

The Sanctuary Model, Creating Safety for an Out-of-home Care Community

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The adoption of the Sanctuary Model within Churches of Christ Care Pathways, an Australian non-government organisation in the child protection sector, has influenced a fundamental attitudinal shift towards enhanced wellbeing for clients, employees and carers alike. By drawing on the four pillars of Sanctuary, which incorporate theoretical and practical strategies, a safe environment can be created to heal trauma on an individual, organisational and community level, with the view towards a future of growth, change and resilience. The four pillars; Theory, SELF (Safety, Emotion Management, Loss and Future), the Seven Commitments and the Tools, support healing from trauma, and bring about organisational change. Examples from Pathways Residential Care and Fostering Services are used to illustrate the way in which the Sanctuary Model has enhanced safety within this out-of-home care community.

■ **Keywords:** Sanctuary Model, out-of-home care community, the four pillars, seven commitments, emotional intelligence, vicarious trauma, safety

Introduction

Churches of Christ Care Pathways (Pathways), a non-government organisation in the child protection sector based in Queensland, Australia, commenced the implementation of the Sanctuary Model in 2009. The Sanctuary Model originated in the United States in the 1980s, and was developed by Dr Sandra Bloom, Joseph Foderaro and Ruth Ann Ryan (Bloom, 2003). The Sanctuary Model is a trauma-informed, whole-of-organisation approach to creating an environment that is safe and conducive to healing from chronic stress and trauma.

In 2013, Pathways commenced the certification process and was successful in becoming the first organisation outside of the United States to become certified in the use of the Sanctuary Model. Quantitative and qualitative data, in the form of ongoing client, staff and carer surveys, provided evidence that the Sanctuary Model had made a positive impact upon the organisation's level of care provision, in addition to increased staff and carer satisfaction.

The aim of this article is to draw on the four pillars of Sanctuary and provide practice examples from both Residential Care and Fostering Services. This will demonstrate how the Sanctuary Model has assisted in creating a sense of safety and wellbeing within the Pathways out-of-home care community and how it has facilitated positive change to the Pathways organisational culture.

Pillar One – Theory

The first pillar of the Sanctuary Model is Theory. Theory focuses not only on the impact of trauma on the client, but the organisation as a whole, which often results in chronic stress, compassion fatigue and other stress-related conditions. Concepts such as traumatic re-enactment, parallel process, collective disturbance and vicarious trauma, facilitate an understanding of how trauma can manifest in all areas of the out-of-home care community (Bloom, 2003). The Sanctuary Model provides a framework to assist in mitigating the impact of stressors associated with trauma, as well as a means for creating safety within this environment. As an organisation, Pathways educates staff in the trauma-informed Sanctuary philosophy in which an emphasis on growth and development is an integral part of their employment. This, in turn, provides the young people with carers who aim to provide a safe environment, offer them support in recovery from their trauma and instil a belief that they can create a different future for themselves.

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Vicarious trauma, a systemic occurrence within the child protection sector, is the cumulative transformative stress that impacts upon the resilience and efficacy of the carer (Bloom, 2003). Grief and loss in the out-of-home care community is experienced by staff and carers on a regular basis. Compassion fatigue may arise from direct or indirect client care. Understanding vicarious trauma allows the staff member to identify the effect that this may be having and, more importantly, creates an increased awareness of the need for support at that time. Being informed of trauma theory should serve as a preventative measure, or as ‘universal precaution’ to protect carers from experiencing vicarious trauma (Bloom, 2003).

Within Pathways, vicarious trauma is explored through supervision with staff with the topic prompted by a formal supervision template using SELF as the framework. The supervisor may also encourage staff to use their self-care plan (pillar four Sanctuary, Tools) or problem solve by drawing upon the SELF model (pillar two) to help address safety, manage their emotions, deal with personal grief or loss, and finally set goals to move forward.

Informing and educating foster carers about vicarious trauma empowers them to identify, in themselves, when they are having this experience and when they might require additional support. Foster carers are encouraged to debrief with their support staff, and to work through the SELF model to create or draw upon self-care plans, or reach out to support networks that are already in place.

