i-THRIVE Community of Practice event: AMBIT and Risk Support and Social Prescribing for CYP

National i-THRIVE Programme

10th March 2022

"If we keep on doing what we have been doing, we are going to keep on getting what we have been getting"

NHS The Tavistock and Portman NHS Foundation Trust
Anna Freud National Centre for Children and Families
UCLPartners
The Dartmouth Institute for Health Policy & Clinical Practice

Welcome and house keeping

- Welcome from Rachel James, programme trainer in the National i-THRIVE Programme.
- **Please note: this session will be recorded and uploaded online.**
- If you need to communicate a technical issue, please use the chat function. This is monitored by one of the team, and we can attend to this ASAP.
- If you have a question or reflection on the content of the presentations please submit this using the chat function and indicate who you would like to address it to. You can select to submit anonymously if you do not want your name to be included.
- You will be sent the slides following the session, as well as a link of the recording to enable you to share with colleagues who may not have been able to join.
- If you have any questions or reflections you would like to share following the webinar please feel free to send them to the National i-THRIVE Programme team at ithriveinfo@tavi-port.nhs.uk

Agenda

Time	Item	Presenter
10:00	Welcome and Introduction	Rachel James National i-THRIVE Programme
10:10	Context for Risk Support	James Fairbairn & Peter Fuggle AMBIT
11:30	Social Prescribing presentation	Daniel Hayes, Anna Freud Centre
11:50	Reflections	All
12:00	Close	All

AMBIT and Getting Risk Support

Community of Practice Event

Adaptive Mentalization Based
Integrative Treatment

Anna Freud
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Children and Families

The Context for Risk Support: The THRIVE Framework and ICS

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Integrated Care Systems: the tasks of ICS

- **reaching a shared view between system partners of local needs** and the resources available for health and care
- **agreeing a strategic direction** for local health and care services based on those needs and resources
- **driving service changes** that are needed to deliver agreed priorities
- taking a **strategic approach to key system enablers**, for example by developing strategies around digital technologies and estates
- **establishing infrastructure** and ways of working to support collaborative working, for example by putting in place new governance arrangements to enable joint decision making and agreeing system-wide leadership arrangements
- **strengthening collaborative relationships** and trust between partner organisations and their leaders.

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Building blocks: Systems, places and neighbourhoods

- **Neighbourhoods** (populations of around 30,000 to 50,000 people*): served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).

- **Places** (populations of around 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.

- **Systems** (populations of around 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

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Health and Social Care Legislation

- On 11 February 2021, the Department of Health and Social Care published the White Paper *Integration and innovation: working together to improve health and social care for all*,

- **The proposals include a range of measures intended to support integration and collaboration.**
  - to establish ICSs as statutory bodies in all parts of England.
  - a statutory ICS would be led by two related entities operating at system level – an 'ICS NHS body' and an 'ICS health and care partnership' – together, these will be referred to as the ICS.

Key components of the THRIVE Framework

Improving outcomes **accountability**

Improving access & engagement

Delivery of **evidence-based** practices

Increasing **MH awareness** & decreasing stigmatisation

Enhancing youth, carer and community **participation**

Peter Fonagy, 2018.

The THRIVE Conceptual Framework

Description of the THRIVE groups

Input offered

- 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)

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THRIVE Framework Key Principles

Common Language

Needs-Led

Shared Decision Making

Proactive Prevention and Promotion

Partnership Working

Outcome-Informed

Reducing Stigma

Accessibility

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AMBIT and Risk Support

- Risk Support is a need group in the **THRIVE Framework**. This is a structural model.

- AMBIT is an **approach, a method and a set of techniques** for front line teams and practitioners.

- The AMBIT approach is particularly suited to Risk Support need group but can be applied to the whole of the framework.

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Joint agency approach

- Shared care and understanding between agencies of family circumstances and young person's needs.
- Making best use of trusting relationships
- Strengths focussed support plan
- CAMHS to continue to keep the case open

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Who is risk support for?

- Families where intervention has not improved things.

- Families who do not want intervention but for whom agencies are worried about long-term risks

- For those who are not ready or in a position to accept help

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Principles of Risk Support

- **Relationship-based model** – between professionals and with clients. Being curious about other professionals experience of your client.

- **Who do families trust?** Inviting families to have views about how to support them to manage risks

- **How you don't make referrals** – sharing knowledge between agencies. How do you have pre-referral discussions with other agencies?

