



kooth

# Kooth's Approach to Providing an Online Service



## What does it mean to be a Kooth practitioner online?

Developing a therapeutic alliance and relationship with a child or young person (CYP) online can be challenging without a f2f interaction, but integral to managing risk and keeping CYPs safe online.

The Kooth assessment process, based around the common assessment framework (CAF) is thorough, robust and will usually be carried out over 3-4 sessions with a young person. Contracting with the young person is a crucial part of the initial process, so that CYPs understand anonymity, confidentiality and the boundaries of the service.

### **The key challenges:**

- Navigating communication through written word, which is inherently a slower process.
- Managing and holding risk where CYPs are unwilling or unable to disclose personal details.

These challenges are mitigated and overcome through the extensive training offered by Kooth for new practitioners and the on-going infrastructure and support offered by the clinical team.



## Our Approach to Training

**Delivery staff who join Kooth come from multi-disciplinary backgrounds, varying theoretical approaches and all have at least 3-years post qualification f2f experience**

They are enrolled in a 3-day induction covering the organisational structure, an introduction to working online (assessment tools, outcomes measures etc), and safeguarding protocols among other important aspects of their role. A buddy system then ensures that practitioners work with an experienced online practitioner for the first three months of the role, where they can be highly reflective of their online work, manage their caseload appropriately, and feel supported to manage risk or complex presentations online. Practitioners who support moderation undergo our bespoke moderation training programme.

All staff receive on-going support through line management, supervision, clinical support, and regular online communication with the other 'on-shift' practitioners for the day. Practitioners have expressed the value of this communication and the vital role this plays in feeling supported as practitioners and also sharing best practice. Kooth also provides a comprehensive Continuing Professional Development package for staff, with a rolling training schedule continuously updated by a dedicated training manager.



# What is the Kooth offer?

We know that different people need different types, and lengths, of support, at different times. As a result, we have multiple options and pathways for how someone can use the service.



## Self-directed and Kooth community

Some CYP prefer self-directed spaces such as reading articles, completing activities, using the journal, and/or setting goals. They can access support from others in the Kooth community via discussion boards and live forums, as well submitting their own articles or discussion board suggestions.



## Responsive service

Similarly to other services, a lot of CYP only come to Kooth for a single chat session, or for sporadic stand-alone sessions. We have developed an outcome measure, and provided staff training, to ensure that wherever possible, we are meeting the needs of CYP within that single session.



## Structured and ongoing support

Where appropriate, CYP can be allocated a named worker, and access structured support through weekly sessions with a specific focus, aim or intended outcome.

## Managing Risk Online

Safeguarding is at the heart of what we do, and as a consequence we are always monitoring the safety of anyone using our service.

If risk is identified (e.g. during a chat session, through a message to the team, in a discussion board submission, or through goal or journal entries) then we will take relevant and proportionate action. This might include reaching out to offer support to the individual, and/or contacting external agencies/emergency services if required. Risk is assessed and updated regularly, with support available to practitioners from the safeguarding team wherever necessary.

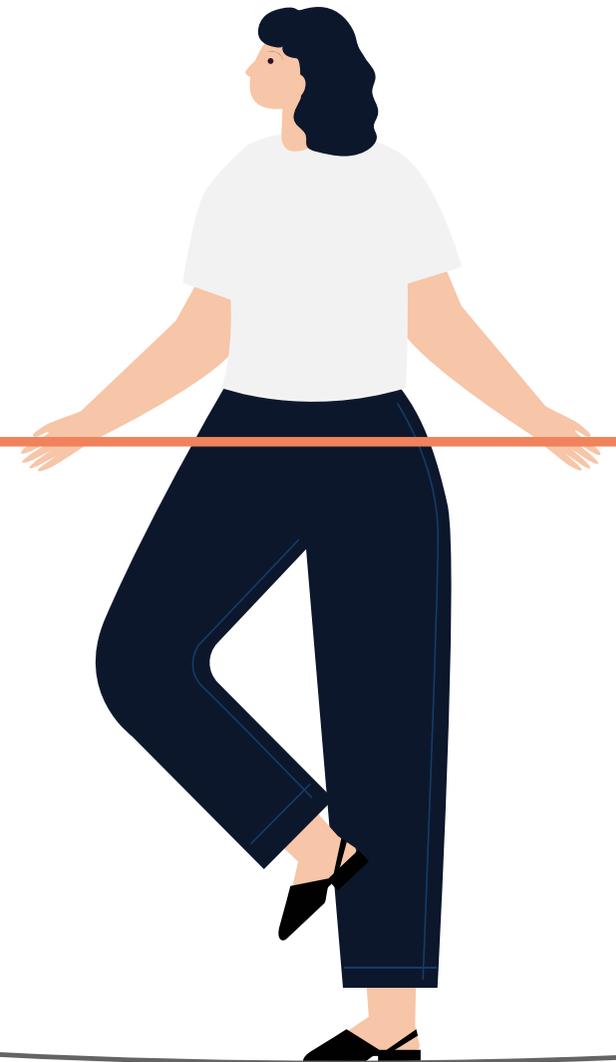
## Working with High Risk or Complex Presentations

These CYP will be offered a named Worker for structured support.

This supports trust and relationship building, imperative for when CYP may be asked to disclose personal information in order to safeguard them, or others.

Collaboration with local services including those already engaging with the CYP is an essential part of the work on Kooth, to ensure that we are adhering to safety plans and working within ethical guidelines.

