfortable and welcomed (Lynch et al., 2021). They need to be committed to engaging youth voice and supporting choice and participation (see above). Consideration might also need to be given to staff socio-demographic characteristics. For example, arguments have been made for providers being as young as possible to foster bonds related to age (Hawke et al., 2019), or using male practitioners as role models to youth who lack positive male figures in their life, or having staff with a shared ethnic heritage (Campbell et al., 2020). Similarly, it has been suggested that youth mentors need to be attuned to young people's lives and be "insiders" to their communities (McNeish et al., 2018).

Messages on staff experience and training are somewhat mixed. Brisson et al. (2020) found that young people and families preferred relatively low-qualified practitioners who did not remind them of "intrusive" social workers; however, these practitioners lacked status and were unable to convene multiagency meetings. Low-skilled youth workers also had academic skills issues (literacy, numerical and computer literacy) which meant that they struggled to document their work (Brisson et al., 2020). Unconditional positive mutual regard is important, particularly with young people who display challenging behaviour, so it is problematic if staff lack competencies in this respect (Dickson et al., 2018). The same study found that volunteers were not always able to work flexibly around crises, and staff retention was an issue as most posts were part time which resulted in lower skilled youth workers.

While some practitioners are naturally better suited to engaging with youth, they can be trained to do this more effectively. For instance, training can improve teachers' general instructional and behavioural management skills in planning, implementing and maintaining effective classroom practices and have a positive effect on reducing problem behaviour (Valdebenito et al., 2019).

Ultimately implementation is a team effort, and teams need individuals who know interventions from a practice point of view, are skilful users of implementation methods and can apply continuous quality improvement cycles in their activities (Fixsen et al., 2011). Experienced implementation teams can work with individuals to form community groups, identify and nurture leaders, develop "buy in'' for interventions, locate or provide implementation supports, and help community groups anticipate issues (Fixsen et al., 2011).

3.4. Developing positive practitioner-participant relationships

The practitioner-participant relationship is essential to the effective delivery of a wide range of interventions (Martin et al., 2020). In mental health the "therapeutic alliance" contributes to outcomes and is critical in determining participant retention and level of engagement (Martin et al., 2020). In youth justice, the supervisor-supervisee relationship is a key factor in intervention success (Ipsos Mori, 2010). In education, a positive teacher-student relationship strongly predicts classroom behaviour, student motivation, school engagement and achievement and helps to promote more prosocial and less aggressive behaviours later in life (Valdebenito et al., 2019). In youth work, a long-term positive relationship with a trusted worker supports sustained engagement and impact (Fyfe et al., 2018) and may be the young person's only positive interaction with an adult outside their family (Holton, 2017). The nature and quality of the relationship is also key in mentoring (McNeish et al., 2018).

Among the reasons why young people disengage from services is

Table 2
Overview of messages from the research on engaging young people in services.