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Integrated practice around Risk Support: Summary

- Cross agency agreements are essential
- CAMHS to provide support around mental health needs to workers who the family have an existing relationship with.
- Team around the worker approach

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AMBIT – Adaptive Mentalization-based Integrative Treatment

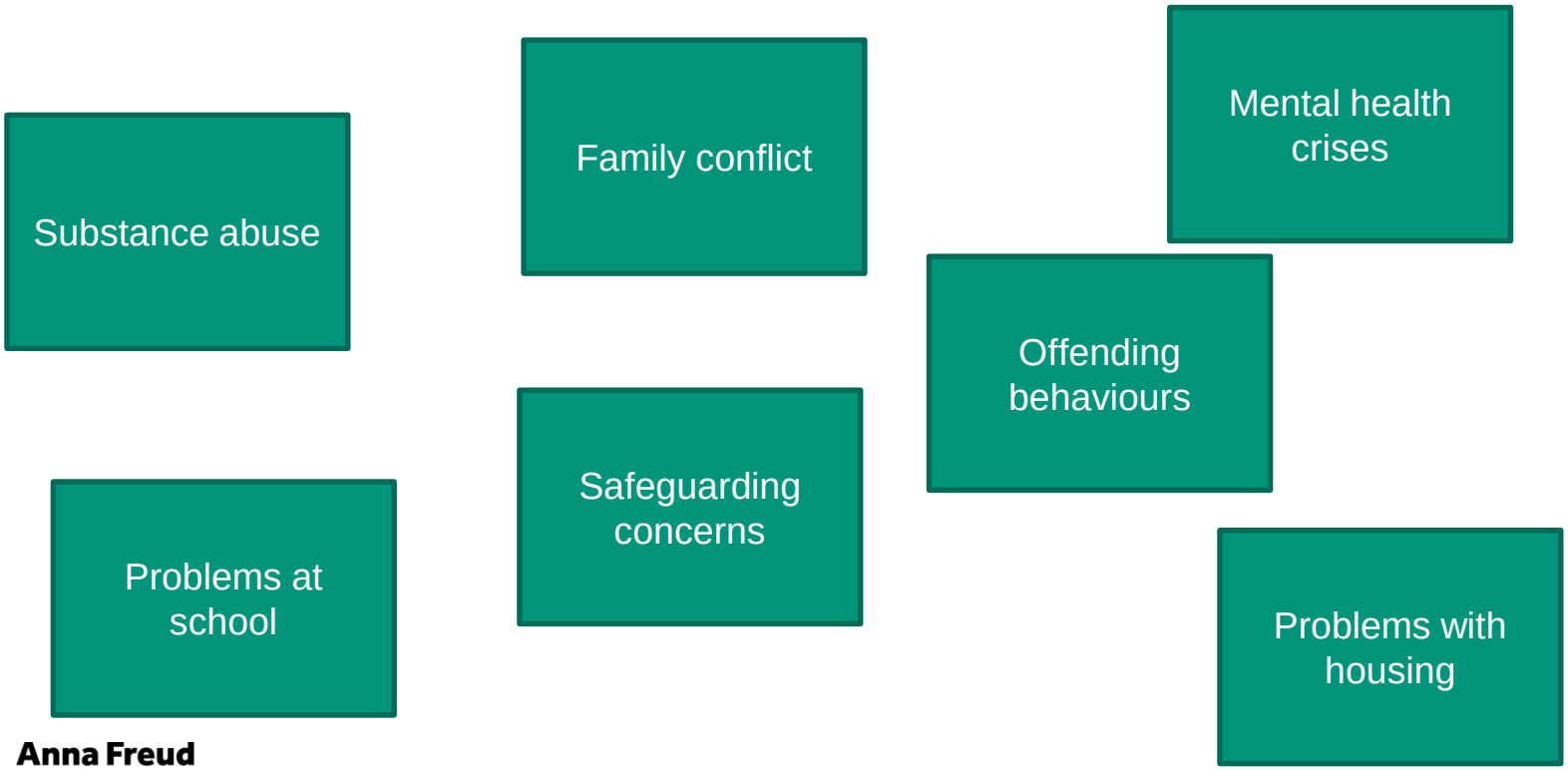
- AMBIT is a framework designed to help teams create effective systems of care around clients with multiple needs who find conventional forms of help hard to make use of

- Challenges that influenced development of AMBIT are many of the same challenges that we encounter in 'Getting Risk support'

AMBIT – Adaptive Mentalization-based Integrative Treatment

Multiple needs

Hard to know how to help or where to start?



