TITLE PAGE

Title: From training to transformation: A system-wide evaluation of THRIVE implementation in a multi-agency alliance.

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Statements and declarations

Ethical considerations

This paper was designed to provide a judgement of the service's merit through a systematic assessment of its aims, objectives, activities, outputs and outcomes, and therefore classified as service evaluation according to the UK Health Research Authority and does not require ethical approval as per the guidelines.

Declaration of conflicting interest

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Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Title: From training to transformation: A system-wide evaluation of THRIVE implementation in a multi-agency alliance.

Abstract

Background:

The THRIVE Framework for System Change (Wolpert et al., 2019) provides a shared model for delivering needs-led, person-centred mental health services for children, young people, and families (CYPF). While training is often the primary intervention to introduce the THRIVE Framework to a system, its sustained implementation requires whole-system engagement. This paper explores how combining implementation science with dialogical methodology can support meaningful, embedded change across Micro, Meso, and Macro levels within a large multi-agency alliance.

Method:

Using a phased implementation approach informed by the Quality Implementation Framework (QIF) (Meyers, Durlak, & Wandersman, 2012) to refine and improve training, four core THRIVE training modules were delivered across four years (2021–2025). The programme applied dialogical methodology (Collective Leadership Institute, 2024) to promote shared understanding and collaboration among professionals. Evaluation methods included training attendance data, participant feedback, THRIVE self-assessment scores, and service outcome measures such as Goal-Based Outcomes (GBOs) and Experience of Service Questionnaires (ESQs).

Results:

Training attendance increased by 56.6%, with measurable gains in practitioner confidence and outcome-informed practice. Front-line (Micro level) adoption improved substantially, while Meso level system (e.g. service level) readiness remained a key constraint. Triangulated data showed that dialogical facilitation enhanced cross-sector trust and co-production, but identified the need for further structural alignment.

Conclusion:

Whole-system implementation of THRIVE requires concurrent investment in practitioner capability and organisational management. Continual training in THRIVE for a changing workforce, alongside post-training support, is an essential priority in transformation towards THRIVE-like ways of working. Dialogical methodology offers a powerful tool for addressing power dynamics and fostering shared ownership. Targeting Meso level development, such as multi-agency pathways, shared data systems, and leadership alignment, is essential to embedding sustainable, system-wide change.

Keywords: 'children and young people', 'mental health', 'Training, 'THRIVE', 'Dialogical'

Key Practitioner Message

What is known?

Implementing the THRIVE Framework (Wolpert et al., 2019) requires multi-agency collaboration, workforce development, and a shift toward needs-led, outcome-informed practice. Training plays a key role in enabling staff to adopt THRIVE principles, but uptake and translation into practice are often limited by systemic constraints—particularly at the organisational (Meso) level.

What is new?

This evaluation highlights the value of combining dialogical methodology (Collective Leadership Institute, 2020) with implementation science to support system-wide cultural and practice change. It shows that while front-line (Micro level) engagement with THRIVE can grow through targeted training and facilitation, sustained implementation depends on concurrent change at the organisational level. The use of the Social Ecological Model (Bronfenbrenner, 1979), to assess readiness across system levels provides a clear framework for identifying where further alignment is needed.

What is significant for whole system implementation?

System transformation requires more than individual practitioner competence, it depends on structural readiness, inter-agency trust, and shared leadership. Dialogical approaches help create spaces for reflective, equitable conversation, enabling staff across sectors to co-own change. Investing in Meso level infrastructure, data-sharing, joint pathways, and shared decision-making processes, will amplify the impact of training and embed THRIVE more deeply across the system.

INTRODUCTION

The THRIVE Framework for System Change (Wolpert et al., 2019) has been adopted by over 99 local areas delivering support for children and young people's emotional and mental health and wellbeing (CYP EMHWB) (i-THRIVE, n.d.) and is endorsed in the NHS Long Term Plan (NHS England, 2019). It offers a shift away from the traditional tiered, diagnosis-led model of Child and Adolescent Mental Health Services (CAMHS) towards a needs-led system, providing the right support, in the right place, at the right time (DoH, 2015; Wolpert et al., 2019).

National implementation, driven by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust, has now reached over 60% of children in England (ARC North Thames, 2024). Evaluation of early adopter sites has shown improved efficiency, shorter waiting times across triage, assessment, and treatment, and increased patient contacts (ARC, 2024). However, research also highlights that implementation success depends heavily on local relationships and the strength of cross-sector collaboration (Sippy et al., 2025).

This paper examines how THRIVE has been introduced and embedded in Surrey through a targeted training programme for practitioners across a diverse alliance of organisations. It focuses on the processes, achievements, and challenges of this training programme, and explores how it has supported movement towards a more THRIVE-aligned system.

The THRIVE Framework for System Change

Developed jointly by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust, the THRIVE Framework was designed to address longstanding challenges in CAMHS, including long waits, inconsistent access, and limited early intervention (Wolpert et al., 2014).

Instead of a tiered, diagnosis-based model, THRIVE uses five Needs-Based Groupings (NBGs), *Thriving*, *Getting Advice and Signposting*, *Getting Help*, *Getting More Help*, and *Getting Risk Support*. These groupings help systems provide support based on current need, rather than severity or diagnosis, ensuring timely and proportionate responses.

Eight core principles (Table 1) underpin the framework, promoting shared language, collaborative working, outcome-focused care, and equitable access.

