Key Messages – Making Tracks

Trauma-Informed Practice Guide for Aboriginal Young People Leaving Care
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This is an accompaniment to the more detailed framework by the same authors in Making Tracks:  
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Melbourne.

Front Cover:
Artist: Emma Bamblett  
Clan: Wamba Wamba  
Title: Making Tracks

Description of Painting
This painting represents the journey that young Aboriginal people take when leaving care. It shows how workers can gain a better understanding of trauma which can assist them to better support the young person. In the middle of the painting, the figure of an Aboriginal young person represents independency with connections stretching out for culture, identity, safety, family, community and a healthy lifestyle. In other words – interdependency. The different figures surrounding the young person represent different workers, working and linking in together to best support the young person. The circles between the workers represent the sharing of knowledge and information. The footprints entwined within the painting show the journey of how a young Aboriginal person may come up against barriers caused by trauma. The green areas with the yellow circles represent trauma. The trauma is represented in different sizes at different times within the journey. The plum colour areas represent the support networks that assist the young person and workers to understand trauma and how this may affect the young person’s behaviour, development, relationships and identity.

At the top of the painting is a group of spiritual elders that guide a young Aboriginal person. They pass down their strength, resilience, guidance, identity and culture.
In the bottom right corner is a pair of clap sticks which represent culture. Having culture embedded within a young person’s life strengthens their ability to be resilient and gain a sense of identity and to be proud of who they are.
This painting depicts a young Aboriginal person’s journey through leaving care and how they make tracks to a better, stronger journey to gain a positive and fulfilled life.

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Key Messages – Making Tracks

Trauma-Informed Practice Guide for Aboriginal Young People Leaving Care

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2013
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- Workers from the Victorian Aboriginal Child Care Agency, Berry Street and the broader field who are striving each day to achieve something better, real and more meaningful for each individual child and young person involved with their service.
- Finally and most importantly we acknowledge and honour the journeys of the Aboriginal young people and their community. The rich potential for resilience, healing and recovery occurring within the healing power of culture is beautifully depicted in the cover design artwork.
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Introduction

This practice guide highlights key messages arising from the development of a trauma and attachment-informed framework for Aboriginal and Torres Strait Islander young people leaving care. The more detailed framework is described in the Making Tracks: A trauma-informed framework for supporting Aboriginal young people leaving care (Jackson, Waters, Meehan, Hunter & Corlett, 2013). This practice guide draws on the messages from the overarching framework and considers some of the implications for practice in supporting young people form and sustain positive relationships, have a positive identity, a sense of belonging, learn, work and enjoy life. It is written specifically for those working with Aboriginal young people, although many of the messages are relevant to all young people leaving care.

This guide builds on the recent work undertaken by the Department of Human Services (DHS) in relation to transition planning and the use of the Looking After Children (LAC) framework. It applies a more concentrated cultural

and trauma and attachment-informed approach when considering planning and actions to support Aboriginal young people leaving care.

Neither this guide nor the more detailed framework is meant to be a definitive guide on leaving care or on working with Aboriginal young people. These resources aim to demonstrate how trauma and attachment theory integrated with a cultural, developmental and ecological systems perspective can contribute to our knowledge and practice.

The authors represent a partnership between Berry Street Take Two and the Victorian Aboriginal Child Care Agency (VACCA).

As shown in Figure 1, the framework begins with the Aboriginal young person with a foundation of the cultural perspective. It acknowledges the young people are more than the sum of their experiences in and after care. The care continuum begins with what occurred before, during and after care.

---

<table>
<thead>
<tr>
<th>Aboriginal and Torres Strait Islander child/young person</th>
<th>Preparation Phase</th>
<th>Transition Phase</th>
<th>After Care Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/young person experiences abuse, neglect &amp; other types of trauma (May have multiple experiences and often intergenerational)</td>
<td>Young person at 15+ years - preparation for leaving care begins.</td>
<td>Process of young person leaving care, including if they leave without preparation</td>
<td>Young person has left care &amp; is living elsewhere with or without support</td>
</tr>
<tr>
<td>Child Protection intervenes &amp; via Court child/young person enters care (once or multiple times)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/young person in care (Either continuously, returns home &amp; then care again; &amp;/or multiple placements)</td>
<td>Transition Phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation Phase</td>
<td></td>
<td>Transition Phase</td>
<td></td>
</tr>
<tr>
<td>Young person does not leave care, but may at some stage move out of home</td>
<td></td>
<td>Process of young person leaving care, including if they leave without preparation</td>
<td></td>
</tr>
<tr>
<td>Child development / Ecological systems / Attachment theory / Trauma theory / other theories</td>
<td>Cultural perspective</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Framework Overview for Understanding Aboriginal Young People Before, During and After Care
**Key Messages**

**Aboriginal Culture and Context**

**Cultural Competence**

Cultural competence is easy to say and harder to do. It involves understanding differences among cultural groups accompanied by the knowledge, skills and abilities to translate these differences into informed, sensitive and respectful attitudes and behaviours.

Cultural competence must be built at organisational, program and practice levels. It is not something we achieve and demonstrate through a certificate on the wall, but is an ongoing dynamic process that can only be achieved in collaboration with Aboriginal people.

Just some of the many reasons for requiring cultural competence in working with Aboriginal young people, their families and their communities include the following:

- It is required under state legislation and national and state standards.
- Without cultural competence, services will be less effective or accessible.
- There are moral and ethical reasons for not repeating mistakes of the past that contributed to intergenerational patterns of harm and disadvantage to Aboriginal people and the community.
- Aboriginal young people are over-represented in the protection and care system compared to any other cultural group.
- Cultural competence is a demonstration of respect in contrast to the decades of disrespect that was institutionalised in practice.

The document most applicable for organisations and workers regarding cultural competence and respectful practice within Victoria is the *Aboriginal Cultural Competence Framework* (VACCA, 2008). It is strongly recommended that organisations contact their local Aboriginal Community Controlled Organisation to discuss how to access cultural competence training and consultation as part of an ongoing conversation and collaborative relationship.

For further information on cultural competence and on the historical and current context for Aboriginal people, we recommend *Building Respectful Partnerships: The Commitment to Aboriginal Cultural Competence in Child and Family Services* (VACCA, 2010) from which these sections were largely summarised.

**Historical and Current Context for Aboriginal people**

We cannot understand Australian history if we do not know Aboriginal history. We cannot avoid mistakes of the past if we do not understand what happened in the past.

Aboriginal history began tens of thousands of years before European settlement. Aboriginal people lived in small family groups linked into larger language groups with distinct territories. They had complex kinship systems and rules for social interaction. They had roles relating to law, education, spiritual development and resource management, which differed from one group to another. There were different languages, ceremonies, customs and traditions with extensive knowledge of their environment. Aboriginal cultures were strong and well developed, their communities were self-determining and their children were looked after and protected.

