### **Factsheet: Good Lives Model - An Overview**

**Introduction and Acknowledgement:**

Amberleigh Care provides specialist therapeutic homes and schools with an in-house multi-disciplinary therapy team. We work specifically with young males aged 11-18 who display sexually harmful behaviour. Due to the highly specialised nature of our work, our practice is informed by research and theoretical evidence base.

The leading agency in the UK for the development of intervention framework for this client group is G-MAP based in Manchester. The framework is called the Good Lives Model and we have staff trained in its application and it informs our system of integrated working between care, education and therapy staff. This overview is adapted from the original (Tony Ward 2011)

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The Good Lives Model (GLM) is a framework of offender rehabilitation which, given its holistic nature, addresses the limitations of the traditional risk management approach.

The GLM is a strengths-based approach to offender rehabilitation, and is therefore premised on the idea that we need to build capabilities and strengths in people, in order to reduce their risk of reoffending. According to the GLM, people offend because they are attempting to secure some kind of valued outcome in their life. As such, offending is essentially the product of a desire for something that is inherently human and normal. Unfortunately, the desire or goal manifests itself in harmful and antisocial behaviours, due to a range of deficits and weaknesses within the offender and his environment. Essentially, these deficits prevent the offender from securing his desired ends in pro-social and sustainable ways, thus requiring that he resort to inappropriate and damaging means, that is, offending behaviour.

The GLM is responsive to offenders’ particular interests, abilities, and aspirations. It also directs practitioners to explicitly construct intervention plans that help offenders acquire the capabilities to achieve things and outcomes that are personally meaningful to them.  It assumes that all individuals have similar aspirations and needs and that one of the primary responsibilities of parents, teachers, and the broader community is to help each of us acquire the tools required to make our own way in the world.

Criminal behaviour results when individuals lack the internal and external resources necessary to satisfy their values using pro-social means.  In other words, criminal behaviour represents a maladaptive attempt to meet life values (Ward and Stewart, 2003).  Rehabilitation endeavours should therefore equip offenders with the knowledge, skills, opportunities, and resources necessary to satisfy their life values in ways that don’t harm others.  The GLM’s dual attention to an offender’s internal values and life priorities and external factors such as resources and opportunities give it practical utility in desistance-oriented interventions.

**The Good Lives Model in Practice at Amberleigh Care**

At Amberleigh Care, the GLM provides the overarching framework within which we deliver 1:1 therapy from CBT and Integrative Psychotherapy models as well as a structured group work programme. This is undertaken within the milieu of formal Therapeutic Communities.

All placements commence with a 12 week assessment process which draws on a range of evidence based tools and approaches which have been carefully selected for their relevance to our young people. These include the AIM2 assessment which is specifically complementary to GLM.

At the end of the assessment, the multi-disciplinary team (Care, Education and Therapy) meet with the young person to share the findings and to create the initial Good Lives Plan which sets out the intervention priorities, identifies existing strengths to work with, plans the activities require and who will lead on these. This plan is then formally reviewed every 3 months to check on progress, refine approaches where necessary and set new priority areas.

Intervention is achieved through a combination of the following types of activities in our community – these change in profile across the duration of the placement:

1. 1:1 therapy for specific and focussed work
2. Group work to build strength, social skills, develop knowledge, explore beliefs
3. Day to day community living to build practical skills, build social skills, develop empathy and sharing, develop an sense of belonging
4. Taking on specific roles in the community – this could be in the house or school to build responsibility, purpose and esteem.
5. Individually tailored educational curriculum and timetable – this addresses learning needs and develops confidence and esteem through small group and individualised lessons.
6. External community activities – clubs, events, hobbies, community events, charity work, college and work experience placements.

**Further information:**

* For an overview to our service and operating model please see [www.amberleighcare.co.uk](http://www.amberleighcare.co.uk)
* For more details on the Good Lives Model please visit [www.goodlivesmodel.com](http://www.goodlivesmodel.com)
* For details on the evidence base for therapeutic communities, please visit [www.therapeuticcommunities.org](http://www.therapeuticcommunities.org)