Key message	Rationale	Approaches to doing it[1]
Co-design services with youth	Helps ensure that services are useful, engaging, authentic and relevant	• Help young people to feel safe and positive • Ensure all young people's views are heard • Allow influence that leads to change
Personalise provision to youth needs and preferences	So that services are responsive to young people's needs, interests and preferences	• Be flexible (e.g., around timing, opportunities) • Make issues and activities relevant • Target messages at specific groups of young people • Exploit 'reachable moments' (points of transition/vulnerability) • Avoid over-assessment and targeting (because of ensuing stigma)
Recruit practitioners with suitable experience and qualities	Helps with building positive and supportive relationships with young people	• Recruit staff with relevant experience, skills (including implementation and quality improvement), knowledge, confidence and qualities (e.g., understanding, caring, open, attentive) • Ensure they are committed to engaging youth voice and supporting choice and participation • Consider practitioner socio-demographics (e.g., age, gender, ethnicity) • Provide training to build relevant practitioner knowledge and skills
Develop positive practitioner-participant relationships	Encourages young people to be more receptive to support	• Be caring, non-judgmental, approachable, fair and proportionate • Demonstrate empathy and respect • Give young people autonomy • Engage in difficult issues • Be open about service content and expectations • Tailor engagement methods to young people's needs • Be ready and willing to invest a lot of time
Nurture an enabling service system	Makes it easier for young people to find and attend services they need	• Create multi-agency service partnerships • Co-locate services • Employ 'community connectors' • Use active recruitment strategies (meet young people where they are) • Work with young people to develop advertising materials
Create an inviting service environment	Helps make services safe, accessible and welcoming for young people	• Ensure service is safe physically but also in terms of being inclusive and non-judgmental • Offer services local to young people (e.g., community, school, home) • Provide youth-friendly materials and activities
Design interesting activities and service content	Encourages attendance at services and ongoing participation (especially if friends attend)	• Ensure activities are interesting and fun • Build in interactive elements • Encourage skill development • Tailor content to real-life problems • Exploit the power of drama/theatre and physical challenges (Inc. sport) • Be flexible and allows services to develop organically (refresh content)
Encourage peer engagement	Peers are embedded in social groups, share similar experiences, and have greater credibility often than adults	• Encourage young people to invite their peers to the service • Help young people to support their peers' ongoing attendance and participation
Secure parent/carer support	Supports young people's participation and reinforces key messages	• Enable participation through provision (where needed) of transport, childcare and refreshments • Make good use of social media and other digital communication channels
Explore opportunities for service integration	Facilitates receipt of services in a constrained service environment	• Incorporate public health education (e.g., violence, intimate relationships, alcohol and substance use) into academic subjects in school
Proactively include marginalised groups	Enables access to and participation in services for young people who most need them	• Address *practical* barriers to engagement (e.g., lack of information, financial costs, service location, waiting times) • Address *psychosocial* barriers to engagement (e.g., concerns about confidentiality, feelings of stigma or shame, fear of being judged, expectation that service won't be helpful)
Exploit digital opportunities	Facilitates access through easier logistics, flexibility, enhanced privacy, and familiarity with medium of delivery	• Allow for self-paced provision • Ensure content and medium are age-appropriate and simple • Consider how to help young people trust the service (e.g., brand recognition, evidence of effectiveness) • Build in some interaction with a practitioner • Offer a user-friendly interface and experience (e.g., videos, games, options to personalise and connect with other young people) • Enable personalisation of service to user preferences • Ensure services is accessible via mobile phone

[1] Not an exhaustive list, and approaches will necessarily need to vary according to target population and type of service. Complexities and tensions are explored in the body text.

practitioner behaviour. This includes poor time management, lack of courtesy, failure to notify youth of changes to appointments, missing appointments, a delay in replying to messages, showing signs of frustration, and using language that is difficult for young people (Campbell et al., 2020). Other factors associated with disengagement concern the young person's situation or perspective. For instance, young people may feel unworthy or unable to engage in interventions, perhaps owing to a combination of risk, shame (at having failed to live up to other people's standards or norms) and a distrust of help which collectively distances them from orthodox social networks (Sandu, 2021). Without a sense of worth and the ability to contribute to society, young people may not contemplate their health, learning or engagement in work, so building their self-worth may be a stepping-stone to such outcomes (e.g., mental health, engagement in work and education, desistance from crime and substance misuse) (Sandu, 2020a). Supportive relationships with consistent adults and the development of skills and positive experiences should be core to any initiative because they bolster youth resilience, the early building blocks of which are missing or underdeveloped for most

