The Thrive Conceptual Framework

An Introduction

The Thrive Conceptual Framework

THRIVE was originally authored by professionals involved in mental health support for children and young people, all of whom came from a health background.

THRIVE Elaborated (Second Edition) now has co-authors from the world of education and social care, and have drawn on views from head teacher panels, CCG leads and local authority directors.

Four key ways in which the THRIVE framework is inherently multi-agency are:

1. THRIVE endorses multi-agency definitions of mental health promoting practices

2. THRIVE encourages shared multi-agency responsibility for promoting "thriving"

3. THRIVE promotes multi-agency proactive "advice" and "help"

4. THRIVE supports multi-agency clarity on endings as well as beginnings

The THRIVE Conceptual Framework

Input offered

Description of the THRIVE-groups

Signposting, Self-management and one off contact

Goals focused evidence informed and outcomes focused intervention

Prevention & promotion

Risk management and crisis response

Extensive treatment

Getting Advice

Getting Help

Thriving

Getting Risk Support

Getting More Help

- Distinction between advice/support and evidence based 'treatment'
- The five needs based groups are distinct in terms of the:
  - needs and/or choices of the individuals within each group
  - skill mix of professionals required to meet these needs
  - resources required to meet the needs and/or choices of people in that group

THRIVE Elaborated, Second Edition (Wolpert et al., 2016)

THRIVE Key Principles

- Shared decision making at heart of choice

- Acknowledgment of limitation of treatment

- Acknowledgment of limitations of resources

- Distinction between treatment and risk support

- Greater emphasis on how to help young people and communities build on their own strengths

THRIVE Elaborated, Second Edition (Wolpert et al., 2016)

Difference between Getting More Help and Risk Support

Getting More Help

- **evidence**-based, carefully **designed** and tested for **fidelity**

- aim of **recovery**, or goal of **improvement** expected to enhance **wellbeing**

- participants **committed** to achieving **change**

- focused activity with **predetermined timeframes**

- **structured** with a **theoretical** rationale **based on understanding** of the disorder

- **modification** to the treatment protocol is indicated **by session by session** treatment **response**

Risk Support

- **individually tailored support** based on **collaborative** shared **plan** for each family

- aim of **reducing** the **risk** of harm, **catastrophic outcomes** (death, injury) and decreasing the chance of **deterioration** as well as **increasing self-management**, resilience and **agency**

- participants **committed** to **improving** their **reactions to crises**

- **ongoing** process **dependent on** the young person's **needs**

- **pragmatically driven**; **family** to influence **structure** and **content** of the intervention within **legal** constraints

- **modification** to the agreed protocol is a **regular** occurrence in **response** to the **safety outcomes** achieved
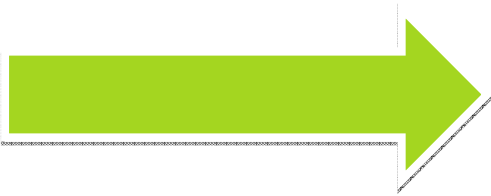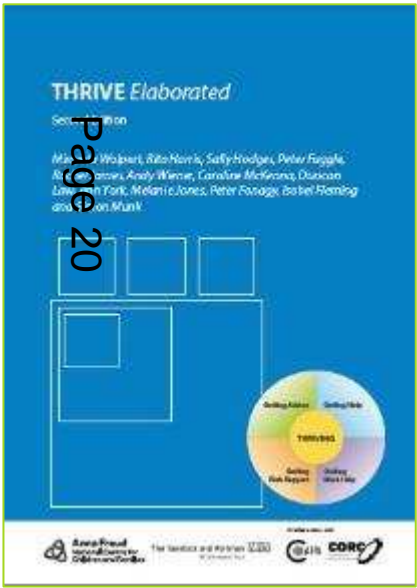
The THRIVE Conceptual Framework: Summary

The THRIVE framework:

- replaces tiers with a whole system approach
- is based on the identified needs of children, young people and their families
- advocates the effective use of data to inform delivery and meet needs
- identifies groups of children and young people and the sorts of support they need
- draws a clearer distinction between treatment and support
- builds on individual and community strengths wherever possible
- ensures children, young people and their families are active decision makers