European colonisation had a devastating impact on Aboriginal communities and cultures. Many Aboriginal people were rounded up and slaughtered or placed together on missions and reserves in the name of protection. Cultural practices were denied, and subsequently many were lost, as were many languages. For Aboriginal people, colonisation meant massacre, violence, disease and loss.

For over 100 years up until 1971, Aboriginal children were forcibly removed from their families and community groups “...because being Aboriginal was, in itself, reason to regard children as ‘neglected’.” Between one in three and one in ten Aboriginal children were removed and became the Stolen Generations (Human Rights and Equal Opportunity Commission (HREOC), 1997, p. 218).

Members of the Stolen Generation were more likely to suffer low self-esteem, depression, mental illness and be subject to physical, emotional and sexual abuse (HREOC, 1997). When they became parents they were more likely to have problems with alcohol, problem gambling, criminal behaviour and contact with mental health services. As a result, their children were found to be more likely to suffer from significant emotional and behavioural problems (Zubrick, et al., 2005).

Aboriginal people continue to face significant disadvantage in almost every area, such as health, education, poverty, employment and welfare. Aboriginal children, young people and families are disproportionately represented in social services, yet have little reason to trust mainstream organisations, particularly those involved in the past removal of Aboriginal children.

Aboriginal young people and families who need services may be reluctant to ask for help because of your organisation’s history, and may wait until they are in crisis. Once a family is in crisis, there are often fewer options available to provide assistance. Unless they ask, mainstream organisations may not be aware of the oral history known to the local Aboriginal communities about their involvement in Stolen Generations and other policies and practices.

Despite these enormous challenges, Aboriginal communities and cultures are thriving. Strong kinship ties and social obligations and the celebration of their culture demonstrate the resilience of these communities and cultures.

As discussed in more detail in the accompanying framework there are important questions for each organisation and individual worker to reflect on in relation to their knowledge and understanding as seen below.
Questions to consider as an organisation and individual worker:

1. What does your organisation know about its history in terms of involvement in past Stolen Generations practices?
2. What else does your organisation know about its history with the local and broader Aboriginal community, such as through reviewing archived files and speaking with local Elders?
3. Has your organisation made or supported an apology to the Aboriginal community for past child welfare practices?
4. What is the name of the Aboriginal community and land upon which your organisation is located? Is this acknowledged anywhere in your buildings or in other ways?
5. How would you describe the day-to-day interactions with local and statewide Aboriginal Community Controlled Organisations and other organisations within the Aboriginal community? How would the Aboriginal organisations and community describe them?
6. How does your organisation know if ‘good intentions’ with Aboriginal children, youth and families are achieving good outcomes or may in fact have some unintended negative consequences?
7. Does your organisation have a plan to strengthen its relationships with Aboriginal organisations and the broader Aboriginal community?
Key Messages

Process of Leaving Care

Over three-quarters of young people who leave care have been found to have experienced a volatile transition (Johnson, et al., 2010) with over a quarter becoming homeless.

Those who experienced a smooth transition from care commonly had the following experiences prior to leaving care:

- fewer placements,
- generally felt safe and secure whilst in care,
- felt involved and better prepared for leaving care, and
- left care at an older age.

Those who experienced a volatile transition were more likely to have:

- had multiple placements,
- experienced trauma such as physical and sexual abuse prior to or during care,
- no exit plan,
- left care in a crisis, and
- often left care into less appropriate accommodation, such as a boarding house or refuge (Johnson, et al., 2010).

Young people in care with emotional and behavioural difficulties continue to be at risk after they leave care. Sometimes these difficulties will be more internalised and so less likely to be noticed. However, they can still be dangerous to the young person if not addressed. Strategies and plans to respond to the young person to assist with these difficulties should not stop at the end of placement but have a longer term vision.

Providing support to young people during and after the leaving care process is not only meeting our responsibilities to them, but is potentially providing an early intervention and prevention response for future generations.

Given the role of the out-of-home care experience in contributing or jeopardising the leaving care experience, it is crucial that support is also provided to the carers so that they can best support this process.
Key Messages

Aboriginal Young People in Out-of-Home Care and Leaving Care Context

Young people’s care experiences are a major influence on their leaving care experience and their transition to adulthood (Mendes, Johnson & Moslehuddin, 2011). Not only leaving care workers but anyone working with young people in out-of-home care has responsibility for supporting them in this major transition. To improve the experiences for those leaving care we need to start by improving the quality of the care experience, to provide a more gradual and flexible transition from care and have more specialised after-care services (Mendes, Johnson & Moslehuddin, 2011).

There is minimal research specific to Aboriginal young people leaving care. According to SNAICC (2011), anecdotal evidence suggests that many Aboriginal young people leave care from an earlier age than non-Aboriginal young people. Aboriginal young people leaving care will share many of the hopes and fears of other young people going through this experience. However, they are more likely to experience more negative aspects of this transition, due in part to their over-representation in care.

Reasons for over-representation of Aboriginal children/young people are many and include:

- Legacy of past policies of forced removal of Aboriginal children from their families;
- Intergenerational effects of previous separations from family and culture;
- Poor socio-economic status and other disadvantages;
- Aboriginal parents may have learnt through history to distrust services offering to help for their child’s ‘best interests’;
- Mainstream organisations not being culturally competent;
- Aboriginal organisations may not be in a position to provide all the services required;
- Cultural differences in child-rearing practices can lead to premature or inappropriate child protection involvement; and
- Systemic racism, where the predominant culture can struggle to understand the minority culture or even realise when it is operating on false assumptions.

An example of the heightened risk for Aboriginal young people in the transition to adulthood is the higher proportion who leave school early. They are 50% less likely to complete Year 12 at school than non-Aboriginal young people. This has flow on effects for unemployment and poverty (Department of Education and Early Childhood Development (DEECD), 2009).

Research shows that connection to community and cultural identity are protective factors but are not always available to the young people. Culture has a power in protecting, integrating and buffering trauma (deVries, 1996). We need to be proactive and not make assumptions that the young person’s sense of who he or she is from a cultural or community perspective is sufficient to buffer them for what is to come.
**Key Messages**

**Applying an Understanding of Culture, Development, Attachment and Trauma to the LAC framework for Aboriginal Young People Leaving Care**

Age is an imprecise marker of development but the chief one available. Adolescents approaching young adulthood will each deal with new expectations and new challenges. Leaving care compounds these challenges. A healthy and positive childhood equips young people to meet these expectations and challenges in their own way but with the support of those around them. A childhood filled with absences, chaos and assaults will at best mean they need more support. At worst it means they will be unequipped and their chances of living safely let alone being happy will be diminished.

