A positive virtual ecosystem

The theory of change for Kooth

Comprehensive report

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Contents

Foreword 03
Introduction 04
Insights 05
Background 06

Methods 10
Findings and Discussion 13
Therapuetic Content and Peer Support 20
Reactive/Responsive Therapuetic Support 22

Structured Therapy 24
Ongoing Therapuetic Support 26
Conclusions 28
References 29

Foreword

Sir Norman Lamb

Chair, Kooth Advisory Board

We know a lot about mental health today. We have come a long way, especially in terms of stigma, in the last five to ten years. But we also have a great deal still to learn.

We should, for example, understand better the need to provide different ways to ask for and receive support; that there is no 'one size fits all'. This makes for a complicated picture, but necessarily so.

As we all continue to learn and as I try to apply this knowledge to call for greater investment in services, particularly for children and young people, it's important to acknowledge the good news stories when they happen. One of these is Kooth.

Kooth is a digital mental health and wellbeing service for children and young people which is really making a difference. Provided via the NHS, it's an anonymous service available for free in commissioned areas. It's a thriving online community where young people are discussing self-harm and self-help; where children are having free one to one counselling sessions with trained and experienced therapists and where they are talking to peers about the issues they're experiencing. Importantly, it is moderated and safe. Kooth calls it a 'Positive Virtual Ecosystem' and has been learning from and nurturing this community since 2004.

On Kooth, young people are receiving the mental health and wellbeing education I wish was available to all of us. To me, and to the tens of thousands of children and young people using the service, it is a light in the dark.

If our son Archie had had access to such a service, as a teenager, when he was feeling alone and trying to cope with OCD, without knowing what was happening to him, I feel sure he would have sought advice there and experienced some preventative relief and an earlier sense of hope.

This report describes the therapeutic journey of children and young people on Kooth. It outlines the different routes they take and defines the most helpful mechanisms for change, which may lead to better outcomes and, ultimately, happier lives. It isn't a study you'll find anywhere else. The deep and rich data that Kooth has accumulated over the last 15 years is unique.

It is precisely this knowledge and insight that we need so urgently. It gives us the opportunity to understand better, offer support better and begin to tackle mental health in a way that promises a better, brighter future for so many people.

Introduction

Kooth is an online mental health service for children and young people*. Since its launch in 2004, it has grown with the children and young people who use it, its humanistic approach shaped by their demand and our clinical expertise.

Today it is a large, thriving and diverse community of young people who use it for multifarious reasons and in multifarious ways; importantly, they have the power to direct support themselves and are in control of their therapeutic journey.

The service is full of choices in terms of how to get help, but also in terms of the therapeutic help available. As such, it is an extremely complex entity, perhaps reflecting the very nature of wellbeing and mental health.

As well as making this an extremely rich environment where young people actively choose to spend their time, it has also taken the service well beyond what today's quantitative outcome measures of mental health services can capture.

This paper signals the beginning of an important, ground-breaking journey to define the role and the impact of Kooth. We have explored, mapped and categorised activity within the service with a specific goal in mind: to define our Theory of Change. This describes the Kooth experience and the many routes in and out of the service, each reliant on our understanding of an individual's unique building blocks for wellness.

The Theory of Change (ToC) is not a clinical model and nor does it seek to be. It is not there to show how we can address specific standalone symptoms. Instead it is a characterisation of the broad, person-centred, holistic work Kooth does every day.

It is also the foundation for a future set of mental health outcome measures, which will represent each child or young person's journey.

> "Thank you for listening. its so good to get it out. I literally haven't told anyone about this I can't talk to friends. Im so happy that you could listen it means so much xx"
>
> ~ Young Person on Kooth

Insight

There are many insights from this work, giving us a 360 degree understanding of the Kooth service. These are described in detail in the findings section. Some particular insights emerged that are worth describing at this point:

Kooth is a "Positive Virtual Ecosystem"

This is a dynamic resource where young people can take ownership of their support pathways. By being able to access support in a myriad ways, they can tailor their support, which results in young people often developing a strong rapport, not just with individuals but with the platform as a whole.

Encouraging individual agency is a key factor in improving mental health and wellbeing

Children and young people use Kooth in many different ways

Seven distinct pathways through Kooth were initially defined, each with distinct inputs, processes and outputs (see figure 1). After the detailed analysis work, these pathways were redefined into four distinct areas of activity (that young people will move in and out of) as assessed by the way they use the service:

- **Therapeutic Content and Peer Support –** the child or young person reads content online, creates online content from personal experience and participates in discussion forums
- **Reactive/Responsive Therapeutic Support -** the child or young person uses 'drop in' for one or more sessions of chat and messaging
- **Structured Therapy –** the child or young person engages in a series of chat sessions by appointment with a named worker
- **Ongoing Therapeutic Support –** the child or young person has more than ten sessions of chat. This might take place over an extended period, possibly years

There are several distinct mechanisms for change for each pathway the young person chooses

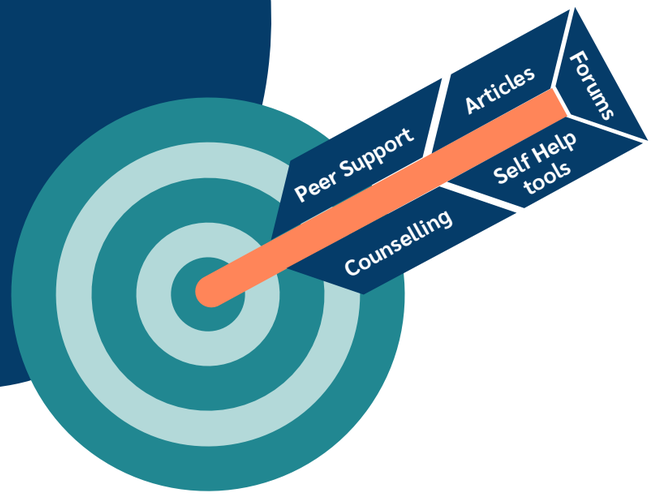
For example, for those who best fit the 'therapeutic content and peer support' category above, a mechanism of change would be their understanding that their feelings are normal, and to have the reassurance that others have been through similar experiences and have come out the other side.

Impacts can come from a variety of shorter-term outcomes

For example, if a young person has had their immediate need reduced they may be more likely to feel able to consider future strategies. This in turn may derive from a variety of outputs, including getting the right information.

