i-THRIVE Academy modules

Final Report May 2017

The i-THRIVE Academy is funded by Health Education England and delivered by the i-THRIVE Partnership

The i-THRIVE Partnership is the Tavistock and Portman NHS Foundation Trust, the Anna Freud National Centre for Children and Families, the Dartmouth Institute for Health Policy and Clinical Practice and UCLPartners

The Tavistock and Portman **NHS** NHS Foundation Trust   **Anna Freud** National Centre for Children and Families   THE **Dartmouth** INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE   **UCLPartners** Academic Health Science Partnership

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For further information about the i-THRIVE Academy please visit
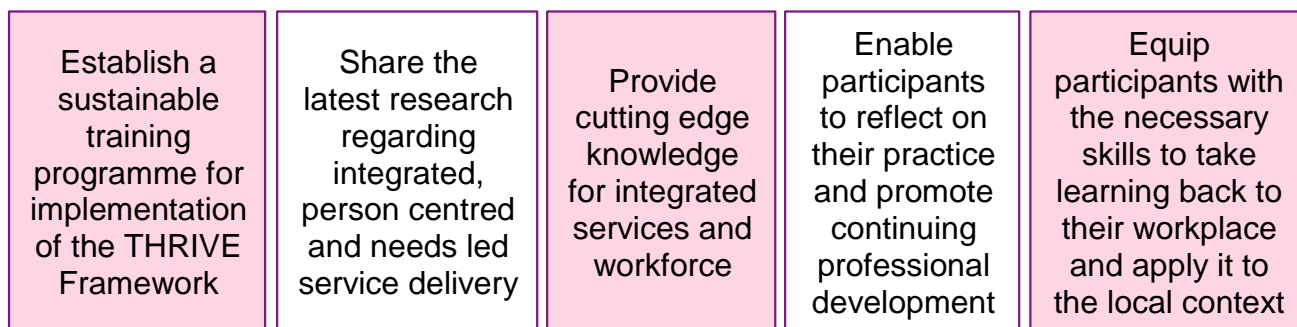www.implementingTHRIVE.org and follow us on Twitter: @iTHRIVEinfo.

1. i-THRIVE Learning and Development Modules

Four development modules were developed over the course of 2016 in collaboration with THRIVE authors and leaders in the field of child and adolescent mental health. This involved firstly identifying core competencies and behaviours required to deliver quality improvement in line with the principles of the THRIVE Framework and the objectives of *Future in Mind* across CAMHS and the wider system.

Once the core competencies were established, current training provision was evaluated to identify any gaps where further work was needed to ensure that the workforce have the right skills to deliver high quality care in line with the principles of the THRIVE Framework and objectives of *Future in Mind*.

The core objectives of the i-THRIVE Academy learning and development modules were to:

Establish a sustainable training programme for implementation of the THRIVE Framework	Share the latest research regarding integrated, person centred and needs led service delivery	Provide cutting edge knowledge for integrated services and workforce	Enable participants to reflect on their practice and promote continuing professional development	Equip participants with the necessary skills to take learning back to their workplace and apply it to the local context

Four key training and development needs of the workforce were identified as:
- assessment and signposting
- shared decision making
- building confidence in letting go and knowing when to stop treatment
- managing risk across the whole system

These four identified training and development needs were then shaped into one day training modules to be delivered in three different sites to ensure a wide spread of attendance from the i-THRIVE Community of Practice.

All of the four modules also share a golden thread and were created in line with the fundamental principles of i-THRIVE:

- Evidence based approaches to delivery that fit the local context
- Needs based care; not severity or diagnosis led
- Shared decision making at every point of the pathway
- Integration and whole system: multi-agency teams with common processes and outcome frameworks

Pilots of the four Academy modules ran across March and April 2017 in three sites – Camden, Manchester and North East London Foundation Trust – with 300 training spaces for professionals from all agencies that support children and young people available.