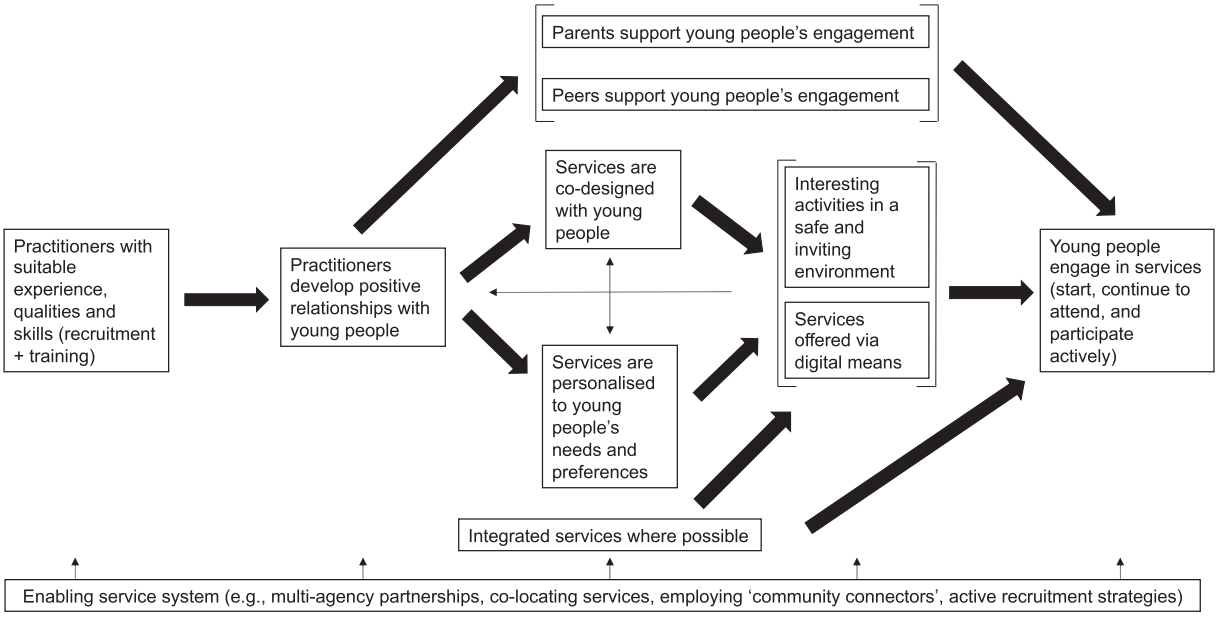

Fig. 1. Model for engaging youth in services.

at-risk teenagers (McNeish et al., 2018).

Services therefore need to have a positive orientation. Youth involved in or at risk of crime and anti-social behaviour, including gangs, can have a low level of trust in professionals and therapists, making them notoriously hard to engage in interventions (Mallion & Wood, 2020). Addressing this requires creating positive changes in young people's lives and families (i.e., embodying therapeutic principles) alongside reducing risk factors and preventing negative outcomes (O'Connor & Waddell, 2015). This might entail focusing on the achievement of "primary goods" – the goals that all human beings aim to achieve because they contribute to individual well-being and happiness – by improving internal (skills and values) and external capacities (opportunities, resources, support) (Mallion & Wood, 2020). For example, the Good Lives Model, a strengths-based method of offender rehabilitation (Ward & Brown, 2004), can be used as a wraparound for evidence-based interventions to increase motivation to engage in treatment (Mallion & Wood, 2020).

There are several key staff behaviours that support engagement. These include "not giving up, showing interest, listening, and being genuine, available, approachable, sensitive, and accepting of young people" (Sandu, 2020a: 8) alongside "a willingness and capacity to address the young person's unhelpful behaviours" (p.9) (see also (Sandu, 2020b)). Long-term consistent relationships with practitioners who seem to genuinely care, are non-judgmental and whom young people trust are core to engagement, enabling young people to share their emotional experiences and seek support (Zlotowitz et al., 2016).

Being fair and proportionate is also important. By treating young people who display anti-social behaviour fairly and respectfully it is possible to gain their commitment to comply, self-regulate emotions and take responsibility for behaviours (Crawford et al., 2017). Research on the probation service highlights the importance of setting boundaries and being consistent in dealing with young people, along with displaying personal characteristics such as openness and patience (Ipsos Mori, 2010). Most practitioners in that study believed that being a positive role model and flexibility of approach were "very important" in encouraging youth to attend the Youth Offending Team and participate in work with their caseworker. Another study, focusing on marginalised young people's engagement with health services, notes the importance of professionals' knowledge, skills, attitudes and communication style; specifically, young people value practitioners taking time, listening with empathy and being respectful, supportive, encouraging, non-judgemental, welcoming, open-minded, trustworthy and sensitive (Robards et al., 2018). They also appreciate being given autonomy, the continuity of therapeutic relationships and practitioners engaging with them holistically and involving their family when appropriate. Finally, practitioners working with at-risk youth need to be sensitive to potential victims of violence and abuse but engage in difficult questions rather than look uncomfortable and try to skim over them (Densley et al., 2017).

