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Appendix B

Public Health
England

Protecting and improving the nation's health

Health Equity Assessment Tool (HEAT):

Full version

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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HEAT

Sustainable Development Goals

What is HEAT?

HEAT is a tool consisting of a series of questions and prompts, which are designed to help you systematically assess health inequalities related to your work programme and identify what you can do to help reduce inequalities. It will also help you to consider the requirements of the Equality Act 2010.

When and why should I use it?

HEAT has similarities to other health equity assessment tools, but is unique in providing a lightweight yet still systematic framework for assessing and driving action on health inequalities.

It provides an easy-to-follow template which can be applied flexibly to suit your work programme. Its specific prompts ensure consideration of multiple dimensions of health inequalities.

How is it structured?

The tool has 4 stages:

1. Prepare
2. Assess
3. Refine and Apply
4. Review.

It is designed to be completed at the start of a work plan to help you consider its potential effects, but it can be used retrospectively. In practice, your assessment is likely to be iterative and will help you continuously improve the contribution of your work to reducing health inequalities.

Because tackling health inequalities at scale is likely to require ‘buy-in’ from senior leaders in your organisation or the system you work in, we recommend that the use of the HEAT process is sponsored by a senior leader.

What should be considered when completing it?

There are a number of different dimensions or characteristics to consider when completing HEAT.

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1. The protected characteristics outlined in the Equality Act 2010 are as follows:
    - age
    - sex
    - race
    - religion or belief
    - disability
    - sexual orientation
    - gender reassignment
    - pregnancy and maternity
    - marriage and civil partnership

2. Socio-economic differences by individual socio-economic position. For example, National Statistics Socio-economic Classification, employment status, income, area deprivation.
3. Area variations by deprivation level (Index of Multiple Deprivation), service provision, urban/rural or in general.
4. Vulnerable and Inclusion Health groups, for example people experiencing homelessness, people in prison, or young people leaving care.

What should be considered when completing it?

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

Health inequalities may be driven by:

1 Different experiences and distribution of the wider determinants of health or structural factors. For example, the environment, community life, income or housing. In other words, the social economic and environmental conditions in which people live, work and play.

2 Different exposure to social, economic and environmental stressors and adversities. These affect states of mind from an early age and throughout life. Stress and psychological wellbeing directly affect resilience, health conditions and health behaviours.

3 Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.

4 Unequal access to or experience of health and other services between social groups.

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People who share protected characteristics, as defined in the Equality Act 2010, may experience poorer health outcomes as a direct result of discrimination or due to different experiences of the factors described above.

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The tool

Programme or project being assessed	Sefton Kooth Procurement 2024
Date completed	
Contact person (name, Directorate, email, phone)	
Name of strategic leader	George Lock

Steps to take	Your response – remember to consider multiple dimensions of inequalities, including protected characteristics and socio-economic differences
A. Prepare – agree the scope of work and assemble the information you need	
1. Your programme of work What are the main aims of your work? How do you expect your work to reduce health inequalities?	The impact of unidentified and untreated mental health disorders can cause significant health impacts across the life course; early intervention could prevent problems escalating and have major societal benefits. Evidence also shows that some young people turn to risk-taking behaviours as a way of coping with life pressures and adversities, which in turn can increase the risk of poor mental health and lead to life-long consequences. Mental health problems are strongly associated with behaviours that pose a risk to health, such as smoking, drug and alcohol use and risky sexual behaviour'[7]. Counselling is a recognised psychological therapy that is often provided to those experiencing mental health problems and there is a wide body of evidence on the effectiveness of psychological therapies for a range of

[7] "Future in Mind". Department of Health. (2015).

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	mental health disorders. It can help young people due to its non-confrontational and facilitative approach and working with an individual who enables them to explore and establish personal values and goals is a valued and trusted approach by young people. Studies show that young people value the anonymity and confidentiality afforded by online counselling[8] and are more likely to open up online[9]. Young people have also been found to appreciate the control they have over the online interface, such as the ability to log-off or to delete a draft response[10]. The accessibility of online services outside of the working day was also seen as beneficial[11]. A key feature of on-line support schemes is that they offer a degree of anonymity to participants. On-line projects usually involve monitoring or moderating by teachers or professionals, either to deal with referrals, ensure anonymity is maintained, or deal with more serious cases[12]. The aim of Sefton Kooth is to: 1. Provide an early response to - and identification of - emotional wellbeing and mental health problems, leading to improved well-being, prevention of symptom escalation and provision of the right care at the right time 2. Encourage the use of self-care tools and resources intended to build resilience and self-help 3. Remove barriers for more vulnerable/disadvantaged/harder-to-reach individuals 4. Promote and improve integrated partnership and collaborative care across agencies, to reduce the demand on specialist services, particularly CAMHS, social care and Access Sefton/ Improving Access to Psychological Therapies (IAPT)

[8] Bambling, M., King, R., Reid, W., and Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous singlesession counselling to young people. Counselling and Psychotherapy Research, 8, 110–116. http://doi.org/10.1080/14733140802055011 Evans S. (2014) The challenge and potential of the digital age: young people and the internet. Transac Analysis 44(2) 153-166, doi:10.1177/0362153714545312 A Thematic Analysis of Preferences of Young People using Online Support to Discuss Suicide Ideation - UK © 2013 Sally Evans

[9] Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. Counselling Psychology Review, 24(2) pp. 24–34.

