What is i-THRIVE?

gm.thrive@mft.nhs.uk  
@gmithrive  
#gmithrive
These slides aim to answer key questions about implementing the THRIVE Framework for system change (Wolpert et al., 2019).

Let’s start by clarifying the terms we use:

What is the THRIVE Framework?
• *The THRIVE Framework is a conceptual framework for communities who are supporting the mental health and wellbeing of children, young people and families.*

What is i-THRIVE?
• *i-THRIVE refers to the implementation of the principles of the THRIVE Framework. It is the mechanism to deliver a population/whole-system approach to promote “Thriving”, and seeks to improve outcomes in relation to children and young people’s mental health and wellbeing.*

What is GM i-THRIVE?
• *GM i-THRIVE refers to Greater Manchester i-THRIVE Programme. The programme working to implement the THRIVE Framework and it’s principles across Greater Manchester.*
What is the THRIVE Framework for system change?

The **THRIVE Framework for system change** (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The THRIVE Framework lead author, Miranda Wolpert, explains the principles of the THRIVE Framework: [https://youtu.be/t8MToMwxKqA](https://youtu.be/t8MToMwxKqA)
The THRIVE Framework for system change

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

Download the summary here.
The THRIVE Framework

The THRIVE Framework reconsiders the current multi-agency system supporting Children and Young People’s (CYP) psychological and emotional wellbeing.

In contrast to the current tiered model of healthcare, the THRIVE Framework emphasises cross agency and system-wide factors as key to ensuring that young people thrive, and that good quality care for psychological and emotional wellbeing is provided to CYP across all sectors.

The THRIVE Framework encompasses service values and principles that enable self-help/management, access to advice and signposting, early intervention, and Getting Help and More Help without a prolonged journey of escalation through different services.
The THRIVE Framework provides a set of principles for creating coherent communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health in a common language that everyone understands.

The Framework is needs-led. Mental health needs are defined by children, young people and families alongside professionals through shared decision making.

Needs are not based on severity, diagnosis or health care pathways. The Framework is divided into 5 needs based groupings.
Attempts at drawing a clearer distinction between:

- Help and support
- Self-management and early intervention
What is the THRIVE Framework for system change?

What are the key principles of the THRIVE Framework?

**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.

**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.

**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.

**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.
What is the THRIVE Framework for system change?

What are the key principles of the THRIVE Framework?

**Partnership Working**
Effective cross-sector working, with shared responsibility, accountability and mutual respect based on the five needs based groupings.

**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.

**Reducing Stigma**
Ensuring mental health and wellbeing is everyone’s business.

**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.
What does the THRIVE Framework mean to young people?

- No ‘wrong door’, meaning anyone they went to see for advice, whether they were a teacher, a GP or the school lunchtime assistant, would be able to provide support or to signpost a child.

- Whoever is offering them help would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there is genuine shared decision making about ways of helping.

- There will be a particular emphasis on looking at different things the young person, their family and friends could do to help including accessing community groups and resources, from drama, to sport, to volunteering.
What does the THRIVE Framework mean to young people? Continued …

• Whoever is providing targeted specific help to address the mental health difficulties would support the young person to evaluate progress and to check that what was being tried was helping.

• There will be supportive but transparent conversations about what different treatments were likely to lead to, including the limitations of treatment and the possibilities of needing to put in place management of ongoing difficulties as relevant.
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 needs based grouping.

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.

Getting Advice and Signposting 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.
Needs Based Groupings

Getting Help 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.

Getting More Help 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.
Needs Based Groupings

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 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.
What is Greater Manchester i-THRIVE?

- GM i-THRIVE is a programme working to implement the THRIVE Framework and it’s principles across all 10 Greater Manchester localities.

- Working with the GM workforce, children, young people and families, and all other stakeholders, we are aiming to improve mental health support and provision across GM, and have the whole system working in a ‘THRIVE-like’ way

- The programme team is made up of:
  - Clinical Lead
  - Programme Manager
  - Project Coordinator
  - Assistant Psychologist
  - Data Coordinator
  - Arts & Mental Health Programme Manager
What’s going on Greater Manchester i-THRIVE?

