Building an Aboriginal Cultural Model of Therapeutic Residential Care: The Experience of the Victorian Aboriginal Child Care Agency

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The provision of therapeutic residential care offers opportunities for traumatised children and young people to build relationships through establishing a safe and nurturing environment that can facilitate healthy recovery. For the Aboriginal child and young person demonstrating symptoms of trauma, cultural connections have been severed, relationships broken and there can be an overwhelming sense of abandonment. Aboriginal children's experiences of trauma go beyond the individualistic or familial and incorporate pervasive intergenerational trauma. This means that healing for Aboriginal children requires a therapeutic response embedded within an Aboriginal cultural framework. This paper presents the approach undertaken by an Aboriginal community organisation in developing a therapeutic residential care programme for Aboriginal children in their care. The model developed has implications for all therapeutic care programmes.

∎ **Keywords:** therapeutic, Aboriginal, out-of-home care

Introduction

The development of therapeutic residential care in Victoria is a response to, and recognition of, trauma experienced by children and young people in care. However, it can be argued that addressing the trauma experienced by Aboriginal children in care is even more challenging. While building on the principles of therapeutic care (see McLean, Price-Robertson, & Robinson 2011), a different approach is required if the therapeutic approach is to address the holistic situation for the young people, their families and communities. Aboriginal therapeutic residential care needs to adopt a 'whole-of-life view'; locating trauma recovery within a holistic or ecological framework.

> The ecological approach views human development from a person-in-environment context, emphasizing the principle that all growth and development takes place within the context of relationships. (Connard & Novick, 1996, p. 6).

The aim of this paper is to identify the approach taken by the Victorian Aboriginal Child Care Agency (VACCA), the lead Aboriginal child and family welfare organisation in Victoria, in developing its Aboriginal therapeutic residential care programme. The approach applied the key principles of a holistic approach to addressing the impact of complex trauma, where culture and community history need to be addressed to benefit the child and family. The paper commences by setting the context of trauma for Aboriginal families and communities, and their engagement with the child protection system. The development of therapeutic care is then discussed, with a focus on the meaning of this for an Aboriginal community organisation. The method of developing a framework for care is described, and the framework developed is then presented. Finally, the paper presents the value of the model for all children in care.

Context of Trauma in Aboriginal Children and Young People

Perry (2007) defines trauma as: 'A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness' (p. 15). Trauma may derive from 'a single traumatic event' or from 'ongoing exposure to fear/helplessness'

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(Perry, 2007, p. 9). For children entering the child protection system, the trauma is more than likely to fall into the latter category. As van der Kolk (2005) states:

> . . . surveys of childhood trauma reveal a relatively low prevalence of childhood exposure to non-interpersonal traumas such as accidents, disasters or severe illness compared to exposure to intrafamilial traumas such as physical abuse, emotional abuse, neglect and exposure to domestic violence. (p. 374)

Therapeutic residential care seeks to create opportunities for traumatised children/youth to build relationships through establishing a safe and nourishing environment for healthy recovery from trauma. van der Kolk (2005) cites four principles that underpin treatment aimed at meeting these goals:

i. creating a structured and predictable environment by establishing rituals and routine;

ii. increasing caregiver capacity to manage intense affect;

iii. improving caregiver–child attunement so that the caregiver is able to respond to the child's affect, rather than react to the behavioural manifestation; and

iv. increasing use of praise and reinforcement to facilitate the child's ability to identify with competencies, rather than deficits. (p. 377)

These principles are equally relevant for Aboriginal children in care, but are not on their own sufficient to facilitate healing for Aboriginal children, young people and their families.

The pervasiveness of loss and grief within the Aboriginal community and its impact on children and young people creates an environment where a high degree of trauma is the norm. Aboriginal children and young people in out-of-home care are likely to experience complex trauma, which 'reflects the multiple and interacting symptoms, disorders, multiple adverse experiences, and the broad range of cognitive, affective and behavioural outcomes associated with prolonged trauma' (Hunter, 2014, para. 7).

The risks to their positive development come from their own experience of abuse and/or neglect, the pervasiveness of loss and grief within their community and the overlay of the impact of colonisation and its associated past policies and practice and racism. Aboriginal and Torres Strait Islander children in Australia are eight times more likely to be represented in child protection and out-of-home care in comparison to their non-Aboriginal peers:

> The reasons for this are complex and are influenced by past policies like forced removals, the effects of lower socioeconomic status and differences in child rearing practices and intergenerational trauma. (Scott & Nair, 2013, para. 2)

Traumatised parents may not be emotionally available to provide the level of care needed for children's wellbeing. For Aboriginal parents who were removed from their families and grew up in often-abusive institutional settings, there were few parental role models upon which these parents could base their own parenting. Most significantly, culture was also lost, with families losing the capacity to pass traditions on to successive generations. However, even more than a loss of culture, whole Aboriginal communities were traumatised and the capacity to support traumatised families and individuals was severely compromised. As Bath (2008) points out, 'complex trauma leads to problems around the regulation of affect and impulses; memory and attention, self-perception; interpersonal relations, somatization and systems of meaning' (p. 12). In addition, when applying an Aboriginal perspective, complex trauma impairs identity and positive connections to Aboriginal culture.