Table 1. Principles of the THRIVE Framework for System Change (Wolpert et al., 2019)

Principle	Definition
Common Language	Shared terminology across the system based on the five Needs Based Groupings.
Needs-Led	Meeting current needs rather than using diagnosis or severity as a gatekeeper.
Shared Decision Making	Actively involving CYPF in care planning.
Proactive Prevention and Promotion	Community-wide promotion of wellbeing, focusing on strengths and prevention.
Partnership Working	Cross-sector collaboration with shared responsibility.
Outcome-Informed	Transparent goal setting and measurement of progress.
Reducing Stigma	Making mental health everyone's business.
Accessibility	Timely, community-based access to advice, help, and support.

Although the framework was first published in 2014 and updated in 2019, the evidence base for its long-term impact is still emerging (Farr et al., 2021), making local evaluations such as this one essential.

Mindworks Surrey Context

Mindworks Surrey is an alliance of fourteen organisations, NHS, local, and national third sector providers, working together to support CYP EMHWB across the county. Established in 2021, the alliance was commissioned to implement the THRIVE Framework as part of Surrey's joint commissioning strategy (Surrey County Council, 2023), giving all partners a clear mandate to align their work with its principles.

Central to the approach is a relational way of working, both within and between services, underpinned by collaboration, shared responsibility, and system-wide trust (Banwell et al., 2023b; Sippy et al., 2025; Wolpert et al., 2019). To lead this transformation, a Clinical Programme Team (CPT) was embedded within the system. The CPT's role has included operationalising the THRIVE principles, strengthening partnership working, and building a shared understanding of the framework. Training the workforce in THRIVE has been a cornerstone of this work.

Training Programme

The NHS sustainability model (Maher et al., 2010) highlights training and staff involvement as core factors in the sustained implementation of systems change within the NHS. The Fixen and Blasé model of implementation (Fixen et al., 2009) sees training for staff as a core competency driver in successful implementation strategies, to support with the transition of current evidence base into everyday clinical practice. Staff within a system need to have access to robust training around new initiatives for it to be put into practice. Therefore, is an essential component to be considered within any THRIVE implementation strategy (Banwell et al., 2023b) and has been a core focus of the CPT. Banwell et al. (2023a) conducted a qualitative

analysis of the experience of THRIVE training in one of the first THRIVE implementation sites (Greater Manchester). They found that participants reported a positive experience of THRIVE training overall, and that value was placed on peer support during training, with attendees benefiting from networking with peers working across different organisations and learning from each other's experiences. The opportunity to discuss case examples and consider real world applications of concepts discussed was highly valued.

Building on this learning (Banwell et al., 2023a, 2023b), the CPT, in collaboration with the National i-THRIVE team at the Tavistock and Portman NHS Foundation Trust, developed and refined four core training modules:

1. Getting Advice and Signposting (GAS) – supporting practitioners to navigate and connect CYPF to the most appropriate resources.
2. Shared Decision Making (SDM) – equipping staff with tools and strategies to co-produce care plans and ensure CYPF voice and choice.
3. Getting Risk Support (RS) – guiding staff in supporting CYPF where risk is ongoing but traditional interventions may not be effective.
4. Building Confidence in Letting Go and Managing Difficult Endings (BCiLG) – enabling practitioners to end interventions in a planned, collaborative, and safe way.

These modules have been delivered quarterly over a four-year period, open not only to alliance staff but also to external partners, including schools and social care teams, strengthening cross-sector alignment with THRIVE principles. There was an additional training developed specifically for Macro level leaders in the Alliance called 'Leading System Wide Change'.

However, the evaluation of this is not within the scope of this current paper and should form part of future evaluations.

Training is one factor to consider as part of the implementation of the THRIVE Framework across a system. Within Implementation science, the literature highlights the complexity of transformation and the need for multiple factors, and the interaction between these, to be considered in combination to affect sustainable change (Fixsen et al., 2009; Aarons et al., 2011). These include factors such as organisational structures, leadership, culture, system readiness to change, and considering both the inner and outer context for an organisation (Aarons et al., 2011).