Multiple services and multiple workers

Youth offending team

Paediatric staff

Housing Officer

Social worker

CAMHS workers

duty psychiatrist

School

Youth worker Voluntary sector

Emergency services

Crisis line worker

AMBIT – Adaptive Mentalization-based Integrative Treatment

Low trust in help

and good reasons why mistrust makes sense

AMBIT – Adaptive Mentalization-based Integrative Treatment

High burnout

This work has an impact on us

AMBIT – Adaptive Mentalization-based Integrative Treatment

- Teams/practitioners usually have a "way of helping clients" – this usually focuses on what happens between practitioner and client

- AMBIT encourages teams to give *equal* attention to:
  - How team members support each other's practice
  - Relationships within multi-agency networks
  - Continuous learning and adaptation of practice

Scaffolding Existing relationships
Managing Risk
Working in multiple domains
Keyworker responsible for integration
Respect for Evidence
Respect for Local Practice and Expertise
Keyworker well-connected to the team
Individual keyworker relationship
Working with your CLIENT
(Active Planning, etc)
Working with your NETWORKS
(Addressing Disintegration, etc)
LEARNING at work
(Wiki-manualization, etc)
Working with your TEAM
(Supervisory Structures, etc)
Mentalizing
STANCE
& BASIC PRACTICE
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AMBIT

AMBIT and Getting Risk Support

Overall AMBIT aims to help services develop systems that increase the chance that the help offered is experienced as helpful…..

Supporting the ‘relationship to help’

Supporting this client group to develop ‘trust’ in help can be a key objective of ‘Getting risk support’

AMBIT and Getting Risk Support

Questions and comments…..

Team Around The Worker: An AMBIT practice underpinning 'Getting Risk Support'

Scaffolding existing relationships

- We *join* a helping system
- Who exists in the client's network and how do/can they help?
- Where does trust exist (or the potential for it)?
- ….whilst managing risk