Aboriginal understanding of the person views the individual holistically. The child's physical, emotional, social, spiritual and cultural needs and wellbeing are seen as intrinsically linked, and they cannot be isolated. Aboriginal understandings of the person see the individual in relationship to family, community, tribe, land and the spiritual beings of the law and dreaming. The child is seen not as separate but in relationship to, and with others. An Aboriginal perspective of the child incorporates:

- The child's relationship to their whole family not just to their parents.

- The child's relationship to their community, not just their family.

- The child's relationship to the land and the spirit beings which determine law and meaning. (Victorian Aboriginal Child Care Agency, 2009, p. 8)

Introducing Therapeutic Care

> Therapeutic Residential Care is intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs. (National Therapeutic Residential Care Working Group, as quoted by McLean et al., 2011, p. 2)

The philosophy of the therapeutic community is the belief that the community in and of itself is the most influential factor in facilitating change. This requires an 'alignment' of all key players in the community. Bloom's Sanctuary Model identifies four critical aspects of recovery:

> *Safety* – attaining safety in self, relationships, and environment; *Emotional management* – identifying levels of affect and modulating affect in response to memories, persons, events; *Loss* – feeling grief and dealing with personal losses; and *Future* – trying out new roles, ways of relating and behaving as a 'survivor' to ensure personal safety and help others. (Bloom, 2005, p. 71)

Bath (2006) cites four essential characteristics in the provision of trauma-informed care:

i. Understanding the impact on the child of overwhelming experiences of fear and helplessness.

ii. Understanding how the child's emotions and behavioural responses can become re-activated here and now.

iii. Understanding the behavioural sequelae of complex trauma including 'defense' mechanisms and the development of maladaptive behaviour patterns.

iv. Responding therapeutically to support and heal and to teach adaptive ways of coping with stress and anxiety. (Bath, 2006, slide 60)

Anglin (2007) asserts that 'to be therapeutic is to methodically ameliorate problems or psycho-emotional traumas' (slide 14). He identifies key features of effective therapeutic contexts – organisations need to have clear purposes which are understood by all members of the team, a philosophy of care that is understood and respected, clarity of treatment approach and effective supervision that incorporates support as well as capacity to challenge. Treatment is also relationally based. Accordingly, healing must be multi-facetted and embrace the whole person and beyond:

> Aboriginal health is not just the physical wellbeing of (the child) but is the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential thereby bringing about the total wellbeing of their community. It is a whole-of-life view. (VACCHO, as cited by Department of Human Services, 2008, p. 17).

Method

The approach adopted in developing the Aboriginal therapeutic model was informed by knowledge of trauma and therapeutic care, Aboriginal culture, and knowledge and an understanding of the impact and consequences of colonialism and racism. The first step in the process was the establishment of a working party tasked with the role of developing the model in a collaborative and transparent manner. This working group included VACCA's Chief Executive Officer, who provided a clear signal to staff about the importance of the task and the organisation's commitment to becoming a trauma-informed organisation. Membership of the working group included residential programme staff, programme manager, senior manager, and project and policy workers.

A discussion paper, which included a literature review of current practice in the therapeutic out-of-home-care field, both nationally and internationally, was developed and disseminated to the working group in advance of the first meeting. It was apparent that there was a dearth of literature that specifically identified Aboriginal therapeutic approaches for children in out-of-home care. The organisation was committed to ensuring that respect for heritage and culture would be the foundation of any work with Aboriginal children, their families and their communities. As expressed by Bamblett and Lewis (2006):

Cultural identity is not just an add-on to the best interests of the child . . . Denying cultural identity is detrimental to their attachment needs, their emotional development, their education and their health. Every area of human development which defines the child's best interests has a cultural component. Your culture helps define how you attach, how you express emotion, how you learn and how you stay healthy. (p. 44)

Five 'think tanks' were conducted with the working group to workshop ideas and progress the development. These think tanks were convened on a fortnightly basis and identified tasks for members to complete and bring back to the next meeting. The think tanks occurred over a 3-month period. The beginning focus was the identification of the key elements of an Aboriginal therapeutic approach and ensuring that the values and principles that underpinned the organisation's practice were central to any model developed. The working party identified six cultural pillars to provide the cultural foundation for the model, which are outlined below.

Cultural Safety

> Cultural safety means an environment which is spiritually, socially and emotionally safe, as well as physically safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, of learning together with dignity and truly listening. (Williams, 1999, p. 213)

Children who have a clear sense of identity are more likely to experience positive emotional and physical wellbeing. Children who are strong in their culture and see that their culture is valued by others are more likely to develop a positive self-image.

Cultural Rights and Responsibilities

Cultural rights and responsibilities are built on the context of cultural relationships to other Aboriginal people, to the land and to cultural norms and practices.