Implementing the conceptual framework in Merton
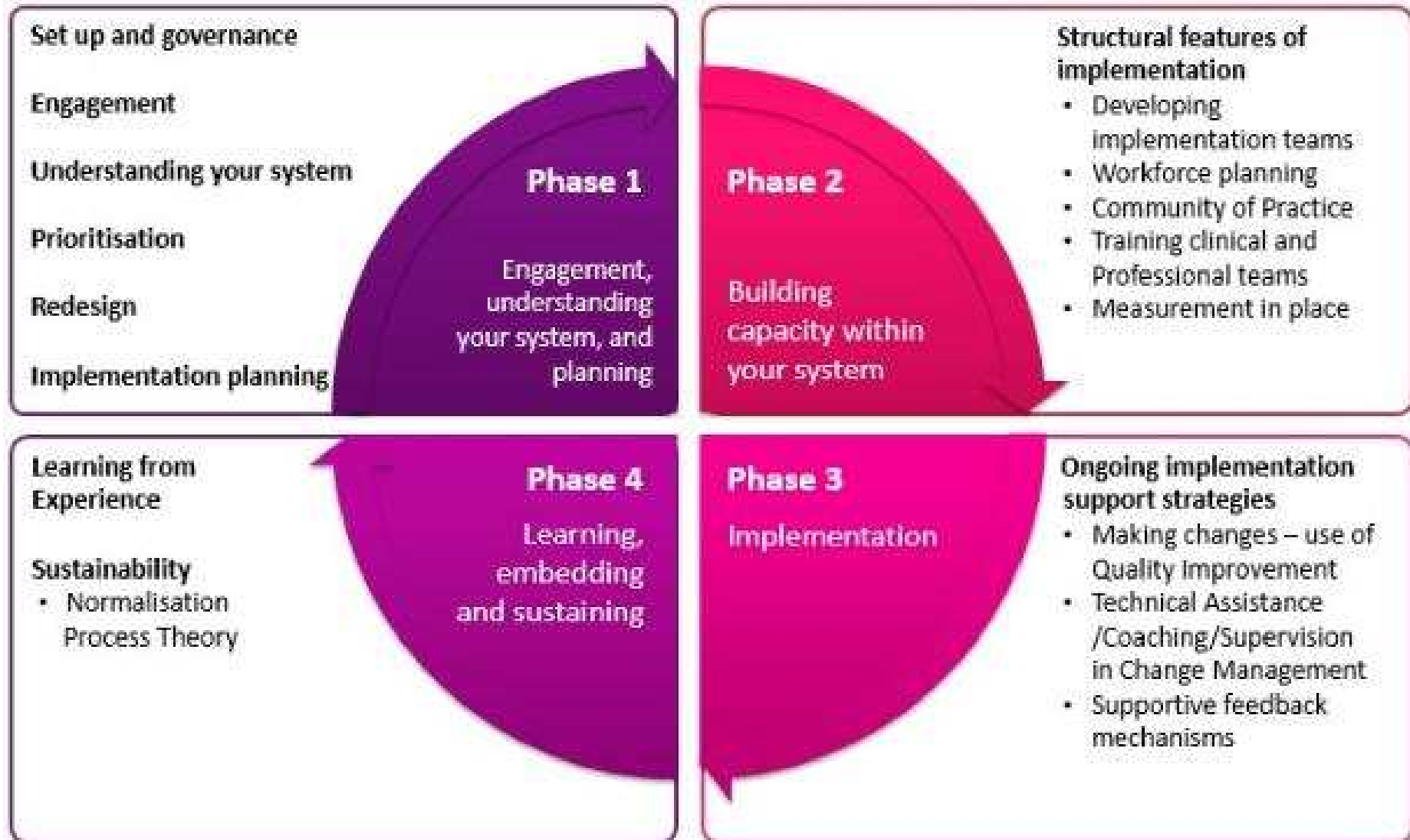
Our iThrive Model
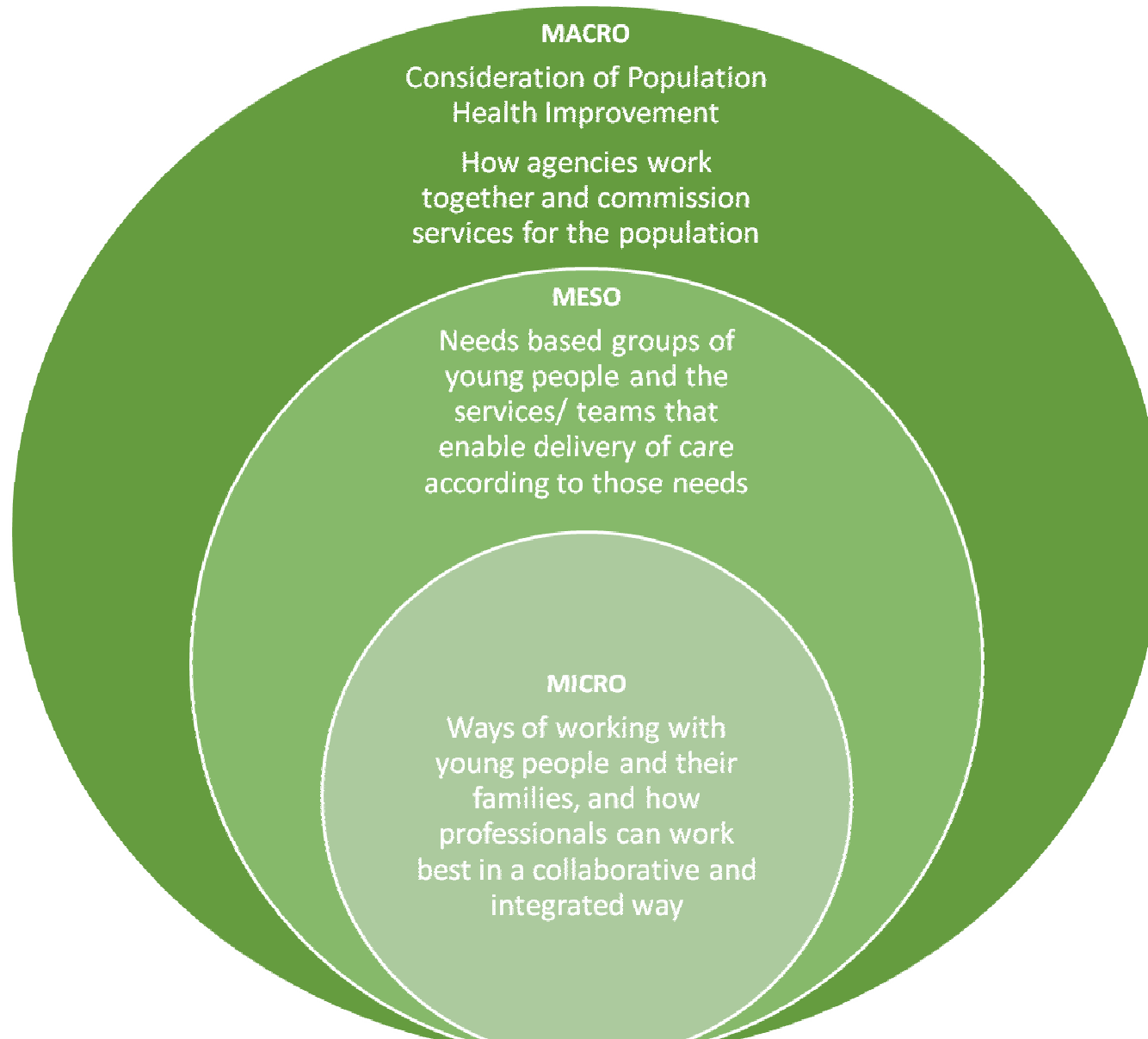
The iTHRIVE Programme