1.1 Content of the modules

An overview of the individual modules is set out below:

Getting Advice: Assessment and Signposting

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.

To support sites wanting to work in a THRIVE-like way this training will address:

- 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

Delivered by: Dr Ann York, Child and Adolescent Psychiatrist and co-founder of the Choice and Partnership Approach (CAPA), and the Child Outcomes Research Consortium (CORC).

Content was developed by Professor Miranda Wolpert MBE and Dr Ann York.

Shared Decision Making in CAMHS

The THRIVE Framework puts young people and families at the heart of decision making and Open Talk has developed a shared decision-making model in partnership with children and young people. This workshop, combining the THRIVE Framework and Open Talk, will be co-delivered with young people. It has been designed to build on the existing skills and expertise of professionals in CAMHS, supporting them to apply shared decision making to more complex and challenging situations. This module introduces potential tools and resources that may help facilitate shared decision, including i-THRIVE Grid
s, and explores ways of measuring this.

To support sites wanting to work in a THRIVE-like way this training has been developed to address:

- 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 QI to embed learning of tools and techniques
- How do we assess and monitor decision making through clinically meaningful feedback and outcomes?

Led by: Kate Martin, Director of Common Room and Daniel Hayes, Project Manager for the i-THRIVE Grids Project

When to Stop Treatment: Building Confidence in Letting Go

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 i-THRIVE implementation sites, particularly within the context of some children and young people not being "better" at the end of treatment.

To support sites wanting to work in a THRIVE-like way this training has been developed to address:

- 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?

Led by: Professor Miranda Wolpert MBE, Professor of Evidence Based Research and Practice, UCL; Director of Evidence Based Practice Unit, UCL and Anna Freud National Centre for Children and Families; Director of Child Outcomes Research Consortium and Lead Author of the THRIVE Framework

Working Together to Support High Risk Families

The THRIVE Framework encourages recognition of the needs of children, young people and families who are at risk to themselves or others, but where there is no current health intervention available. This practice development module delivered by the i-THRIVE Academy supports attendees to learn how to best support families with multiple or severe needs.

In this practice development module, attendees will:

- Discuss problems commonly faced while supporting families with multiple/severe 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

Course leaders: Dr Peter Fuggle, Director of Clinical Services and AMBiT Co-Lead, the Anna Freud National Centre for Children and Families and Dr Andy Wiener, Consultant Child and Adolescent Psychiatrist and Associate Clinical Director, the Tavistock and Portman NHS Foundation Trust

1.2 Reach and impact and of the modules

Overall, **214 professionals** from **56 organisations** attended the 12 one-day i-THRIVE Academy modules.

These organisations cover **30 CCG areas** within England which are responsible for **16.3% of the children and young people population** in England.

Pilots in March and April 2017: Four learning and development modules created based on key competencies required to deliver care in a THRIVE-like way

214 Professionals from across the system of support for children and young people's mental health

- 66% health
- 18% local authority
- 4% education
- 6% third sector
- 6% other

from **56** organisations

covering **30** CCG areas

that are responsible for **16.3%** of children and young people in England

- Shared decision making
- Risk support
- When to stop treatment
- Getting advice: assessment and signposting