* Kooth services are mainly accessible to children and young people between 10-25 years old, with the largest age group between 13-16 years, for brevity hereon described simply as young people

The Theory of Change work can be used as a starting point to assess outcomes
This should capture whether individuals believe they have received informational or emotional support from Kooth that has impacted on their understanding of themselves or of others.



Background

Youth mental health and wellbeing

The wellbeing and mental health of children and young people has become an area of heightened interest in the United Kingdom. Estimates suggest that one in eight people will struggle with mental health issues between the ages of five and 19[1] , with issues that might be classed as biological, psychological and social being reported as commonplace for this group[2]. This is a phenomenal number of individuals who may benefit from some sort of additional support. Further, it is a huge number of individuals who may also see these difficulties impact their lives throughout adulthood[3].

In acknowledging the need to provide additional support to young people, there has been an upsurge of public interest and political goodwill. Calls for a radical overhaul of related services have been made[4]. The recent Green Paper 'Transforming Children and Young People's Mental Health Provision'[5] was published with the intent of placing the young persons mental health and wellbeing centre stage in the 'whole school approach' work of professionals.

In practice, demand for Child and Adolescent Mental Health Services (CAMHS) continues to overwhelm supply. One quarter of those one in eight young people with diagnosable mental health condition achieve access to CAMHS[6], with rejected referral rates still rising in 2015.

At the same time, it has become apparent that the traditional response to medicalise mental health does not fit with the level or the nature of demand.

Movements towards providing 'upstream'[7] primary prevention (preventing conditions from emerging) and secondary prevention (early intervention) are important steps to shift the task of mental health support into the wider public sphere, both in the UK and internationally[8].

A humanistic perspective on mental health and wellbeing

A humanistic perspective prizes the view that people are unique and have the ability to positively change, given the correct environment[9],[10]. This, in many ways, is the alternative view to commonplace discussions that focus heavily upon 'illness' and 'problems'. This is not to discount the usefulness of such a perspective, but it highlights the need to consider the wider context in which individuals might be seen. For instance, there may be a multitude of reasons why a young person might be feeling anxious; it is clearly important for services to understand the situation of the individual prior to agreeing a way forward.

Services that have a humanistic ethos tend to place great value on the views of service users, or experts by experience. Within humanistic theory, people are viewed as being active engagers in the world who are competent to make informed choices. This project, in line with the Kooth service, is underpinned by this humanistic perspective on mental health and wellbeing.

As such, the starting point was to find out how the service operates using stakeholders' perspectives and experiences.

Online mental health and wellbeing

They are 'digital natives'[11]. They have grown up with the Internet and commonly see it as a first point of call when seeking support.

Such behaviour can seem alien to many professionals, but this way of engaging cannot be ignored. Technological innovations have enabled vital informational and emotional support to be made available to individuals[12] through, for example, mental health forums[13] and online counselling[14]. This can be a difficult environment to mediate and appropriate caution needs to be taken by professionals and organisations entering into it.

Public Health England and NHS Digital have been working on accreditation of applications, using a Digital Assessment Questionnaire to formulate an evidence standard framework for Digital Health Technologies[15]. This represents a significant development in the articulated standards. It provides a tiered system, based on the level of clinical intervention. It also distinguishes between information and monitoring applications, such as wearables - from those designed for behaviour change and prevention, to those designed to diagnose and treat conditions.

Demand for and interest in provision of online support for young people is apparent. Recent reports by Barnardos[16] and Place 2 Be[17] have illustrated the potential for online harms whilst also exploring the potential for positive experiences of getting support digitally. The latter indicated how a majority are looking for safe information in an online setting, dealing with topics they would not be comfortable talking to family and friends about, as well as looking for tools to cope with situations.

About Kooth

Kooth is predicated on providing easy, digital access to professional help for mental health support and treatment. Established in 2004 by Kooth, the service is now available to more than half a million children and young people across the UK and receives more than 2,000 log-ins every day. At time of publication, it is commissioned in and by over 130 NHS Clinical Commissioning Groups. The service is provided by over 120 trained professionals from a range of backgrounds and disciplines in mental health counselling and support.

The Kooth digital platform allows young people to choose the type of support they need within a safe, supportive online community. It hosts a library of psycho-educational articles, offers them the chance to submit written pieces or join a moderated Live Forum where they can give and receive moderated peer support. They can also use tools, such as an Online Journal, or start a conversation on an online discussion board. Kooth counsellors are available for live online one-to-one therapy sessions or for therapeutic message exchanges with young people.

The Kooth service is integrated with existing local services; Kooth focuses on raising awareness among GPs, community health teams and voluntary organisations, while running assemblies and workshops to young people in local schools and colleges. Kooth is also promoted to young people via social media.

The Kooth clinical model is underpinned by a set of key principles, defined by our i-RESPOND framework and building on the i-THRIVE conceptual framework for CAMHS developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust[18]. i-RESPOND emphasises the integrative nature of the approach; both in terms of therapeutic stance and also in relation to our partnerships and whole system philosophy to meaningful change. Other key principles are that the Kooth service is responsive; end to end; safe; person focussed; outcomes driven; NICE informed and digitally innovative.[30]

In its 2017 report on Kooth, the Education Policy Institute set out the policy context behind the service, while describing the service model, activity and outcomes data[19] . Through a wide-reaching survey and interviews with commissioners, it identified key areas in which Kooth had demonstrated marked success. These included convenience of access, control for young people using the service and integration with wider, face-to-face service provision. The report also set out areas for further research and exploration. These included work to define outcomes for young people using the different treatment and support elements available through the platform.

This recommendation was the start of our current major research project, which now encapsulates a far larger aim: to investigate and articulate each therapeutic facet and service user group within Kooth and to map all associated outcomes, using this as the evidential basis on which the service is measured and against which all future enhancements to Kooth are made.

Measuring Impact of the service

A key function of the Theory of Change work for Kooth is to help define, from a humanistic perspective, how Kooth operates for young people. This approach recognises that there is a need to move beyond symptom-based measures to capture impact as these do not reflect the nature of the service[20].

Work has already started in this regard with the utilisation of the goal-based outcome measure on Kooth, describing collaboratively established and self-reported outcomes[21].