Understanding child development in a cultural context is essential to guard against making false assumptions or missing important cues, especially if working with young people from a different cultural background to our own.

Some characteristics of adolescent development may appear different from one culture to another. For example, the pace and degree of autonomy is a cultural phenomenon, as is how one expresses intimacy and what is important to identity.

**Looking After Children Domains**

The Looking After Children (LAC) framework is inherently developmental. It’s important to recognise that trauma, neglect, attachment problems and other adverse experiences can create or exacerbate the young person’s age and development being out of sync (Perry, 2006).

There are many ways of describing human development and the Making Tracks framework provides further detail regarding the biological, psychological, social/relational, spiritual and cultural dimensions within an ecological systems perspective (Jackson, et al., 2013).

The LAC domains overlap with but are not completely matched with these developmental dimensions. These LAC domains are:

- Health
- Emotional and behavioural development
- Education
- Family and social relationships
- Identity
- Social presentation
- Self-care

The DHS (2012a) 15+ Care and Transition Plan provides a series of prompts for what tasks may be required for a young person leaving care. This Making Tracks guide is not an alternative but a supplement to the 15+ Care and Transition Plan to assist in the completion of that plan particularly when considering some of the issues for Aboriginal young people who have experienced attachment disruption and trauma.

In the series of tables below relating to each LAC domain, the first column describes the goals in terms of their transition out of care as mentioned in the 15+ Care and Transition Plan (DHS, 2012a) and then an additional goal for after they have left care. This matches the model that looks at what happens in care, during the transition out of care, and then after care. The second column outlines what the young person may need in order to achieve those goals. The third column outlines some of the implications from understanding culture, development, attachment and trauma. The concepts in these tables are described in further detail in the Making Tracks Framework (Jackson, et al., 2013).

**Health**

Health is understood as a holistic concept in the Aboriginal community, not just focusing on physical health or on the medical model (National Aboriginal Health Strategy, 1989). In fact all of the LAC domains fit within the Aboriginal definition of health. Social determinants of health include if a person is working, is safe in their community including no discrimination, has received a good education, has sufficient money and feels connected to others. For Aboriginal people two additional health determinants are their connection to land or home country and acknowledgement of the impact of the history of colonisation and Stolen Generations (Australian Indigenous HealthInfoNet, 2012). These social determinants of health highlight that each of the LAC domains is relevant to achieving good health.

Health prevalence data indicates that Aboriginal people are at significantly higher risk of a number of cardiovascular, respiratory and other health problems (Australian Indigenous HealthInfoNet, 2012). Other studies highlight the prevalence of health problems associated with childhood exposure to adverse events and trauma (Anda, et al., 2006). As such, Aboriginal young people who have experienced abuse and neglect are likely to be at significant risk for health problems and so particular attention should be paid to health promotion as well as responding to identified problems.

The LAC health domain focuses primarily on physical health whereas other aspects of health are discussed in the other domains.

**Emotional and behavioural development**

Emotional and behavioural development is an important aspect of all child development, not just when there are particular emotional or behavioural problems. Affect regulation is a key component and is the ability to recognise and moderate emotions, mood and feelings, leading to a stronger capacity to regulate behaviour. Affect regulation begins by the parent helping a child regulate their emotions and then over time the child and then adolescent can do it for themselves. There will, however, be times at any age when we need others to help us be regulated and to regain some semblance of self-control. It doesn’t matter how old we are, sometimes we just need someone by our side, or a hug.

Early in life disrupted attachment and trauma experiences are well documented to negatively impact not only on affect regulation at the time, but in the development of the capacity to regulate affect over time. Older children and adolescents are more frequently exposed to situations which will challenge their affect regulation. Their earlier formed template will be their default position. Young people can learn to better regulate their affect and behaviour so as not to rely on their default ways of reacting, but this takes lots of repetition.
### Health domain

<table>
<thead>
<tr>
<th>Goals at time of transition</th>
<th>In order to reach these goals, young people need...</th>
<th>Implications of culture, development, attachment and trauma</th>
</tr>
</thead>
</table>
| The young person understands how to maintain optimal health | • Their health needs met whilst in care  
• Future health needs planned for regarding potential health risks and as much preparation as possible to occur prior to leaving care | • History of abuse and neglect and other types of trauma can increase risk of a range of health problems both now and later in adult life  
• Neglect may include lack of appropriate medical attention that may lead to longer term problems |
| At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the health life domain | • Education about their own health needs and physical development  
• Education regarding sexual health  
• Education about the health care system; e.g. importance of going to a GP and dentist  
• Information about Aboriginal health care options that may be more engaging for the young person  
• Education about any specialist services needed such as alcohol and drug treatment services, mental health services, audiology, etc  
• Education about any prescription and non-prescription medication and its usage and need for review  
• Education about risk factors particular for Aboriginal young people  
• Access to health care services that are responsive to their needs  
• Skills and confidence in identifying symptoms of illness and when to seek health care system.  
• Access to Medicare and health care cards  
• Access to their own health records and family history  
• If the young woman is pregnant, access to antenatal care  
• Information about health promotion, such as in relation to diet, exercise, smoking, alcohol and drugs, sex, etc  
• Opportunity to speak with someone about any health concerns or fears | • Information about the young person’s physical regulation such as heart rate, breathing, sleep patterns, and appetite can provide insight into his/ her response to trauma and be a means for increasing regulation  
• Young person’s development may be out of sync due to early trauma and neglect and may benefit from assessment and strategies to help improve sensory processing and self-regulation  
• History of care can lead to lack of continuity of health care  
• History of care may have involved inadequate access to health care including general medical and dental care, audiology, etc  
• Care may have been the first opportunity for the young person to receive appropriate health care  
• History of attachment problems may lead to lack of trust in others including health care professionals  
• Homelessness, alcohol and other drug use, poor sleep patterns, and self-harming or suicidal behaviours can have an immediate and lingering impact on health  
• Aboriginal people are more at risk of certain health problems including: high blood pressure, lung cancer, diabetes, kidney disease, being injured, respiratory problems, poor eye health, hearing problems, poor oral health, disability that restricts core activities, and some communicable diseases such as TB, hepatitis B  
• Aboriginal young people may have reason not to trust health services, especially mainstream services  
• Enabling a young person to learn to manage and respond to their health needs will be a challenge if they have low self-efficacy but can also support this aspect of development  
• If a young person has experienced trauma, such as sexual abuse, then attending the doctor or certain medical examinations may be a reminder of past trauma or be a secondary trauma and lead to a hyperaroused or dissociative state  
• If a young person’s intimacy barrier wards off interactions with others, then the intimacy involved in health care may be overwhelming |
| After the young person has left care and is no longer on an order, they continue to have appropriate health care that meets their health needs | • Access to health care services that are responsive to their needs  
• Skills and confidence in identifying symptoms of illness and when to seek health care system.  
• Access to Medicare and health care cards  
• Access to their own health records and family history  
• If the young woman is pregnant, access to antenatal care  
• Information about health promotion, such as in relation to diet, exercise, smoking, alcohol and drugs, sex, etc  
• Opportunity to speak with someone about any health concerns or fears | • Access to their own health records and family history  
• If the young woman is pregnant, access to antenatal care  
• Information about health promotion, such as in relation to diet, exercise, smoking, alcohol and drugs, sex, etc  
• Opportunity to speak with someone about any health concerns or fears |