Another facet of a positive practitioner-user relationship is openness. Services need to be realistic and upfront with youth about service content and expectations regarding their involvement. In youth mentoring, shorter meetings help to avoid over-taxing participants' commitment, thereby reducing the risk of dissatisfaction with or premature closure of the relationship (Raposa et al., 2019). There is arguably a sweet spot between having a low service entry threshold, which can lead to high drop-out as users don't fully realise what participation entails, and a higher one, which can deter youth at the pre-contemplation stage of wanting to change their behaviour (Van Rosmalen-Nooijens et al., 2017). It may help to manage young people's expectations if they can see intervention content before consenting to participate (Van Rosmalen-Nooijens et al., 2017).

Engagement methods need to be tailored for different young people. Practitioners need a clear understanding of young people's starting points – and therefore their needs – and to create a service offer that matches, for instance in terms of staff, style and place (Mason et al., 2017). Personal styles of engagement may vary between young people in terms of means of contact and hours when they want to engage with the service (Sandu, 2020a).

Successful engagement takes time and should not be pushed; building rapport can be a lengthy process, while eliciting information about a young person at the point of first contact can be so intrusive that that it puts a young person off engaging with a youth worker (Fouché et al., 2010). The time taken to build relationships, however, means that changes in staff can lead youth to disengage (Ipsos Mori, 2010). This presents challenges for services that are understaffed or oversubscribed. Where the worker does change, managers should ensure that there is adequate hand-over and the new person is fully briefed about what has been covered previously (Ipsos Mori, 2010).

3.5. Nurturing an enabling service system

The organisation and infrastructure that should support service delivery, or "service system" for short, needs to make it easy for young people to access and engage with the services they need. Too often this does not happen; the system can be overly complex, fragmented and bureaucratic, which hinders navigation for young people and practitioners (Robards et al., 2018). Young people can get passed between agencies and forced to retell their story, which they dislike doing (Robards et al., 2018). Several mutually reinforcing activities can help avoid this situation: building service partnerships with clearly demarcated roles; co-locating services; using "community connectors" to connect youth to services; building trust in communities with different agencies, which in turn act as channels for making referrals to relevant services; and involving the community in intervention planning and delivery (McMahon & Belur, 2013; McNeish et al., 2018; Robards et al., 2018). Emails or flyers in isolation have limited success for recruiting young people compared with building relationships with professionals in health, social care and related agencies and obtaining referrals through these (Van Doesum et al., 2016). Recruitment strategies therefore need to be active not passive (i.e., beyond circulating information) and receive appropriate time and funding; they should involve face-to-face contact, word of mouth, outreach, traditional advertising, and digital means (Van Doesum et al., 2016). Advertising materials need to be developed with young people and located where they congregate (AYPH, 2013).

3.6. Creating an inviting service environment

Activities need to take place in suitable environments for young people. First and foremost, the location and setting need to be accessible and feel safe to participants (Hawke et al., 2019; Mason et al., 2017; Zlotowitz et al., 2016). Safety is not just physical; settings, including the language and resources used in them, should be inclusive and non-judgmental, and young people need to know that practitioners will treat the information they give confidentially (Hawke et al., 2019). Using leaflets and posters in waiting areas can help promote policies around confidentiality (AYPH, 2013). Settings would ideally be bright, comfortable and inviting (AYPH, 2013; Hawke et al., 2019). They also need to be welcoming and respectful of all groups of young people, with inclusive, youth-specific and youth-friendly materials and activities, including creative or physical pursuits (Robards et al., 2018).

Where possible, accessibility is aided if services are local, with practitioners coming to where young people spend time (Zlotowitz et al., 2016). Besides community-based settings, obvious service locations include schools – for both universal and targeted support for high-risk youth – and the young person's home, which is a natural setting for family therapy and therefore potentially enables more open and honest interaction (O'Connor & Waddell, 2015).

3.7. Designing interesting activities and service content

Youth tend to be engaged by activities that are interesting, fun, attended by their friends and an escape from pressure at home and school (Fyfe et al., 2018; Holton, 2017; O'Connor & Waddell, 2015). Often these are interactive and involve developing skills, for instance practising communication and problem-solving through role play, games, video-based vignettes or exploring everyday scenarios (O'Connor & Waddell, 2015; Valentine et al., 2019). Older young people may be attracted by programmes leading to new skills or certificates for their CV (Holton, 2017). Authenticity is enhanced if content is tailored to real-life problems and messages and materials are recognisable and meaningful (O'Connor & Waddell, 2015; Stanley et al., 2015). Drama, theatre and real-life accounts can deliver an emotional charge, contribute to authenticity and promote young people's imaginative identification (Stanley et al., 2015).