[10] King, R. et al (2006)'Online counselling: The motives and experiences of young people who choose the Internet instead of face-to-face or telephone counselling',Counselling and Psychotherapy Research, 6:3,169 — 174. DOI: 10.1080/14733140600848179 URL: http://dx.doi.org/10.1080/14733140600848179 Fletcher-Tomenius, L. and Vossler, A. (2009). Trust in Online Therapeutic Relationships: The Therapist's Experience. Counselling Psychology Review, 24(2) pp. 24–34

[11] Malik S, Coulson NS. The therapeutic potential of the internet: exploring self-help processes in an internet forum for young people with inflammatory bowel disease. Gastroenterol Nurs 2011;34(6):439-448. [doi: 10.1097/SGA.0b013e318237a9ba] [Medline: 22129797]

[12] https://assets.publishing.service.gov.uk/media/5a820b3d40f0b62305b922c5/Children_and_young_people_s_mental_health_peer_support.pdf

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	5. Improve the knowledge and capacity of schools, employers, community and voluntary groups to identify and address emotional wellbeing and mental health problems through good engagement and promoting a whole-system approach. 6. Provide a platform for users to gain peer to peer support through forums, ensuring moderation for safeguarding.
2. Data and evidence What are the key sources of data, indicators, and evidence that allow you to identify HI in your topic? ● Consider nationally available data such as health profiles and RightCare ● Consider local data such as that available in JSNA, contract performance data, and qualitative data from local research	Example sources of data include, but are not limited to those listed below: ● https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh ● https://www.sefton.gov.uk/media/4887/mh-and-emotional-wb-strategic-assesment.pdf ● https://www.sefton.gov.uk/media/6082/childhood-poverty-strategy.pdf ● https://www.sefton.gov.uk/media/5729/digital-inclusion-strategy-2022.pdf ● https://www.sefton.gov.uk/media/4571/childrenyoung-peoples-plan-2025.pdf ● https://www.sefton.gov.uk/media/4575/emotional-wellbeing-strategy-2021-2026-85.pdf **Kooth Additional Information** Hospital Admissions for Mental Health Conditions are higher than national averages at 97.5 per 100,000 in 2016/17 in Sefton. 1 in 10 Children are affected by Mental Health Problems.(Sefton Children's and Young People Plan). Self harm rates are higher than the national averages, with 512.6 per 100,000 between the age of 10-14 admitted to hospital as a result of self harm. (Fingertips data 2022/23), which correlates with Self Harm being one of the highest presenting issues when Service users are accessing Kooth. We also collect and utilise data from Kooth service users based on demographics, access and activity within the platform. We track trends across all contracts (~90 CYP contracts) to understand behaviours associated with health inequalities; we run an annual user and stakeholder survey, as well as ad hoc surveys alongside our standard data collection at registration and based on usage

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	Findings from our most recent user and stakeholder survey highlight both the support that users receive from the service, but also the wide range of routes into Kooth through GPs, schools, Kooth engagement, social media and more. With individuals accessing care from all aspects of the community, we can identify need and respond. Please see attached documents Sefton Insights Report (last 12 months) as an example of healthcare data on service users within Sefton that we collate.

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B. Assess - examine the evidence and intelligence

3. Distribution of health

Which populations face the biggest health inequalities for your topic, according to the data and evidence above?

Add in details about our data and make it explicit

Gender

- *Overall 14.4% of 11-16 year olds and 16.9% of 17-19 year olds met the criteria for having a mental disorder at the time of the survey. For Sefton that equates to approximately 2,600 and 1,400 children respectively.*
- *As young people get older, young women are more likely to have a mental health disorder. Rates for young men go up into the mid-teens and then fall slightly. Among boys the likelihood of a disorder was highest at 11-16. Among girls, it was 17-19.*
- *Nearly 1 in 4 young women aged 17-19 were found to have a mental health disorder, and in the majority of cases this included an emotional disorder. In Sefton this equates to 950 women and 450 men.*

Kooth supports individuals in Sefton from age 11 to 25, with content age gated to ensure appropriate access. Over the last 5 years of delivery in Sefton, Kooth has supported 4,703 CYP. At age of registration, demographics were:

	Male	Female	Non-Binary/Gender fluid	Other/ Prefer not to say
11-16	1,224	2,086	109	110
17-19	241	616	26	22
20+	63	193	11	2

The most common presentations by gender are:

(July 2023 to June 2024)