Risk-taking is not unusual in adolescence, nor peculiar to young people in out-of-home care or to Aboriginal young people. Learning how and when to take risks enables young people to try new things, meet new people, and make major change such as attend a new school, a new job, or form new relationships. Risk can also mean thrill seeking, danger to self and others and can have short-term or long-term harmful consequences. One of the challenges in practice is how to provide young people with opportunities to engage in positive risk-taking and to reduce the frequency and extent of dangerous or reckless behaviours.

At the time a young person is leaving care changing relationships can create a sense of loss and grief. Grief can be a healthy sign of past positive attachment experiences but shouldn’t be ignored. If the young person has someone who he or she can safely seek out when needed for comfort (i.e. a safe haven), then this should be actively supported and encouraged.

Another type of experience that can impact on a young person’s emotional and behavioural development and for which we have a role to avoid or reduce exposure or buffer the consequences is exposure to secondary trauma. This refers to additional experiences of trauma that occur as a result of the initial trauma or due to subsequent actions or inactions of others (Herman, 1997). Some secondary traumas are due in part to disbelief, blame, insufficient attention or poor practice and others may be unavoidable such as some court cases and medical interventions. Either way, our approach needs to be proactive at potential times of secondary trauma and responsive if the young person is already experiencing distress.

**Education**

“Research shows that young people who have resided within the out-of-home care system may have significant educational deficits and are less likely to complete..."
### Emotional and behavioural development domain

<table>
<thead>
<tr>
<th>Goals at time of transition</th>
<th>In order to reach these goals, young people need...</th>
<th>Implications of culture, development, attachment and trauma</th>
</tr>
</thead>
</table>
| The young person heals from the impact of trauma and develops resilience and skills to be able to self-regulate their emotions | • To be safe from further trauma  
• To live in environments that are not overwhelming or reminders of trauma  
• Supportive people in informal and formal social networks who they trust  
• To be and feel connected to culture, community and others  
• Access to therapeutic services, mental health, AOD or other services as required  
• Willingness of at least one other person to witness their story if the young person wishes  
• To learn and practise how to feel calm and become calm through own strategies and support of others  
• To master new and strong feelings  
• To learn and practise other self-regulation skills such as when dealing with frustration  
• To have opportunities to experience positive reward and pleasure  
• Opportunity to discuss fears, losses, grief and hopes about leaving care and adulthood  
• When ready, the opportunity to reflect on history of traumatic and positive experiences and form integrated picture  
• Opportunities to learn and practise integrating thoughts and feelings about their past and present  
• Access to prosocial peers and role models  
• To develop prosocial behaviours  
• As much predictability and familiarity as possible  
• If they have behaviours that place their safety at risk, they need individualised safety plans that they understand and are known to those supporting the management of specific risks, such as suicide risk | • Capacity to regulate affect is a cornerstone for self-regulation in areas of emotion, behaviour and relationships  
• Affect regulation develops through early attachment and so young people with a history of early disrupted and abusive attachment relationships are at higher risk of affect dysregulation  
• Trauma can lead to affect dysregulation including a flight, fight or freeze reaction  
• Cultural dislocation or disconnection can be a major contributor to emotional and behavioural problems and may be overwhelming  
• Sense of loss and grief in relation to their experience of abuse and neglect and/or their separation from family may be overwhelming and pervasive. This is likely to be greater if the placement was outside of the family and outside of the community  
• Access to culture and community can be a major contributor to resilience  
• Risk-taking is part of normal adolescent development: They are likely to be more impulsive, less sensitive to risks, more sensitive to rewards, less likely to delay gratification, more likely to seek sensations, more likely to have rapid mood swings, less likely to synchronise their thoughts and feelings and more likely to be influenced by peers  
• Differences relating to risk-taking usually diminish with healthy progression through young adulthood  
• Trauma and neglect experiences are likely to exacerbate risk-taking behaviours  
• The young person may have a relatively high intimacy barrier and so ‘over-react’ to seemingly casual interactions  
• Toxic shame may overwhelm and exacerbate other emotions  
• Further exposure to new or secondary trauma can make it harder for the young person to recover  
• Trauma-related behaviours, including alcohol and drug use, physiological dysregulation, self-harming behaviours, and violence may be an attempt to adapt and survive and need to be understood in this way if our goal is to help reduce these problems |

At least 6 months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the education life domain

After the young person has left care and is no longer on an order, they continue to have appropriate support to meet their education, training and employment requirements

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**Key Messages – Making Tracks**

Education is often described as the silver or magic bullet. It is considered a powerful way of changing a young person’s trajectory away from poverty, unemployment, homelessness and other social problems. However, it is not an easy solution as many of the problems that beset young people who have experienced trauma and neglect and who are in out-of-home care can make the educational experience feel remote, irrelevant, difficult and insurmountable. As leaving school early is one of the findings for many young people who leave care, especially Aboriginal young people, supporting their education is an important goal that requires proactive planning and support. It is also important to recognise that Aboriginal young people who attend school are less likely to skip school and are just as likely to be engaged with the school and school-friends as non-Aboriginal young people (DEECD, 2009).

An example of how trauma can impact on the young person’s capacity to participate in school is that some young people have ongoing problems with attention and concentration given their reduced capacity to regulate their strong emotions. The young person is on the alert for danger and not relaxed enough to listen and learn. This may be compounded by ongoing sleep disturbance, chaotic placement situation, other chaotic experiences in their world and a major life transition such as leaving care. Dissociation and hyperarousal can also lead to gaps in learning and difficulties with concentration.