Many young people value activity-based interventions which involve physical challenges and natural consequences (teaching cause and effect) (Campbell et al., 2020). Sport is therefore attractive for some; as well as being energetic, enjoyable and challenging it can be rewarding, especially when it recognises achievement and builds self-esteem (Mason et al., 2017). Drama has similar qualities. Activities also tend to be more engaging if they are organic and flexible, changing over time as part of a dynamic process between the participant and the programme (Mason et al., 2017). Intervention content therefore needs to be refreshed regularly (Valentine et al., 2019), as too much repetition can lead to boredom and fatigue. Young people can also become disengaged if sessions are too long, demonstrated often by deteriorating behaviour (Densley et al., 2017).

3.8. Encouraging peer engagement

Young people can help to engage their peers in services. This is partly explained by peers being embedded in social groups and communities, sharing status and cultural background, and having greater credibility than adults or professionals. Behaviour change messages delivered via peers may therefore resonate to a greater extent (Macarthur et al., 2015). Peer-to-peer teaching may particularly improve the engagement of youth who are resistant, as it is harder to "shrug off" their inputs and participants do not suspect an ulterior motive (Valentine et al., 2019). Others have also found that word-of-mouth is the strongest referral system; young people bring the "right group" of friends if practitioners prove themselves to be useful (Zlotowitz et al., 2016). Important person-specific influences that affect young people's buy-in include feeling a sense of connectedness; young people are more likely to use an intervention if it facilitates conversations with other youth because they want to know that others had similar experiences (Liverpool et al., 2020).

Some caution is needed with peer involvement, however. It is unclear if peers, teachers or professionals are more effective at instituting behaviour change, and there is concern about potential iatrogenic effects among high-risk groups (Macarthur et al., 2015). Care is also needed in group-based programmes to establish confidentiality not just between practitioners and young people but between youth who might know each other outside of the group (Briggs, 2010).

3.9. Securing parent/carer support

Young people's participation in services can be enhanced by support from parents or carers. Parents can act as "gatekeepers" who therefore need to buy in to their child attending a programme (Van Doesum et al., 2016). There is also evidence that youth value having their families involved and feel that it helps keep them engaged; in one study, parents ensured that young people attended sessions and reiterated key messages between sessions (Campbell et al., 2020). That said, it can be hard for parents, especially those from marginalised groups, to engage in services owing to barriers concerning awareness, access and acceptability (Finan et al., 2018; Hackworth et al., 2018; Pote et al., 2019). Attention needs to be paid, therefore, to issues such as how services are promoted, when they take place, training staff to be welcoming, and practicalities such as transport, childcare and refreshments.

Some youth interventions explicitly require parent/carer involvement, and it has been argued that addressing barriers to this is critical for the success of such interventions (Newton et al., 2017). In the case of school-based interventions, for instance to address alcohol or drug use, there is a case for integrating parent components in existing meetings at school (rather than making them an added extra) or using online delivery methods (Newton et al., 2017). Importantly, Ellis et al. (2013) found that parent and youth involvement influence one another: fostering youth engagement at intervention outset is likely to increase parent attendance, while parent interest in intervention efforts may increase as youth engagement increases. In that study, reminders and regular encouragement from youth about upcoming parent sessions

likely influenced parent attendance (Ellis et al., 2013). This suggests the value of continually assessing participant engagement in real time and giving parents frequent information about their child's engagement (Ellis et al., 2013).

Parents and carers can also be engaged effectively through social media and other digital channels. Caregivers of justice-involved youth can be receptive to using Facebook and digital health interventions, including text messaging and video-based individual or family therapy (Folk et al., 2020). Barriers to their use of such interventions relate to privacy and information sharing, their child's willingness to take part, the functionality and reliability of technology, the mental health professional's credibility, and the behaviour of other participants in group-based interventions (Folk et al., 2020).

As with peer involvement, caution is required. Parents may not have positive relationships with their children, perhaps because of their behaviour (Campbell et al., 2020), and families who are anxious about exposing their problems may see service staff as intrusive (Dickson et al., 2018). It is important, therefore, to consider parenting resources and practices and the quality of family relationships prior to an intervention starting, as these can have negative (as well as positive) effects on parents' willingness to engage (Ellis et al., 2013).

