

Amberleigh Care

# Applying Evidence Based Approaches in Residential Intervention with Adolescents aged 11 to 18 Years



Golfa Hall (Welshpool)



The Oaks (Telford)



Established in 2005, Amberleigh Care operates two formal therapeutic communities (Shropshire and Mid-Wales) each provides 12 residential placements together with separately registered schools. Our settings are supported by an over-arching, multi-disciplinary clinical team, led by a Forensic Psychologist supported by both CBT and Integrative Psychotherapy practitioners.

We provide placements for local authorities right across the UK and are approved and preferred providers on a wide range of local authority supplier frameworks. We are also openly involved in the assessment and placement planning for young people involved in court proceedings, working closely with Youth Offending Teams and Social Care agencies.

## Our Model of Practice:

At Amberleigh Care we apply two key evidence based frameworks to inform our practice:

1. Our approach to understand and response to harmful sexual behaviour is the Good Lives Model (Ward, Mann, and Gannon, 2007).
2. Our group living, therapeutic community approach is quality audited against Therapeutic Services Standards (Royal College of Psychiatry quality improvement network Community of Communities).

These two frameworks are ideally suited in that they are relationship based, build strengths and resilience, challenge young people through clear boundaries and structures, whilst encouraging young people to learn social and life skills and interpersonal skills in a way which is developmentally appropriate. The key features of the model of delivery are:

- Individual trauma work and offence specific work is undertaken in weekly 1:1 sessions with an allocated therapist.
- Young people attend a group work programme developing social skills, emotional regulation, communication skills and addressing areas identified by GLM that are consistent with the PSHE curriculum in school.
- Young people play an active part in day to day life in our communities. They have formal roles and responsibilities and engage in regular decision making discussions.
- Therapists provide formal consultation to care and education staff teams and also deliver a range of specific training to staff.
- The staff are also provided with "staff dynamics" groups each month, facilitated by an external consultant clinical psychologist.
- Intervention plans are formally reviewed every 3 months to maintain and evidence progress.

## Assessment:

Assessment is an essential part of our work and we are involved in undertaking stand-alone assessments on behalf of statutory agencies as well as using formal assessment as part of our placement intervention approach. As a residential setting, assessment not only informs intervention priorities and allows these to be coordinated across care, education and therapy staff, but it also allows the measurement of progress and the refinement of intervention approaches as young people develop or presenting needs change over time.

As such our assessment tools, selected for the suitability to our client population, address broad, profile and specific areas of focus.

### THE KEY TOOLS used in our initial 12 week assessment include:

AIM 2	HoNosca
Resiliency scales for adolescents	TSSC: Trauma symptom checklist for children
SDQ: Strengths and difficulties questionnaire	Assessment checklist for adolescents (ACA)
BYI-2: Becks youth Inventory	Locus of control
SAVRY: Structured assessment of violence risk in youth	WISC-IV: Wechsler Intelligence scale for Children fourth edition

## Outcomes:

We provide stability and security for young people to give them the space to address underlying trauma and abuse which has contributed to their inappropriate and risky behaviour. Young people are often referred to us following multiple placement breakdowns in residential and foster care. The average length of placement with us is two and a half years. In over 10 years of operation, we are not aware of any young person who has been through our service subsequently being convicted of sexual offending.

Average school attendance is well over 90% with young people achieving formal qualifications including entry level, BTEC, ASDAN and GCSE and are supported in transitions to college and work experience.

## Referral Enquiries:

**Our work is fully planned and commissioned on an individual basis. If you would like to discuss a specific case either for assessment, to support pre-sentence report and future planning, or to make a direct referral for a residential placement please contact: [referrals@amberleighcare.co.uk](mailto:referrals@amberleighcare.co.uk) (Quote Ref: NOTA)**

Alternatively speak to us on: **01952 619144 or 01938 554111**

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