Breakdown of participants by sector

The participants were from a range of organisations, representing the whole of the system of support for children and young people's mental health. Working with the system as a whole is key to the delivery of a whole system transformation of child and adolescent mental health services as set out in the THRIVE Framework and i-THRIVE.
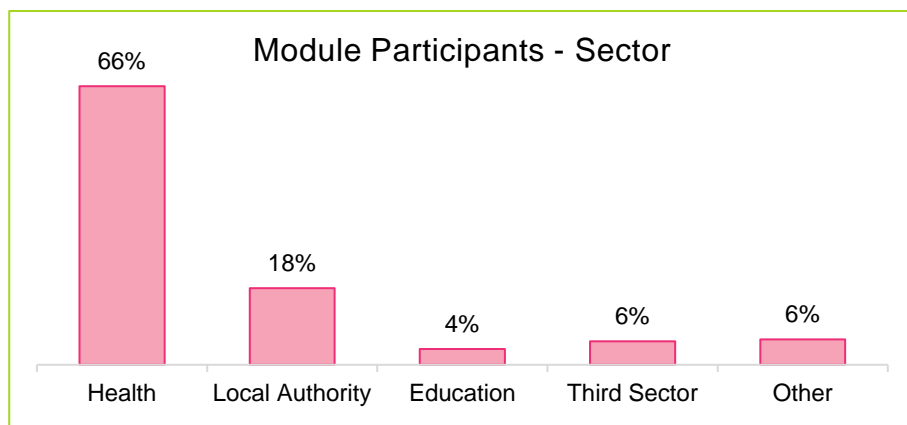

Figure 2: i-THRIVE Academy module participants by sector

The sectors represented in each of the individual modules varied. The When to Stop Treatment module saw the highest level of health professionals (70%) while the Getting Advice: Assessment and Signposting module saw the highest level of professionals from non-health organisations (36%).

A full breakdown of the sectors present at each module is below:

	Health	Local Authority	Education	Third Sector	Other
Getting Advice: Assessment and Signposting	64%	26%	3%	5%	3%
Shared Decision Making in CAMHS	60%	19%	6%	8%	6%
When to Stop Treatment: Building Confidence in Letting Go	70%	15%	3%	3%	8%
Working Together to Support High Risk Families	68%	17%	3%	6%	6%

Breakdown of participants by role

The role of the professionals attending the modules also varied; from commissioners and senior leaders to clinicians, youth workers and school nurses. Just under half of all participants (49%) were clinicians working with children and young people on a daily basis.
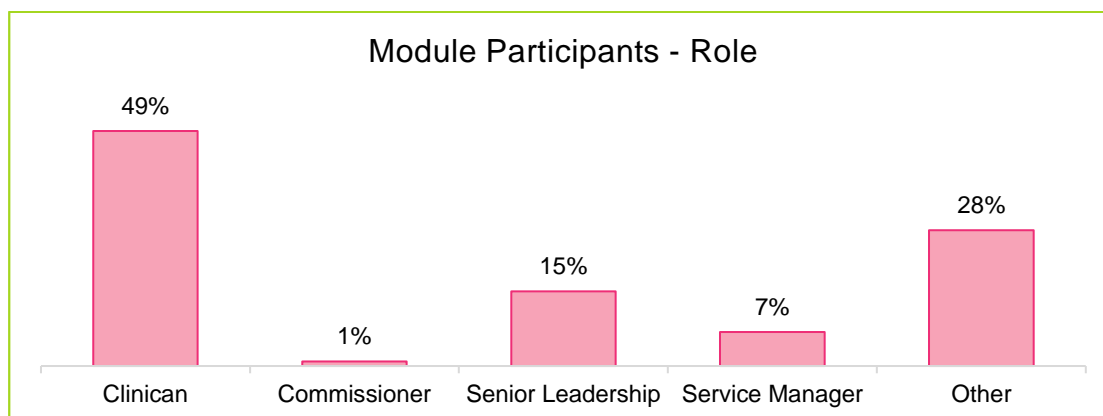
Figure 3: i-THRIVE Academy module participants by role

Those in the 'other' category included: Youth Justice Officer, Early Help Practitioner, School Nurse, Educational Support for Looked After Children, Virtual School Advisory Teacher, SENCO, Parent Carer, Health Improvement Officer and Social Worker.

i-THRIVE advocates transformation of services at three distinct levels within a system: the macro, meso and micro levels:

- The **macro** level relates to population health improvement, how agencies work together and the commissioning of services.
- The **meso** level is the five needs based groups of children and young people (set out in the THRIVE Framework) and the services that support them.
- The **micro** level relates to interactions between professionals and children, young people and their families, and also interactions between professionals.