3.10. Exploring opportunities for service integration

Schools have traditionally been a site for educating young people on issues such as violence, bullying, mental health, and alcohol and substance use. However, an increasing emphasis in education policy on academic attainment (in some countries) has squeezed time for such lessons, leading to them becoming marginalised in the curriculum. One solution is to incorporate public health lessons into academic subjects. This offers several potential benefits: larger intervention doses can be delivered; students may be less resistant to public health messages woven into other subjects; and lessons in different subjects can reinforce one another (Melendez-Torres et al., 2018). Additionally, teachers might function more effectively as behavioural role models and public health messages communicated in classrooms can be reinforced by parents/carers at home (Tancred, Paparini, Melendez-Torres, Thomas, et al., 2018). There are also potential downsides, notably teachers being uninterested in or unqualified to teach the topics concerned (Melendez-Torres et al., 2018).

A review of the effectiveness of such integrated interventions found few consistent effects, concluding that the approach is promising but more research is needed (Melendez-Torres et al., 2018). The constituent studies were mostly in primary school, and studies in secondary school did not suggest effectiveness. However, a parallel study usefully identified drivers of the successful implementation of such interventions, including: support from senior school staff; teachers working collaboratively, feeling well-prepared and having administrative support to prevent excessive workload or burnout; teachers having a positive attitude to the intervention and its potential, and an ability to innovate/flex; students perceiving the curriculum activities as relevant and fun; and parental support in the shape of reinforcement and role-modelling (Tancred, Paparini, Melendez-Torres, Fletcher, et al., 2018).

3.11. Proactively including marginalised groups

Concerted action is needed to make services more accessible for marginalised youth, namely those who are disadvantaged by virtue of their socio-economic status, demographic background, living situation, geographic location or legal status. Doing so is challenging, because they are more likely to be disconnected from and distrust systems, but it is important for optimising youth development and helping to change systems to better support high-risk youth (Iwasaki, 2016). For instance, rates of participation in youth development programmes drop at around 12–13 years and remain low through adolescence, especially for youth from families and communities with lower income and opportunities (Saito & Sullivan, 2011). Similarly, many young people with the greatest potential to benefit from youth work services are not currently reached (e.g., owing to socio-economic disadvantage, sexuality, disability, rural location, migrant background) (Dunne et al., 2014).

Young people may lack information about services, be unaware how they would benefit from seeking help or lack the skills to do this (Robards et al., 2018; Radez et al., 2021). Barriers to help-seeking include concerns about confidentiality and trusting an unknown person, feelings of stigma, shame or embarrassment (especially around issues such as mental or sexual health), and a fear of being judged (Robards et al., 2018; Radez et al., 2021). There are also structural obstacles, such as financial costs, service location, transport, ability to contact services, waiting times and eligibility (Robards et al., 2018; Radez et al., 2021). The salience of such challenges varies by group; for instance, it might be cost for homeless youth, poor transport links for those in rural areas, and language barriers for refugees (Robards et al., 2020; Radez et al., 2021). For some youth, the act of engaging with a service may conflict with "street culture", where prestige is given to antagonistic behaviour (Briggs, 2010). Further, youth from impoverished circumstances may feel their situation is unlikely to change and therefore resist support (Briggs, 2010). Many of the approaches identified elsewhere in this article can help marginalised groups to engage in services. For example, Lynch et al. (2021) found that trust and confidentiality were particularly important for youth who were homeless, refugees or experiencing issues with their sexuality. Additionally, making more support available would help, as would targeted interventions to reduce perceived public stigma and improve youth knowledge of problems and services (Radez et al., 2021).

3.12. Exploiting digital opportunities

The remote or digital delivery of services is relatively new, so findings are necessarily somewhat embryonic. Nevertheless, there appear to be numerous advantages to delivering youth interventions in a digital or virtual format (Martin et al., 2020). First are logistics, for instance no need to travel, less stigma, the potential for 24/7 delivery and the scope to reach subgroups who might otherwise miss out (e.g., youth in rural areas). Second, greater flexibility over delivery allows services to fit conveniently around a participant's day. Third, there is the potential for enhanced privacy and anonymity, which particularly helps young people who are uncomfortable about opening up. Fourth, young people may feel less self-conscious or intimidated, especially if the subject matter is sensitive. Fifth, young people tend to be more comfortable with and engaged by digital content: they are "digital natives".