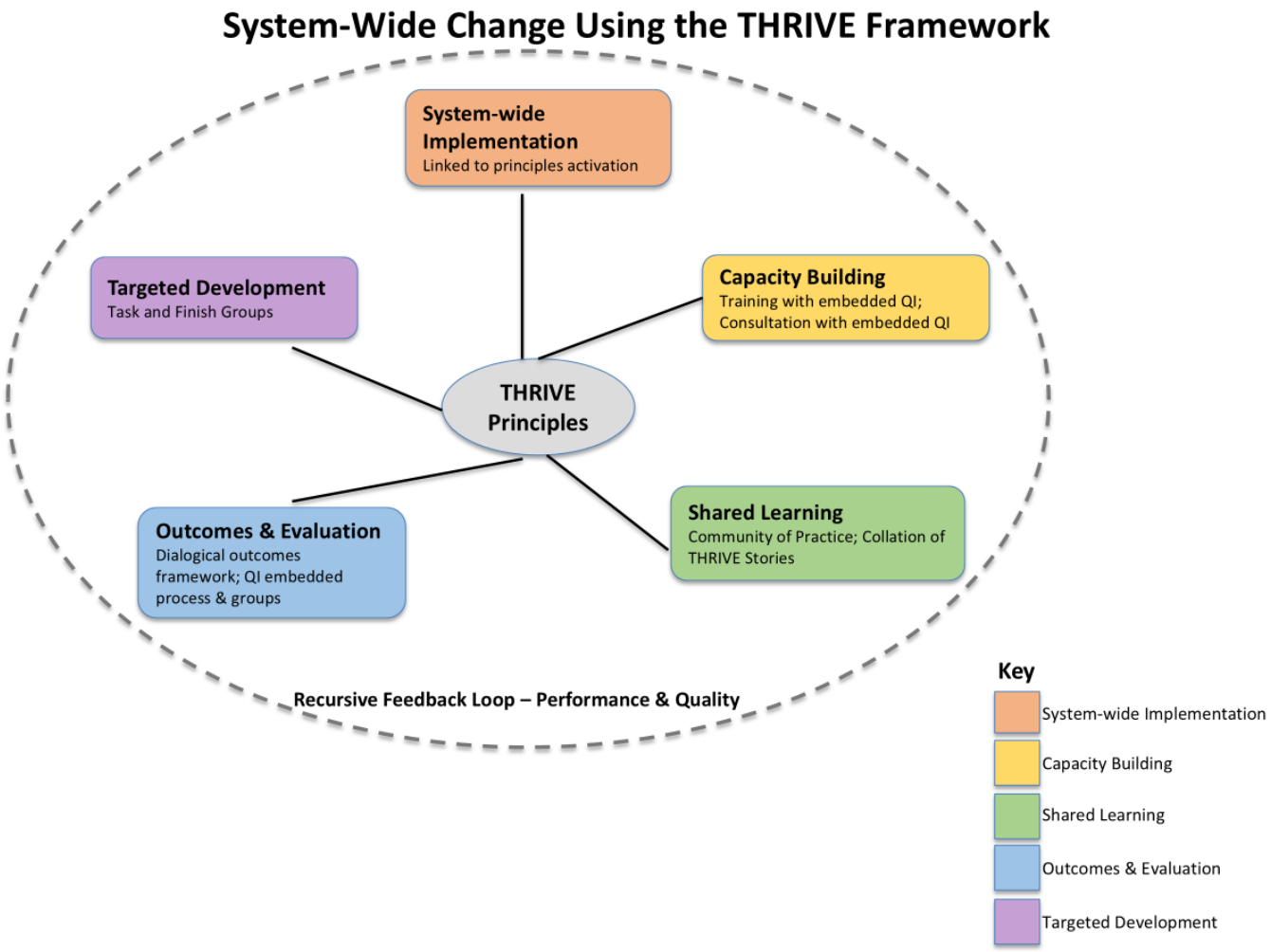
This article seeks to evaluate the impact of this training programme to date on THRIVE implementation across the Mindworks Alliance and to consider the impact of quality improvement (QI) processes undertaken in the refinement of the training offer. This evidence will be triangulated with other markers of implementation success to reflect on distance travelled with transformation to date.

METHOD

Overall Approach

A phased implementation strategy was adopted to embed the THRIVE Framework for System Change (Wolpert et al., 2019) within Mindworks Surrey. Figure 1 highlights the key workstreams undertaken to date as part of implementation, of which training formed a vital component. The approach blended Quality Improvement (QI) methodology, implementation science frameworks, and dialogical facilitation techniques, ensuring both fidelity to THRIVE principles and adaptation to local contexts.

Figure 1. CPT Implementation Workstreams



Quality Implementation Framework

As adopted by the National i-THRIVE Programme, (i-THRIVE, n.d.), implementation is guided by the Quality Implementation Framework (QIF; Meyers, Durlak, & Wandersman, 2012), which outlines four phases essential for sustainable change:

1. Exploration and Adoption
2. Programme Installation
3. Initial Implementation
4. Full Operation / Sustainment

Within the context of THRIVE training, this has involved developing a clear initial understanding of the training needs within the system, establishing a training programme (as outlined above), and continual evaluation and refinement of both content and processes to ensure this programme is meeting need.

Quality Improvement Cycles have focused on the use of:

- Feedback integration: Participant evaluations informed slide updates. For example, feedback highlighted the value of practical tools, local case studies, and reflective discussion.
- Audience tailoring: Case studies matched the professional mix in the room (e.g., school-based examples for education-heavy cohorts).
- Content iteration: Ensuring fidelity to THRIVE framework was preserved, while adapting to local service contexts. As well as refining to include recent research and service developments.
- Dialogical facilitation: sessions designed to balance power dynamics, encourage equal participation, and foster joint ownership of solutions

All implementation processes contexts demand different tools, and therefore the CPT has used a variety of quality improvement tools that were contextually meaningful in the application of change. This includes Plan Do Study Act (PDSA) cycles (Deming, 1986).

Further to this, triangulation of data from different sources within the system as enabled the consideration of the impact of training on overall system-wide change.

Dialogical Methodology

The CPT also employed the Collective Leadership Institute's (CLI) dialogical methodology (2020), which treats structured, high-quality dialogue as essential for building mutual understanding and trust in multi-stakeholder environments. The model presents a collaborative way of working, including:

- Purpose: Shift away from hierarchical decision-making toward collective intelligence, where all perspectives are valued.
- Application: Facilitators managed complex power dynamics, ensuring equal participation across professional groups.
- Outcome: Dialogue processes uncovered creative solutions, strengthened empathy, and improved cross-system cooperation.