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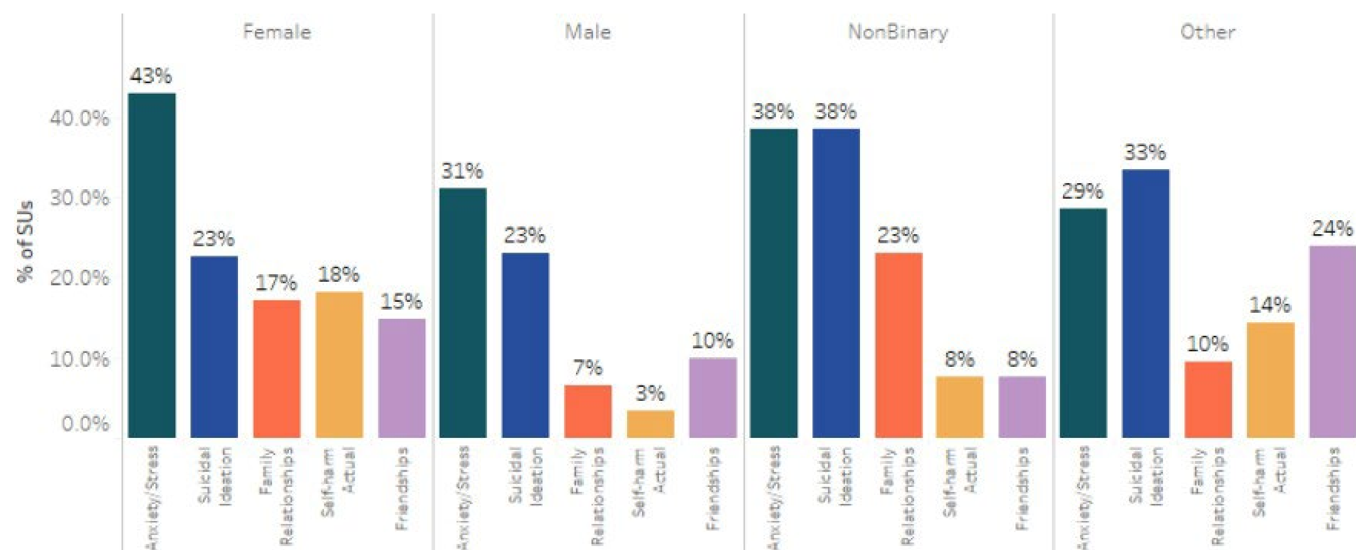

Based on the *Sefton Mental Health and Emotional Wellbeing Strategic Assessment, 2021,* key areas have been highlighted as risk areas for specific demographics:

1. **Eating disorders**
   a. *The majority of young people with eating disorders are female; there is also evidence that eating disorders are a particular concern for transgender young people.*
   b. **Our approach:** eating disorders are the 11th most common presenting issue for young women, and 7th for non-binary CYP in Sefton. Due to need, our team is trained to support eating disorders, with dedicated training sessions and workshops, along with NICE and BEAT guidance aligned to best practice. We also run national webinars on supporting eating disorders within Eating Disorder Awareness Week, providing information to professionals (such as teachers, healthcare professionals and social workers) and parents who may be supporting CYP impacted by eating disorders.
2. **Suicide**
   a. *Males aged 15–24 are more likely to die by suicide.*

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	b. **Our approach:** whilst not a crisis service, Kooth has stringent safeguarding and clinical governance structure, able to identify and manage risk using Safeguarding Level 4 trainer escalation points, safety plans, and onwards referrals to Crisis services when needed. We recognise the difference between suicidal thoughts and suicidal intent, and our team is trained to handle each case individually through chats. Our robust moderation processes will also flag anything of concern to our team from the community / individual content functions and a team member will always contact the CYP to ensure their safety and wellbeing. **3. Self harm** a. *High levels of self-harm are evident among girls and young women in particular.* b. *Additionally,* ***the rate of admission to hospital for self-harm in the 10-24 age group is significantly above the national and regional average****.- Children and Young People Mental Health and Emotional Wellbeing Strategic Assessment* c. **Our approach:** in Sefton, self harm is the 3rd highest presenting issue for girls and young women; when compared nationally, self-harm is the 4th most common presenting issue. Our team is trained to support individuals self-harming, or at risk of self-harm, and will use our safety plans and escalation processes to safeguard as needed. We have a dedicated content collection focused on self-harming, including titles such as: ■ Self Harm and Distress Tolerance ■ Self harm and the holidays: how you can help yourself ■ Self Harm: Not Just a Teenage Issue ■ Getting to Know Your Self Harm ■ Let's talk about self harm myths ■ Mythbusting: talking about self harm ■ Why do people self harm? ■ Living with self harm **Ethnicity** Health inequalities driven by ethnicity are a consideration across Sefton; with recent events, we anticipate that this may increase. South Sefton and Southport are the most diverse areas within the contract, including a