These factors all arguably support youth engagement in services. As Robards et al. (2018) found, young people value face-to-face support but technology brings new opportunities for access. Digital interventions simulate an "interpersonal therapeutic component" by targeting recipients' feedback and appeal to youth familiar with digital media (Smedslund et al., 2019). This appeal is especially relevant given the underrepresentation of youth among users of standard face-to-face services concerned with alcohol and drugs (Smedslund et al., 2019). Others have also reported benefits of digital delivery for youth engagement. For example, digital or blended treatments are acceptable to depressed adolescents and drop-out is comparable with that of face-to-face psychotherapy (Rasing et al., 2020). Participants rated such treatments as useful, helpful, easy to use, relatable and worth the time, with reported advantages including accessibility at any time and place, and the scope for tailoring interventions to young people's preferences (Rasing et al., 2020).

However, there are also disadvantages associated with the digital or virtual delivery of interventions (Martin et al., 2020). First, some youth – and other family members – may find it difficult, for instance owing to poor mental health, technical difficulties or competing demands on their attention. Second, there can be challenges with online access in the poorest communities – so-called "digital exclusion" (cf. Robards et al.,

2018; Achilles et al., 2020). Third, participants' security and privacy may be compromised if they lack a quiet and safe space in which to engage with the intervention. Fourth, some young people may struggle to engage with large amounts of self-help material. Fifth, recruitment may be harder if traditional sources are closed (e.g., schools) or usual incentives are harder to use under lockdown (e.g., sports, mixing with peers, alternative space to hang out outside home). Sixth, computer-assisted activities may appeal less to young people who are not interested in computers (Dickson et al., 2018).

These factors can all make it harder for youth to engage in virtual or digital services, indeed high dropout from such interventions is a consistent theme in the evidence (Martin et al., 2020). Online learning modules have been described by young people as boring and hard work, with participants put off by non-appealing interfaces, frequent technical glitches and material that seems too juvenile (Garrido, Millington, et al., 2019). Other reasons that youth disengage from digital interventions include lack of time, arduous and repetitive content, concerns about anonymity and doubts that an intervention can help them (Achilles et al., 2020).

Notwithstanding these challenges, the evident potential of virtual or digital interventions for young people suggests that it is worth expending effort to encourage engagement in them. Several factors centring around usability and aesthetics are important.

First, young people favour digital interventions that are self-paced, user friendly, age appropriate and simple (Liverpool et al., 2020). Where participants have problems understanding the task, or if user instructions are inadequate, they are less inclined to continue using the intervention.

Second, young people need to trust that the intervention is valid, which may require brand recognition or prior evidence that it works (Liverpool et al., 2020). Trust is also bound up with young people believing the intervention to be anonymous so that they can participate freely (Liverpool et al., 2020).

Third, interaction with a practitioner is beneficial. Garrido, Cheers, et al. (2019) report that interventions completed in young people's own time have the lowest engagement rates. Others stress the contribution of the practitioner-participant relationship to participant retention, engagement and, ultimately, outcomes (Martin et al., 2020). Achilles et al. (2020) found that a blend of self-directed content and support from an online support worker was most effective for continued youth engagement. Suggestions for developing and maintaining a therapeutic alliance in virtual/digital services include: delivering the first session in person; increasing contact time; and adapting practitioners' behaviour and communication style (e.g., more deliberate and overt non-verbal responses, asking more questions than normal) (Martin et al., 2020).

Fourth, the usability of the interface affects engagement. Overburdening users with a lot of reading and other content leads to a lack of youth engagement with many currently available apps (Garrido, Cheers, et al., 2019). Action-oriented features with a fun and entertaining design are more likely to motivate young people to learn. Activities that increase youth satisfaction and engagement with digital interventions include videos, less text and options to personalise or create a profile, connect with other young people or receive text reminders to use the intervention (Liverpool et al., 2020).

A fifth, and related, factor to make interventions more appealing and enhance learning is the use of serious games (e.g., going on quests with an avatar that follows a story line) and gamification (e.g., points or badges to reinforce completion of content) (Tuerk et al., 2019). Gamification has the potential to improve user experiences and attention, for example through "reinforcing sounds, pleasant colors and movement, challenge tasks, and a mix of immediate and delayed gratification" (Tuerk et al., 2019, p.106). It can help with retention in interventions relative to other modalities (Liverpool et al., 2020), although the evidence is inconsistent; for instance, Clarke et al. (2015) cite one study that showed higher drop-out for gaming interventions and greater acceptance for online chat over the telephone service in terms of adolescents feeling supported and at ease.