This measure has been adapted for use on Kooth, and known as the Counselling Goals System (CoGS). It has been successfully implemented across Kooth, alongside uptake of goal measures across CAMHS.[22]

However, using goals on their own is insufficient to capture outcomes for young people who use the myriads of access points described earlier, many using the service in brief and sporadic ways.

Methods

In this section we provide a descriptive account of the collaborative action research approach adopted in this project[23]. The different stages of the project are described in detail to provide a transparent account of the methods adopted. This includes reflecting on the collaborative qualitative design, which informed the research methods that have been employed.

A collaborative qualitative design

As noted in the previous chapter, this project started from the perspective of wanting to explore, understand and define Kooth.

The project was initiated in the knowledge that staff working in the service held a wealth of knowledge about the way the service might benefit the young people who use it. As such, a workshop was held to pool together ideas (See Appendix A for a description of this event). During the workshop, facilitated conversations were held about the different ways that young people use the service. Initially, these conversations were structured around the seven suggested pathways of use, noted in Figure 1 below. As the diagram shows, their activity was first divided into direct and non-direct contact with professionals. Within these initial categories, four direct contact pathways (protracted, timebound, intermittent and single session) and three non-direct support pathways (proactive, active and passive) were discussed.

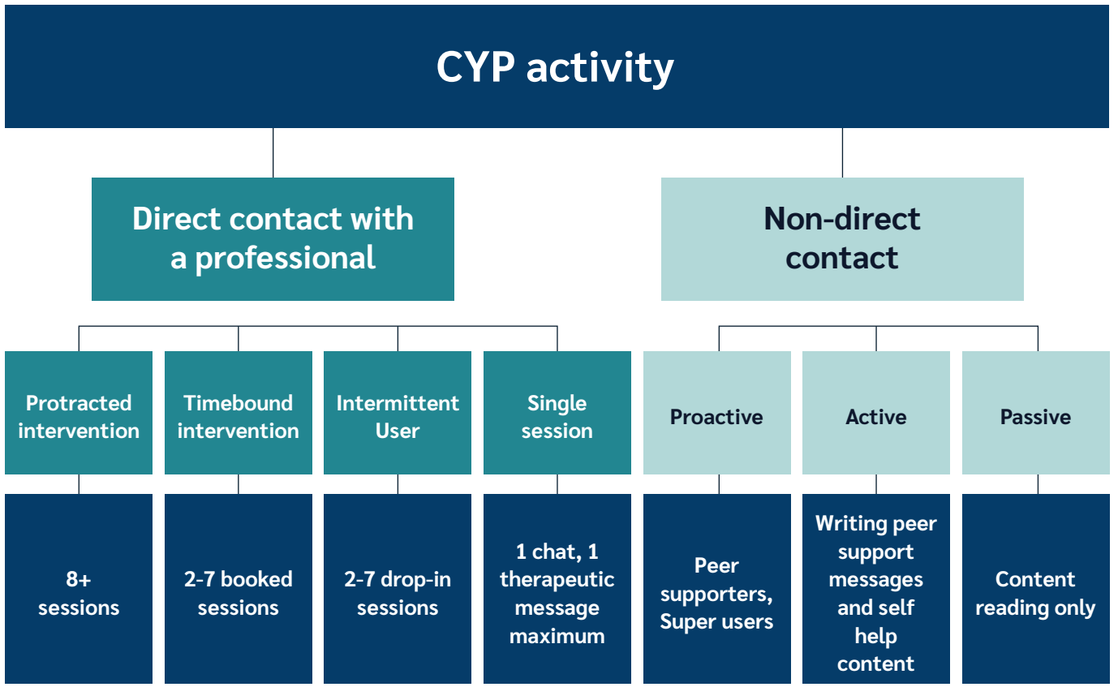


Fig 1: Initial Pathways Definition

Structured conversations were facilitated to scrutinise the definitions and parameters of each of the pathways. These focused in on (a) what people arrive at the different pathways to address (inputs), (b) the ways in which they engage with the service (processes), and (c) the impacts that are observed through using the service (outputs). These discussions formed a central part of directing this project, enabling the team to fully attune to the ways young people are using the Kooth platform. This provided a useful foundation for the development of the ToC and led to a more sophisticated understanding of the way individuals are using the Kooth platform. For instance, the terms noted above in Figure 1 evolved through consultation within the group, with service pathway titles being revised to avoid the negative connotations associated with terms such as 'protracted' and 'intermittent'.

The Research Phase

The foundations that were set at the initial workshop led to a more detailed exploration. In this second phase, a number of the practitioners who had been involved in the initial workshop were asked to become practitioner-researchers. Each of the practitioner-researchers were selected based on (i) prior training in research methods, and (ii) understanding of the Kooth service in relation to each of the pathways. They were asked to focus in more detail on real world examples of service use with a view to developing a greater understanding of the processes underlying their experiences.

Exploring transcripts

The researcher-practitioner team attended a refresher session on the process of Thematic Analysis[24]. Each individual was then allocated a specific pathway to explore in more detail, and given a series of anonymised transcripts from therapeutic interactions that took place in 2018. Dependent upon the pathway under scrutiny, these were either transcripts of sessions with professionals, or transcripts of forum interactions. It is important to note that the content of these transcripts were held within the service evaluation limitations of Kooth's clinical audit guidelines to ensure confidentiality, and privacy was maintained. Throughout this process, the practitioner-researchers developed their reflexive research questions and were supervised in this analysis by the lead authors of this report (these form the titles of their reports in Appendices C-F).

Each practitioner-researcher was asked to produce the following:

(i) A working document summarising their analysis. It needed to include 2-5 main themes, 4-10 sub-themes, any lower level codes, and an example quote to illustrate each sub-theme, plus a short description of each sub-theme and why it represented a group of codes

(ii) An overarching thematic map to give a summary of the analysis in a common format of themes, sub-themes and codes (See Appendix B - Thematic Networks)

(iii) Slides highlighting the research question and the key findings

(iv) A report on all findings (See Appendices C-F)

Drafting the Theories of Change

The development of the ToCs went through an iterative process. As described in more detail in Appendix A, the data from the Thematic Networks was matched with clinical expertise in digital therapeutic support to workshop the Theories of Change for each pathway. The understanding gained from this process helped to enrich the developing pathway ToCs. A consultant, with a specialist interest in developing ToCs, supported the generation of these.