Some young people who have experienced severe early neglect or traumatic experiences may have cognitive difficulties or delays. Trauma is also seen to impact on executive functioning, where the young person’s ability to reason and problem solve can be jeopardised (Beers & DeBellis, 2002; Glaser, 2000). Disruption to education is common for young people in out-of-home care. Assessments, such as neuropsychological assessments, can be very helpful in knowing what additional supports the young person may require to navigate this older adolescent and adult world. Gathering information from their various schools is useful, as well as asking the young person, families and carers directly.
<table>
<thead>
<tr>
<th>Goals at time of transition</th>
<th>In order to reach these goals, young people need...</th>
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<tbody>
<tr>
<td>The young person develops and maintains positive and safe connections with their family, extended family (where possible), partner and wider social networks</td>
<td>• Opportunity for regular, safe and positive contact with a range of family members, including parents, siblings, extended family and other community members. • A cultural support plan that can guide how to strengthen cultural and community connections. • A genogram and ecomap that helps them and workers understand who is in the family. • Understanding reasons why they are not living with family and a safe opportunity where possible to discuss this with family. • Knowledge about their family’s role within community, the range of kinship ties and family stories. • Access to family therapy or other type of therapeutic approach if needed to help young person and family work on issues of conflict, communication difficulties or other challenges that may be barriers for future relationships. • To understand any family or community obligations they may have and which may or may not be discussed with non-Aboriginal workers. • Opportunities to reflect on whether or not they wish to return to the family post statutory involvement and to plan for contingencies if they do, in case it is not sustainable. • Contingency plans if family relationships become difficult or violent post statutory involvement. • Potentially to navigate a new type of relationship with a partner and wider social networks (where possible), extended family and safe connections with their extended family and others. • Develop increased capacity for different types of intimacy including but not only sexual intimacy. • Opportunity and capacity to develop and keep friendships outside of the care system. • Guidance and practice in meeting people, reading signals and communicating effectively. • Capacity to seek others for comfort and for security and encouragement. • Capacity for empathy and emotional intelligence. • Develop strategies to deal appropriately and effectively with conflict, aggression, racism or other difficult, distressing or threatening interactions. • Sex education. • If the young person is or is about to be a parent (mother or father) plans are in place to provide support. • Access to an Elder or other community member who can guide them in social expectations within community. • Assistance to predict potential difficult social situations that they can rehearse or think about to avoid potential problems.</td>
<td>• Early experiences of attachment relationships provide the first template for relationships and can shape our capacity to trust others, develop empathy, etc. • Children who experience abuse and neglect may have a template of insecurity in self and relationships with others, difficulties in being comforted, affect dysregulation, and problems in empathy. • As children grow older and their social networks grow, these difficulties can be expressed in other ways including violence, isolation and indiscriminate behaviours. • A young person with an insecure attachment style may find it hard to accept support from others or may be clingy and demanding of the support they feel they need. Their behaviours may be an attempt to control their situation including relationships. • Aboriginal culture places a high level of importance on relationships. • Aboriginal children appear less likely to have major attachment problems and more likely to use relationships for support; however, some still struggle in this area. • Kinship ties are a cornerstone for an individual Aboriginal person’s identity whether or not they live together and are a complex set of relationships. • Many Aboriginal families will have experienced involvement with out-of-home care through the Stolen Generations and so will have no reason to trust the system or non-Aboriginal workers. • The more family members are involved in the day-to-day life of the young person whilst in care and participating in decisions the more effective and sustainable later reunification is likely to be. • The out-of-home care experience usually occurs in response to major disruption in relationships and obviously involves further disruption. • If young people have a pattern of running away from placement it is important to find out if they are running to particular people, such as family, community or peer groups as this may provide a way of understanding their motivation for running away and to inform decisions; e.g. involving those people in the young person’s safety plan if appropriate. • Young people may experience change of worker roles and leaving care as abandonment. They may find that experience reminiscent of past experiences of abandonment and so it may trigger a major crisis. • The young person and their family are likely to be dealing with loss and grief associated with their separation which the transition from care may amplify. • Young people who have experienced trauma may try to avoid social relationships if they are fearful of further trauma. • The reward centre of the brain that can be activated by alcohol and drugs, sex, eating and self-harm, can also be activated by strong positive relationships. • Early sexual activity, whether or not consensual, is a risk factor for other problems such as sexual exploitation through prostitution. • Young people in out-of-home care may have had less access to sex education than others, especially if their schooling has been disrupted. • Risk-taking behaviours can be more pronounced when in the presence of peers. • Aboriginal young women are more likely to become pregnant with associated risk factors. There are specific services available for young Aboriginal parents.</td>
</tr>
</tbody>
</table>

**Family and social relationships**

Our capacity to form and sustain relationships begins with our initial attachment relationships. As we grow older, our range of relationships increases, including with teachers, friendships and romantic sexual relationships. Early attachment relationships significantly shape our capacity to trust others, to learn how to have empathy and to consider what others may be thinking.

Attachment theory is a western concept and needs to be interpreted carefully within the Aboriginal context. Much of attachment theory goes across culture, such as the human infant’s need for people wiser and stronger to look after...
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| The young person has support to access and maintain education, training or employment to assist them in their future endeavours | • A calm, safe, predictable yet stimulating and flexible environment in which to learn  
• A calm, safe and predictable placement or post-care living situation so they can be refreshed and relaxed when not at school  
• Availability of education programs relevant to their interests, culture, development and possible plans  
• An education respectful and sensitive to culture  
• Education about Aboriginal history and current context including examples of role models, leadership, educational achievement, other types of achievement, etc  
• Calming strategies so they can be sufficiently calm and alert rather than alarmed or worse, so they can take in new information  
• Teachers to be aware of indicators of whether they are dysregulated, such as hyperaroused or dissociating, which can impact on their learning and adjust the teaching approach when needed  
• Psycho-education to increase their understanding of their own and others’ reactions to threat, fear and loss  
• Physiological regulation, such as good sleep patterns, eating, etc  
• Their care team to have optimistic and realistic expectations of what they can achieve  
• A plan based on their development, not just their age that includes attention to sequential learning, scaffolding and pace as well as content  
• Opportunities to succeed and achieve goals  
• Self-efficacy and some internal locus of control so they can see their own capacities to manage themselves and their situation  
• Access to equipment and resources such as computers, sensorimotor equipment, text books, etc  
• Opportunities to practise, do homework and other activities outside of class to support learning  
• Access to additional supports such as tutors, if needed  
• Some may need a cognitive or neuropsychology assessment to better tailor the learning environment and program to maximise their learning  
• An OT sensory profile assessment can be of assistance in planning how to help them be alert for learning new content and sufficiently calm to not feel under threat  
• Individual Education Plan  
• Safety plan if needed  
• Someone they can talk to about school-related concerns, either to do with the content, process, peers, teachers, etc  
• A place to study outside of school that has minimal distractions  
• May need a review of the education they have missed and opportunity to catch up on particular content, skill development, etc  
• Opportunity to re-engage with the old or a new school if they wish  
• Support to consider what type of employment and career they would be interested in and the requirements to be able to undertake that choice  
• Mentoring, contact with Elders and other supports  
• Opportunities for employment in casual or holiday jobs if appropriate  
• Opportunities for long-term employment if ready  
• Opportunities for tertiary studies if ready  
• If they have a disability, to ensure that sufficient specialist attention has been given to their educational needs | • Young people who have experienced trauma may find seemingly innocuous environments and situations as threatening including the classroom or school grounds  
• If their early experiences impacted on their sensory processing of information they may be calmed or threatened by different sensations than otherwise predicted  
• If they are physiologically dysregulated; e.g. high resting heart rate, hyperventilating, poor sleep, clumsy, etc, it may be helpful to focus on sensorimotor activities and self-regulatory activities than solely focusing on cognitive activities  
• They may have low expectations of their own educational achievement and see it as meaningless  
• If they have low self-efficacy they may not realise their capacity to achieve goals  
• Racism, disrespect or ignorance by others of their culture, including teachers and other students, can be experienced as ‘unsafe’ and lead to disengagement and school refusal  
• The absence of reference to Aboriginal information in the curriculum can emphasise that school is irrelevant to them  
• Some learning problems such as illiteracy can be risk factors for suicide within Aboriginal communities |