Sixth, engagement and user experience can be enhanced by personalising the intervention. This includes developing customisable content and user interfaces and giving users feedback and progress tracking (Garrido, Cheers, et al., 2019). Tailored content that is responsive to user preferences and characteristics and provides bespoke feedback is especially important for youth engagement when there is no practitioner-participant contact (Martin et al., 2020).

Finally, digital interventions must be easy to access. Many young people report not using them because they lack time or cannot integrate tasks into their everyday life (Liverpool et al., 2020). This can be addressed by integrating interventions into mobile phone use and away from email and desktop computers (which young people tend not to use).

4. Conclusions

We have identified 12 sets of messages from the literature on how best to engage youth in services, including those to prevent and address violence. These complement empirical evidence derived from a parallel analysis of funding applications and interviews and workshops with grantees involved in the Youth Endowment Fund Covid-19 learning partnership, the immediate context for this review (Green et al., 2020). They also feed into literature on addressing the challenges of engaging marginalised groups in social and health services.

Although not made explicit in the literature we reviewed, it is likely that the themes are connected and that multiple factors must co-exist (Fig. 1). Thus, our starting point might be that youth are more likely to take part in services that comprise engaging activities in accessible, safe and inviting environments and formats (including digital). In turn, activities are more likely to take this form if they are co-designed by youth and personalised to be responsive to individual young people's needs and preferences. Personalisation and co-design are more likely if practitioners develop positive relationships with young people, which in turn requires that they have relevant experience and caring, non-judgmental and attentive qualities. Of course, practitioners are not the only group of people involved in engaging youth in services. Peers with shared status or cultural background may play a role, as might parents/carers (e.g., by enabling attendance or reinforcing key intervention messages at home). Similarly, a more integrated service system can support youth engagement in services, for instance through clear referral pathways or "community connectors" or by incorporating violence prevention (and related public health messaging e.g., relationships, substance use) into other services (notably education). Extra efforts are needed to engage marginalised youth, which requires attention to issues of awareness, accessibility and acceptability.

While this model might sound plausible, it needs to be tempered. First, the strength of evidence is variable. More prospective empirical research using robust methods is needed to test the effectiveness of different engagement strategies, including what works for whom and in what context. This encompasses understanding more about how the multiple factors that influence youth engagement in services interact with one another. Second, some apparently useful engagement strategies may not be appropriate or useful for some youth or in some situations. For example, with personalisation there is a risk of over-assessment to identify needs, which could prove stigmatising. Similarly, parent/carer involvement might be unhelpful if family relationships are poor, while involving peers in high-risk groups could have an iatrogenic effect. Third, there are tensions between some of the messages. Some of these are highlighted in the literature but there are others. For instance, co-designing services with youth may be desirable but for those marginalised young people lacking agency it requires actively developing their skills and confidence to enable them to input meaningfully. Similarly, early in this article the importance of personalising services is noted but later it is suggested that young people may wish to see the content and structure of sessions before they start a

programme. Building co-designed, engaging but flexible programme content is not easy. Fourth, youth sector services are invariably under considerable resource pressure, making it hard to implement desirable engagement strategies. Since any serious effort to prevent or reduce youth violence depends on services engaging young people, this has obvious implications for funders and commissioners.

As with any study this one has strengths and weaknesses. It identified a wide range of relevant studies, including peer-reviewed and grey literature, and drew out actionable messages applicable to services for youth at risk of violence but also a broader population of young people and services. Rapid reviews like this one can provide important information for service providers and policy makers in a timely manner – essential in the Covid-19 context. However, it was not a systematic review, meaning that some relevant literature may have been missed, and we did not critically appraise included studies. Moreover, the variety of youth (e.g., age, risk), interventions, service settings and issues covered in the literature reviewed means that some messages may apply more in some situations than in others. We have highlighted some key tensions in this respect, but future research should explore in more depth what works for whom and in what circumstances.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2022.106713.

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Asterisks denote those items identified through the review and from which data were extracted

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