Given the THRIVE Framework's emphasis on partnership working, shared decision-making, and relational ways of working (Wolpert et al., 2019), dialogical methodology offers a compatible and theoretically grounded vehicle for leading cultural and structural change across inter-agency settings.

Training Delivery and Recruitment

Four THRIVE modules were delivered quarterly (as described above). Training participants included Mindworks staff and external partners from education, social care, and the voluntary sector. Initially, recruitment relied on targeted emails to alliance staff in 2021. By 2024, a multi-channel approach (cross-agency newsletters, staff briefings, and peer

recommendations) had broadened reach, increasing representation from education, social care, and voluntary sector partners.

Measurement and Evaluation

Data collection combined multiple sources:

- Attendance records – tracking reach, repeat participation, and cross-agency representation, reducing cancellations and did not attends (DNAs).
- THRIVE Self-Assessment Tool (National i-THRIVE Programme, n.d.) – scoring Macro, Meso, and Micro readiness on the Social Ecological Model.
- GBO scores – capturing CYP goal progress.
- ESQs – gathering CYP and family perspectives on service experience.
- Facilitator observations & qualitative feedback – contextualising numerical data with lived practitioners' experience.

The triangulation of these datasets linked training delivery to changes in workforce capability, service user outcomes, and system-level readiness.

RESULTS

1. Training Reach and Uptake

Between 2021 and 2024/25, 54 training courses were run by the CPT (16 Getting Advice and Signposting, 14 Shared Decision Making, 12 Getting Risk Support, and 12 Building Confidence in Letting Go and Managing Difficult Endings). Attendance at THRIVE training increased by **56.6%** over the five-year period, reflecting both rising awareness of the programme and

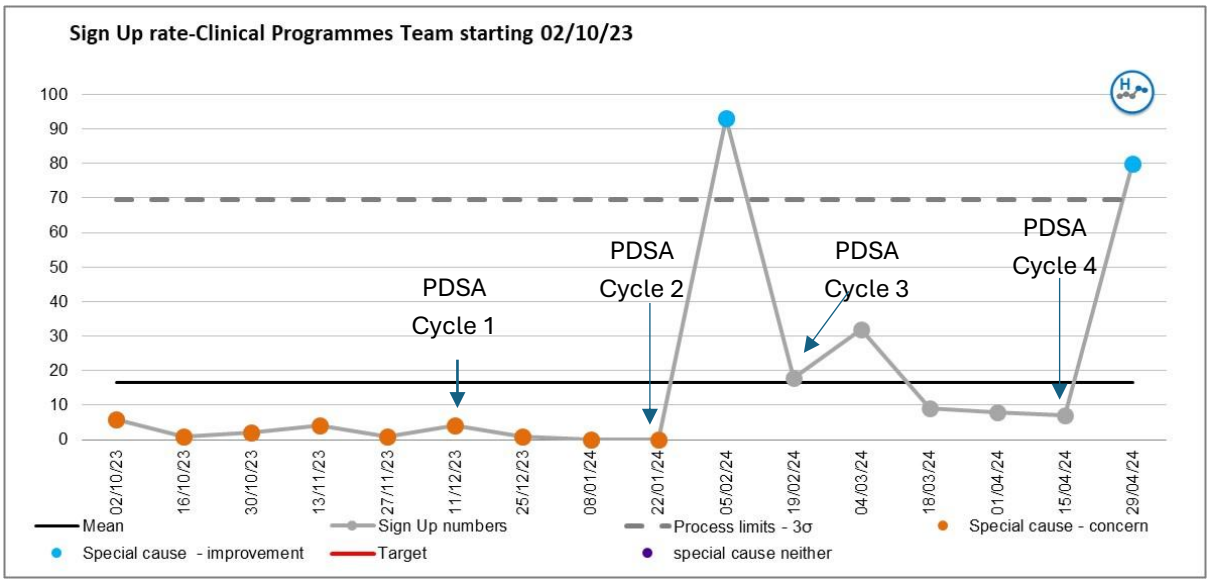
improved cross-sector engagement. Figure 2 shows the increase in attendance for each training module over the course of the four years.

*Despite this, by October 2024, Mindworks Surrey employed approximately **662 staff**, with only*

Figure 2. Total number of staff who attended THRIVE trainings 2020-25

3.6% of staff have completed all four core THRIVE modules, although these figures do not account for staff attrition.

As stated above, changes in advertising of training are thought to have contributed to the steady increase in training numbers, such as advertising in newsletters, to previous attendees, and to managers. The decision to make training mandatory for all staff had a significant impact on sign-ups. Figure 3 shows an example of how QI was used to monitor increase in training sign-ups following various interventions (based on PDSA cycles).



Note.

PDSA Cycle 1: Advertising via Mindworks Newsletter

PDSA Cycle 2: Use of training database contacts

PDSA Cycle 3: Advertising sent to managers.

PDSA Cycle 4: THRIVE Training made Mandatory to at Quality Group

Figure 3. SPC Chart showing PDSA Cycles for fortnightly Sign-up rates to THRIVE Training

Of note is also a steady increase in the number of staff external to Mindworks attending, demonstrating an increase in systemwide awareness and motivation to engage with the THRIVE Framework, essential for implementation.

2. Effectiveness of training

Pre and post feedback was collected for every course to evaluate the effectiveness of training. The figures below demonstrate that the THRIVE Training offered has been broadly effective in improving overall knowledge of THRIVE (e.g. THRIVE Principles and Needs Based Groupings) (Figure 4) and their confidence in the clinical application of these with CYP (Figure 5).

