Behaviours, values and culture change workshop

"If we keep on doing what we have been doing, we are going to keep on getting what we have been getting"

Values, behaviours and culture change

- The purpose of this workshop is to help support sites to understand what needs to be in place to enable the THRIVE Framework to be embedded across the system.

- The workshop is best suited to a cross sector event that includes representation from health, education, social care and the voluntary sector, with attendees seated around 5 tables.

Resources

- Laptop, projector and speakers

- 5 pages of flipchart paper: one for each of the THRIVE Framework needs based groupings

- Flipchart pens

- Post-it notes

- 7 minute briefings

- Spare flipchart paper

Getting Risk Support	Thriving	Getting More Help	Getting Help	Getting Advice and Signposting
Values:	Values:	Values:	Values:	Values:
Behaviours:	Behaviours:	Behaviours:	Behaviours:	Behaviours:
Culture Change:	Culture Change:	Culture Change:	Culture Change:	Culture Change:

Values, behaviours and culture change for each THRIVE Framework needs based grouping

Group Exercise 1 (35 mins)

- With your table discuss the 7 minute briefing for your allocated needs based groupings.

- Spend 7 minutes on this grouping outlining the values, behaviours and culture change required across the system to enable this way of working, using the Post-it notes.

- Once the 7 minutes is up pass your needs based grouping clockwise for the next table to complete and start the timer again. Repeat until all tables have added to the values, behaviours and culture change needed to embed each of the needs based groupings.

- A common language that can be understood by all is key.

- Here is link to a helpful timer.

7 min

Values, behaviours and culture change: Whole system commonalities

Group Exercise 2 (21 mins)

- As a room spend 7 minutes per category (values, behaviours, culture change) and discuss what values, behaviours and culture from each of the needs based groupings can be applied across the system to support the implementation of the THRIVE Framework.

Whole System

Values:

Behaviours:

Culture Change:

Thriving

Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies

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 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.

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.

Getting Advice

Those who need advice and signposting

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.

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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.

Getting Help

Those who need focused goals-based Input

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.

Interventions are characterised by an explicit shared understanding from the outset of:

- what a successful outcome would look like
- how likely this is to occur by a specific date
- what would happen if this was not achieved.

Emphasis is placed on ending an intervention if it is felt not to be working or if the gains no longer outweigh the costs or potential harm.

Getting More Help

Those who need more extensive and specialised goals-based help

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 attachments.

Getting Risk Support

Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

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.