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	Portuguese community in Southport. We will continue to utilise our Engagement lead in area to reach out across the population. **Socio-economic status or deprivation** *Almost 1 in 6 (8202) under 16s live in relative poverty. (Sefton Child Poverty Strategy) Those that live in areas of deprivation are more likely to have poor mental health.* *In Sefton approximately 1 in 6 or 2,700 secondary school pupils are in receipt of Free School Meals. The rate is 1 in 5 or 4,400 primary school pupils. (Sefton Mental Health and Emotional Wellbeing Strategic Assessment, 2021)* Throughout Sefton, we recognise that cost of living has impacted some areas harder than others. Based on deprivation indexes, and our lived experience within the locality, we know that South Sefton is the area within the contract most impacted by this. Seven of Sefton's LSOAs (3.7%) fall in the most deprived 1% of the country, all of which are in South Sefton. Linacre, Derby, St Oswalds, Litherland, Ford, Church, Netherton and Orrell. (Indices of deprivation Sefton summary 2019). The health inequality for people that live in Bootle, Litherland, Seaforth and Netherton directly correlates with the poorer health they are likely to have in accordance with Marmot's, Fair Society, Healthy Lives. We would apply proportionate universalism in the engagement process, aiming to improve the mental health of all Sefton children young people but with a greater focus on those facing the greatest need and can allocate greater resources through engagement time in person to allocated greater resource to those greater in need, and avoid simply supporting those who are easiest to support. **Our approach:** our engagement team will, in collaboration with the commissioners, agree priority areas of the contract for in-person engagement. We would recommend focusing on the areas in South Sefton with lower socio-economic status, and with higher levels of poverty are prioritised, whilst ensuring access to Kooth in Sefton is promoted across the whole CYP population in Sefton as a universal service. A holistic approach would be taken to ensure that the engagement works in a variety of settings and takes into account the high number of pupils with school based avoidance behaviours, low attendance at school or college and also those in the cohort that do not traditionally reach out for support through the local health care system. and would focus on engaging with schools, GPs and community groups. Previously, we have engaged with the following

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	within known areas of increased poverty, and we would maintain relationships there with additional sessions with both CYP and referrers. Our engagement work is supported by a number of the engagement team with extensive experience of engaging with service users and stakeholders to embed Kooth where the need is greatest. Engagement undertaken in the boroughs most deprived wards in South Sefton have centred around community events and partnerships including building relationships with 0-19 team, working closely with the Happy and Healthy Team and delivering at events at schools including Hillside High School and Bedford Primary school. Kooth can be accessed on any device, including shared devices without need for a downloaded app. We also partner with schools/libraries/community centres to create ‘Kooth Booths’. These are calming spaces that contain a computer with access to our platform. Schools can also create a direct link from their home pages to Kooth for students to find immediate support through school or personal devices. All logins time-out after 15 minutes of inactivity to maintain security on shared computers. **LGBTQIA+** Individuals within this community are at higher risk of self-harm and suicide. Our approach to supporting these presenting issues is detailed above. Additionally for our LGBTQIA+ community, we provide specific content generating 602 views for LGBTQIA related forums and 94 views for related articles in Sefton in the last 2 years. We have over 80 content pieces including podcasts focused on gender, sexuality, gender identity and LGBTQIA+ issues, and a vibrant LGBTQIA staff diversity group within Kooth supporting content, policies and approaches, ensuring we merge clinical best practice with lived experience. Our support is accessible and stigma free; over 10% of registrations in the last 12 months identified as non-binary or a gender other than male or female.

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	We commit to supporting vulnerable groups, including: ● people experiencing homelessness ● prison leavers ● young people leaving care ● young carers We know that each vulnerable group will have different requirements, and we have various contect collections with information tailored to their needs, including lived experience articles, tips and hints. We also run community forums, with 3 moderators, where individuals can be a part of the community and receive peer support. In another contract, we have co-created a pilot prison outreach programme, led by a local corrections officer. Kooth is available on prison computers to support the wellbeing of inmates. Through this service, Kooth has worked with 42 prisoners since July 2023, delivering 107 sessions of professional support. The programme is aimed at rehabilitation of prisoners into productive members of society. A similar project could be implemented in Sefton should it be of interest. We recognise that whilst each group requires tailored support, equitable treatment is of the highest priority. Therefore, all users within Kooth are always fully anonymous to other service users, with any personal identifiable information only visible to Kooth workers to support safeguarding and integration with other services. Sign up to the platform is a simpler registration process which does not require a referral - removing as many barriers as possible to access. Adhering to the Accessible Information Standards and supporting individuals with neurodiversity and additional needs we provide: ● Information in multiple formats, including audio/easy-read ● Podcasts with episodes on specific issues, meditation guides and peer-led episodes In-building accessibility, Kooth is designed to: ● Be compatible with screen readers, voice recognition, adjustable font sizes with up to 400% zoom capability ● Provide alternative mediums (podcasts/videos)