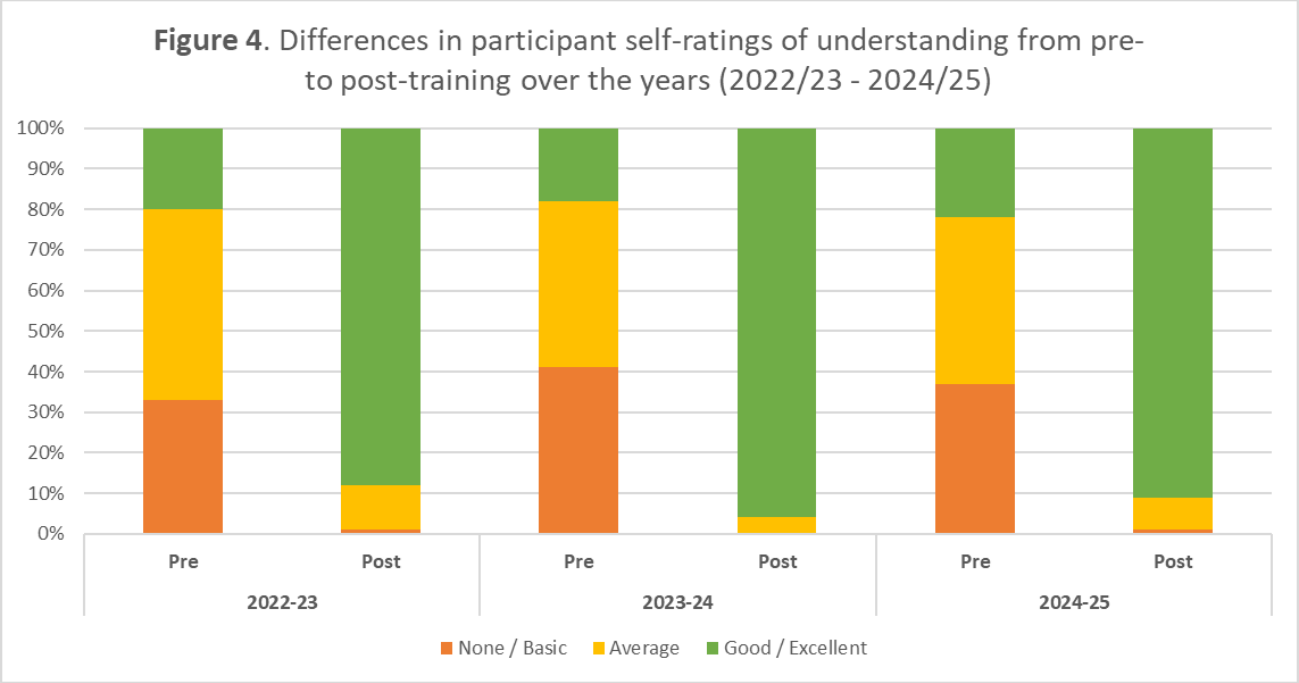


Figure 4. Differences in participant self-ratings of understanding from pre- to post-training over the years (2022/23 - 2024/25)

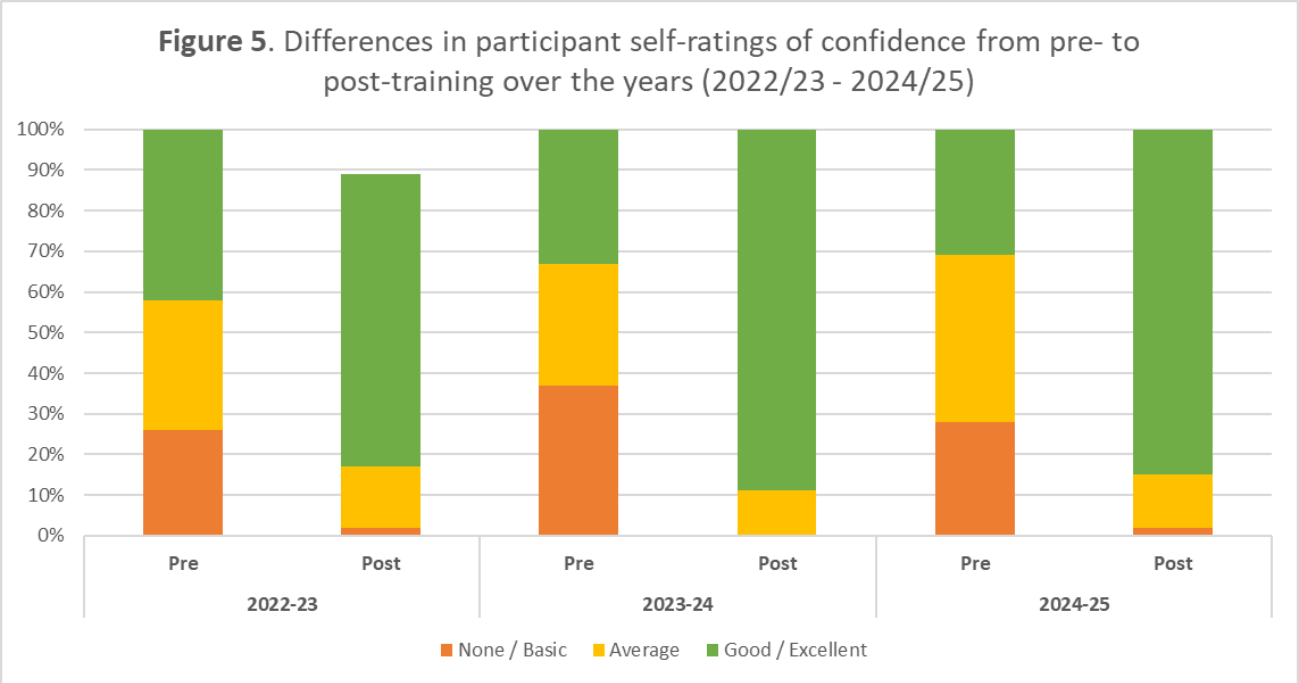


Figure 5. Differences in participant self-ratings of confidence from pre- to post-training over the years (2022/23 - 2024/25)