Checking the Coherence of the Theories of Change

This project followed good practice recommendations for qualitative research[25],[26], which involved engaging in a two stage coherence checking process:

- The research group engaged in proactive discussions to clarify and check the process being articulated within the draft ToCs. A series of structured conversations including researchers, practitioners and services managers were entered into to refine the ToCs.
- Secondly, a wider stakeholder group was consulted about the drafted ToCs. Following ethical approval from the research ethics committee of the 5th author, seven young people, 9 service managers and 29 practitioners were asked to comment on the ToC drafts. The young people responded to the questionnaire (see Appendix G for the questionnaire schedule), whilst the professionals were asked to complete a questionnaire reflecting on information within the ToCs (see Appendix H for an example of the questionnaire used).

Once the viewpoints from the stakeholder consultation had been collected, the comments were reviewed and the drafted ToC revised. It was notable that a majority of the respondents believed that the ToCs reflected their understanding of the processes in question. There were however a number of minor changes made to the language of the document to enhance the theory being presented.

Findings and Discussion

In this section, we reflect on the findings of the project and consider how they might link to existing literature and theories about the provision of online therapeutic support. It is divided into four main sections. (1) Initially, it introduces the whole service theory of change and highlights the desire to create a Positive Virtual Ecosystem in which young people can access support. (2) The different service user pathways are presented as four overlapping pathways. Alongside this, the young people directed understanding of online support is discussed in contrast to adult-led alternatives. (3) A reflection of the observed outcomes is also presented. (4) In the last section, an outcome matrix is discussed in relation to the types of support on offer. Finally, we present a methodological discussion, noting some of the strengths and challenges of the work.

Before we go into these four sections, it is important to explain how a Theory of Change works. A Theory of Change has been defined as follows[27]:
"[it shows the....] path from needs to activities to outcomes to impact. It describes the change you want to make and the steps involved in making that change happen. Theories of change also depict the assumptions that lie behind your reasoning, and where possible, these assumptions are backed up by evidence."

The key questions that need to be considered when putting together a Theory of Change are:

- What is the overall difference your organisation is trying to make? (impact)
- What specific differences will achieve the overall difference? (outcomes)
- What will you do to achieve these differences? (outputs and activities)
- What do you need to deliver? (inputs)
- Why do you believe that these inputs and activities will lead to these outputs, outcomes and impact? (assumption chain)

Importantly, a Theory of Change is a theory – ie an articulation of what is expected to happen, and why. It provides the basis for testing and review. If new information arises that suggests that the activities are not leading to the expected outcomes, or that additional outcomes are being identified, the Theory of Change should be amended. In that sense, Theories of Change are always provisional.

The Kooth Theory of Change: Creating A Positive Virtual Ecosystem

All of the professionals involved in this project emphasised their desire for Kooth services to be a safe and supportive place. The ethos that was expressed, by both practitioners and service managers, spoke of their hope that humanistic therapeutic theory - one that emphasises the need for strong working relationships that value the individuals that access support - would continue to be applied within a virtual realm. Such a perspective contrasts greatly with commonplace media reports that highlight how online environments can pose great risks to young people. In this way Kooth offers a Positive Virtual Ecosystem for its users.

? Defining Positive Virtual Ecosystem

This is a dynamic resource where young people can take ownership of their support pathways. Unlike much of the negativity present in online environments, the Kooth ecosystem is moderated and proactively facilitated so that individuals can feel safe and valued. By being able to access support via myriads of touch points into the service, they can find resources depending on their need or desire, including supportive and informative content, peer-to-peer interactions and different levels of professional support and treatment.

This results in young people often developing a strong rapport, not just with individuals but with the platform as a whole. As described by one young person, “Kooth has the ‘alongside you’ feeling”.

The theories of change that have been developed and articulated reflect the views expressed during this collaborative inquiry. They provide illustrations of what a positive virtual ecosystem looks like and what might be expected as a result of its existence. This is illustrated in the whole service Theory of Change (see next page).

Description

CYP Characteristics	Service Inputs	Worker Activities	CYP Activities	Outputs	Desired Outcomes	Impact
Want support there and then/ quickly Don’t have/ want family & friends to turn – may be in a marginalised group Curious, exploring, or looking for information and reassurance Unable or unwilling to access face to face services Comfortable with or even a preference for online communication Seeking a non-judgemental space online Seeking a different connection with others	Skilled and experienced professionals Flexible access platform available out of hours, and written information/ articles available 24/7. Robust clinical governance & risk managed through clinical oversight	Building an empathetic relationship Drawing on professional understanding of child and adolescent development Assessing distress and risk and tailoring responses Giving information and signposting Co-creating goals and solutions with young people Identifying what has helped before Encouraging reflection & taking responsibility Exploring the young person’s relationships and support systems	Offloading their worries Opening up, articulating, and sharing their story Learning about mental health so they can understand their experiences Exploring their thoughts and feelings Building a trusting connection with the worker Identifying coping skills and testing out approaches	Feels heard & has feelings validated Gets information Changes perspec-tive/ sees new options Has experienced opening up to someone & built a relationship with a professional Takes ownership of an issue Starts to engage/ has information about face-to-face services Builds connections and a safe online and offline community	Safer/ crisis reduced Able to reflect on thoughts, feelings and perceptions Able to consider future strategies Able to engage with other services Greater self-awareness and emotional regulation Acknowledges a reduction in stress Achieves personal goals and recognis-es progress made Feels a sense of community	Better able to manage current & future situations Is able to demonstrate ambition and hope for the future Increased confidence, personal responsibility and ability to make decisions Sets personal goals for change Is aware that ongoing support is available – is not alone Has a positive experience of an online space
Conditions	**Delivery**				**Change**	

