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Sanctuary in Action

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The Sanctuary Model (Sanctuary) is a trauma-informed model of care for human services. The model is made up of tools, norms and theoretical underpinnings that form the basis of building safety and promoting recovery from adversity within the context of communities. Sanctuary focuses on healing those who have experienced trauma, by being purposeful and deliberate about the well-being of the system as a whole, including the client, staff, the organisation and more broadly the community. Churches of Christ Care Pathways have been implementing this model within the Australian out-of-home care context including Foster and Kinship Care, Intensive Foster Care, Residential, Supported Independent Living and Intervention Services for the past three years. This article provides a brief description of components of the model, including the SELF model, Community Meetings, Safety Plans, Psycho-Educational Group Work, Self Care Plans, Red Flag Meetings and Team Meetings; detailing practice examples from its use within an Australian context. This article aims to make the link between the model and practice.

■ **Keywords:** Sanctuary, out of home care, residential

Sanctuary in action

Sanctuary is a trauma-informed model of care with a strong and purposeful focus on clients, staff and the organisation. It sees care provision provided within the context of safety, recovery and community (Bloom & Farragher, 2011). Sanctuary is gaining increasing presence in the Australian Out-of-Home care sector, being utilised in government and non-government services in Queensland, New South Wales, Victoria, Tasmania and Western Australia. As services look to implement this model that was developed in the United States of America by Sandra Bloom, Joseph Foderaro and Ruth Ann Ryan in the 1980s and 1990s, it is essential to conceptualise the cultural differences and variations required for an Australian setting. This article will provide an overview of Sanctuary with specific focus on the norms and tools; detailing practice examples of the model's implementation in an Australian Non Government Organisation Out-of-Home Care Churches of Christ Care Pathways.

Churches of Christ Care Pathways provides Foster, Kinship and Intensive Foster Care, Assessment and Intervention Services, Residential Care and Supported Independent Living Services in Queensland. Care provision was provided to approximately 2,700 children and young people on child protection orders and supported by more than 650 Foster and Kinship Carers in the 2010–11 financial year. Services operate in many different communities throughout Queensland, including Mount Isa, Townsville, Mackay, Bundaberg, Maryborough, Caboolture, Brisbane, Ipswich, Logan and the Gold Coast (Churches of Christ in Queensland, 2011). The service commenced the use of Sanctuary over three years ago, in the hope that it would better support the Organisation to provide services that saw clients heal from adversity, and while still in its implementation phase, many practice examples of Sanctuary in action exist.

The four pillars of Sanctuary provide a diagram of the key theories, norms and tools.

Trauma Theory	SELF	Seven Commitments	Tools
Learned helplessness and traumatic re-enactment	Safety	Growth and change	Safety Plan
Vicarious trauma	Emotion management	Open communication	Team Meeting
Parallel process	Loss	Democracy	Community Meeting
Collective disturbance	Future	Non-violence	Self Care Plan
Social learning theory, non-violent practice and complexity theory		Emotional intelligence	Red Flag Meeting
		Social learning	Psycho Educational Group Work
		Social responsibility	Sanctuary Core Team

(Abramovitz & Bloom, 2003; Sanctuary Institute, 2012).

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The Sanctuary Model integrates four key theoretical positions, including trauma theory, social learning theory, non-violent practice and complexity theory (Abramovitz & Bloom, 2003). It acknowledges the impact of adversity on the functioning of an individual, but sees that recovery is possible if the individual experiences physical, social, psychological and moral safety, while having a community of people providing support and role modeling. Growth and change, open communication, democracy, non-violence, emotional intelligence, social responsibility and social enquiry make up the Sanctuary's Seven Commitments. The commitments provide the foundational values to guide practice, decision making and behaviour (Bloom & Farragher, 2011). They act as the moral compass for staff members, carers, the organisation and, with time, for clients. The following information will provide an overview of the Sanctuary element followed by an example of the element within a practice context – Sanctuary in action. The practice examples have had all identifying information changed to protect the confidentiality of clients.

