



i-THRIVE Toolkit: Prioritisation of the principles of the THRIVE Framework for system change

This exercise is part of Phase 1 of the i-THRIVE Approach to Implementation (Gap Analysis) workshop. Please see www.implementingthrive.org for the slides for the workshop.

The THRIVE Framework for system change (Wolpert et al., 2019) is made up of a set of core principles that relate to three parts of the system: the macro, meso and micro system.

The THRIVE Assessment Tool explains each of these principles and provides four descriptions for each principle, which range from a very THRIVE-like system, to one that has some way to go before it can describe itself as 'THRIVE-like'.

You have already scored each of the THRIVE principles based on your understanding of the current system in your locality.

In order to prioritise your top five principles of the THRIVE Framework to focus on moving forward, it is helpful to have each of the principles of the THRIVE Framework individually on a piece of paper so that they can be ordered and reordered as you discuss how you are going to set your priorities.

The principles of the THRIVE Framework are set out below. Cut each of the principles out and ensure that you have enough copies so that each group or table has all 17 principles to priorities.



A locality's mental health policy is interagency

All agencies are involved in commissioning care (education, health and social care, youth justice, voluntary sector)

Contracting of services, and the performance management of these, is informed by quality improvement information

Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community*

Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs based groupings* such that service users experience integration of care positively

Ensuring mental health and wellbeing is everyone's business*

Quality Improvement (QI) data used to inform decisions, and this involves multiagency consideration of the data

Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support) shared across the system*



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 strengths including safety planning where relevant*

Evidence based practice is available and aligned to need using the 19 sub categories of needs based groups as relevant e.g. from Payment Systems

Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person*

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: staff, CYP and family). Fundamental to this is a common understanding of the definitions of needs based groupings across the local system*

People (staff, CYP and families) are clear about parameters for help and reasons for ending

Outcome data is used to inform individual practice with the purpose of improving quality



Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved:

- Discuss the limits and ending of interventions
- Differentiate treatment and risk management
- Consider full range of options including self or community approaches*

Most experienced practitioners inform advice and signposting

THRIVE plans/multi-agency risk support plans used to help those managing risk

*Principles from: [Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. \(2019\). *THRIVE Framework for system change*. London: CAMHS Press.](#)