Triage/Decision to offer a service

Linking Assumptions

Who can benefit?	Service Attributes	Mechanisms of change - generic
Can go at own pace Particular needs for accessibility – time/remote/ ease of access/ lack of stigma May not want parents or outside professionals involved Want a service they can dip in and out of as needed	Immediate/ quick response Offering a range from prevention to specialist support without thresholds Informed by NICE recommendations and evaluated models Offering a range of therapeutic approaches Integrated with partner local services Linked data means workers see previous history Designed to be both user-friendly and manage data securely Perceived by young people to be both youth friendly AND safe	Young person has a safe space to reflect on their thoughts & feelings. This enables the young person to gain reassurance; identify coping mechanisms and take on information about next steps **Mechanisms of change - specific to Kooth** Kooth offers young people time to be heard, without being pushed or challenged to make changes until they are ready. Its accessibility means that young people can use it when they need it, and go back for more as they feel they need to. The young person is control of the pace of the interven-tion – this shifts the power dynamic. Anonymity means the young person feels it is safe to open up to the worker and can get to the key issues more quickly. Typing words and sentences means the young person has to process their feelings in their head rather than talking - what they’ve said about themselves appears more starkly than if they were talking and the words were gone after they’d said them The absence of a face-to-face relationship means that the young person does not need to attend to the worke. This lessens the fear of judgement or dismissal. This creates a space for the young person to think differently or play out different roles. The young person has an opportunity to build trust with a worker on their terms, so they are more likely to engage with suggested actions. This may be a gateway to engagement with other mental health services. The worker’s mindset is that they have to deliver there and then as mostly they don’t know if the young person will return. By going through a positive experience of being helped and learning about what works, the young person is more likely to want to use these skills to help others and see this as a therapeutic experience. The combination of an anonymous, flexible and multi-offer space means that the young person builds a therapeutic alliance with Kooth, rather than an individual practitioner.
Conditions	**Delivery**	**Change**

Fig 2: The Kooth Theory of Change

In the Whole Kooth Theory of Change, a range of impacts are expected (the top right hand column). These are that young people are better able to manage current and future situations, able to demonstrate hope and ambition, have increased personal responsibility, set personal goals for change, are aware that support is available and have a positive experience of an online space.

Working from right to left along the top row, it can be seen that this impact comes from a variety of shorter-term outcomes (such as the young person having their immediate needs reduced and feeling able to consider future strategies), which in turn derive from a variety of outputs (the young person gets information, takes ownership of an issue, builds connections etc).

The Kooth Theories of Change describe two sets of activities which are considered to lead to the outputs and outcomes. One set is undertaken by the worker, such as giving information and co-creating solutions. The other set is undertaken by the young person, such as opening up, identifying coping skills and practising healthy relationships. The inclusion of a dedicated column for Young People activities reinforces the message that the young people direct the interaction with Kooth, and that encouraging individual agency is a key factor in improving mental health and wellbeing.

The column second from left describes the inputs from the service which are required for the worker to be able to carry out their activities. The left hand column describes the characteristics of the young people who are considered to be able to benefit from the service; the dark stripe indicates that in some cases there is a triage or assessment process to ensure that the service is going to be of benefit to the young person. These two columns are the starting point for reviewing data on who is accessing the service, and ensuring that the staffing, financial and other resources allocated to the service are sufficient to ensure it operates well.

The bottom row of the Whole Kooth Theory of Change articulates the assumptions that underpin the statements in the top row. The left hand column articulates why certain groups of young people are thought to be more likely to benefit from Kooth, and the second from left column articulates why the service inputs are understood to be important.

The section on “mechanisms of change” sets out in detail the range of assumptions which underpin the links between activities and outputs. For example, it highlights the value of anonymity leading to the young person feeling safe to open up to the worker and therefore able to get to the key issue more clearly. It highlights that the worker might make more progress in a session if they know that the young person may not return for further sessions. These assumptions should be kept under review in the light of research evidence about this type of service, and in the light of what young people and practitioners say about what made the difference for them.

Service User Pathways: Facilitating young people directed online support

Once the initial seven pathways had been thoroughly analysed, four distinct pathways emerged to reflect the different service user journeys on the Kooth platform. Each of these pathways is described in turn below. They reflect the wide variety of service user pathways on the Kooth platform, with some individuals solely making use of static content while others are much more engaged with professionals on the platform. The different ways in which this manifests proves to be both a great challenge and a great strength. For instance, in contrast to the way that many youth support services are directed by adult professionals, anonymous online services such as Kooth are directed by the young people that access them. Thus, although professionals have less control of the way in which individuals use the services, young people have the power and control to direct support themselves.

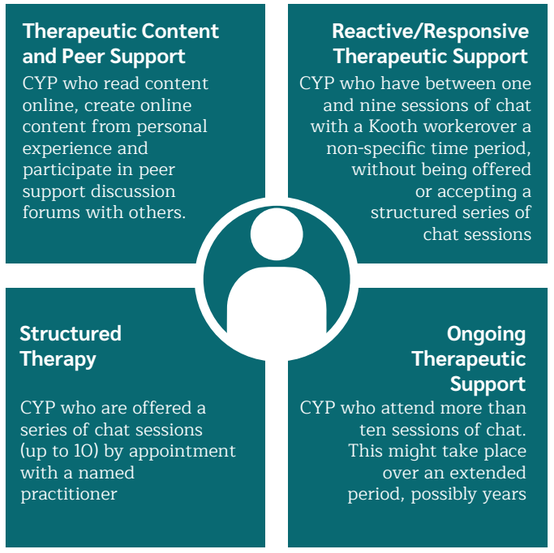


Fig 3: Pathways

? Defining young people directed access

By providing different access points to support without creating barriers to that access, young people can direct themselves across the pathways using the support as and when they need it.

For example a young person might use their self-help journal after signing up to the service, send a message to the professional team and then navigate around some therapeutic content answering some questions they have about themselves. The following day they might log-in to join a live peer support forum on the topic that concerns them. They might feel the need to have a one-to-one counselling session and drop-in that evening. The cycle of access points can continue until they have got what they needed.

Although this loss of power might be difficult for adult professionals, there is evidence that it is empowering for young people[28]. We also recognise that young people directed support requires a structured understanding. For this, we formulated a matrix that combines the way that service users may look for informational or emotional support that impacts on themselves or their relationships with others.

Although this loss of power might be difficult for adult professionals, there is evidence that it is empowering for young people[28]. We also recognise that young person directed support requires a structured understanding. For this, we formulated a matrix that combines the way that service users may look for informational or emotional support that impacts on themselves or their relationships with others.

This simple frame can be used as a starting point to stratify each individual's wants and needs from the platform. It can also be used to gauge whether the support was judged by the individual to be effective. Such a matrix can provide a basis for developing a new set of outcome measures that are fit for purpose for digital therapeutic support and treatment.