Despite the evidenced effectiveness of training, anecdotally, participants consistently reported that systemic barriers at the Meso level—such as inter-agency data sharing and inconsistent use of needs-based groupings, limited the full translation of training into daily practice.

3. System-Wide Change: Macro, Meso, and Micro

The THRIVE Self-Assessment Tool, based on the Social Ecological Model (Bronfenbrenner, 1979), provided a view of system-level progress across three tiers (Figure 6). This has been completed at annual workshops bringing together stakeholders at different levels, both internal and external to Mindworks, and presenting them with a range of evidence to enable them to rate progress made in accordance with statements on the THRIVE Self-Assessment tool (National i-THRIVE Programme, n.d.).

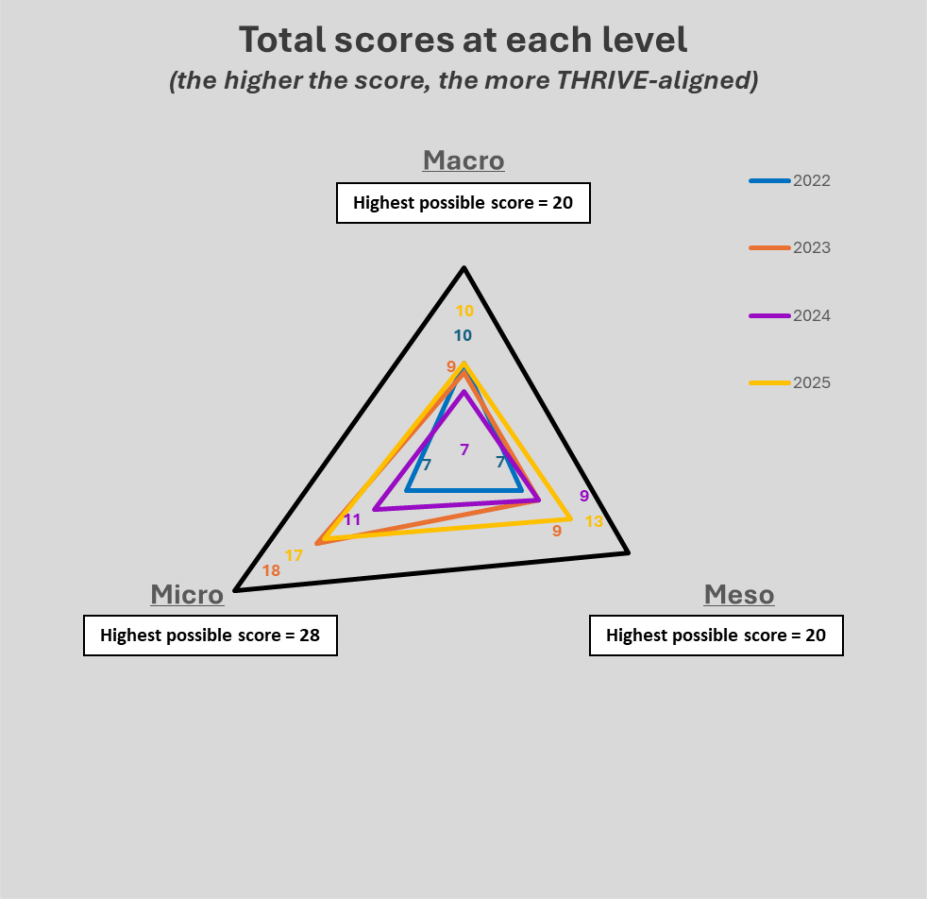


Figure 6. Total THRIVE Self-Assessment Tool scores per system level between 2021/22 and 2024/25

The highest rate of progression has been with the Micro level, which relates to practitioners that are most likely to attend training. Looking closer at Micro statements in the THRIVE Self-Assessment tool, clear improvement has been made with statements linking to the use of shared decision making, managing endings, and use of outcomes to inform clinical decision making, all of which are key areas covered in the different training modules. This triangulation of data helps to evidence the impact of training on distance travelled towards implementation of THRIVE within the system more generally.

The increased Meso score in 2025 indicates partial presence of enabling conditions such as a comprehensive community network, multi-agency QI data use, and evidence-based interventions. Likewise, the stagnation of ratings at a Macro level across the years highlights a perception that broader changes are needed in commissioning and senior/executive leadership levels to further accelerate system-wide implementation of the THRIVE framework. Potential gaps at these levels constrain the workforce's ability to consistently implement THRIVE in practice, even as Micro level skills improve.

