



# International Conference Deinstitutionalisation of Childcare: Investing in Change

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Children and Families

**Applying  
mentalizing  
approaches to  
the needs of  
institutionalised  
children:  
thinking about  
the whole system**



## Plan of presentation

1. The needs of young people in care
2. The impact of those needs on young people, professionals, teams and networks
3. The AMBIT approach to whole system needs

## Acknowledgements: the work of a team

Dickon Bevington

Laura Talbot

Liz Cracknell

Peter Fonagy

All the AMBIT team

All the staff and mentalization based teams at the Anna Freud Centre

## High level of need of young people in care

Higher risk of mental health needs

trauma, attachment problems, depression, anxiety etc

Poorer educational achievements

Disrupted school attendance, additional educational needs

Increased risks of substance misuse

Increased risks of offending

Underlying mechanisms – disrupted **attachment patterns** and **mentalizing** capacity

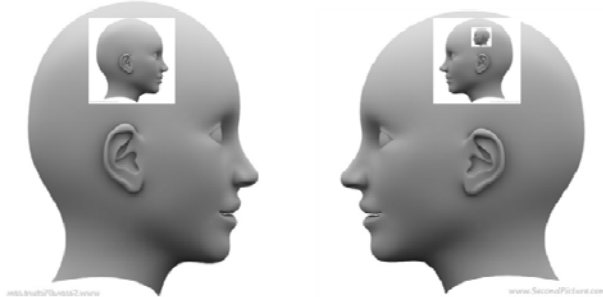
## Attachment influences capacity to mentalize

Attachment as an adaptive process of managing threat by seeking proximal safety (help seeking)

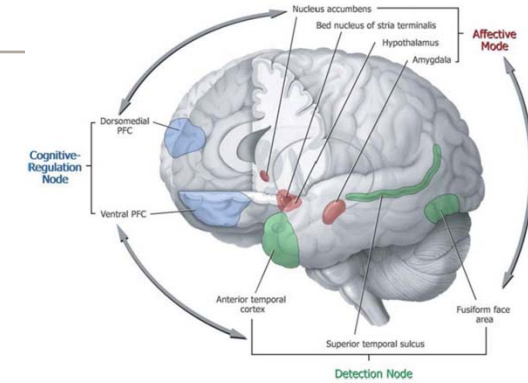
Increased rates of attachment difficulties for children in state care.

Relationships are stressful, hard to work out, best avoided.

Attachment difficulties may lead to poor mentalizing capacity



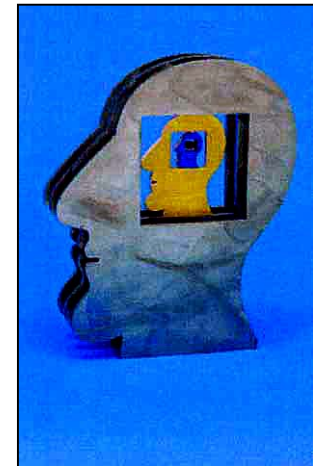
Fostered (or rekindled)  
*in the experience  
of relationship*



Located primarily in  
the *prefrontal cortex*

# Mentalizing

The **imaginative activity**  
*of making sense*  
*of the behaviour*  
of **self** and of **others**  
By reference to present intentional  
mental states  
(hopes, fears, beliefs, intentions...)




## For all of us mentalizing is a fragile capacity

Impact of arousal and anxiety on capacity to mentalize

Contagious quality - disruption of mentalizing capacity in both young people and carers.

Very hard to maintain mentalizing capacity in face of attachment difficulties and rejection.





# The role of epistemic trust and mistrust

- Trust is created when the young person feels understood/mentalized by the other.
- When a child feels understood, this opens up the possibility of learning from others.
- A child learns from others what is safe and what is a threat to them.
- **For children who have been maltreated or received poor quality care, increased levels of epistemic mistrust.**
- Epistemic mistrust is not a problem or disorder but is an appropriate adaptation to life events.