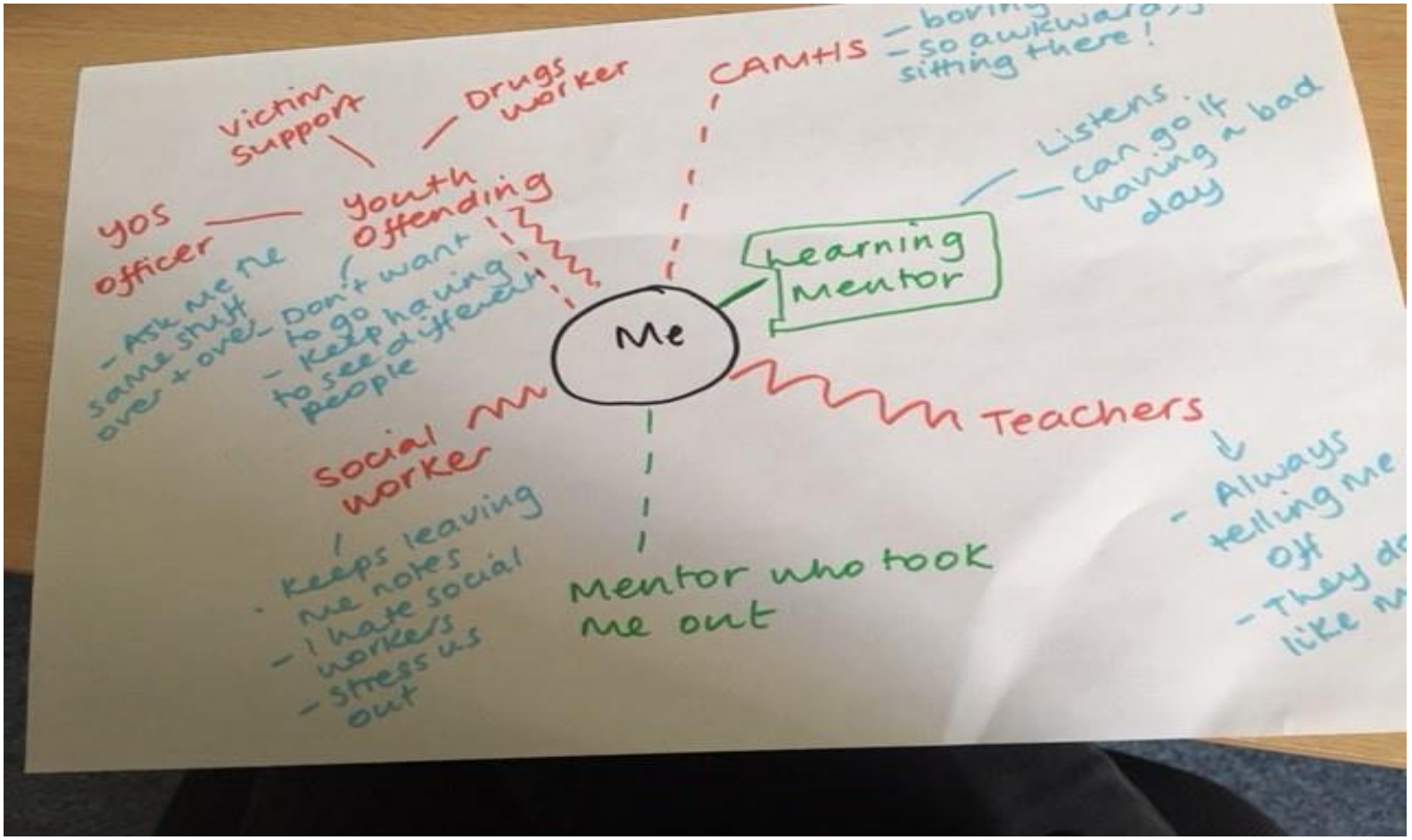
Worrying work, and working with worry

Working in multiple domains…

Dis-Integration:
out of the *best of intentions*

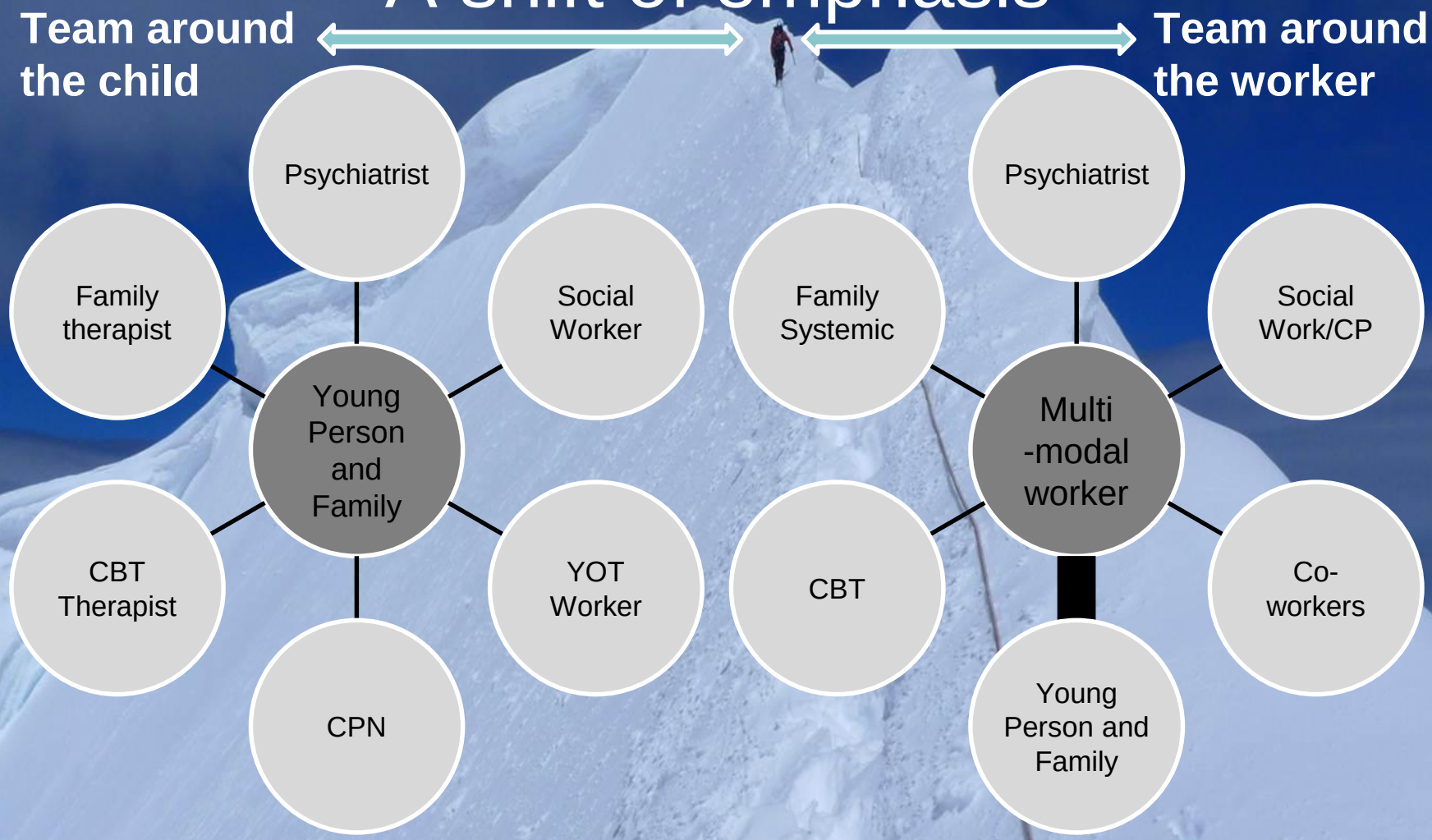
- We often deliver an experience of care that is **aversive**...
- Especially if early attachment histories were not crowned with success, making multiple attachments to workers challenging...
- Especially if the interventions of those workers are "Dis-integrated"...