4. Linking Practitioner Skills, Service Experience, and Outcomes

Triangulation of data suggests clear relationships between workforce training, system-level readiness, and service-user outcomes:

- Micro level skills growth (training and observed practice) was accompanied by improved GBO completion rates and more consistent goal-tracking in teams where THRIVE was most embedded.
- ESQ data reflected modest but positive shifts in perceived shared decision making and accessibility, particularly in teams with higher training penetration.
- However, Meso and Macro level stagnation limited the extent to which gains could spread system-wide e.g., lack of inter-agency digital integration prevented consistent application of needs-based groupings across providers.

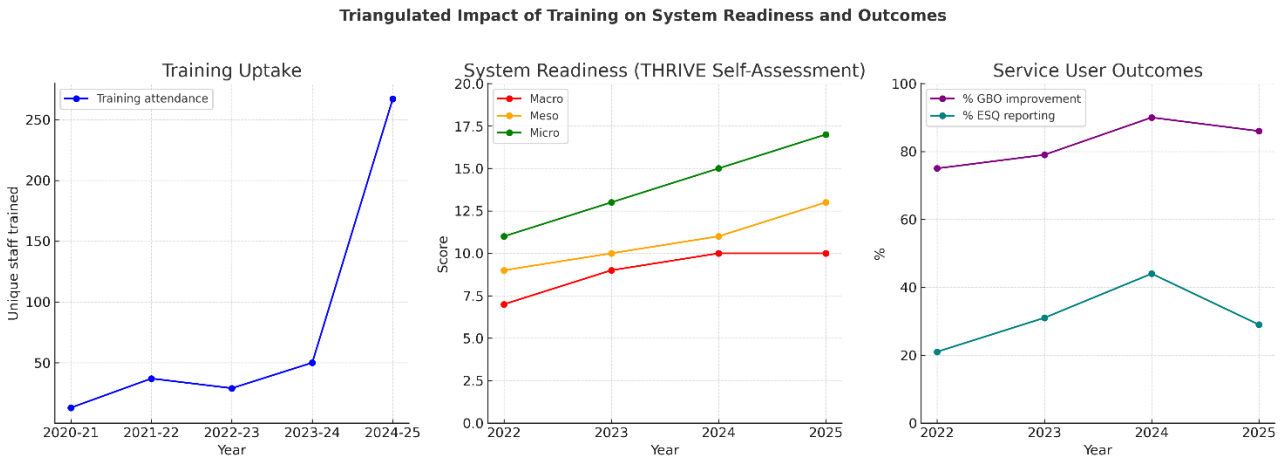


Figure 7. System readiness scores and training impact.

Figure 7 illustrates the triangulated impact of training on system readiness and service outcomes. Training uptake increased steadily across the evaluation period, with a marked rise in 2024/25. This growth was mirrored in improvements in THRIVE Self-Assessment scores, particularly at the Micro level (from 11 in 2022 to 17 in 2025), reflecting stronger practitioner capability in applying THRIVE principles. Meso level progress was more modest (rising from 9 in 2022 to 13 in 2025), indicating partial organisational alignment, while Macro level scores plateaued (remaining at 10), highlighting persistent challenges at the commissioning and strategic level. Service user outcomes demonstrated parallel improvements, with Goal-Based Outcomes (GBOs) showing consistent positive change and Experience of Service Questionnaire (ESQ) returns evidencing some gains but with continued variability. Taken together, the triangulation of training data, self-assessment scores, and outcomes suggests that investment in workforce development has successfully strengthened front-line practice, but sustainable system-wide transformation remains constrained by Meso and Macro level factors.

DISCUSSION

This evaluation demonstrates that the phased implementation of THRIVE training, underpinned by QI methodology and dialogical facilitation, has generated meaningful gains in practitioner capability and front-line application (Micro level).

The 56.6% increase in training attendance over four years, alongside the steady diversification of attendees external to Mindworks (e.g. across health, education, social care, and voluntary sectors) reflects growing recognition of the THRIVE Framework as a shared language for children and young people's mental health. These gains in workforce reach are consistent with other system-wide implementation studies (Meyers et al., 2012; Wolpert et al., 2019), which emphasise the necessity of broad stakeholder engagement in the exploration and preparation phases. However, the low percentage figure of staff in Mindworks that have attended all four trainings (3.6%), highlight that there is still work to be done to ensure that practitioners attend all four trainings, despite them being mandatory for clinical staff.

Although there has been modest improvement in meso scores in the THRIVE Self-Assessment tool, there are ongoing central challenges impacting on implementation with the Meso and Macro levels: without robust organisational structures, data-sharing mechanisms, and aligned processes, training benefits cannot fully translate into sustainable system change. This echoes the implementation science literature (Fixsen et al., 2009; Aarons et al., 2011), which identifies the "inner setting" and "bridging factors" as critical determinants of sustainability.

At the Micro level, the marked improvement from 7/28 to 17/28 suggests that practitioners are both acquiring and applying THRIVE-aligned skills—particularly in shared decision making, outcome-informed practice, and managing endings. This is reinforced by positive shifts in GBO

use and ESQ feedback, where trained teams reported increased clarity of goals and greater perceived involvement of children, young people, and families in care planning. These findings are aligned with the THRIVE principle of partnership working, and with broader evidence that structured outcome use can drive collaborative, needs-led care (Law & Wolpert, 2014).

The triangulation between training data, self-assessment scores, and outcome measures suggests a cascading effect:

1. Training increases Micro level skills and confidence.
2. Enhanced practice improves service-user experience and goal alignment.
3. Systemic barriers at the Meso level, limit spread and consistency, constraining Macro level policy embedding.