To engage with the workforce, young people and families across GM we are using the following:

**Local GM i-THRIVE Community of Practice**
The GM i-THRIVE Community of Practice is a network of key stakeholders involved in the implementation of the THRIVE Framework across Greater Manchester. Ranging from commissioners, to volunteers, to young people, those within the network share learning, discuss common issues, and innovations for working in a ‘THRIVE-like’ way.

Community of Practice events are held twice a year where we get together for networking and to share key learning and methods for how the THRIVE Framework is being implemented across the system.

The GM i-THRIVE Community of Practice receive updates on all things related to implementing the THRIVE Framework. Members receive the GM i-THRIVE newsletter, invites to THRIVE Framework events, and shared learning on ‘THRIVE-like’ practice.

**THRIVE Leads**
There are THRIVE leads in place for each of the 10 GM localities. Their role is to support the implementation of the THRIVE Framework in their specific locality.

**GM i-THRIVE Steering Group**
This group is made up of key cross-sector representatives, helping to make decisions and enable the changes required for a ‘THRIVE-like’ system.

**GM i-THRIVE Training Academy**
The GM i-THRIVE Academy provides cross sector training on learning and development modules that have been created to embed key competencies required to deliver care in a ‘THRIVE-like’ way. Module content is developed through the National i-THRIVE Programme [i-THRIVE Academy](#) and adapted to suit professionals’ working in Greater Manchester specifically.
GM i-THRIVE Academy core training modules

- Trauma and Adversity*
- Shared Decision Making
- Getting Advice, Assessment and Signposting
- When to stop treatment: Building confidence in letting go
- Risk Support
- i-THRIVE Grids*

*Training in development
GM i-THRIVE Academy training modules

Hosted by GM Training Leads
- 12th Sept: Manchester Salford Trafford
- 13th Sept: Wigan Bolton
- 19th Sept: Stockport Tameside
- 20th Sept: Bury Rochdale Oldham

Hosted by Rachel James & Kate Dalzell
- 3rd Oct: Bolton Manchester Salford Trafford Wigan
- 4th Oct: Bury Oldham Stockport Tameside Rochdale

Hosted by GM Training Leads
- Late 2019 dates TBC

Hosted by Kate Martin
- Early 2020 dates TBC

- Early 2020 dates TBC
**i-THRIVE Academy: Shared Decision Making Training**

**What is it?**

The training has been designed to build on the existing skills and expertise of professionals, supporting them to apply shared decision making to more complex and challenging situations.

This module also introduces potential tools and resources that may help facilitate shared decision making, including **i-THRIVE Grids**, and explore ways of measuring this.

This training addresses:

- How to engage in decision making with young people and families in complex and challenging scenarios
- What tools facilitate shared decision making, and where might they fit in the treatment process
- The variety of decisions that can be made, by who and when
- Understanding and exploring levels of influence within decision making
- Using Quality Improvement approaches to embed learning of tools and techniques
- How do we assess and monitor decision making through clinically meaningful feedback and outcomes?

**Who is it for?**

- Primary care (different age groups i.e. HV, school nurse primary, school nurse secondary)
- Local authority children’s services (different services i.e. social care, early help, drug & alcohol, YOS, SfYP etc.)
- Education (EYs setting, primary school, secondary school, FE)
- CAMHS (specialist, community)
- Voluntary Community Social Enterprise (VCSE)
- Young people

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## i-THRIVE Academy: Getting Advice, Assessment and Signposting Training

### What is it?

The THRIVE Framework encourages the promotion of resilience, to build the ability of a community to prevent, support and intervene successfully in mental health issues. Health input with those in this group should involve some of the most experienced workforce, bringing their expertise to inform shared decision making about whose needs can be met by this approach and how best to help them.