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	● Be written at an age-appropriate language level ● Support Google Translate Ease of access aligns directly to the ask from CYP in Sefton according to the *Sefton Mental Health and Emotional Wellbeing Strategic Assessment, 2021* : *'No barriers, people caring, listening and freedom'*
4. Causes of inequalities What does the data and evidence tell you are the potential drivers for these inequalities? ● Which wider determinants are influential? E.g. income, education, employment, housing, community life, racism and discrimination. ● What aspects of mental wellbeing are affected? Consider risk and protective factors. ● Which health behaviours play a role? ● Does service quality, access and take up increase the chance of	*Income , education and employment prospects are key wider determinants that impact young peoples mental well being.* Drivers of inequalities in Sefton (from the LGA report this year) include: ● Lower income families / cost of living impact ● Lower education rates in areas such as South Sefton. ● Poverty: *(one in six children under the age of sixteen live in relative poverty, which has risen by 17.5% over the last 5yrs)* ● Low unemployment rates ● Poor housing ● Poor health- The inequality in life expectancy at birth for males living in most and least deprived areas is 14.1 years and for females, 12.3 years; these figures rank second largest for females and third largest for males in England. and within Sefton there is a difference of upto 14 years for males living in the most affluent part of the borough (Formby) compared to those living in Bootle. ● Smoking related disease ● Diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay ● Those living in the most deprived areas of Sefton have poorer outcomes across a range of indicators - including Obesity, teenage pregnancy, education attainment and low birth weight A Sefton priority, from the Childhood Poverty Strategy is: ***Do what we can to reduce the cost of living and to remove financial and other barriers that lower the benefit low income families get from local opportunities and support on offer.*** At Kooth, we cannot control the socio-economic bracket that a CYP is in, we cannot control if they are living in poverty, or in poor housing, or if they are impacted by unemployment within their family. We can support equitable access to support, ensuring that a child from a lower income family receives the same support as their peers. Kooth is a 24/7, 365 days a year service, here to support CYP at a time that works

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health inequalities in your work area? Which of these can you directly control? Which can you influence? Which are out of your control?	for them - whether that be around school work, shift work or caring responsibilities. Our chat function is supported by trained practitioners, available from 12pm - 10pm Monday- Friday and 6pm-10pm on weekends and bank holidays (including Christmas). As referenced above, we work to ensure that our service has no barriers to access, and is welcoming and safe to all. Our engagement team will work with stakeholders across the community to raise awareness of our service, including working with food banks, community organisations who are in food poverty. Alongside working with organisations such as Sefton@work and job centres to reach those older young people who are unemployed. Our team also run national webinars with themes around Suicide Prevention, Mental Health stigma in minority communities, managing anxiety and stress, male mental health and healthy relationships, exploring stress for students and LGTBQ+ workshops. Training and informations sessions for stakeholders, providing support for our referral partners and providing insights from our clinical, safeguarding and engagement teams. Key to our approach to embedding Kooth within the community is the working with the VCF sector and partnership opportunities linking with Sefton CVS, local community centres including those part of Living Well Sefton partnership, May Logan Centre, Netherton Feel Good Centre, and the Brighter Living Centre Partnership. Other stakeholders include the Family Well Being centres through as key to increasing access to the service and increasing awareness of the service for parents. Delivery to Family Wellbeing centres has been a key focus within engagement at Kooth and a recent presentation delivered to Family Well Being Staff and Early Help worker. We recognise that school avoidance can lead to poor mental health outcomes, and experience supporting CYP back to school. Recently, a Kooth service based on school avoidance was set up in neighbouring St Helens; learnings from our delivery in the North West will be directly relevant to our support in Sefton.

C. Refine and apply – make changes to your work plans that will have the greatest impact	
5. Potential effects In light of the above, how is your work likely to affect	We commit to supporting Sefton to reduce health inequalities through our provision and ongoing development of our service at Kooth. We value co-production throughout our service, utilising CYP and lived experience feedback throughout our design, implementation and delivery. Stigma is still a barrier in seeking help, including

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health inequalities? (positively or negatively) Could your work widen inequalities by: ● requiring self-directed action which is more likely to be done by affluent groups? ● not tackling the wider and full spectrum of causes? ● not being designed with communities themselves? ● relying on professional-led interventions? ● not tackling the root causes of health inequalities?	shame-based issues in some communities. We have specific features designed to support individuals to access Kooth who may be concerned about the stigma: ● Kooth is 'anonymous-by-default'. Individuals do not need to provide personal identifiable information to join Kooth, and their account does not link to their email address. Anonymity is a powerful disinhibitor, enabling people to be their true self. ● You do not need to download an app, or use a specific device to access Kooth. Although smartphone adoption is high, parental controls may prevent children from downloading apps. Kooth works on any browser (pc, tablet, smartphone, library desktop) to tackle this. CYP may be concerned about friends of family discovering they are using a mental health service and the Kooth model means no downloads or awkward "pings" on your phone. We work nationally and locally via both campaigns and direct education work with stakeholders, carers, parents and CYP, to promote the importance of proactively taking care of your mental health, to counter stigma and support disadvantaged and seldom heard communities. We undertake targeted participation work with specific user groups to understand how our approach and language can further reduce barriers to access - e.g. recent work with black young adults, and the muslim community. Examples of this include: ● Our co-production work with Blackout UK and Cultures CIC; we engaged service users with lived experience to understand how our service can effectively and appropriately serve men from different ethnic minority backgrounds. The organisations were remunerated for their involvement, whilst individuals participants received certificates and vouchers. Their influence and contribution was showcased when Kooth was shortlisted for the Collective Health Power Alliance Award, work that helped us develop an organisational framework for anti-discrimination. ● Kooth Booth's; dedicated physical space and digital resource for young people to access the service. Digital poverty is a barrier that many young people may experience if they have no access to personal devices or an internet connection at home. Young people experiencing digital poverty can still benefit from Kooth as a preferred option if they have the opportunity to use a web enabled device in a safe