| At least 6 months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the education life domain |  |
| After the young person has left care and is no longer on an order, they continue to have appropriate support to meet their education, training and employment requirements |  |

them; and the need children and adults have in relying on others for comfort when distressed (safe haven) and encouragement and support when wishing to explore (secure base). However, how attachment is assessed and expectations in parenting can differ from one culture to another and so caution is needed in order to not misinterpret parent-child attachment relationships.

Some young people return to their parents’ home when they leave care whether or not this is officially part of the transition plan. It is important to neither be overly optimistic nor pessimistic about these relationships. If the young person returns home due to no other alternatives, this will place additional burdens on the family relationships, especially if there has been little preparation.

Encouraging parents and other family members to participate in the young person’s life whilst in care and in the leaving care process can lead to genuine positive outcomes.
Making friends and getting along with peers is a major developmental task of childhood that continues throughout life, yet usually has a particular focus in adolescence. Peer relationships can provide a major source of security in threatening situations. They also provide a means of learning about self-identity, difference and getting along with others. Most children old enough to interact with peers face competition and rivalry, differences of opinion or values, misunderstandings, antagonism or explicit conflict, and in some situations overt threat, such as bullying or other forms of verbal or physical violence or racism. Collectivist cultures, such as Aboriginal culture, often place more emphasis on group harmony than competition (Yeo, 2003).

Friendships can involve risk, such as when there is peer pressure on the young person to do something against their will or become involved in high risk activities. Young people who struggle with relationship skills will or become involved in high risk activities. Young people may not understand the usual rules of relationships such as sharing and may have had limited opportunities to develop empathy. They can find friendships difficult, and other young people are likely to react negatively to aggression or controlling behaviour.

In contrast, some young people in care have a strong sense of connection to others in care and find the loss or changing nature of these relationships to be a source of great distress. Young people leaving care have new and old relationships on their horizon. Hopefully they will keep contact with carers, friends and other young people and potentially with workers. They will hopefully manage new relationships with employers, work colleagues, other workers, community members, new friendships and romantic relationships. Sooner or later they may become parents.

If they do not trust others, they may try to set up situations to confirm their internal view of themselves and others. This requires we stay calm and act with empathy, not react. With repetition they can start to change their longstanding relational template. Behaviours that may normally elicit a shock reaction in workers or carers can be approached in a low key manner. Care, concern and attention to safety are provided while the carer or worker demonstrates they are not overwhelmed by the behaviour and instead model and promote positive coping behaviours.

Attunement between young people and others can be seen through shared laughter, shared tears, mucking around together, and the comfortable silences. A carer or worker can show attunement to a young person by giving them personal attention, active listening and being responsive to their needs. It is often the non-verbal interactions that truly show we are attuned. We can also use our interactions with the young people to model how to interact with others.

Perry’s (2011) concept of an intimacy barrier describes a range of possible relationships along a continuum from casual, routine, personal to intimate relationships. Healthy intimacy allows only certain people through a barrier of privacy, shared understanding and closeness. If someone tries to break through this barrier that is inconsistent with mutual understanding, such as raising private topics of conversation or inappropriate touching, this is likely to activate the other person’s stress response system. They are likely to get a strong negative reaction, such as a fight or flight response. The intimacy barrier is influenced by cultural norms, gender, age, and familiarity. It is also influenced by earlier experiences of attachment and the young person’s internal working model.

Perry’s intimacy barrier concept helps us understand what may otherwise seem inexplicable reactions from young people, such as when they lash out to offers of support or friendship. If we think about how we react when someone invades our personal space or sense of privacy we can translate it to the young person’s experience where even the most casual of conversations may feel like an intrusion. Helping a young person to reflect on their intimacy barrier and their response to different levels of intimacy can assist them to be prepared for the unexpected in relationships, whether it is with a stranger or someone close to them.

Identity

Personal and social identity formation is most clearly formed and expressed in adolescence but is built progressively from earlier childhood. As children explore their hopes, wishes and fears, they develop a sense of who they are in the present, who they want to be in the future and who they’re connected with. A strong sense of identity promotes resilience for when times are tough.

Aboriginal children and young people in care may or may not have had the opportunity to identify as Aboriginal, to see it as a positive identity or to learn about what it means. As Aboriginal communities emphasise the importance of who is in the family, the kinship lines and connections, it is essential that the young person has this information (VACCA, 2008).

Spirituality is an important aspect of identity as is well recognised within Aboriginal culture. It is much broader than particular faiths or religions and relates to our search for meaning and sense of purpose. Spirituality can only be understood within context and how we find meaning (Bamblett, et al., 2012). Spirituality may also include the concept of holding something sacred and revered. “For many of the world’s indigenous cultures, such as the Australian Aboriginal and Torres Strait Islander culture, an intrinsic relationship with the land is core to a sense of the sacred” (Harms, 2005, p. 7).

Culture shapes much of our identity including beliefs and assumptions of ourselves and our world. It involves shared stories, symbols and language that hold particular meaning. It often has an additional emphasis for those from a minority culture or whose culture has been robbed or used as a reason for discrimination, fear and blame, such as has occurred within Aboriginal communities. Developing a cultural identity requires having access to those who hold cultural knowledge and being in a position to receive this knowledge and understanding. For example, Aboriginal organisations may be able to help a young person find out more about their kin and their community through informal channels and due to their knowledge of culture, names and places (Bamblett, et al., 2012).

