



i-THRIVE Academy

Risk Support

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

Four learning and development modules were piloted across three sites in March and April 2017.

This is a brief overview of the 'Risk Support' i-THRIVE Academy module.



1.1 Content of the Risk Support module

The THRIVE framework (Wolpert et al., 2016) encourages recognition of the needs of children, young people and families who are at risk of adverse and harmful experiences such as family breakdown, school exclusion, criminality, child sexual exploitation etc, but where CAMHS and other agencies have been unable to bring about positive change. CAMHS treatment may have been tried and found to be ineffective, or the child, young person or family are not “treatment ready”. Often these families are intensively supported by CAMHS but the risks cannot be reduced. There is usually a high level of professional anxiety in these cases and collaborative interagency working is sometimes challenged by differing opinions in the professional network about what needs to be done.

This practice development module delivered by the i-THRIVE Academy supports attendees to learn how to best support families with multiple or complex needs.

In this practice development module attendees:

- Discuss problems commonly faced while supporting families with multiple/complex 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, particularly the use of the “disintegration grid”
- 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.

THRIVE Elaborated Second Edition can be downloaded here: [THRIVE Elaborated \(Second Edition\)](#)

1.2 Feedback from module participants

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.

Relevance to current practice

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

Confidence in delivering needs based care in line with THRIVE

Participants were asked to rate their confidence (1-5) in knowing how to support families in the getting 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

How did participants plan to take the learning back to their organisations?

The most common method for taking learning from the module back to the participant’s organisation were:

- Sharing information with teams and colleagues (51% of answers given)
- Feeding up to management (16%)
- Using the AMBIT grid in clinical practice (9%)
- Changing practice with other agencies (5%)

What did participants think worked well in the module?

The most common responses that participants gave when asked what worked well in the module were:

- Practical application through case examples (31%)
- Discussions and sharing of information and ideas (20%)
- Information on the model (12%)
- Group work (10%)

What was the most meaningful information that participants took away from the module?

There were a range of points raised by participants. Below are some of the stand out comments:

- “Rationale for continued meaningful engagement with families even if it feels like the ‘treatment’ options have been exhausted – not giving up but giving up on things that don’t work/aren’t working at the moment”
- “Importance of strategic level support to use i-THRIVE approach – commissioners/managers to explicitly agree that CAMHS clinicians to offer consultations/risk support as part of their role”
- “Concept of team around the worker – very thought provoking”
- “It is important to reinforce/support the most ‘helpful’ relationship in a young person’s life rather than adding more and more agencies and therapeutic approaches”

What outstanding questions did participants have?

Key questions that were raised after completion of the module were:

- If, in an ideal world, NHS services were better resourced and had the capacity to offer more treatment (especially at an early and preventative stage) would there be fewer crises and less risk support?
- How do we move forward with wider agency/system change?
- How do we know when risk support needs to end?

1.3 Reach and impact of the Risk Support module

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 THRIVE and i-THRIVE.

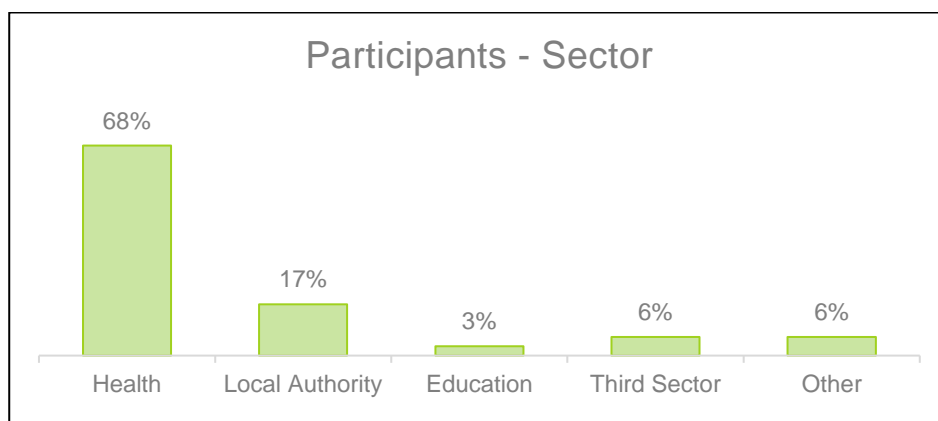


Figure 1: Risk Support participants by sector

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 (44%) were clinicians working with children and young people on a daily basis.

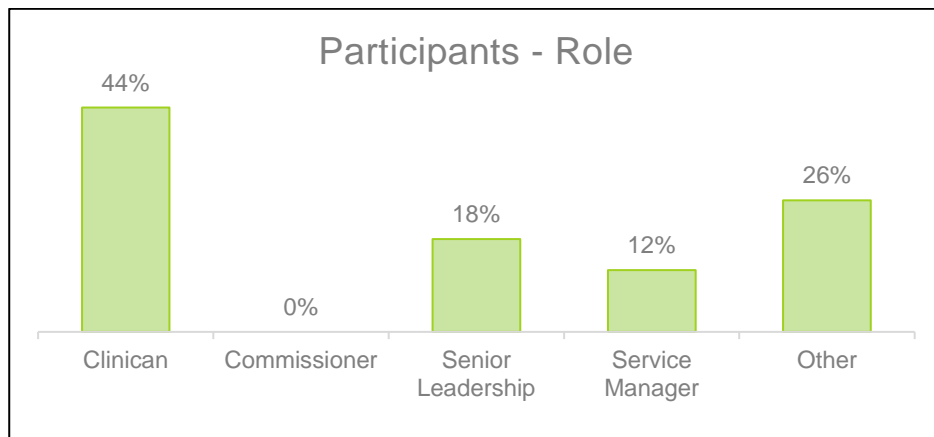


Figure 2: Risk Support participants by role

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 macro, meso and micro levels of the system in attendance discussing the key principles of working in a THRIVE-like way.

If you are interested in hosting an i-THRIVE Academy module in your local area please contact ilse.lee@annafreud.org for further information.