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	place. Schools, colleges and local services are in an ideal position to enhance their own offer by providing a 'Kooth Booth' alongside their existing services, and Kooth has worked with a number of institutions to establish space for these including East Lea College, Hampshire; Sheffield College; and Starling CIO, Trafford & Tameside. ● Kooth and the Trans community; a safe space to engage with gender dysphoria and questioning. The platform contains myriad content that supports this in a safe and moderated manner including "Gender dysphoria and how to cope" or "Supporting someone coming out as non-binary". We would seek to take a refreshed approach to **ensure we are leaving no-one behind** within the new contract. This includes ● Undertaking a comprehensive gap analysis, working with our data, key stakeholders and partners to identify any specific vulnerable groups: We already work successfully with a broad range of ethnic groups, LGBTQ+ groups and individuals, lower income communities, children of services personnel and people with disabilities. ● We will continue to tailor our content to ensure it speaks directly to the concerns and experiences of the targeted vulnerable groups in Sefton **Our approach to mental health is based on choice.** Our offer and design are user-led and user-centric, from users proposing and voting on preferred content, to targeted workshops with diverse communities. To ensure that our service does not favour those from more affluent backgrounds, we have a range of pathways including: 1. **Self directed care:** Service users can read or create age-rated/appropriate articles, listen to podcasts, engage with mini-activities including coping mechanisms, keep a journal and set goals. All journal entries, comments and articles are pre-moderated (fully reviewed for appropriateness by our practitioner/safeguarding team) prior to publication. This allows us to reach out and offer 1:1 support to users whose submissions indicate they are struggling with their mental health and wellbeing, providing the opportunity for early intervention. 2. **Engaging with our Kooth & Qwell community:** Users can access our peer-supported spaces including live forums, discussion boards and peer-created content (pre-moderated by our

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	practitioner/safeguarding team).This allows users to share their experiences and thoughts in depth with other users, providing validation and the opportunity to support others. 3. **Interacting with a counsellor via our responsive, structured and ongoing pathways:** Users have multiple ways to receive professional support. They are able to use asynchronous messaging to receive therapeutic support by exchanging messages with Kooth practitioners. Users also benefit from our drop-in service where CYP can access our practitioners for a single chat session, or "one at a time" single sessions of live text-based chat. Finally they are able to access structured/ongoing support where users can attend pre-booked sessions with a named counsellor, working to achieve goals and work on identified issues over a series of sessions, usually weekly. By providing a range of pathways, we can engage with CYP in different ways. If a user indicates that they are at risk within a comment, journal entry or activity, our moderators flag this to our team, who will then engage with the user through messages or chats; we reach out to them, rather than waiting for them to come to us. **Ensuring easy access to through outreach:** Our dedicated Kooth Engagement Lead, works with schools, colleges, GPs, third sector, local mental health services, faith organisations and community providers, youth groups to promote awareness to CYP, education and provider organisations. **Removing barriers to access:** CYP can access Kooth without a referral and create an account in under a minute. Our model is anonymous, and non-stigmatising. We capture DOB, gender, disability, sexual orientation, race/ethnicity and a postcode as standard, with additional personally identifiable information collected by consent if an onward referral is needed. In response to CYP feedback, users can personalise their avatars and pronouns, supporting feelings of 'belonging'. **Ensuring the platform is accessible:** Kooth achieved a 96% score for accessibility in our ORCHA review. We comply with Web Content Accessibility guidelines (WCAG) level 2.1 AA, enabling visually impaired CYP to access Kooth using a screen reader, or navigate the site using an assistive input device instead of a mouse. Our platform is inherently accessible for the deaf community as the primary modality is text based. We are working with national partners SignHealth, National Deaf Children's Society, Sense and National Deaf CAMHS on a

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<tr><td></td><td>provider collaborative bid to NHSE for a dedicated national mental health prevention service for deaf children, and incorporating insights from these organisations into our standard delivery.

Kooth also adheres to the Accessible Information Standards to support individuals with neurodiversity and additional needs, providing:
● Information in multiple formats, including audio/easy-read
● Podcasts with episodes on specific issues, meditation guides and peer-led episodes

In-building accessibility, Kooth is designed to:
● Be compatible with screen readers, voice recognition, adjustable font sizes with up to 400% zoom capability
● Provide alternative mediums (podcasts/videos)
● Be written at an age-appropriate language level
● Support Google Translate

Supporting English as a second language: Kooth is written for a low reading age and to accommodate CYP with little English ability. This supports use of in-browser automatic translation options to enable translation into any language. All practitioners complete specific training: “Wellbeing for children with English as an Additional Language”.</td></tr>
<tr><td>6. Action plan

What specific actions can your work programme or project take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities?

● How can you act on the specific causes of inequalities identified above?</td><td>Kooth delivery will support CYP from all parts of the community, including reaching out to those who are impacted by health inequalities. Our support is twofold:

1. Reaching everyone: through our engagement team embedded in the community, our wider engagement team supporting key stakeholders and bringing learnings from across the country to reach seldom heard groups, and through marketing including social media, we will ensure that we maximise our reach within Sefton. Please see our engagement action plan below.
2. Supporting everyone: Kooth is designed as a safe, welcoming and inclusive space for everyone, with specific content tailored to support those impacted by health inequalities. Kooth is based on choice; service users are able to access support in a variety of methods from self-help and community support to async messages and chats with qualified practitioners. Supporting individuals in the way that suits them best increases accessibility and encourages individuals to own their healthcare.</td></tr>
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- Could you consider targeting action on populations who face the biggest inequalities?
- Could you design the work with communities who face the biggest health inequalities to maximise the chance of it working for them?
- Could you seek to increase people's control over their health and lives (if appropriate)?
- Could you use civic, service and community-centred interventions to tackle the problem – to maximise the chance of reaching large populations at scale?
- Who else can help?