Pro-gram


Victim Support
Drugs worker
CAMHS
- boring
- so awkward sitting there!
Listens
- can go if having a bad day
YOS officer
Youth Offending
- Ask me the same stuff over + over
- Don't want to go
- Keep having to see different people
Learning Mentor
Me
Social worker
Teachers
- Always telling me off
- They
like
- Keeps leaving me notes
- I hate social workers
- Stress us out
Mentor who took me out

Team around the Worker:

A shift of emphasis



Mentalization as our basic *therapeutic stance*, AND our shared responsibility: sustaining *our colleagues'* Mentalizing

We're not claiming this idea as our own !

What examples do you have of a Team Around the Worker?

(or working through a trusted relationship)

Building across agency helping: Ideas to get started

Cambridgeshire THRIVE work across partner agencies

Offer consultation and help routinely?

Really nice idea….. but in this current level of demand…..

It makes sense but we're not commissioned to do this….

Building across-agency help: Ideas to get started

Multi-agency work group

Establishing how we already help each other across our partners-
E.g. Telephone consultation and advice, multi-agency case discussions, structured consultation model, informal conversations

What works? What do we need from each other?

Building across-agency help: Ideas to get started

Develop shared practices/model…how do we do consultation for each other in a helpful way?

Pilot different offers of help and evaluate…..

Engage with commissioners

Building across-agency help: Ideas to get started

Engaging commissioners and senior managers

Keep in touch with the AMBIT Project:

@afcambit

www.tiddlymanuals.com

ambit@annafreud.org

facebook.com/ambitproject

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Dis-integration

Understanding and addressing different perspectives in networks

- A common experience in multi-agency networks is that workers/teams can find it hard to agree on how best to help a client
- It is very common for networks to struggle to reach shared agreement about:
  - What the problem is
  - What should be done about the problem
  - Whose job it is to do what
  - It makes sense that this happens – we have different trainings, backgrounds, systems, jargon, theories….