Aboriginal Understanding of Family and Kinship Structure

Aboriginal communities are built on values of reciprocity and obligation, support, loyalty and solidarity. These values guide kinship and community life and give individuals a sense of identity and connectedness. Responsibility for nurture and care, education and culture are shared responsibilities. This encompassing sense of family, and view of child rearing, has been the Aboriginal way of life for thousands of years (Victorian Aboriginal Child Care Agency, 2012).

Aboriginal Understandings of Culture as Resilience

> Cultural connection is critical to identity and healthy development and wellbeing. (Department of Human Services, 2008, p. 20)

When culture becomes the means for building resilience and self-determination becomes the process of engagement with Aboriginal communities, service provision for Aboriginal children and young people is likely to lead to improved outcomes for children, young people and their families. (Victorian Aboriginal Child Care Agency, 2009, p. 16)

". . . much [of] the rebuilding of identity for traumatised Aboriginal children is carried out purely by the presence of Aboriginal staff. By the sharing of stories, of traditional food, of Aboriginal music and of dance and the idiomatic nature of spoken language. Watching the look on a child's face that says 'oh you mean I am not alone', is magical and inspiring. The need to know 'who am I' is intrinsic to healthy growth and development, and crucial in recovery from trauma." (VACCA Manager, 2014).

Adherence to the Best Interest Principles

. . . The new legislation [Children, Youth and Families Act 2005] places respect for Aboriginal culture and Aboriginal self-management and self-determination in the heart of the principles guiding practice across the sector. (Department of Human Services, 2007, p. 4)

The Best Interests' Framework provides a lens through which children's wellbeing can be understood. It incorporates i. age & stage of life, culture and gender, ii. safety; iii. stability; and iv. development. (Department of Human Services, 2007, p. 4)

Adherence to the Aboriginal Child Placement Principle

The Purpose of the Aboriginal Child Placement Principle is to enhance and preserve Aboriginal children's sense of identity as Aboriginal, by ensuring that Aboriginal children and young people are maintained within their own biological family, extended family, local Aboriginal community, wider Aboriginal community and their Aboriginal culture. (Department of Human Services, 2002, p. 3)

Program Elements

The therapeutic, residential model VACCA developed also incorporates elements of mainstream models of therapeutic care. These include the provision of therapeutic supports for children and young people, as well as training staff in trauma-informed practice, recognising the importance of developing a workforce committed to the approach. These elements underpin the model, but the core programme components are those that promote children and young people's healing through connection to culture. These components being:

Comprehensive Culturally Informed Assessments and Planning

The completion of comprehensive assessments is a core part of establishing the therapeutic plan/treatment for each child. The assessment of an Aboriginal child involves engagement with a number of people: the child, siblings, parents and extended kinship networks, other carers who have been involved in the child's life, as well as key service providers.

Social Networking Map

The use of social networking maps, in conjunction with cultural planning tools, ensures that the child/young person's peer relationships maximise opportunities for Aboriginal friendships to develop and monitors the frequency of key relationships.

Men and Women's Business

The opportunities within therapeutic residential care to determine how *girls' business* and *boys' business* are managed to ensure that key developmental milestones are addressed in accordance with Aboriginal cultural practices.

Return to Country

It is important that Aboriginal children in care know where they are from, and are taken to visit their 'country' to see, feel and experience their land and to meet their own community Elders and members

Cultural Support Plans

The development of child-friendly Cultural Support Plans assists both the adults and child make sense of who they are, who their family is and how cultural connection will be seen 'on the ground'.

Community and Cultural Participation

Children in care need to feel and be part of the normal life of the community and are actively involved in Aboriginal children's community and sporting events.

The Model's Impact

Though the long-term outcomes for the children and young people placed in VACCA's therapeutic residential care programme are yet to be determined (given the programme has only been fully operational for 2 years), early indications are that the model is facilitating positive developments in the wellbeing of the children and youth cared for. The deeply traumatised children that the model targets have found safety, and commenced healing by participating in the cultural activities that support their connections to their Aboriginality and contribute to the development of improved self-esteem and identity as a proud Aboriginal person. An example of the activities undertaken is outlined below:

"The Aboriginal children from our *Bunjil Burri* [therapeutic residential care] participated in the unique experience in which they learnt about southeast Australian Aboriginal cultural practices of creating possum skin cloaks and helped work on and created two contemporary possum skin cloaks.

They attended a series of workshops and group arts activities [and] the children created the cloaks which comprised a number of possum skins trimmed and stitched together, and bore a range of images or designs in ochre, pigments and

other markings that convey visual narratives and meanings significant to their creators, such as expressions of country, clan, belonging and identity."

Conclusion

The VACCA model of therapeutic residential care places the model on a cultural foundation utilising Aboriginal understanding of the impact of individual and community trauma and mainstream knowledge of trauma and residential care. The process of building a model of therapeutic residential care to advance the safety and development of Aboriginal children and young people has highlighted the importance of drawing upon knowledge of trauma and mainstream therapeutic residential care models. The model ensures the child remains linked to their culture, community and land as part of the healing process. As the importance of a holistic approach in the treatment of trauma is acknowledged, this model developed by VACCA can inform other therapeutic care models.

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