## Epistemic mistrust - the impact on carers and professionals

Undermines human confidence, pleasure and sense of competence in capacity to care

Increases negative attributions of motivations about the young person

Increases professional anxiety, shame

Increases potential for professional isolation

### **Loss of mentalizing capacity**

Breakdown of the care relationship

## Loss of mentalizing leads to collapse of the helping system

### Tendency to quick-fix or concrete solutions

School exclusion

Placement breakdown

### Psychological collapse not just a practical one

Example of parent with suicidal child

## The impact on network functioning

Increase blame of others' failure to help

Increase tension and conflict across agencies

Offloading of responsibility

Increase help seeking for specialist services

Increasing effort to define problems in narrow terms linked to agency responsibility.

Increased referring

Adaptive Mentalization based Integrative Treatment (AMBIT)

# Mentalization based approaches

AMBIT – Adaptive Mentalization based Integrative Treatment

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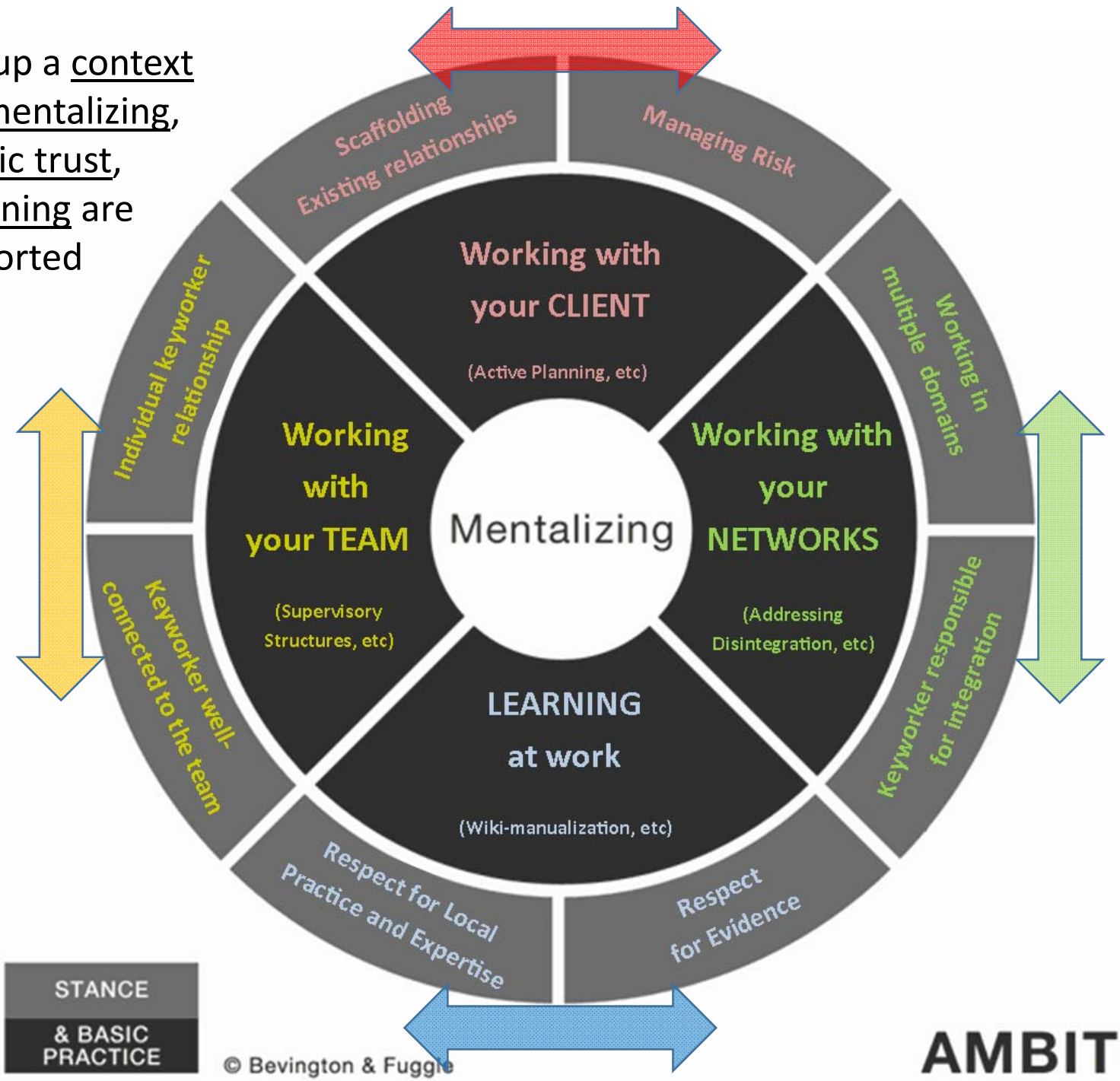
Working with the young person

