



Children and Young People's Social and Emotional Mental Health (SEMH) in North Yorkshire

Introduction to the I-thrive Needs Based Groupings July 2023

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The Needs Based Groupings





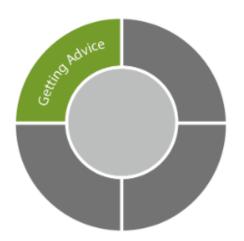
Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the *Thriving* group.

They may however benefit from prevention and promotion strategies to maintain wellbeing, and communities implementing the THRIVE Framework should consider how best to support such initiatives at a system level.

Within this grouping are children and young people who are particularly vulnerable due to a range of social factors such as poverty, poor education, abuse or neglect; environmental factors including injustice, discrimination, and social and gender inequalities; and individual factors such as experience of abuse, a learning disability, or physical health problems.

Particular care may need to be taken by the system to try to systematically address the issues that put these children at risk and to ensure these groups have access to prevention and promotion strategies that meet their needs.

Children, young people and their families are involved in a shared decision making process about the type of help and support they might choose to engage in.



This group includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input.

Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.

Within this grouping are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support.

This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Within this grouping are children and young people who need advice and signposting and self-management. This typically consists of a one-off contact with follow-up. It is also important to engage parents and carers.

This grouping encompasses 30% of children and young people seeking support for their mental health and wellbeing.

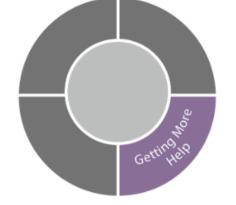


This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.

This group comprises those who need specific interventions focused on agreed mental health outcomes.

An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group.

The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue.



This is not conceptually different from Getting Help. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality.

It is for each community to determine the resource allocation threshold that defines Getting More Help from Getting Help.

There are no hard and fast rules as to who needs More Help but the following are frequent indicators:

- the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)
- they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)
- they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

This grouping also comprises those children, young people and families who would benefit from focused, evidence-based interventions, with clear aims, and criteria for assessing whether these aims have been achieved.

It encompasses those young people and families who would benefit from extensive intervention.

This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken



The aim of specifying a category of Getting Risk Support is for all partners to be clear that what is being provided is managing risk ONLY.

It is important to note that there are likely to be risk management aspects in all groupings. However, in the context of high concerns but lack of therapeutic progress for those in this group, risk management is the sole focus.

Children or young people in this grouping may have some or many of the difficulties outlined in Getting Help or Getting More Help above BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others.

Children, young people and families in this grouping are likely to have contact with multiple-agency input such as from social services and youth justice.

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk.

This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to interventions.

Principles of the THRIVE Framework

- **1. Common Language:** The conceptual framework, and its five needs based groupings: *Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, Getting Risk Support*, supports a shared language and understanding across the system.
- **2. Needs-Led:** Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need at any one point, what the plan is and everyone's role within that plan. Fundamental to this is a common understanding of the definitions of the needs based groupings across the local system.
- **3. Shared Decision Making:** Voice of children, young people and families is central. Shared decision making processes are core to the selection of the needs based grouping for a given child or young person.
- **4. Proactive Prevention and Promotion:** Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strength including safety planning where relevant.
- **5. Partnership Working:** Effective cross-sector working, with shared responsibility, accountability and mutual respect based on the five needs based groupings.
- **6. Outcome-Informed:** Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussion if goals are not achieved.
- 7. Reducing Stigma: Ensuring mental health and wellbeing is everyone's business.
- **8. Accessibility:** Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

NEEDS BASED
GUIDANCE FOR SOCIAL
AND EMOTIONAL
MENTAL HEALTH FOR
CHILDREN AND YOUNG
PEOPLE IN NORTH
YORKSHIRE



difficult to be separated form caregiver)

Physical appearance and self-care

SEMH need has resulted in some mild and temporary

observable changes in appearance and self-care (e.g.

netimes wears dirty clothes or hair is unbrushed)



Needs based guidance for Social and Emotional Mental Hearth (SEMH) for Children and Young People in North Yorkshire.

This document has been developed to support professionals working with children and young people to help identify the best way to provide support for social and emotional mental health in North Yorkshire. The document uses the principles of the <u>i-thrive framework</u> (please note, i-thrive is different from the Thrive Approach to social and emotional wellbeing) and links to the 5 needs based grouping: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support.

Thrivin

Most, if not all children and young people will experience the normal difficulties of life and do not need individualised advice or support around their mental health issues. They will benefit from whole school practices that promote protective factors and social and emotional wellbeing, for example:

- · regular PSHE lessons, covering a range of topics related to social and emotional health and wellbeing, friendships and management of emotions
- · curriculum activities that build resilience and the ability to take the knocks and set-backs of life
- · regular, relational "check-ins" with staff at all levels (i.e. adults taking an active interest in the children and young people in their care)
- . a stimulating curriculum that encourages investment in their own education, that promotes talents and interests and that raises aspirations

daily functioning (e.g. regular difficulties separating from

feelings of hopelessness or irritability, self-destructive

SEMH need has resulted in some moderate observable

changes in appearance and self-care (e.g. regularly wearing dirty clothes, hair regularly unbrushed, regularly

behaviour, regular anger outbursts, challenges with

managing emotional regulation

forgetting lunch).