	Emotional Support	Informational Support
Intrapersonal	e.g. "I understand myself more"	e.g. "I can identify with something important to me"
Intrapersonal	e.g. "It helps me relate to others"	e.g. "I have some skills I want to try with others"

Fig 4: High level outcome matrix for Kooth services

Therapeutic content & peer support

The characteristics of the children and young people who benefit from this service are those who prefer to search and access static information such as articles and bulletins, or take part in discussion forums, rather than engage in one-to-one chat. Reasons for this preference are listed in the assumptions. There is also a separate group of young people who contribute to the platform through writing articles and offering advice in discussion forums. They find benefit from giving something back, or developing their skills in supporting others.

The key benefit of this service, compared to other online spaces, is that it is moderated, which allows the young person to be confident that they won't be judged or criticised if they share their experience. Posts are monitored and advisers can make contact with individual young people if the content of their post gives cause for concern. In other words, the service is "safe" from both the young person's and the professional's point of view. For this pathway, the activities and outputs of the service are split into those of the contributing young people and the benefiting young people. In reality, these might be the same people at different times. The concept of "digital altruism" is used to describe the motivation of the young people who contribute to the platform to help others.[29].

The desired impact of this service offer is increased safety in the young person, increased connections, a change in their perspective to one that is more hopeful, and a greater ability to make changes in their life.

The mechanisms of change that lead to this impact for the young person are considered to be an understanding that their feelings are normal and reassurance that others have been through similar experiences and come out the other side.

The impact of the service is summarised as **"Through the positive reinforcement of peers in a safe, moderated, anonymous space, a young person receives tailored information and advice about making changes, and is given hope that change is possible. This motivates the young person to challenge negative thoughts and plan to make changes."**

	CYP Characteristics		Service Inputs	Worker Activities	Benefiting CYP Activities	Outputs for contributing CYP	Outputs for benefiting CYP	Outcomes	high level impact
Description	Curious about what help is on offer, wanting to test the water in a supportive environment Finds face-to-face services difficult to access, e.g. Due to cultural or physical barriers Prefers an anonymous service Proactive in seeking help and information Experiences a lack of help, or has had bad experiences of seeking help (wants to keep control) and is therefore testing out engagement with the platform	Universal access	The platform is available at extended hours. It offers an anonymous environment which is free from judgment Young people are able to try without commitment or telling anybody anything Moderation means it is safer than other online spaces	Sharing and offering advice based on personal experiences in a relatable way Building rapport & positive modelling Sharing their own recovery story, including offering specific information Offering ongoing support and reinforcing that young people have choices Signposting to Kooth 1:1 services or face-to-face services	Seeking and consumption of information Expressing & sharing experiences Requesting reassurance Requesting advice & support Accepting advice and expressing gratitude to others	Feels part of community/ belonging Digital Altruism - gets a good feeling by helping others Gratitude from other young people, validates the young person's experience Gains practice & confidence in skills of encouraging others	Builds connections and a safe community Has feelings accepted/ normalised Acquires knowledge, information/ tips needed for self or friends Is willing to accept support & let someone in Is willing to share personal goals and feelings around recovery	Develops increased confidence in social interactions Practices self-care and help-seeking skills learnt in 1:1 support Is motivated to challenge negative thoughts Is motivated to make changes	Increased safety Increased connections Perspective is shifted –has hope Makes changes in their life
Who can benefit?									
Linking Assumptions	**Contributing CYP**	**Recieving YP**	**key Service Attributes**		**Mechanisms of change – how activities lead to outcomes for the benefiting CYP**		**Creating Impact - How outcomes lead to impact**		
	Wants to express and share their experience Wants to give back Isolated Looking for a career or to develop counselling /support skills	Isolated or distant. Those who are scared, or otherwise not ready to engage, but want to check out Kooth Those looking for quick and easy access to information Those looking for validation of their experience	Youth-friendly AND safe Content is moderated and facilitated by professionals, who actively safeguard, identify and manage risk Enables supportive environment, peer stories and peer community Enables proactive help-seeking Curated information for specific groups e.g. LGBT+		Understands feelings are normal and shared by others Gains reassurance and hope from hearing that peers have been through similar and are now able to share their experiences Receives pragmatic and specific advice on helpful actions, based on peer experience Proactive engagement reinforces sense of autonomy and personal control		Through the positive reinforcement of peers in a safe, moderated, anonymous space, a young person receives tailored information and advice about making changes, and is given hope that change is possible and achievable. This motivates the young person to challenge negative thoughts and plan and make changes.	
	Conditions		**Delivery**					**Change**	

Figure 5: Therapeutic Content and Peer Support

Reactive/Responsive Therapeutic Support

This pathway comprises young people who have one or more sessions of chat, without being offered or accepting a structured series of chat sessions over a period of time. The characteristics of young people who benefit from this service are diverse, from those who have a specific need which is met by one or two chat sessions, to those who forget or are prevented from returning for further sessions.

The key benefit of this service is that the worker is able to assess and respond to need quickly, while also offering further sessions if the young person would find that helpful. The worker may listen to the young person offload, may work with them to identify next steps, or offer specific information and advice, including signposting to other sources of help. The young person has the experience of opening up and exploring their own feelings, which may give them the confidence to do so again in another setting.

The desired impact of this service is increased safety, the acquisition of information and advice which reduces their anxiety and increases their confidence, and gives the child or young person an increased ability to identify solutions and ways forward.

The mechanisms of change for this service are considered to be significantly different from conventional mental health and emotional wellbeing support services, which largely offer a series of consultations. In this case, the worker does not know whether the young person will return for a further conversation, so is motivated to use the session to provide information and advice on the spot. The young person feels safe to open up because the platform is anonymous, and they can dictate the pace of the interaction. This enables them to create the space to reflect on their feelings and identify next steps.

The impact of the service is summarised as **“The worker’s ability to identify when there is a crisis leads to greater safety. The young person’s feeling of being heard and accepted enables further action.**

A positive experience with Kooth reinforces the young person’s sense of control as they know it is available if and when they need it.”