This training addresses:

- How to consider which THRIVE Framework needs based grouping may be most appropriate and to collaboratively explore and decide on options
- How to share a common language across sectors and with children and young people
- How to support self-management when this is the agreed approach
- How to keep up to date with what is available locally

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<td>Young people</td>
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</tr>
</tbody>
</table>

### What is expected from attendees?

- Attend one day training in one module (1day)
- Complete a project/piece of work to embed practices back into workplace
- Attend reflective practice session or follow up day to share learning/project outcomes (1day)
What does Getting Advice and Signposting look like in practice?

For an individual...

- Attendance at Getting Advice and Signposting, and Shared Decision Making i-THRIVE Academy training
- Understanding own role in giving advice and signposting
- Understanding of what is available across the system (wider than CAMHS)
  - Expert assessment and signposting
- Early guidance to ensure the right help and support at the right time
- Focusing on early intervention to build resilience and influence outcomes positively
- Be able to understand which needs based grouping from the THRIVE Framework the children and young people they are working with are in
- Offer generic mental wellbeing messages

On a locality level...

- Provision of a digital front-end
- Single point of access with multiagency assessment and effective signposting in place
- Network of community providers with clear understanding of what their offer is and where this sits in the THRIVE Framework, quality and alignment to NICE guidance
- Mental Health Practitioners linking with schools and primary care
- Outreach to hard-to-reach and vulnerable groups – such as Mental Health Practitioners being part of or offer supervision/consultation to services who work with our most vulnerable C&YP such as Social Care, YOS, direct link with LGBTQ+ groups
- Self-help and peer support available
What does Thriving look like in practice?

For an individual...

- Attendance at Getting Advice and Signposting training and Shared Decision Making i-THRIVE Academy training
- Know and understand the top tips to ‘Thriving’
- Strong knowledge of Getting Advice and Signposting
- Understand and apply selective prevention for known groups of vulnerable populations e.g. Looked After Children, poverty etc.
- Be able to understand which needs based grouping of the THRIVE Framework the children and young people they are working with are in
- Offer general mental health and wellbeing messages

On a locality level...

- Promote emotionally healthy environments, making every effort to prevent the risk of psychological harm
- Actively apply research evidence regarding the diverse kinds of interventions that are likely to reduce the risk of developing mental health difficulties, and that promote emotional wellbeing and good mental health
- Ensure links with public health, local communities and a wide range of agencies to promote general wellbeing
- Agree how to disseminate information through schools, online, youth programmes etc.
- Disseminate top tips to ‘Thriving’ which can be disseminated across the system
- Population health and wellbeing promotion in collaboration with Public Health
  - Universal prevention for all
  - Selective prevention for known groups of vulnerable populations e.g. Looked After Children, poverty etc.
- Actively plan for challenging life events and transitions as all C&YP will experience this at some point
  - Self-help and peer support available
# THRIVE Academy: Risk Support Training

## What is it?

The THRIVE Framework encourages recognition of the needs of children, young people and families who are at risk of adverse and harmful experiences such as family breakdown, school exclusion, criminality, child sexual exploitation etc., and where CAMHS and other agencies have been unable to bring about positive change. CAMHS treatment may have been tried and found to be ineffective, or the child, young person or family are not “treatment ready”. Often these families are intensively supported by CAMHS but the risks cannot be reduced.

This training addresses:

- Discuss problems commonly faced while supporting families with multiple/complex needs
- Discuss real-life case studies of children and families in detail
- Learn to overcome some of the barriers to effectively supporting families that require risk support
- Learn about Adolescent Mentalisation-based Integrative Therapy (AMBIT) from one of AMBIT’s co-developers
- Practice and build on their skills
- Receive actionable steps to take away and continue the conversation back in their home organisations

## Who is it for?

- CAMHS (specialist, community)
- Social Care
- YOS
- Some VCSE who are working with children at risk

## What is expected from attendees?

- Attend one day training in one module (1day)
- Complete a project/piece of work to embed practices back into workplace
- Attend reflective practice session or follow up day to share learning/project outcomes (1day)
What does Risk Support look like in practice?