It was therefore extremely valuable to have such a wide range of professionals from across different agencies in the system and across the different macro, meso and micro levels of the system in attendance discussing the key principles to working in a THRIVE-like way.

The roles represented in each of the individual modules varied. The When to Stop Treatment module saw the highest level of senior leaders (21%) while the Shared Decision Making in CAMHS module saw the highest level of 'other' professionals (38%).

A full breakdown of the roles present at each module is below:

	Clinician	Commissioner	Senior Leadership	Service Manager	Other
Getting Advice: Assessment and Signposting	56%	3%	8%	8%	26%
Shared Decision Making in CAMHS	48%	2%	10%	2%	38%
When to Stop Treatment: Building Confidence in Letting Go	49%	0%	21%	5%	25%
Working Together to Support High Risk Families	44%	0%	18%	12%	26%

1.3 Feedback from module participants

A number of feedback measures were collected from participants so that the impact of the modules could be assessed, along with the relevance of the content to current practice.

Overall, participants reported that the content of all four modules was extremely relevant to current practice with an average rating of 4.39 out of a possible 5.

Participants also reported that the majority of the information presented in the four modules was new information that they had not previously received with an average rating of 3.44 out of 5.

Knowledge of the principles of the THRIVE Framework also increased across all four modules, with an average confidence score of 2.47 pre-modules compared with a score of 3.56 post-module.

An overview of the feedback for the four individual modules can be found below.

Getting Advice: Assessment and Signposting

This module focussed on **collaboratively exploring choices with children, young people and their families**. Professionals from across the system had the opportunity to think about what we mean by 'getting advice and signposting' and to consider how they might approach delivery.

Representatives from across the community of providers identified themselves as already supporting signposting and self-management. Despite this, it was also highlighted that while some wider system colleagues gave advice **they felt they could benefit from additional support from their colleagues in CAMHS to boost their confidence**.

The training introduced tools and mechanisms that could be used by services to enable this such as the 'Youth Wellbeing Directory', i-THRIVE Grids and the CASCADE framework.

Key take home messages were an aspiration for a **cross-agency approach** where there is a **common language** about both difficulties and the options for help across a local area and a shared understanding about **not assuming that more service provision is always better**. Participants agreed that signposting process should start with the help that is closest to the person helping themselves, and most likely to build on their strengths and increase their independence. Finally, it was agreed that **services should strive to collaborate** to facilitate shared decision making to ensure what is provided is relevant to the needs of that individual or family.

92% of respondents stated that the module met their expectations.

Participants felt that the module was very relevant to their current practice and that the majority of the information presented was new to them:

How relevant was this session to your current practice? (1-5)	How much of the information presented was new to you? (1-5)
4.42	**3.56**

Participants were asked to rate their confidence (1-5) in knowing how to support families in the getting advice and signposting needs group, in explaining to others about how to support those families and in their knowledge of the THRIVE Framework before the training began. At the end of the module they then rated their confidence (1-5) against the same measures. This enabled us to identify the initial impact of the module by comparing the pre and post module ratings. An overview of those ratings are below:

	Pre-Module		**Post Module**
How confident do you feel in knowing how to support families in the getting advice and signposting needs group?	2.74	→	3.63
How confident do you feel in explaining how to support families in the getting advice and signposting needs group to a third party?	2.55	→	3.79
How would you rate your knowledge of the THRIVE Framework?	2.67	→	3.56

Shared Decision Making in CAMHS

This module **explored the experiences of both staff and young people, in understanding the complexities of decision-making** and discussed the gap between how professionals try to involve young people in decisions and how young people might experience this.

Participants acknowledged that **sometimes there is no right decision, but rather it is 'how' we make decisions that counts**. The Open Talk decision-making model was introduced as a framework that professionals could use to encourage collaborative decision-making with young people. The framework can be used to break down the key stages of decision-making.