Creating organisational safety can be further enhanced by understanding the concept of Collective Disturbance. A collective disturbance occurs when a situation, incident or event causes an individual or group to experience strong emotions. The strong emotions influence how these individuals or groups behave and, as a consequence, these feelings may be projected on to others who were not a part of the original experience. This may result in a whole community of people becoming involved in a collective disturbance (Bloom, 2013). A collective disturbance can be addressed by using the SELF framework or by calling a red flag meeting (discussed below).

Pillar Two – Safety, Emotion Management, Loss and Future (SELF)

The SELF framework, the second pillar of the Sanctuary Model, provides a non-linear context that focuses on the four areas of trauma recovery (Bloom & Vargas, 2007). The SELF model is used in daily practice, providing a mutual language that assists in facilitating conversations that are transparent, honest, and sometimes uncomfortable and challenging. The goal is to develop an open and honest dialogue underpinned by the goal of healing and resolution.

The aim of the Sanctuary Model is to create a therapeutic milieu that promotes safety for the entire community, including all levels of the organisation. The concept of safety is broken into four categories – physical, psychological, social

and moral (Bloom & Farragher, 2010). As indicated above, the SELF framework is non-linear; however, safety must be present so the recovery from trauma can take place (Bloom & Vargas, 2007).

Working within the child protection sector, it is anticipated that staff and carers will at times experience, and witness, heightened negative emotion. Having the ability to manage negative emotions is important for maintaining personal safety. Heightened negative emotion, for the most part, is shown by the client group and directed at the care team; however, emotionally charged feelings are also experienced by staff and carers. Heightened emotions can be a result of duty of care investigations (investigation to determine if a child has experienced harm from a carer) or when conflict arises with the Department of Communities, Child Safety and Disabilities Services, agencies or other stakeholders. A child or young person’s challenging behaviours, as a result of trauma experience, can further result in high levels of emotions for carers. The building of emotion management provides a foundation for a greater understanding of what is occurring within the current situation. The Sanctuary Model provides tools to help carers and staff manage their emotions, through the development of safety plans and self-care plans. Carers are also taught how to draw on the Seven Commitments to help manage their own emotions by using emotional intelligence, non-violence and open communication when managing conflict.

Applying the SELF concept to a collective disturbance event helps to address the issue behind the problem. It is important that individuals, team members and leadership work together in identifying any underlying issues through the SELF model, as this is the first step toward any trauma recovery. Identifying safety concerns, emotion management, feelings of grief and loss, in addition to working toward resolving the genuine problem, are the first steps in resolving a collective disturbance (Bloom, 2013).

An example from practice was observed when a young person in the Semi Independent Living Service had a confronting outburst in class that impacted upon the other students and teacher. On working through this issue with her assigned youth worker, she developed an understanding that the feelings and emotions she had experienced in class when given a direction from her teacher were disconnected from the original issue. On returning to school she not only apologised to the class, but also clarified her reasons for escalating in the first place. She told them that she had become upset and frustrated in class not because of the teacher’s actions, but because she was feeling overwhelmed, upset and not in the right frame of mind due to being informed that her biological father was in poor health (Nolan-Davis, 2014).

Exploring loss can be challenging; however, the Sanctuary Model principles acknowledge that loss is a part of the human existence, and that it impacts all areas of life, individually, as a team and as an organisation (Bloom & Vargas, 2007). The Sanctuary Model provides structure to explore

these feelings and heal from its effects. Psycho-educational group work has proven to be a safe and effective way in which young people face their own loss and the impact that it has had on their young lives; and for acknowledging the loss experienced by those around them, while learning that they have the ability to recover from such events (Bloom, 2013). During a group work session in which all of the staff, including a visiting Service Manager and Operations Manager, participated in a creative art exercise on loss, the young people shared their experiences of intense loss, which included the death of family members and pets. They were also able to talk about their current vulnerability, which ranged from bullying to sadness regarding a loss of their relationship with their parents when placed in care (Sternberg, 2014).

A Residential Team Leader reflected on his experience of Future within the Sanctuary Model context, which aptly describes the feeling of hope for the children and young people when future orientation moves beyond something that could possibly happen to an attainable goal:

“Future is, for us, one of the most exciting parts of Sanctuary. Being able to reflect on where you have been, where you are now and where you want to be with your young people has really proved to strengthen relationships and gain more positive outcomes for clients. Within my programs we have been able to achieve many things for our young people using future such as positive transitions, drivers’ licences, schooling and even their own units. This enables us to assist young people to look to the future and really achieve their dreams.” (R. Keaton, Sanctuary Journey presentation, 2013).