**For an individual...**

- Attendance at Risk Support, Getting Advice and Signposting and Shared Decision Making i-THRIVE Academy training
- Be able to understand which needs-based grouping of the THRIVE Framework the children and young people they are working with are in
- Whole system change required with buy in from key stakeholders
- Better support for staff in managing complex cases
- Shared responsibility across agencies
- Facilitating conversation with CYP and their families to help them identify their own needs
- Using methodologies such as AMBIT as part of their work
- Build trusting professional relationships between agencies

**On a locality level...**

- The CAMHS role is to support other agencies and share risk rather than to deliver treatment – CAMHS may not discharge cases on Risk Support
- Support of using methodologies such as AMBIT
- Shared agreement about who these children and young people are and what the response will be
- Colocation of staff (schools, special schools, social care, early help).
- Pre-referral discussions and joint visits (bridging in)
- Opportunities for thinking together across sectors and providing consultation to support capacity building
- Build trusting professional relationships between agencies
The THRIVE Framework sets out that treatment should involve explicit agreement at the outset as to what a successful outcome would look like, how likely this is to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe. Feeling comfortable with “endings” has been raised as a concern for a number of THRIVE Framework implementation sites, particularly within the context of some children and young people not being “better” at the end of treatment.

This training addresses:
- Current practice and dilemmas in relation to conceiving and discussing endings
- Ethical and pragmatic reasons for having such conversations and potential barriers to doing so
- Possible ways to develop our clinical vocabulary in order to have better conversations and enhance our clinical techniques, including if such issues can be raised at the beginning of treatment
- How do we know when to stop therapy or other interventions?
- Ending treatment and risk management: how can individuals and teams develop confidence in letting go?

Who is it for?
- CAMHS (specialist, community)
- VCSE where they are case holders providing mental health interventions.

What is expected from attendees?
- Attend one day training in one module (1day)
- Complete a project/piece of work to embed practices back into workplace
- Attend reflective practice session or follow up day to share learning/project outcomes (1day)
What does When to Stop Treatment (Getting Help & More Help) look like in practice?

For an individual...

- Attendance at Getting Advice and Signposting, Shared Decision Making, Risk Support and When to Stop Treatment i-THRIVE Academy training
- Understanding of what is available across the system
- Offer generic mental wellbeing messages
- Staff acknowledging the need to address endings to improve capacity and efficiency in the system and discussing ‘endings’ from the beginning

- **Getting Help** - Improve processes for signposting to improve practitioner confidence that there is other support available for young people

- **Getting More Help** - Improve processes for signposting and engaging with ‘Risk Support’ to improve practitioner confidence that there is other support available

On a locality level...

- Understand which services provide evidence based interventions
- Understand whether the services delivered to young people in the ‘Getting Help’ and ‘Getting More Help’ needs based groupings are compliant with NICE guidelines.
- Understand if they are delivered by people trained in that therapy and who are adequately supervised
- Have systems in place that gives the locality the confidence to know that the above is in place
- Agree what level of scrutiny of interventions there should be in non-health settings

- **Getting Help**: Health is likely to be the lead provider and may use a health language of treatment and health outcomes.

- **Getting More Help**: Input should involve specialised health workers but interventions can be provided by less highly trained practitioners
For more information

Greater Manchester i-THRIVE
Website: http://implementingthrive.org/greater-manchester-i-thrive/
Sign up to the GM i-THRIVE Community of Practice:
https://implementingthrive.us19.list-manage.com/subscribe?u=fedc531fcc82642add874e3c&id=1fdae60bf2
Team email: gm.thrive@mft.nhs.uk
@gmithrive

National i-THRIVE Programme
Website http://implementingthrive.org/
Sign up to the National i-THRIVE Community of Practice, email Bethan Morris at: BMorris@Tavi-Port.nhs.uk
@iTHRIVEinfo