	CYP Characteristics	Universal access subject to availability	Inputs	Worker Activities	CYP Activities	Outputs	Outcomes	high level impact
Description	NB- The characteristics listed are alternatives; each individual is likely to have only one or two of them. Has a specific need and is seeking help there and then Curious and exploring Anxious, confused or seeking reassurance Finds it hard to open up to family, friends or others (e.g. at school) May find access / privacy difficult either practically or stopped by parents May forget, be chaotic or not act on a request to return		Skilled worker able to assess need and respond appropriately and quickly Worker able to distinguish between crisis and offloading Worker able to avoid making assumptions about the young person’s world Worker able to co-create a solution with the young person	Listening – the young person may just need to talk Clarifying how the young person feels Assessing immediate needs, making suggestions & co-creating a solution Encouraging the young person to return or seek other sources of help Providing information & tools and signposting to other services	Opening up and articulating and exploring their own feelings Finding a supportive relationship to replace broken relationships Reflecting on their feelings and exploring their own coping skills	Has their feelings validated and can see a new perspective Has a positive connection with a therapeutic service Has their immediate needs met, some specific tools to use, and a choice of further interventions	Feels accepted and heard Any crises are managed and safety plans are in place Receives advice and tools they needed Knows they can return for more support	Increased safety Has more understanding of their thoughts and feelings Has information, tools and advice which reduces their anxiety, increases their confidence and keeps them safe Is able to set goals and identify potential solutions and ways forward

Linking Assumptions	Who can benefit from this service?	key Service Attributes	Mechanisms of change – how activities lead to outputs and outcomes for CYP	Creating Impact - How outcomes lead to impact
	Needs some specific ideas or information Gets in touch when they are most motivated to make a change – they are “super-ready” for support Wants to test the water Can only access Kooth intermittently	There whenever is required – can return for further sessions Integrated case notes system enables cross-team working	Feels it is safe to open up to the worker because the platform is anonymous Feels welcomed on their own terms - the chat runs at their pace and they don’t feel they need to fit into a timetable or structure designed by adults Is able to identify inner resources and capacity, and identify coping skills that work for them, because they are given space and encouragement to reflect on their feelings The worker’s mindset is that they need to offer a positive outcome during each intervention as they don’t know if the young person will return for further chats	The worker’s ability to identify when there is a crisis leads to greater safety. The young person’s feeling of being heard and accepted enables them to take further action. A positive experience with Kooth reinforces the young person’s sense of control as they know it is available if and when they need it.
	Conditions	Delivery		Change

Figure 6: Reactive/Responsive Therapeutic Support

Structured therapy

This pathway, comprising a series of live chat or asynchronous messaging sessions which take place by appointment with the same worker, is the most similar to a conventional “course” of counselling or therapy. It is offered in response to an assessment, taking into account the needs and preferences of the young person.

Young people who are offered this service are identified as proactively seeking support and ready to engage in a structured and continuing interaction with a professional. They are likely to have one or more issues that can be isolated and worked on over a series of sessions.

The key service attribute of this offer is a named worker, available for regular sessions, who is trained to encourage reflection and change in young people. Their role is to encourage the young person to explore their feelings and to identify what actions might have helped in the past. Over the duration of the sessions, they will introduce the young person’s responsibility for change, and encourage the young person to reflect positively on the changes they are making. For their part, the young person identifies a desire to make a change and takes on responsibility for addressing the issue(s).

The output of the structured therapy is that the young person feels their experiences are validated and is able to understand their situation and articulate how they would like it to change. They may also understand the role of face-to-face services in supporting that change. The desired impact of this service is that the young person feels more confident, more resilient and more emotionally literate, feels better able to manage current and future situations, and is able to set personal goals for change.

The mechanisms of change identified in this pathway are different from conventional face-to-face counselling. The anonymity of the service is likely to lead to the young person getting to the issue more quickly. They do not need to attend to the adult during the session, minimising the fear of being judged or dismissed by them. The act of typing words or sentences in a chat function means that the young person has to do more processing of their thoughts and feelings, leading to more rapid progress.

The impact of this service offer is summarised as **“The process of reflecting on their emotions and relationships enables the young person to be more self-aware and better able to manage potentially difficult situations.**

Taking responsibility for solving an issue leads to the setting of personal goals. A good experience of therapeutic support encourages the young person to seek other sources of help.”

	CYP Characteristics	Assessed and offered based on need and preference	Inputs	Worker Activities	CYP Activities	Outputs	Outcomes	high level impact
Description	Proactively seeking support Assessed as ready to engage Has expressed desire for continuity and/ or structured engagement		rained professionals in a multi-disciplinary team able to encourage reflection and change in young people Live chat and asynchronous messaging to support structured sessions	Explores young person’s feelings and what triggers negative thoughts and feelings Encourages the young person to reflect on their behaviours, on what has been helpful in the past or could help now Introduces the young person’s responsibility for change Encourages reflection on the changes the young person is making Encourages alternative ways to get support	Identifies both negative positive emotions and relationships Identifies a desire to make a change Takes responsibility for addressing and solving an issue Sets manageable goals Engages with other sources of support	Feels emotions/ experiences validated/ reassured Is enabled to understand their situation & articulate what they want to be different over a defined time frame Understands how their wider network and face-to-face services could offer support	Learns to manage situation or find ways to de-escalate it Is reassured about their anxieties Gains the tools & knowledge to better handle the situation Gains a sense of achievement Relationships with other people improve Becomes more able to access face-to-face services and find other sources of support	Better understanding of self and self-care More confident, more resilient & emotionally aware Better able to manage current & future situations Sets personal goals for change
Linking Assumptions	**Who can benefit from this service?**		**key Service Attributes**		**Mechanisms of change – how activities lead to outputs and outcomes for CYP**		**Creating Impact - How outcomes lead to impact**	
	Young people where a worker is able to define one or more issues in assessment Young people who are ready to articulate and address their issue(s)		Online chat is a quick way to get professional engagement Named worker available for regular sessions at times to suit the young person Clinical Assessment Goal oriented process		Service anonymity means the young person feels it is easier to talk and can get to their issue quickly. The absence of a face-to-face relationship means they do not need to attend to the adult, and lessens the fear of judgement or dismissal by the adult Typing words and sentences means the young person has to do more processing of their feelings in their head than if they were talking. And what they have said about themselves appears more starkly on the screen than if they were talking Sessions with the same worker enable the young person to build a trusting relationship with them Structured sessions with the same worker allows the young person to try out approaches and reflect on them with the worker	The process of reflecting on their emotions and relationships enables the young person to be more self-aware and better manage potentially difficult situations. Taking responsibility for solving an issue leads to the setting of personal goals. A good experience of therapeutic support encourages the young person to seek other sources of help.	
	Conditions		**Delivery**				**Change**	

Figure 7: Structured therapy

Ongoing therapeutic support

This pathway comprises a small number of young people who have more than nine sessions of chat. They may be reliant on Kooth for a number of reasons. They may be waiting for other services or have complex needs, or take a long time to develop trust.