The SELF Model

Sanctuary element: Safety, Emotion Management, Loss and Future make up the non-linear, simple and comprehensive ways for the clients, their families, staff members and the organisation to make sense of, and respond constructively to, some very complex dilemmas. Bloom (2005, p. 13) describes the elements of SELF as:

> Safety – attaining safety in self, relationships and environment.
>
> Emotional management – identifying levels of affect and modulating behaviour in response to memories, persons and events.
>
> Loss – feeling grief and dealing with personal loss.
>
> Future – trying out new roles, ways of relating and behaving as a 'survivor' to ensure personal safety and help others.

Sanctuary in action: Work is being undertaken to embed the language and concepts of SELF in staff supervision. Supervision templates organise prompts under the headings of Safety, Emotion, Loss and Future. Staff feedback shows there is more focus on the person as an individual, resulting in feelings of support.

Within the residential care service, Sanctuary group work is undertaken weekly by staff and young people. When looking at SELF, staff broke it down into the four key aspects. The first aspect worked on was Safety. This involved a water bomb fight that needed to revolve around being and feeling safe. Before it began, all participants developed an agreed set of rules that would be followed throughout the game. These included no bombing in the face, only using water in the balloons, only playing outside of the residential care service, and stopping, if asked, by a staff member or player. The activity was played with great success. At the end, all players came together to discuss the game and what rules were followed. The group found that all of the rules around safety were followed and that there was an increased sense of overall safety within the group. Everyone was proud to have been able to have such a fun experience whilst also feeling and remaining safe (Smith, 2012).

Team Meetings

Sanctuary element: This tool focuses on using the team meeting process to connect members, keep members focused on the clients and the team, jointly consult on therapeutic issues for clients, and use it as a forum to incorporate other Sanctuary elements including the Seven Commitments, SELF and other tools. The team meeting tool includes a checklist that can be used at regular intervals to keep team members mindful of the meeting being a forum to focus on clients, staff and community issues using democratic decision making, social responsibility, emotional intelligence, non-violence, social learning, open communication with a focus on future, and growth and change (Sanctuary Institute, 2009).

Sanctuary in action: Team meetings have evolved to allow for more focused times for staff development. Each month staff members engage in a discussion titled, 'How's the team going?' The purpose of this discussion is to practise open communication, emotional intelligence, non-violence and social responsibility in a way that allows focus on growth and change. This discussion time began because the team was struggling to communicate in a way that was non-violent. Over time, and as a result of this section of the team meeting, the team has developed the ability to focus on positive ways to communicate with one another.

Discussion takes place in team meetings around how to continue to implement Sanctuary to carers. These discussions involve a democratic approach that includes the whole team. Carer appreciation is discussed within the staff team and case workers then provide certificates of appreciation to carers following placement endings.

Many teams focus on practising democracy and social responsibility by sharing the chairman and minute taker roles (Smith, 2012).

Safety Plan

Sanctuary element: The Safety Plan is a Sanctuary tool that inspires all community members, including clients and staff members, to be purposeful about safety. The plan includes five strategies developed by the individual member that can be used any time they are not feeling safe physically, emotionally, socially or psychologically. The physical plan is worn at all times, to promote safety and emotional intelligence, in that it reminds members to use their own plan. However, if members are seeing other members struggling they can prompt the use of the plan (Bloom, 2005; Sanctuary Institute, 2009).

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Sanctuary in action: We have seen the benefits of personal safety plans for our young people through one young man struggling to control his frustrations. Observations were made of this young person having fewer periods of heightened emotions and also observations of a noticeable decrease in property damage. The young person was able to acknowledge the positive change and express the accomplishment made. The young man had previously exhibited behaviours such as throwing glasses and appliances through windows and hitting a large tree with a stick. In using his safety plan he identified that a boxing bag would help him to self-moderate his own behaviours.