“Adolescence is the time when there is a significant expansion of cultural identity, which traditionally involved initiation and receiving secret and sacred cultural knowledge (VACCA, 2006). Helping young Aboriginal and Torres Strait Islander people understand where they are from, and finding out for those who do not know, is an important aspect of identity development that can help deal with confusion and anxiety arising from a clash of Aboriginal and mainstream culture.” (Robinson & Miller, 2012, p. 14)

Social presentation

A young person reaching adulthood and participating in community and society is a major transition in and of itself.
The young person develops a positive sense of self and where they fit within their family, culture and community

- To consolidate a positive, strong and integrated sense of identity
- To develop a sense of their own values and beliefs
- Information about their family and community history and current situation
- Access to Elders or other community members to learn about what it is to be Aboriginal, including learning about kinship, the land and community
- A cultural support plan to help build their cultural knowledge and identity
- Access to family or community members to check out what is real and what isn’t in terms of what they have come to believe about their family, community and culture whilst being in care
- Opportunity to explore hopes, wishes and fears about who they are and who they wish to be
- Opportunity to try out different roles, behaviours and beliefs
- Access to role models in community that demonstrate the values they aspire to
- Opportunity to learn about spirituality within the cultural context through the Aboriginal community
- Opportunity to return to country with support of Aboriginal community
- Opportunity to heal in terms of experiences which may have challenged their faith or identity
- Opportunities to advocate for their beliefs and ideas and to demonstrate them
- Opportunities to actively participate in community and society
- Up-to-date and respectfully written records
- Access to their records and support in reading them if required
- Identification records so they can participate in society
- Opportunity to be a detective about their past in a way that is safe, respectful, constructive and supported
- Continued access to their personal belongings including when they leave care or move accommodation

At least 6 months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the identity life domain

- Some Aboriginal young people have a strong and continuous involvement with culture and community and have a clear sense of Aboriginal identity
- Some Aboriginal young people have had minimal contact with culture and community and may have had it presented to them in negative and stereotyped ways. They may have a negative or shame based identity or a wish to ignore or deny their identity
- Some Aboriginal young people in care may not have known they were Aboriginal until recently, due to disruptions in family history, lack of family contact, lack of knowledge about paternity, and lack of effective record keeping
- Poor records can mean the young person has many gaps in their own and their family history which can exacerbate their sense of isolation and difference
- Trauma and disrupted attachment can lead to a disintegrated sense of self where there is confusion, blame, shame, fear and distress about identity. This may be a major risk factor for the young person, such as for self-harm or suicide
- Connection to culture and community may provide an ongoing or new opportunity to develop a positive sense of identity and knowledge about being Aboriginal
- A sense of shame may be experienced as a core part of their identity not just an emotion
- The reward centre of the brain can be activated by actions that are consistent with our beliefs and values
- If a young person is trying to discover other aspects of their identity such as gender identity and sexual preference they may require further support and information
- Young people may have a sense of identity and safety connected to physical location which may be a source of comfort if they can live nearby; or a source of distress if they have to move away

When that transition is complicated by the fact they are leaving a constructed out-of-home care system, rather than the natural comings and goings from family, it is likely to be complex and sometimes fraught with pitfalls. One of the challenges as identified in this LAC domain is their ability to participate in a socially accepted and productive way that provides them with opportunities such as employment, gaining housing, making new friends and having a positive sense of identity within that society. Aboriginal young people may need to navigate between different expectations from the Aboriginal community and other aspects of society, such as the workplace.

During adolescence and early adulthood we learn to respond to situations based increasingly on internal reflection compared to external influences. We shift to more of an internal locus of control. As adolescents develop an increased internal locus of control and self-efficacy, they explore, test limits and become more autonomous. Self-efficacy and autonomy are pivotal in performing many adult tasks, such as employment and living alone or negotiating living arrangements with others. From the social presentation perspective, self-efficacy reflects the young people’s knowledge and ability to conduct themselves in society in a way that is prosocial and constructive. When and how autonomy emerges and what it looks like varies from culture to culture. Yeo (2003) noted that autonomy within the Aboriginal community is considered important if it contributes to the group cohesion and connectedness.

**Self-care**

Growing up includes developing capacity for independence and interdependence. Interdependence is highly valued within Aboriginal culture (Ryan, 2011). In addition to social presentation, young people who struggle with self-efficacy or a sense of crip in the street. They may reject offers of assistance and need to hold on to the idea that they are the only people they can trust.

Self-care includes pragmatics such as budgeting, learning to drive, signing rental agreements, cooking and personal hygiene. It also includes being able to recognise behaviours that may exacerbate other problems, such as poor sleep, inadequate nutrition, or poor health and seeking appropriate supports and services as needed.

Self-care has a heightened meaning when transitioning from care as it may literally mark the transition from care by others to care by self, especially if the young person is not connected to community.

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**Key Messages – Making Tracks**
### Social presentation domain

<table>
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<tr>
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| The young person successfully interacts and functions within their community | • Language and communication skills in order to interact with others and make their thoughts and feelings appropriately known to others  
• Access to Elders or community members regarding social norms or rules that the young person needs to be aware of  
• Access to appropriate clothing and other self-care needs  
• Self-efficacy and autonomy about how they present, personal hygiene, etc  
• Opportunities through social interactions to have a sense of how they present to others | • Young people in care may have had few opportunities to practise interacting in social settings and learning about societal and community expectations  
• If the young person has been raised outside of community they may not know what they don’t know  
• Young people often learn about appropriate presentation through the school experience, which if disrupted can reduce these opportunities  
• Early attachment experiences influence later capacity for self-efficacy  
• Secure attachments increase a young person’s social competence and vice versa  
• Exposure to trauma can create a sense of helplessness which can impact on self-efficacy and sense of autonomy  
• If a young person has been exposed to trauma and disrupted attachment they may have a sense of overwhelming toxic shame which makes it difficult to distinguish right from wrong or to feel they can make changes in their life  
• A young person with a negative self-identity may not care about their social presentation or may overly use it to show their self-disdain and disdain of others  
• Non-compliance or over-compliance can be an adaptive strategy in a traumatised or neglecting environment and so may have a different meaning for the adolescent when they are transitioning into adulthood  
• The reward centre of the brain can be activated by generosity towards others  
• Poor social presentation skills can increase the risks of further exposure to trauma, such as through perpetrating or being a victim of violence and being excluded from society  
• Young people who have experienced trauma may use a poor social presentation to keep others away as an avoidance strategy  
• Poor self-care and social presentation increases their risk for homelessness, unemployment and isolation |
| At least 6 months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the social presentation life domain | • Honest and supportive feedback regarding any concerns in relation to their presentation, such as hygiene, being impolite, general communication style, etc  
• Guidance about appropriate social presentations for specific situations, such as job interviews, accommodation searches, sharing accommodation, meeting new people, celebrations, within community, etc  
• Guidance and feedback about communication with others, when it may be appropriate to apologise | |
| After the young person has left care and is no longer on an order, they continue to have supports as needed to successfully interact within their community | |