The service offer for those with complex needs is in the worker's ability to uncover layers to work on and in keeping the young person engaged while making progress. The interactions are monitored by the clinical team so that, while the offer to the young person is open-ended, the scope of benefit of the service is kept under review.

As well as assessing risk and providing time for the young person to tell their story, the worker will offer information on psychological processes to aid the young person in reflection, and is modelling a healthy relationship. For their part, the young person is building a trusting connection, and may use the time to role-play or rehearse conversations with others.

As a result, the young person feels held by the relationship, takes greater ownership of the issues they are dealing with, and gains greater capacity to manage their feelings. The impact of the service is that, eventually, the young person has greater self-awareness, self-esteem and self-worth, is more able to be autonomous, and is able to demonstrate hope and ambition for the future.

The mechanisms of change in this ongoing therapeutic support are the time that the young person is given to tell their story and build trust. This takes away the pressure to "make progress before the end of the course" and enables the young person to choose how they engage.

The impact is summarised as **"The young person feels less immediately stressed and is able to engage with Kooth and other services. The relationship with the worker builds their feelings of self-worth amidst often deep rooted insecurities.**

The young person has skills and tools to manage their thoughts and feelings and a stronger ability to identify what helped in the past. This means the young person feels it is worth making plans for the future.

A greater support network, and engaging in other services, enables the young person to be more autonomous."

	CYP Characteristics	Continually assessed and monitored for suitability	Service Inputs	Worker Activities	CYP Activities	Outputs for CYP	Outcomes for CYP	Overall impact on CYP
Description	Is reliant on Kooth – limited other positive relationships to rely on Waiting for/ difficulties with other services Preference for online support Complex needs/ high risk Fears loss of control		Skilled worker able to uncover deeper layers from conversation with the young person and keep them engaged Ongoing risk management and suitability checks from senior clinical team	Gives permission to the young person to tell their story Facilitates young person in identifying and articulating their needs and wishes Assesses risk Gives information about psychological processes Encourages reflective thinking Models a healthy relationship	Builds a trusting connection with the worker Engages with worker's reflections and perspectives Rehearses conversations with others – role-plays ways of being	Feels connected to trusted adult Feels held by the relationship with the worker/ Kooth Takes ownership of their issue Gains greater capacity, skills and tools to manage their thoughts & feelings	Acknowledges a reduction in anxiety Feels and is safe/safer & the level of crisis decreases Engages in additional mental health services if required Develops a greater support network, more connections and improved relationships	Greater self-awareness, self-esteem and self-worth. More able to be autonomous and set personal goals Is able to demonstrate ambition and hope for the future
Linking Assumptions	**Who can benefit?**		**key Service Attributes**		**Mechanisms of change – how activities lead to outputs and outcomes**		**Creating Impact - How outcomes lead to impact**	
	Needs long term support Has a range of risk and complex issues Needs to develop trust in on their own terms and to their own pace		Future engagement is likely to be dependent on a positive first experience Ease of access The offer of ongoing structured support reviewed but timescale of support is open-ended		Feels they are listened to, and given time to tell their story – which may not have been their experience with other relationships or other services. This increases the likelihood of trust. Has the opportunity to build trust with a worker on their terms, and at their pace, which increases the likelihood of engaging with suggested actions. The open-ended offer of time takes away the pressure to "make progress before the end of the course". Has autonomy to choose how to engage, and whether/how to take on the suggestions made by the worker. Engages in reflective thinking, including about their thought processes, and the roles they play, which increases their understanding how they might change things, and enables them to take ownership of the issue.	The young person feels less anxious and is able to engage with Kooth and other services. The relationship with the worker builds their feelings of self-worth. The young person has skills and tools to manage their thoughts and feelings and a stronger ability to identify what helped in the past. This means the young person feels it is worth making plans for the future. A greater support network, and engaging in other services, enables the young person to be more autonomous.	
	Context		**Delivery**			**Change**		

Figure 8: Ongoing therapeutic support

Conclusions

Through sustained exploration, we have articulated the Kooth experience via a Theory of Change. It has helped to gain a greater understanding of some of the complexities that are inherent in the provision of online mental health and wellbeing provision. Specifically, it:

- Provides an important insight into the way that services, such as Kooth, attempt to create a Positive Virtual Ecosystem (+VE), a safe and trusted way of accessing support online. Services taking this approach are important at a time when regulation of the Internet is limited

- Highlights the wide variety of ways that young people tailor and direct the support they receive through the Kooth platform. This has great potential but needs to be considered cautiously. Collaboratively developed care pathways need to sensitively manage the interface between professional skills and their choice

- It reminds us of the need to avoid one-size-fits-all approaches of support with young people. Individuals might tailor their support to include professionals or not. Support can vary in length from minutes to years and may be responsive to individuals with immediate needs, or tightly structured in advance

- Demonstrates the complexity of attempting to capture outcomes in an anonymous online support service for young people. The ToCs developed for the different pathways of support reflect the many reasons that people access support. It is therefore suggested that a high-level consideration of the wants and needs of young people should be considered as a starting point for assessing outcomes. This should capture whether individuals believe they have received informational or emotional support from the +VE that has impacted their understanding of themselves or others.

Developing both the overarching and pathway-specific ToCs for the Kooth service is an important step in understanding the work of such Positive Virtual Ecosystems. They do however, almost inevitably, raise as many questions as answers. It will be important to:

(i) Regularly revisit and reflect on the utility of the ToC with a view to accommodating the dynamic nature of online technologies

(ii) Delve deeper into the different pathways to gain a greater understanding of how best to serve the young people using the services

(iii) Work to develop ways of capturing outcomes in each of the pathways that are integrated, rather than intrusive, within the services being provided.

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