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By identifying those impacted by health inequalities, we can design specific outreach programmes and also tailor content to their needs - ensuring that our reach and support is accessible and promoted directly to those who traditionally struggle to access services.

Engagement action plan

Our engagement approach is a blend of wide reaching activities and targeted activities for specific populations. Our outreach is directed both to CYP who will use the platform, and stakeholders who can signpost CYP to us for support (including healthcare, social care, education, and employment professionals). Our engagement is community centred, to maximise reach, build trust and to support de-stigmatisation of mental health (through any route).

1. **Reaching CYP across Sefton**

    a. School support through assemblies offered to schools throughout Sefton (priority will be given to schools in areas of higher deprivation, and can be agreed in conjunction with the commissioners)

    i. Secondary Schools in Sefton are aware of the Kooth offer and are utilising the service. There is a push to make sure that the schools are all accessing assemblies in September, and work with the MHST teams to support this.

    ii. Primary schools have been particularly engaged with the Kooth offer of support for their Y5 and Y6 classes, and the online safety (social media) session has been really well received by Primary Schools; we will continue to offer this

    iii. Continued support to School Nurses: we have previously delivered training to all 3 school nurse clusters, with ongoing engagement / provision of resources.

    iv. Specific assemblies and content has been planned for Anti-Bullying week in October, noting that individuals impacted most by health inequalities are also high risk of bullying

    b. Proactive and frequent use of social media effort to normalise MH: Both the kooth_UK handles and individual KEL accounts share various information designed to destigmatise mental health

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	and help young people feel more comfortable discussing mental health and searching for support. c. Nationally delivered webinars specifically designed for boys and young men's mental health, supporting mental strength and resilience. **2. Reaching specific groups within Sefton who are most impacted by health inequalities** a. Support through food banks: 7 foodbanks have been identified within Sefton through https://www.sefton.gov.uk/cost-of-living/foodbanks-and-food-pantries/ , https://www.sefton.gov.uk/cost-of-living/food-pantries/ : we will provide these food banks with information to be handed out to all families & young people who use food banks. b. Outreach to the travelling community (Red Rose site in Formby & Irish Community Care) c. Virtual school support (care system support, most vulnerable): Our flexible offer means that we are able to deliver our sessions virtually/through webinars to reach those who may not all be able to attend one specific space. The online support aspect opens up the service to those who may not have access to traditional forms of support, especially those post 18. d. Presentation and engagement with children social work staff and the leaving care team to ensure the offer of support is embedded amongst children and young people who are supported by children social work teams. e. Dedicated engagement with LGBTQIA+ groups, raising awareness linked to New Beginnings youth groups f. Focus on South Sefton as the key priority , embedding with local community partners, area of deprivation- webinars for staff, in person training, linking in with mental health workers from South Sefton PCN. staff training with Health professionals and social care staff. **3. Reaching stakeholders & referrers to support access** a. Ongoing engagement with GPs & PCNs as core referral partners: providing teams with key messages to share with patients aiming to help those who face inequalities/ barriers to accessing

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	MH support engage with Kooth. Delivered through outreach/ info sessions, newsletters, physical and digital resources. b. Ongoing engagement with CAMHs as a referral partner, to encourage signposting to Kooth for CYP support whilst awaiting CAMHs availability or if they do not meet the CAMHs threshold. We are also able to provide them with digital materials that can be added to the end of any discharge letters. c. To support World Suicide Prevention Day on Tuesday 10th Sep, we're running a national webinar series entitled 'KoothTalks: An exploration of accessible support options for suicide prevention & awareness'. d. We will be presenting of self harm and suicidal ideation data at an upcoming Sefton Suicide Prevention board meeting. e. Parent & Carer networks - (providing anxiety sessions/stalls at community events): Kooth has a strong connection with the Parent/Carer Forum in Sefton. We have attended multiple community events to share support available in the community to their parents. We have also run parent/carer sessions for the forum to provide additional support and information. f. Supported Living Housing Services (SHELTER): engagement with staff as a referral partner, providing training so they can effectively signpost/help young people sign up. We can provide the centres with promotional materials, leaflets and cards to share alongside the digital materials. The services listed below have been commissioned by Sefton Council to deliver an Integrated Homeless Service and are linked to Sefton Mainstay Gateway; these would be prioritised: i. BOSCO Society (Accommodation & support services) ii. Excel Housing (Accommodation & support services) iii. Light for Life (Rough Sleeper service and support services) iv. New Start (Accommodation & support services)