The training also introduced tools and methods that could be used by services to support collaborative decision-making including; Head meds, MyCAMHSChoice, Next Step Cards and i-THRIVE Grids.

Key take home messages were that **shared decision making can be made more explicit through small, conscious steps** and it is **important to be honest with children and young people** about the level of influence they have in decisions. It was agreed that the most

important part of decision-making is the process of deliberation and thinking together.

81% of respondents stated that the module met their expectations.

Participants felt that the module was extremely relevant to their current practice and that two thirds of the information presented was new to them:

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How relevant was this session to your current practice? (1-5)

4.40

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How much of the information presented was new to you? (1-5)

3.36

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Participants were asked to rate their confidence (1-5) in shared decision making, in explaining to others about how to deliver shared decision making and in their knowledge of the THRIVE Framework before the training began. At the end of the module they then rated their confidence (1-5) against the same measures. This enabled us to identify the initial impact of the module by comparing the pre and post module ratings. An overview of those ratings are below:

	Pre-Module		Post Module
How confident do you feel in carrying out shared decision making?	3.07	➡	4.06
How confident do you feel in explaining shared decision making to a third party?	2.66	➡	4.02
How would you rate your knowledge of the THRIVE Framework?	2.39	➡	3.68

When to Stop Treatment: Building Confidence in Letting Go

This module inspired lots of discussion around the practical and ethical difficulties that CAMHS services face in ending treatment with children and young people. The participants acknowledged that **ending treatment can be a hard conversation to have**, and that it is a difficult job for clinicians, who face professional critique and moral dilemmas about deciding the right time to have this conversation with their children and young people.

Participants came to realise that **discussing endings from the start** could help to resolve some of the difficulties in bringing treatment to an end. Particularly with regards to **managing the expectations of children and young people,** and what you can offer as a professional as well as building on the strengths of the children and young people and their families. There was a consensus that **goal focused work** was important, and that this helps those children

and young people who might not necessarily be fully 'recovered' to recognise progress.

It was agreed that it was important to accept that current treatment options available currently **do not help everyone**, and that the professional community should be more honest about the limitation of treatment with families. When looking at methods of measuring progress it was noted that it was important to **be realistic about what we expect** in terms of these indicators; not necessarily being 'recovered' but working towards a goal.

89% of respondents stated that the module met their expectations.

Participants felt that the module was exceptionally relevant to their current practice and that most of the information presented was new to them:

How relevant was this session to your current practice? (1-5)

4.46

How much of the information presented was new to you? (1-5)

3.41

Participants were asked to rate their confidence (1-5) in knowing when to stop treatment, in explaining to others about when to stop treatment and in their knowledge of the THRIVE Framework before the training began. At the end of the module they then rated their confidence (1-5) against the same measures. This enabled us to identify the initial impact of the module by comparing the pre and post module ratings. An overview of those ratings are below:

	Pre-Module		Post Module
How confident do you feel in knowing when to stop treatment?	3.11	→	3.90
How confident do you feel in explaining when to stop treatment to a third party?	3.12	→	4.04
How would you rate your knowledge of the THRIVE Framework?	2.29	→	3.37

Working Together to Support High Risk Families

Participants discussed the anxiety and worry that they experienced around this group of families, and shared examples of existing and past cases that best demonstrated the difficulties experienced in managing such cases. The module covered ways in which **collaborative working could enable shared risk between multi-agency partners in order to help to mitigate some of these difficulties**, and tools and conditions that could support this including; mentalization theory, AMBIT, and the disintegration grid. These tools were

received positively by participants who felt that they could support communication across professional groups in order to overcome the notion or experience within a system that "*risk is someone else's (or some other organisation's) problem*".