Physical appearance and self-care

caregiver, not wanting to leave the home, regular

· positive role models amongst staff and other pupils who can show empathy, warmth and be non-judgemental

Compass Phoenix and Wellbeing in Mind Teams provide support to schools and colleges across North Yorkshire. They help increase the skills, confidence and competence of staff dealing with emotional and mental health concerns to create a "Thriving" environment for Children and Young People.

It may not always be obvious when a child or young person is struggling to maintain good mental health. The following indicators should not be used as a checklist but may assist in determining whether a child or young person might benefit from support and where this could be accessed.



PRESENTING NEEDS (examples)

PRESENTING NEEDS (examples) The following indicators should not be used as a checklist but may assist in determining whether a child or young person might benefit from support and where this could be accessed.			
Getting Advice This category includes chiefren and young people who present mid or temporary difficulties whilst adjusting to the normal difficulties of life and would benefit from either self-support or support within the community.	Getting Help This category includes children and young people presenting moderate difficulties who would benefit from targeted, evidence-based interventions provided by key professionals.	Getting More Help This category includes children and young people presenting significant difficulties who would benefit from extensive long-term interventions provided by key professionals.	Getting Risk Support Children and young people within this category may have some or many of the difficulties extined in the Getting Help or Getting Help or Getting Help or Getting Help art that learning are currently unable to make use of help, more help or advice and they remain a risk to self or others.
School Performance SEAUT need is resulting in some mild and temporary changes that impact school performance and/or	School Performance SEMH need is moderately impacting on school performance and/or attendance (e.g. strugging to	School Performance SEMH need is significantly impacting on school performance or attendance for an extended period of	These children and young people remain a significant concern and risk, often across the system (e.g., in health education, social care, youth justice). This may include
some inconsistencies in academic performance, sometimes late) Eating Habits SEAH need is resulting in some mild and temporary changes in eating habits (e.g. occasionally misses a meal, overeats or has a negative body image) Sleep Patterns SEAH need is resulting in some mild and temporary changes in sleeping habits (e.g. occasional changes in sleep routines)	academic performance, sustained changes in school attendance or lateness) Eating Habits SEMIN need is moderately impacting on eating habits (e.g. regularly avoiding meals or overeating, negative body image) Sleep Patterns SEMIN need is moderately impacting on skeeping habits (e.g. changes in skeeping routines, unable to get to skeep, waking regularly through the night, skeeping more than usual, regular bad dreams)	an extended period of time, significant changes in academic performance for an extended period of time). Eating Mabits. SEMM need is significantly impacting on eating habits for an extended period of time (e.g., the changes in eating habits may be resulting in physical changes). Sieep Patterns. SEMM need is significantly impacting on sleeping habits for an extended period of time (e.g., changes in sleeping routines, numbble to get to sleep, waking regularly through the right, sleeping more than usual, regular bad dreams).	but are unable to make use of help offered, or where help has not made a difference; or have ongoing issues and are unresponsive to treatment. Partners supporting young people are involved in managing the risks for these children and young people.
Behaviour SEMH need is resulting in some mild and temporary observable changes in behaviour (e.g. sometimes finds it	Behaviour SEMH need has resulted in some moderate observable changes in behaviour that has moderately impacted on	Behaviour SEMH need has resulted in some significant observable changes in behaviour that has impacted on daily	

inctioning for an extended period of time ((e.g.

anting to leave the home, regular feelings of

gular anger outbursts)

vysical appearance and self-care

sistent difficulties separating from caregiver, not

EMH need has significantly impacted on appearance nd self-care for an extended period of time (e.g.

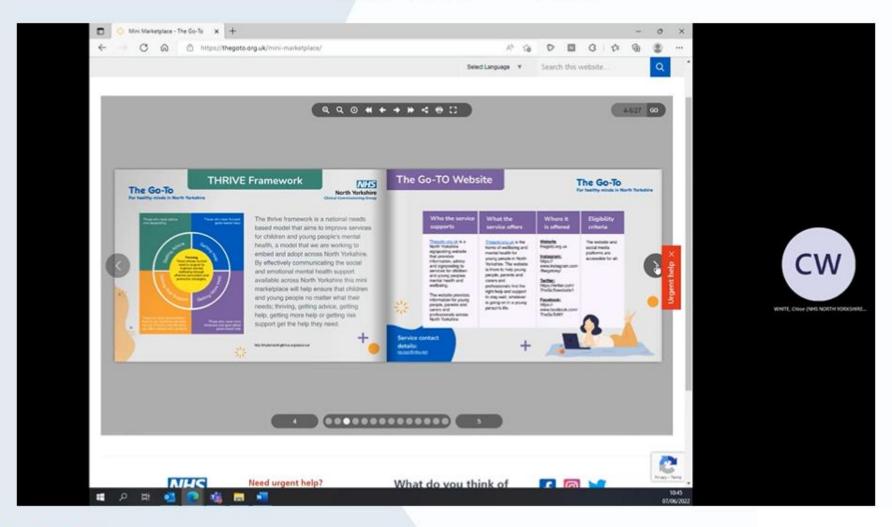
ularly forgets lunch unkempt hair, lack of pride in

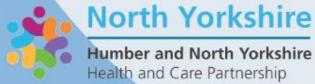
gularly wears dirty clothes, hair regularly unbrus





MARKETPLACE











Thank you

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