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	v. Venus Support (Accommodation and Floating Support) **4. Integrating into the wider health ecosystem:** a. MHST Support & integration: i. We are working with Sefton's MHST team which allows Kooth to be a part of their termly planning meetings to discuss the needs of the schools in their cohort. We are also delivering summer sessions as a MHST/CAMHS/TAS/Kooth unit to deliver workshops to parents. b. Happy n Healthy Partnership: We are one of the 6 organisations that make up the Happy n Healthy Partnership who are all commissioned by Public Health to provide health interventions and support in Sefton. As a benefit of being part of the partnership is the opportunity for signposting between services and the opportunity to obtain and build awareness with other staff. Successful example of that engagement was the workshop delivered to the sexual health service. This partnership also allows Kooth to be represented by the other 5 services in various situations including, individual projects run by the other Public Health commissioned partners and the general day to day interaction with their service users. c. New focus on Family Hubs will be a part of the engagement strategy for Sefton, liaising with 12 centres (including family wellbeing centres) identified to offer training, info sessions and resources. d. Working with colleagues in a range of council departments to embed the Kooth offer and are currently an active partner in the Team Around the School Model (TAS) e. Working with VCF colleagues and embedding into local organisations, we are an active member of the Mental Health in Schools group led by Sharon Cotterill. We will also link into the Every Child Matters forum led by Sefton CVS and seek other opportunities to embed Kooth into wider spaces such as Living Well Sefton who support families and parents and carers who may have children that would benefit from Kooth support.

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	f. Physical presence and opportunity to attend in person events and engagement opportunities in key locations in the borough with a focus in the areas in South Sefton will be capitalised on. **Coproduction** To engage, reach, learn from and support targeted communities and CYP, we take a proactive, user-led participation approach, and work on national and local programmes alongside charities and service organisations. Our co-production approach is based on the Lundy model of participation adopted internationally. Maintaining clear communication, your dedicated KEL will share co-production updates and feedback service user (SU) experience of Kooth through quarterly reports and performance reviews. These reviews are an opportunity to jointly discuss new engagement strategies and align priorities. We engage with SUs directly to capture feedback and user voice through: ● We send 1,000s of feedback forms within the digital platform every year ● Our annual user survey, piloted in 2023, focuses on what is important to SUs, what they want and how and why they use Kooth. This directed our improvement pipeline prioritisation ● Via our engagement team school assemblies Previous examples of co-production with specific communities include engagement with the Muslim community in North East London through faith groups and GPs, and reaching the Black community through VCSEs such as BlackOutUK. Our engagement team will work with commissioners to understand priority groups for co production. **Tailored Content** Engagement with the community and increasing access to our service is critical to supporting those suffering health inequalities; however similarly important is ensuring that our platform speaks to the concerns of those seldom heard groups when they access our support. Our content library is consistently updated with new content, influenced by the activity within the platform and feedback from our engagement team. Recent uploads include collections on financial pressures and the impact of the cost of living crisis and perinatal mental health. Additional collections can be suggested by the commissioner as we work in partnership to meet the needs of all CYP.

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7. Evaluation and monitoring

How will you quantitatively or qualitatively monitor and evaluate the effect of your work on different population groups at risk of health inequalities? What output or process measures could you consider?

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Our impact

From an independent review, Kooth has been assessed to drive improvements across nearly all mental health and wellbeing measures after just one month of using Kooth's web-based platform. These included significant reductions in psychological distress, suicidal ideation, self-harm and loneliness. On average, Kooth users experienced the following meaningful improvements:

- 20% fewer reports of self-harm
- 15% increase in confidence that their hopes can be met
- 13% reduction in loneliness
- 12% increase in self-esteem
- 11% reduction in psychological distress (low mood and anxiety)
- 9% reduction in thoughts of suicide
- 8% less arguing with parents

We can monitor impact through:

- Access numbers split by demographic
- Activity levels
- Community impact measures including our Peer Online Community Evidence Measure
- Clinical outcome measures including
  - Our Single Session Wants and Needs Outcome Measure (SWAN-OM), validated independently with a highly respected UK research partner CORC (Child Outcomes Research Consortium) and Anna Freud
  - Counselling Outcomes Goals System (CoGs) to monitor/score progress towards individualised goals. CoGS is a Goal based Outcome Measure developed by Kooth with the University of Manchester.
- Feedback provided through:
  - End of Session questionnaires
  - Location specific surveys
  - Our Annual User and Stakeholder User Survey
  - A feedback function within the platform
  - Dedicated complaints feedback
  - Via our community-embedded engagement lead

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	All data points will be reported to the commissioner within our standard quarterly reports and review meetings process, with qualitative user feedback available within meetings, as part of quality assurance or sent as separate reports. We will also provide Sefton specific data on: ● Signposting & referrals to both local and national organisations ● Economic impact through our model with YHEC ● Number and reach of engagement activities into Sefton based on health inequalities identified Byond this, Kooth operates across 35 ICBs in England, and through this and from over 20 years of delivery, we have extensive data allowing us to provide population level insights, comparisons to other regions, and forecasting. By working at a national level, we are also able to bring insights from other areas to support our approach in Sefton and share best practice.
Set a health equity assessment review date, recommended for between 6 and 12 months from initial completion. Review date: 30/06/2025	