i-THRIVE is the implementation programme that supports sites to translate the THRIVE conceptual framework into a model of care that fits local context.

i-THRIVE Approach to Implementation

Set up and governance

Engagement

Understanding your system

Prioritisation

Redesign

Implementation planning

Phase 1

Engagement, understanding your system, and planning

Phase 2

Building capacity within your system

Structural features of implementation
- Developing implementation teams
- Workforce planning
- Community of Practice
- Training clinical and Professional teams
- Measurement in place

Learning from Experience

Sustainability
- Normalisation Process Theory

Phase 4

Learning, embedding and sustaining

Phase 3

Implementation

Ongoing implementation support strategies
- Making changes – use of Quality Improvement
- Technical Assistance /Coaching/Supervision in Change Management
- Supportive feedback mechanisms

i-THRIVE Approach to Implementation: whole system change

MACRO

Consideration of Population Health Improvement

How agencies work together and commission services for the population

MESO

Needs based groups of young people and the services/ teams that enable delivery of care according to those needs

MICRO

Ways of working with young people and their families, and how professionals can work best in a collaborative and integrated way

For more information: i-THRIVE

www.implementingTHRIVE.org

Thrive London – Where does this fit?

Thrive Framework & Model

- Conceptual framework to underpin *service delivery* based on identified needs of individual children and families

- Focus specifically on Merton

Thrive London

- A movement to improve the mental health and wellbeing of a population (Londoners).

- Pan London

Collectively aiming to maximise the potential of our children and young people