Safety Plans have been developed with carers, the children in their care and the carers' own children. This is a way of sending the message that safety is everyone's responsibility.

Queensland experienced devastating floods that impacted on the safety of many communities. After this, some families utilised Safety Plans by developing a 'flood' box in case they were cut off again from supplies during the wet season. This allowed families to focus on the emotion related to the possibility of flooding, but at the same time experience a sense of safety.

After a period of self-harming, a young person developed a Safety Plan with the carer, hospital and sibling with whom she resides. This ensured that all these significant people in her support network were aware of what strategies the young person felt that she could use. Also, if the young person did not, or was not able to, follow through, the sibling knew what was written and could either remind the young person or follow through in acquiring help, knowing the young person had agreed to this pre-arranged support. This was due to the sibling feeling a sense of betrayal of the young person by telling others of the self-harming behaviour.

An altercation between two of the young people within a residential care service had the potential to escalate. In the midst of the incident, one of the young people referred to his Safety Plan and chose to disengage from the argument, punch the boxing bag and follow this with time out to listen to music. Both of these strategies were on his Safety Plan. The young person relayed to staff members during a debriefing process that he remembered his Safety Plan and chose to use it (Smith, 2012).

Psycho Educational Group Work

Sanctuary element: The Psycho-Educational Group Work is a structured group work session approximately 30 minutes in total, facilitated by any worker within the residential care service with young people. The curriculum was developed by The Sanctuary Institute. The curriculum is based on enhancing young people's knowledge of Safety, Emotion, Loss and Future, with a focus on understanding the concepts, practising the concepts and using each in real life (Bloom, 2005).

Sanctuary in action: Young people in the residential care service undertook a project as part of their group work, in which they were provided with disposable cameras and asked to take photos of things, people and places that fit with SELF. The young people thought about what they would photograph and discussed it with staff member. Staff members then assisted the young people to identify where they might find the items of interest and transported the young people to take their photos. Once this activity was completed, the photos were printed and the young people participated in a group discussion about what the photos meant to the group (Smith, 2012).

Self Care Plan

Sanctuary element: The Self Care Plan is a specific plan developed by each individual staff member or client, outlining how they will take care of themselves. The tool focuses on proactively managing the impacts of trauma before it is problematic. The sections of the Self Care Plan fall into a number of areas, including the following elements with possible examples:

> Personal Physical – activities like sleep, exercise, diet or massage.
>
> Personal Psychological – activities or a focus on knowing triggers, self soothing, having therapy for own issues or balancing work, play and rest.
>
> Personal Social – knowing one's own social supports, engaging is non-work related social activities and spending time with children or pets.
>
> Personal Moral – having a philosophical or religious outlook, clarifying own purpose of life or connecting with larger sociopolitical frameworks.
>
> Professional – having knowledge of the impact of trauma, seeking consultation on complex cases, having supervision and taking breaks in the workday.
>
> Organisational/Work Setting – work within a team, accept stressors as legitimate, establish clear value system and communicate openly and effectively.
>
> (Sanctuary Institute, 2009)

Sanctuary in action: A discussion with a staff member identified home stress as impacting on their work. The Self Care Plan template was resourced and the sections were examined to analyse how they might be able to develop a plan to help manage the stress more efficiently. During a check-in with the staff member a few weeks later, they reported that it had helped them manage their stress better.

At the Foster Care Week 2010 event, carers who attended a luncheon were given Self Care Plans to complete including pamper packs. The carers heard about the importance of self care and discussed strategies. The emphasis of support for the following year by the fostering team was on carers' self

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care. The carers' newsletters have included articles about self care.

Line managers are realising and encouraging staff members of the importance of taking annual leave on a regular basis as a means of refreshing and regaining perspective (Smith, 2012).

Community Meetings

Sanctuary element: Community Meetings are a regular, twice daily forum including three questions that assist clients, staff members and the organisation to build emotional intelligence, a sense of community and a focus on the future. The meeting brings people together in a circle and provides an opportunity to ask each other questions and listen to the responses. It assists participants to understand what each is feeling, what their priorities are for that period, and purposefully link with each other by asking for help.