Working as a team

Working with the network

Learning together – not a fixed system

Setting up a context where mentalizing, epistemic trust, and learning are all supported



## The **AMBIT** approach

Whole team approach to support the team's capacity to mentalize in the face of rejection and mistrust.

Professionally inclusive – specialist and non specialist staff - residential care teams/ youth workers, family support workers

Trained over 200 teams across the world over the last ten years.

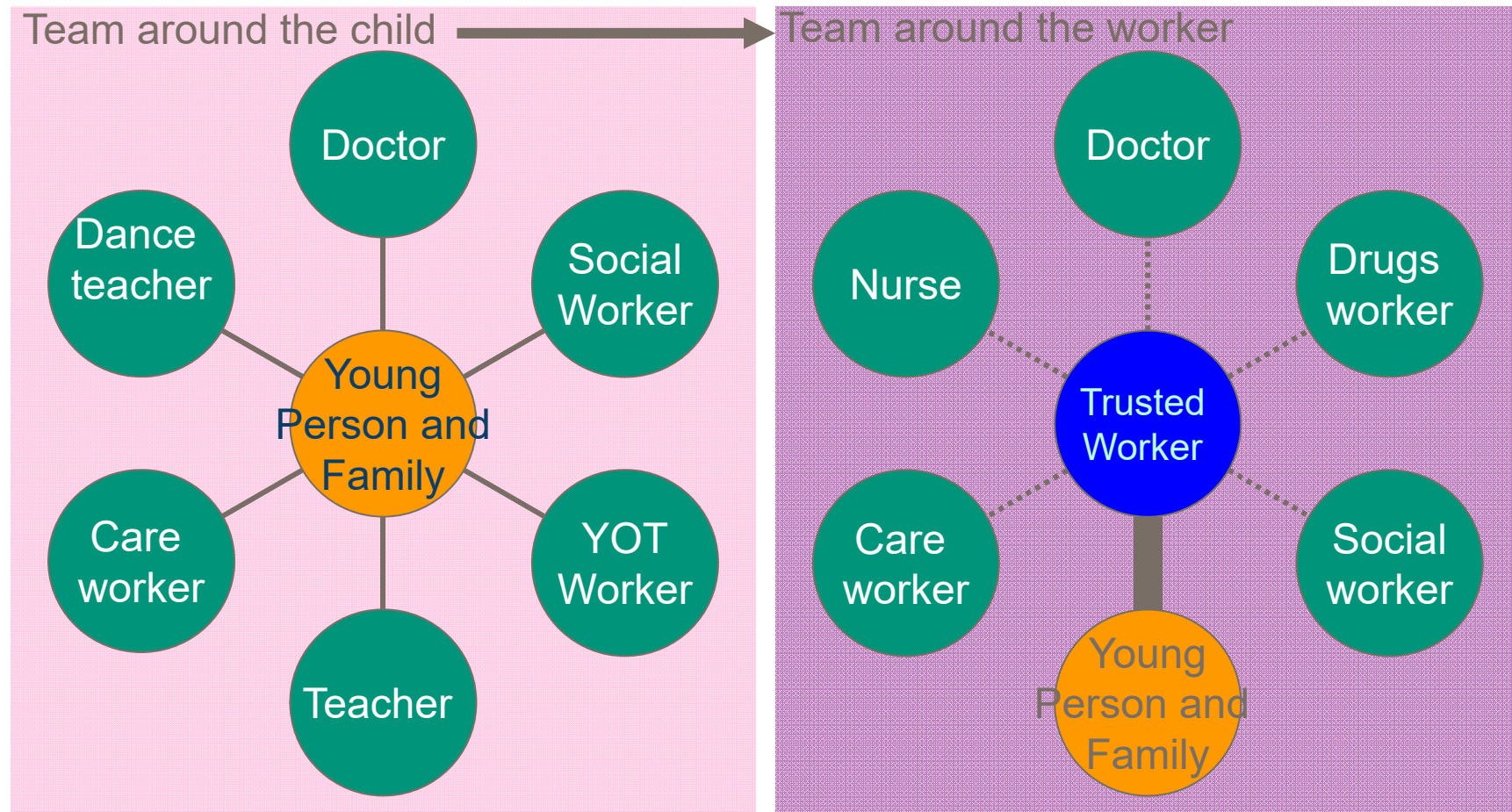
Basic training : five day team training

Supported by open source training material

<https://manuals.annafreud.org/ambit-content/>



# Team around the worker: an example of AMBIT practice



**Mentalization as the integrative *therapeutic stance*,  
AND a shared responsibility – *sustaining each others' Mentalizing***

## Does **AMBIT** work? Reducing family breakdown

Adolescent Multi-agency Support Service (AMASS)  
10 year outcomes (Talbot et al., 2019)

**The service:** Multi-agency team to support social workers with adolescent edge of care work. AMBIT approach – six month intervention with six month follow up.

**Client group:** 181 families; 85% completion rate (n=153)

**Outcomes:** Placement stability was maintained for 82% of families at end of treatment (remain at home, stabilised in foster placement, rehabilitated home)

Reduction in parent reported emotional problems in young person (SDQ);

Improved family relationships

## Does AMBIT work? Reducing substance use

Cambridge Adolescent Substance Use Service: 5 year sample:  
(Fuggle et al in preparation)

**The service:** multi-disciplinary team offering AMBIT informed intervention for about six months.

**Client group:** 450 young people over 5 year period.

**Outcomes: Reduced substance use:** 40% monthly reduction from 16.23 days to 9.56 (SD 10.58) days at end of treatment. Effect size of 0.61

**Improved functional outcomes:** 60% Improvement in overall functioning using a measure called the AIM. Effect size of 1.34.

## Positive impact on networks and systems

Reductions in referrals between teams by 10% (Belfast)

Reductions in in-patient admissions (Bexley, Edinburgh)

Reframing practice – ‘team around the relationship’  
(Brighton)