Participants noted that they, other professionals and the multi-agency agencies who work with at risk children and young people could at times feel overwhelmed, as could the family when multiple agencies are involved in their lives. It was agreed that **the way services are currently organised and managed proves to be problematic when trying to fit with the family's perspective of 'less is more'** in terms of the number of relationships they need to build (and gain trust in) with interested professionals.

Discussion around how to overcome this centred on supporting the professionals around the young person and to **build reliability and predictability into professional relationships**. Participants noted that when reliability and predictability were embedded in a relationship, it allowed multi-agency partners to build trust, and in turn enable collaboration between agencies.

78% of respondents stated that the module met their expectations.

Participants felt that the module was extremely relevant to their current practice and that over 70% of the information presented was new to them:

How relevant was this session to your current practice? (1-5) **4.31**	How much of the information presented was new to you? (1-5) **3.61**

Participants were asked to rate their confidence (1-5) in knowing how to support families in the risk support needs group, in explaining to others about how to support those families and in their knowledge of the THRIVE Framework before the training began. At the end of the module they then rated their confidence (1-5) against the same measures. This enabled us to identify the initial impact of the module by comparing the pre and post module ratings. An overview of those ratings are below:

	Pre-Module		Post Module
How confident do you feel in knowing how to support families in the risk support needs group?	2.87	→	3.60
How confident do you feel in explaining how to support families who are receiving risk support to a third party?	2.74	→	3.57
How would you rate your knowledge of the THRIVE Framework?	2.56	→	3.67

Participants in the i-THRIVE Academy modules appreciated the cross sector representation at the events and enjoyed the opportunity to discuss key issues relating to supporting children and young people's mental health and wellbeing with colleagues from across the whole system. 34% of attendees came from a non-health organisation.

Participants particularly valued:
- the expertise of the module leads
- taking part in roleplays and simulations
- information sharing with colleagues in different organisations and sectors
- space to think about the THRIVE Framework and the core competencies
- networking across sectors
- hearing examples of practice from other professionals
- takeaway tools e.g. i-THRIVE Grids, CASCADE model, AMBiT grid

Participants reported that the content of all four modules was extremely relevant to current practice with an average rating of 4.39 out of a possible 5.

Participants also reported that the majority of the information presented in the four modules was new information that they had not previously received with an average rating of 3.44 out of 5.

Knowledge of the principles of the THRIVE Framework increased across all four modules, with an average confidence score of 2.47 pre-modules compared with a score of 3.56 post-module.

85% of responding participants for stated that the modules met their expectations.

1.4   Impact on day to day work of module participants

Participants were asked to highlight actions to take forward within the following six weeks after attendance at the module. Examples of how the i-THRIVE Academy modules have been embedded into professional practice six weeks after the modules are shown below:

Getting Advice: "I have been implementing the themes discussed into clinical work and am helping clinicians during our team meetings to think about signposting, assessments and choice."

Shared Decision Making: "I discussed with the senior leadership team about ways in which we can embed shared decision making in clinical work across the directorate. Using the i-THRIVE Grids as a part of our Consultation and Resource Clinics has really helped raise the profile of shared decision making, and has raised a few issues, such as ensuring all staff are able to describe all aspects of the treatment options available to children, young people and their families".

When to Stop Treatment: "I am booked in to present at our next CAPA away day, to share the 'when to stop treatment' ideas from the module. I have also been able to 'have a go' at being more straight talking in relation to endings with a young person last week – it went better than anticipated! I have been clear with all new young people about expectations/numbers of sessions/goals and outcomes."

Risk Support: "I have talked about i-THRIVE to my team. I recently shared the document you shared with me with the 'donut' which explains the approach further. When I have more time I would like to introduce the mentalization technique. It was particularly helpful as a voluntary sector attendee to share some of the challenges that are faced with CAMHS practitioners at the moment."

Participant of all four modules: "I have a meeting booked where I will be joining our i-THRIVE lead and others who attended the recent modules to disseminate and plan a way forward together."