The three questions are: how are you feeling, what is your goal for today, and who can you ask for help? (The Sanctuary Model, 2012).

Sanctuary in action: A young person who had been returned home to their family after staying in the residential care service contacted the service and was talking to staff members about how it was going at home. He said that all was going well and he was using the questions we asked him every morning to have a conversation with his mother every day. He said this helped his mother when she was feeling anxious and helped him be able to tell his mother what was happening with him.

By having a Community Meeting in the afternoon, it is an opportunity to give thanks to the person or people within the team who have assisted them in achieving their goals throughout the day.

Community Meetings are called during the day when there is tension and unease. This meeting helps all the team members express their feelings and bring this information to everyone's attention.

Carers have held daily Community Meetings with a young person who had difficulties expressing his emotions and engaging in school. The young person engaged well within the Community Meetings and developed goals to contribute to interactions at school.

Our residential care young people requested a morning tea to be organised with the fostering team so they could celebrate Christmas and give staff members paintings of decorated boomerangs. At the commencement of the morning tea, the residential young people requested a community meeting to occur and even challenged a staff member when they identified they were feeling 'good', saying to the staff member that they needed to express a real feeling.

A child in the Intensive Fostering Program has a Sanctuary poster with the Community Meeting questions to help him stay focused at school. The goal was to be included in the school basketball team and he succeeded. This child has committed to looking at this poster every morning before school, so he can identify how he is feeling and, if necessary, ask his carers and teachers to help him stay focused so he can stay on the team.

At a Community Meeting recently, a young person was able to articulate that his goals were not to abscond that evening and not to be influenced by the other young people. When asked who could help, he nominated his youth worker for that evening to remind him of his goal (Smith, 2012).

Red Flag Meetings

Sanctuary element: Red Flag Meetings are a tool used to process and problem solve issues that clients or staff members believe place their safety at risk. This is usually a last resort tool, whereby the hope is that other strategies of problem solving have been attempted. All key members of the community come together to process, consider and plan actions about the identified issue. The meeting uses SELF processes and conceptualises the impact of trauma to get to a positive resolution (The Sanctuary Model, 2012).

Sanctuary in action: Churches of Christ Care Pathways staff called a Red Flag Meeting when they felt some staff members were gossiping. They believed that when they walked into the kitchen other staff members stopped talking. The team member discussed how she felt and talked about safety within the office. Other team members contributed by saying gossip should not happen and, as a team, it would not be tolerated. There were no discussions in relation to which staff members were gossiping. Staff members left the meeting being united on the agreement that gossip would be raised as inappropriate in all instances.

After a staff member resigned from the workplace in a hurried fashion, other staff were speculating as to the circumstances surrounding this. The resigning staff member did not want to say goodbye to everyone. A Red Flag Meeting was called to inform staff that to talk about what may or may not have happened was not respecting the resigning staff member. Staff members were also asked how they would feel if they left and their departure became the topic of conversation in the office. They needed to respect the staff member for the decision that was made. Staff members took this on board, discussed the loss and planned appropriate actions, including to not gossip about it.

A Red Flag Meeting was conducted during a staff meeting about issues with the office building. This proved successful with staff members giving positive feedback about feeling heard, being on the same page and being positive about the future (Smith, 2012).

Conclusion

The practice examples of the Sanctuary tools and norms highlight the powerful impact of this trauma-informed model within the Australian context. Sanctuary remains a driving force for considered, purposeful care provision for clients, together with consciousness of wellbeing of staff

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and keeping organisational culture as a priority. Dr Sandra Bloom (1997, p. 228) best describes this focus:

> The first value to be established, goal to be set and practice to be formulated is that of safety. Regardless of whether we are referring to individual victims of violence, a small group or an entire community, healing cannot advance unless there is an environment of safety for all community members.

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