## Conclusions

1. Attending to the needs of the child alone is not sufficient
2. A community based whole systems approach is proposed in which the needs of carers, professionals and network partners should be equally considered alongside those of the children/young people.
3. How networks function is a neglected part of service thinking and needs much greater development.

# Reflective Fostering

Dr Sheila Redfern and the reflective fostering team at the AFC.

## What is the Reflective Fostering Programme (RFP)?

### Aims

- Support foster carers to build strong and positive relationships with their foster children
- To consider the importance of foster carers own well-being in managing the challenges of being a foster carer
- To help promote placement stability
- To support the child's healthy emotional and behavioural development.
- To develop a number of foster carer 'champions' who can run future Reflective Fostering groups

## Referrals to the Reflective Fostering Programme

The RFP is for:

- Foster carers currently caring for a child between 4-13 years of age
- Foster carers with a child in placement for at least 4 weeks at time of recruitment

The RFP will not be the right programme where:

- The foster carer does not have a reasonable command of spoken English
- The child is being seen in CAMHS
- The child is in an emergency temporary placement



## Structure of the Reflective Fostering Programme

- 10 sessions of three hours' duration over a period of 4-6 months
- Delivered by two facilitators to a group of 8-10 foster carers of children aged 4-13
- Combines psycho-educational discussions, games, exercises and work sheets
- Supported by session by session consultation for the facilitators by the Anna Freud Centre

## Summary of the initial quantitative findings

Although the number of participants was quite small, initial findings are promising, with statistically significant improvements in foster carers' questionnaire reports of:

- Their own stress level (as measured by the Parent Stress Index)
- Their foster child's behavioural and emotional wellbeing (as measured by the Strengths and Difficulties Questionnaire)
- How much they felt their self-defined goals were being met (as measured by a Goal-Based Outcome questionnaire)