The flexibility and accessibility of the platform can be an important aspect in de-escalating someone's level of risk, as they can reach out via messaging or chat to speak to a member of the team, and also access our articles and discussion boards, and their safety plans, at any time of day or night.



# The Value of an Online Service

## For Children and Young People

Where CYP have choice in their service involvement and are supported through collaborative working across services they are much more likely to engage. The anonymity of online services has been found to provide a higher level of safety experienced by the CYP; Kooth practitioners see this translate into the level of disclosure by CYP online which can sometimes be much deeper and quicker due to the 'facelessness' that online therapeutic support facilitates. There is a visible journey we see for CYP who arrive at Kooth presenting with chaotic, possibly compulsive behaviour, where they are offered a named worker and after a short time display a calmer, more reflective process online.

## From a Practitioner's Perspective

CYPs choosing to log on and make an independent decision to use Kooth is empowering for both the practitioner and the CYP, illustrating active engagement in the CYPs own well-being. The accessibility afforded by Kooth results in messages of gratitude being commonplace between CYP and the team, where there is a clear demonstration of a CYP feeling supported.

## Working Alongside Other Services

Feedback from other services we work collaboratively with is often in the form of reassurance for having an 'out of hours' service that can be accessed in some format 24-hours a day, every day of the year. Whilst practitioners are not available 24/7, CYPs can access the articles and discussion boards at any time, as well as being able to send a message to the team which will be responded to as soon as possible. Kooth does not require a referral to access, so if it is commissioned for a CYP then they are able to sign up themselves and instantly access our materials.

Where Kooth can be a valuable treatment option for many CYP, it can also hold and support CYP while they are engaging with an existing therapeutic process elsewhere. We are keen to support every CYP who requires our services as an individual, offering care appropriate to their needs, and as a result Kooth never seeks to work in isolation from other services where collaboration will be in the best interest of the CYP. This may include collaborating with other services, to ensure joined up and consistent care.

We also recognise that Kooth is not always best placed to support a CYP and their needs, and in these cases we would signpost and refer to the relevant external services. This may also include liaising with emergency or crisis services.



# Working with the iThrive model

We have also mapped these options against the iThrive model, to ensure we are able to adjust our offer to somebody's level of need.

## Getting Advice

Alongside or as an alternative to more traditional community services.

## Getting Help

Alongside and whilst waiting for targeted community and school-based support and specialist services including CAMHS. We can also provide an option for those who do not meet the thresholds or criteria for CAMHS, delivering early intervention and prevention work, or be utilised as part of an aftercare package.

## Getting More Help

Alongside and whilst waiting for specialist services including CAMHS, or as part of an aftercare package.

## Getting Risk Support

We utilise a multi-disciplinary approach to managing clinical risk. We engage with local safeguarding protocols and processes, whilst de-escalating risk where possible and referring to specialist services when appropriate.



# Our Model

## iRESPOND

A Therapeutic Model that reflects our organisational values whilst providing informed, trauma-led support, iRESPOND is a similar model to the iTHRIVE framework utilised by CAMHS. The model is applicable to all our direct work, whether that be messaging or chat, and short or long term support. It incorporates a shared language and approach to clinical service delivery that informs the relationship building between service user and practitioner. This is central to ongoing clinical audit and, crucially, improving service user experience.

## So what is iRESPOND?

**Integrative** - Kooth works best when integrated into a localised or wider system. We do this by paying attention to these 4 Cs: Context: having a clear understanding of the contexts in which we are operating (eg complimentary differences); Communication: having early and regular conversations with relevant stakeholders; Controls: having a shared understanding of risks, mitigations and controls and accountability for these; Culture: having a shared cultural alliance.

**Responsive** - We can support service users quickly and specifically at times when other services may not be available, through both planned and drop in support as well as community based interventions.

**Evidence-based** - We work with a range of presenting clinical issues, and draw on both evidence-based practice and practice-based evidence to provide effective support for the 'whole person.' We also recognise where a specialist face-to-face evidence based intervention is required, and in such cases support onward referral whilst continuing to be 'alongside' the person and other services.

**Safe** - Safeguarding vulnerable children and adults is central to our quality assurance process, and we provide ongoing training to ensure our practitioners are highly skilled in conducting risk assessments and de-escalating risk. We welcome the opportunity to engage in shared 'lessons learned' workshops that focus on a whole system approach to continuously improve our safe practice.

**Person centered** - We believe each person needs to be approached holistically, and interventions must be tailored to individual needs and personal circumstances. Having an integrated approach that includes a digital, anonymous offer enables this and indeed the anonymous nature of our service is consistently requested by our users and is the single most important reason why people use Kooth.

**Outcomes focused** - We are committed to developing a strong evidence base, and have a research strategy to develop measures that are meaningful to the Kooth digital service; alongside our commitment to using existing validated outcome measures. As part of an integrated approach, we are committed to understanding and agreeing what additional outcomes we should be measuring, such as waiting list reductions or onward referrals.

**Non-judgmental** - We value all our service users regardless of their beliefs, backgrounds or culture. Our practitioners use empathy and genuine interest to understand and validate the people we meet, challenging gently if appropriate but never undermining an individual's experience. We have the same approach with our wider stakeholders - we all face different challenges and are doing our best within the constraints that we have.

**Data informed** - We are constantly using a range of data points to inform continuous service improvements and are transparent about sharing this with our local commissioners and also aggregated at a national level so comparisons can be made and any changes can be truly data led.