Pillar Three – Seven Commitments

The Seven Commitments are a set of simple principles that guide practice. They comprise non-violence, emotional intelligence, social learning, democracy, open communication, social responsibility, and growth and change (Bloom & Vargas, 2007). When a conscious commitment to these simple norms and values exists within a therapeutic community, an increase in safety facilitates healing and growth. When the Sanctuary Model was rolled out initially, the carers (and to some extent the clients) were quite dubious that these commitments could genuinely be upheld in such a big organisation, and with so many different levels of authority and personality (Keaton, 2013). However, the Seven Commitments provided a way in which resistance could be addressed, as they were meant for everyone. As a result, a more harmonious working environment ensued, increasing the level of mutual understanding, respect and confidence in engagement between staff at all levels, and carers and clients.

“Staff and young people, initially, were reluctant to engage with all that Sanctuary had to offer; however, over time have been less guarded and more accepting of what it is able to do for us. At this time, I think that we have a culture that understands the importance of what it is that we do for the client

group and the belief that Sanctuary really does help us each and every day.” (R. Keaton, Sanctuary Journey presentation, 2013)

A diagram of the Seven Commitments is displayed in all the agencies, and staff are encouraged to have the Seven Commitments on display at their desks. When staff are initially interviewed for roles within Pathways, they are asked to choose two of the commitments that resonate with them most. This helps to gauge if new employees understand the concepts, and if they are already implementing them within their practice.

The Sanctuary Model provides a common, trauma-informed language. As the Seven Commitments are taught to the children and young people in out-of-home care there have been occasions where the concepts have required clarification. In group work with three 13-year-old young people, the focus was on emotional intelligence. It was explained to them that emotional intelligence is something that happens that gives them strong negative feelings and they recognise that feeling and choose to use their safety plan and deal with that emotion in a positive way rather than impacting negatively on someone or something else. The conversation then moved on to the notion of resilience. One 13-year-old initially struggled with understanding the concept; however, persevered and then explained it as being like when you get knocked down and you get back up again. Taking the time to clarify the concepts to this group of young people assisted them in being able to personally relate. It also empowered them because they knew how to describe the concepts and were then able to identify some of the strengths they already had, such as resilience (Sternberg, 2014).

Pillar Four – Tools

The fourth, and final, pillar includes a suite of tools that are applied to assist in implementing a safe environment, healing, growth and change. The tool kit is made up of community meeting, safety plan, self-care plan, psycho-educational group work, red flag meeting and team meeting (Bloom, 2013). Pathways have also included Dr Dan Hughes’ PACE (Playfulness, Acceptance, Curiosity and Empathy) (Hughes 2009) in the tool kit used by staff.

The community meeting is used daily within Pathways. The community meeting consists of three questions that staff ask each other in turn “How are you feeling?”, “What are your goals?” and “Who can you ask for help?”. The community meeting brings a connectedness to staff members, an awareness of self and an awareness of colleagues. The community meeting unites the staffing group together as a whole, to engage with each other. The opportunity for staff to choose someone to check in with provides the opportunity to connect with others. Connectedness assists in creating a sense of support and safety (Bloom, 2013).

Pathways staff have implemented the community meeting with their foster carers and families. One staff member reflected that one of her carers uses the community

meeting every morning as a way to gauge how the children are feeling and to plan how she will be able to most effectively communicate with them about getting ready for school. It was also reported that some carers were using community meetings to help the children identify who they could check in with during the day if they were feeling unsafe. Staff have also used community meetings on commencement of departmental meetings as a way to introduce each other, get feelings out on the table and set agendas and goals for the meeting (Pathways South East, 2013).