Dis-integration continued

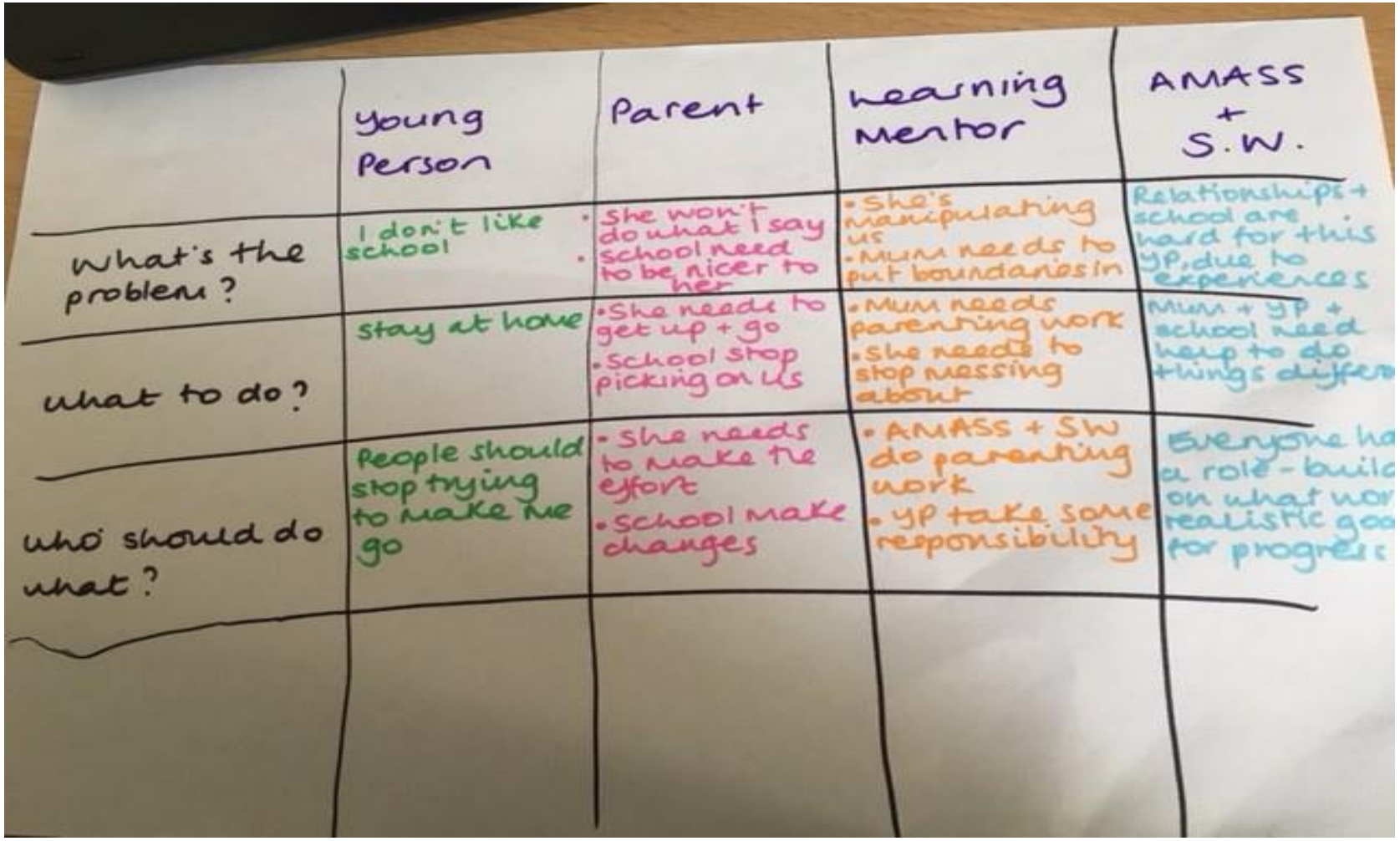
It can be helpful to understand how each person in the network would answer these three questions, in order to understand where the areas of agreement and difference are lying e.g.

- Sometimes everyone agrees about what the problem is, but not what should be done and therefore who should do what
- Sometimes people agree on what the problem is, what should be done, but not who should do it
- Sometimes there is complete disagreement at all levels!

The dis-integration grid

- The dis-integration grid is a tool that can be used to map out the understandings of everyone's perspectives within a particular network around a client
- It can be filled in by a worker with their "best guess" of what they think others think
- Sometimes we realise we don't actually know the answer in some of these areas, which is also helpful to identify.

The Dis-integration Grid



	Young Person	Parent	Learning Mentor	AMASS + S.W.
What's the problem?	I don't like school	• She won't do what I say • School need to be nicer to her	• She's manipulating us • Mum needs to put boundaries in	Relationships + school are hard for this YP, due to experiences
What to do?	Stay at home	• She needs to get up + go • School stop picking on us	• Mum needs parenting work • She needs to stop messing about	Mum + YP + school need help to do things differ
Who should do what?	People should stop trying to make me go	• She needs to make the effort • School make changes	• AMASS + SW do parenting work • YP take some responsibility	Everyone ha a role - build on what wor realistic goo for progres

The disintegration grid – how to complete

- List the names of the client and relevant family members along the top, as well as the different key professionals involved
- Start filling in the grid as best you know

Reflections as a group: what was it like to fill that in? Helpful/not helpful? What thoughts do people have about it?

See next slide for how to turn reflection into action…

Dis-integration Grid – map the key Connecting Conversations

LEVELS OF DISINTEGRATION	Young Person	Parent/carer	Other agency (actual person)	Other agency (actual person)
Explanation ‘What’s the problem?				
Intervention ‘What to do?’ (that might help…)				
Responsibility ‘Who does what?’ (who’s responsible?)				

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Caring for young minds
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