Addressing the Meso gap, through integrated digital systems for needs-based grouping, consistent multi-agency QI processes, and formalised cross-sector governance, could accelerate the upward trajectory already visible at the Micro level and begin to lift the Macro level from its current plateau. This would align with the Quality Implementation Framework's emphasis on sustaining organisational readiness alongside workforce capability (Mayers et al., 2012).

Finally, the role of dialogical methodology in this process should not be underestimated. The creation of equal, non-hierarchical spaces appears to have supported trust-building and the surfacing of innovative solutions, even in contexts of complex power dynamics. Such relational infrastructure is often overlooked in implementation planning but may be a key driver of cultural alignment across sectors.

In sum, while THRIVE training has succeeded in increasing knowledge and building confidence in implementing the THRIVE principles, the next phase must focus on Meso level system redesign to unlock the full potential of these gains. By doing so, it can create the conditions for THRIVE principles to be embedded not only in individual practice but in the structural DNA of the system.

Limitations

Within the process of implementation, there has been improvements in uptake and effectiveness of training, however, further attention needs to be paid to developing a package of post training support. Research states that consultation after training is crucial to support the transfer of learning into clinicians' day to day practice, by enabling those trained to practise new skills and gain constructive feedback (Falender & Shafranske, 2020; McLeod et al., 2018). Again, 'coaching' support after training is one of the key competency drivers in the Fixen and Blasé implementation model (Fixen et al., 2009). Over the course of the CPT's work, initial steps had been taken with a pilot project of consultations offered, however, due to a combination of factors, including team capacity changes and low up-take, this was not able to be further embedded in the system. Future work could focus on developing a more robust package of support for training attendees to facilitate their ongoing learning and increase competence in THRIVE-Like ways of working, enabling a bridging of the gap between trainings and clinical practice. This would also help to further track the impact of training on system-wide change, by establishing how clinicians are putting learning into practice. The synergy between this and current supervision structures would need to be considered, including how to ensure that discussion of THRIVE-like ways of working become a standard part of

supervision agendas and that supervisors feel confident and competent in supporting supervisees with this.

Recommendations for THRIVE implementation

This paper has demonstrated that effective THRIVE training is only one part of the jigsaw puzzle towards implementation of the THRIVE Framework (Wolpert et al. 2019). Therefore, alongside training, in order to maximise the impact of implementation and sustain gains in practice capability, the following actions are recommended within each level of a system (Table 2).

Table 2. Recommendations for THRIVE implementation by system level

Macro Level – Strategic Leadership & Policy Alignment
• Clear strategic commitment to THRIVE through continued leadership endorsement, ensuring it remains a priority in commissioning and transformation plans. • Embed THRIVE language and needs-based groupings in strategic documents (e.g. service specifications, funding bids, outcome frameworks) to strengthen alignment across agencies.
Meso Level – Organisational & Inter-Agency Infrastructure *(priority area)*
• Develop integrated digital tools to record, share, and report on needs-based groupings (NBG) across agencies, enabling real-time tracking and reducing duplication. • Formalise multi-agency QI processes with regular, data-informed review cycles that include GBO, ESQ, and training uptake metrics.

• Strengthen cross-sector governance through joint leadership groups that oversee THRIVE implementation, ensuring equity of voice and decision-making. • Address data-sharing barriers via information-governance agreements that support timely exchange of case-relevant information while maintaining confidentiality.
Micro Level – Front-Line Delivery
• Continue quarterly THRIVE training with targeted outreach to under-represented sectors, while increasing the proportion of staff completing all four modules. • Provide post-training coaching and peer learning spaces to help practitioners translate learning into practice and problem-solve local implementation barriers. • Expand use of GBO and ESQ feedback loops so outcome-informed care becomes standard practice across all pathways and providers.
Cross-Level Actions
• Use dialogical methodologies in all implementation stages to maintain trust, surface creative solutions, and manage complex power dynamics between partners. • Monitor system readiness annually using the THRIVE Self-Assessment Tool to track progress across Macro, Meso, and Micro levels, and adjust implementation priorities accordingly.

CONCLUSION

Implementation of the THRIVE Framework within Mindworks Surrey has achieved measurable progress, particularly at the Micro level, where practitioner capability, shared language, and outcome-informed practice have strengthened year-on-year. Training uptake has grown by over 50% since 2021, with iterative Quality Improvement cycles and dialogical facilitation ensuring relevance, engagement, and cross-sector trust.

However, the Meso level remains the critical bottleneck. While the workforce is increasingly skilled in THRIVE-like ways of working, organisational and inter-agency infrastructure has not advanced at the same pace. Without stronger coordination, embedded QI processes, and data-sharing capabilities, the full benefits of training and practice change cannot be realised.

The findings also suggest that strategic commitment at the Macro level must be consistently reinforced to sustain momentum and prevent plateauing. Continued alignment of leadership priorities, policy frameworks, and commissioning intentions with THRIVE principles will be essential.

Overall, the evaluation demonstrates that THRIVE implementation is both achievable and impactful when supported by strong facilitation, iterative improvement, and outcome-driven practice. It is therefore critical to have a clinical program team to support this to take place.

The next phase would need to focus on unlocking Meso level capacity, enabling the workforce's growing capability to translate into consistent, system-wide change that benefits all children, young people, and families.

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