Safety plans and self-care plans are the most common tools implemented by staff, carers and clients to promote personal safety. Pathways staff are expected and encouraged to wear their safety plans at all times. Safety plans are a set of five instructions to help de-escalate the user and maintain safety. By having the safety plans visible, they also serve as role modelling for appropriate emotion management strategies. For example, the first instruction might be to get a glass of water, the second to debrief with a colleague, the third to go for a walk, the fourth to listen to music and the fifth to phone a friend. The aim is to immediately create an environment in which emotions can be managed (Bloom, 2013). It is helpful for managers and supervisors to be aware of their staff members' safety plans so they can prompt staff to use them when required. Staff members are encouraged to assist carers and the foster children to create safety plans, using kits that have been developed to support this. Staff have provided positive feedback on their experiences of creating safety plans with carers and children. One staff member reported spending an afternoon with a mother and biological child, creating safety plans on colourful paper and decorating them with stickers and drawings. On the following visit the staff reported that the child had even made a safety plan to take to school and to her carer's home.

The self-care plan is a plan to assist carers and staff to manage their own care needs. A self-care plan can assist in preventing burn out, managing stress and promoting personal safety. All staff are encouraged to have a self-care plan and this is reviewed during supervision, and staff are encouraged to update this regularly. Staff also help their carers to create self-care plans. It is essential for carers to manage their self-care in order to provide the best care possible to children in their care. Self-care for carers might include respite for the children in their care, to enable them some time out, date nights, time with friends or one-on-one time with their own biological children. Having a conscious plan in place helps carers to manage a balanced lifestyle.

Red flag meetings have worked well within Pathways to address unsafe situations or to put a halt on collective disturbances. An example of a red flag meeting being used to address a collective disturbance was during the Brisbane floods in 2011. It became evident in one of the agencies that staff were becoming anxious about their homes being inundated, about making it home to their families, and concerns regarding carers being affected; and, as a result,

the office became highly 'escalated' and unproductive. One member in the team called a red flag meeting to address the issue. The manager listened to the concerns of the staffing group and a collaborative decision was made regarding who would go home immediately and who would remain in the office to support foster carers. The main objective being to ensure safety for all involved (Pathways South East, 2013).

Psycho-educational group work affords participants the opportunity to manage emotions associated with past and present trauma. In a boys' residential in Brisbane, a young person was engaging in psycho-educational group work that was looking at the concept of re-enactment. When this concept was explained to him and how certain things may be 'triggers' for some feelings or actions, the young person then provided the following examples of his understanding of the concept of re-enactment. He was able to recall a movie that he related to, and uses, as a guide to ensure his safety when engaging in mixed martial arts. The 12-year-old, feeling more confident with the process, then told the programme facilitators that his father had died of cancer and, if he saw someone else with cancer or something on television, it would trigger feelings of sadness and it would make him want to help people because of how sad it made him feel.

Conclusion

The Sanctuary Model has been successful in the goal of raising consciousness regarding safety as the basis for a healing community. Operating on two distinct levels, namely organisational culture and therapeutic care, the Sanctuary Model provides the foundation for healing and growth. The four pillars support and guide the out-of-home community to create a trauma-informed culture that promotes accountability and builds capacity and resilience in all people. This paper has shown how the Sanctuary Model has helped create safety on all levels within the Pathways community.

References

- Bloom, S. (2003). Caring for the care giver: Avoiding and treating vicarious traumatization. In A. Giardino, E. Datner & J. Asher (Eds.), *Sexual assault, victimization across the lifespan* (pp. 459–470). Maryland Heights, MO: GW Medical Publishing.
- Bloom, S. (2013). *Restoring sanctuary: A new operating system for trauma-informed systems of care*. New York: Oxford University Press.
- Bloom, S.L., & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery systems*. New York: Oxford University Press.
- Bloom, S. & Vargas, L. (2007). *Loss, hurt and hope: The complex issues of bereavement and trauma in children*. Newcastle on Tyne, UK: Cambridge Scholars Publishing.
- Hughes, D.A. (2009). *Attachment-focused parenting: Effective strategies to care for children*. New York: W.W. Norton & Company.

Keaton, R. (2013, March). Churches of Christ Care Pathways, Sanctuary Journey presentation, Brisbane.

Nolan-Davis, M. (2014, April). Churches of Christ Care Pathways Shift Report Young Person E, Residential 3, Brisbane.

Pathways South East (2013, February). Churches of Christ Care Pathways, Sanctuary Journey presentation, Brisbane.

Sternberg, M. (2014, April). Churches of Christ Care Pathways Shift Report Young Person C and D, Residential 1, Brisbane.