### Self-care domain

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| The young person develops the skills to live sustainably in the community | • To have a degree of self-efficacy and autonomy so they can manage a range of personal requirements, such as hygiene, budgeting, cooking, driving, making and keeping appointments, visiting friends, etc  
• Education about health promotion to reduce the health risks associated with lifestyle factors such as diabetes and communicable diseases  
• Guidance and support regarding any areas of difficulty with self-care, whilst in care, such as if the young person has a disability and may need more support to learn particular skills  
• Opportunities to practise whilst in care regarding self-care tasks that are required when they leave care  
• Capacity to problem solve, make mistakes, learn and try again  
• Make ethical and value-based decisions and consider the implications of those decisions | • Young people in care may have had few opportunities to practise certain self-care skills, such as cooking, budgeting, etc  
• Early attachment experiences influence later capacity for self-efficacy  
• Exposure to trauma can create a sense of helplessness which can impact on self-efficacy and sense of autonomy  
• Poor self-care skills can increase the risks of further exposure to trauma, such as through accidents, illness and exclusion from society  
• Aboriginal people have a higher risk of certain health problems, some of which could be reduced through self-care  
• If they have low self-efficacy they may not realise their capacity for self-care  
• Young people with learning difficulties or disabilities may have additional challenges in learning self-care skills due to problems with working memory, communication problems, etc  
• Poor self-care and social presentation increases their risk for homelessness, unemployment and isolation  
• Fears and doubts about their capacity for self-care may motivate a young person to seek a relationship with others for care and protection even if they are a potential source of harm |
| At least 6 months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the family and social relationships life domain | • Specialist support regarding any major constraints to self-care, such as disability or health problems  
• Income, housing and transport  
• Identification documents and other resources  
• Celebrations of achievements and positive rituals | |
| After the young person has left care and is no longer on an order, they continue to have opportunities for positive and safe relationships with their family, community, peers and others | |
Key Messages

Understanding and Responding to Developmental and Behavioural Difficulties

Young people who have suffered disrupted attachment and trauma are at higher risk of presenting with a range of problems, although they can also show remarkable signs of resilience. Although these difficulties can occur for young people from any cultural background, Aboriginal young people are statistically more likely to have certain difficulties, such as alcohol and other drug use and homelessness. In contrast, Aboriginal children and young people were less likely to have difficulties related to attachment and relationships (Frederico, Jackson & Black, 2010). Some of the common difficulties have been discussed in the previous chapter through the LAC lens and the Making Tracks framework describes these areas of concern in more detail (Jackson, et al., 2013). This chapter discusses practice implications for some of these difficulties.

Alcohol and Other Drug Problems

Childhood abuse and neglect and other childhood traumas are associated with increased risk of alcohol and other drug dependence in adulthood (Anda, et al., 2006). As such, young people leaving care are a high-risk group for substance abuse problems. Aboriginal people have also been found more likely to have problems with alcohol or other drug use. This does not mean they necessarily drink or use more but that when they do, they are more likely to experience difficulties (Australian Indigenous HealthInfoNet, 2012).

Associations between early childhood trauma and later substance abuse include:

- A form of self-medication
- A way of numbing or muting feelings and memories associated with trauma
- An intergenerational pattern
- The influence of other young people

Good practice includes active listening, use of relationship, goal setting, motivational interviewing, and engaging the family and other relationships around the young person. Additional evidence-based practices used within the alcohol and other drug treatment field can be helpful, particularly around relapse prevention. It is helpful to enlist an alcohol and other drug treatment service with a young person with problems of addiction as early as possible in either a direct or consultation role. It is important to deal not only with the substance abuse but any underlying trauma that may be at the source of these difficulties.

Mental Health Problems

At times we see disturbing ways of coping with trauma experiences in young people. Often it is such behaviours which bring young people to the attention of the mental health system. Many serious mental illnesses have an onset in adolescence and earlier identification provides an opportunity for earlier intervention and prevention of some of the potential harmful consequences (Robinson & Miller, 2010).

Young people in out-of-home care are at higher risk than their peers of having mental health problems (Royal Australasian College of Physicians, 2006). In understanding the mental health of young people, elements to take into consideration include:

- The duration of any changes in mood or emotions (e.g. more than a few weeks);
- Behaviours associated with these changes and the level of risk;
- The impact, such as decreasing functioning in school or work (Robinson & Miller, 2010).

Some of the more concerning indicators of mental health problems that can be seen in some young people who have experienced trauma are self-harming and suicidal behaviours. There are many and potentially overlapping reasons for self-harming behaviours such as described in the Making Tracks framework (Jackson, et al., 2013). It is important to keep an open mind and consider multiple causes rather than trying to find the one reason.

If the self-harming behaviours are an attempt to survive and adapt to an intolerable situation, then understanding what they are trying to survive from provides an important clue as to how to intervene. Responses to young people at risk of self-harm and suicide need to pay attention to both the immediate situation and the longer term context and the many possible reasons that may underlie the behaviour. It is important not to minimise or discount the possibility of real danger. Depending on the situation, the first strategy is to put in immediate steps for safety, such as taking the young person to hospital. Safety plans with the young person and the care team are an important strategy. It is also helpful to seek consultation with a mental health service. In working with young people with any mental health problem it can be helpful to have a regular relationship with a local mental health service, such as a Child and Youth Mental Health Service (CYMHS). Most CYMHS now work with young people up to the age of 25 years. In addition to providing a direct mental health service they can provide secondary consultation. Other options for the young person may include Head Space (www.headspace.org.au), beyondblue (www.beyondblue.org.au) or a private mental health clinician.

Useful questions to ask a mental health service that is already involved with the young person include:

- What behaviours of concern should we look for?
- What mood changes may be important to note?
- What may be some of the young person’s reactions on a bad day?
- What is a helpful way to respond when they are having a bad day?
- In what circumstances should we contact the Crisis Assessment and Treatment Team (CAT team)?
- What else should be included in any safety plan?

Multi-disciplinary case conferences are an invaluable way of sharing important information and having informed planning.

Physical Dysregulation, such as Sleep Disturbance

Traumatised children and young people may struggle to regulate their own physiology, such as sleep, heart rate, breathing or appetite. As they grow older, these dysregulated patterns can become more ingrained.
Sleep disturbance is one such example that is rarely discussed and yet is found to be more likely for children and young people with exposure to trauma (Hambrick & Perry, 2009; VERSO Consulting, 2011). Sleep problems have also been found to be associated with respiratory problems which is more prevalent for Aboriginal young people (Pierce, et al., 2010). If a young person is not getting sufficient quality sleep, this will have ramifications for other aspects of their functioning, such as their physical health, education and general behaviour. Managing sleep patterns is an example of self-care.

Understanding the possible and multiple reasons for sleep difficulties is a first step. Other strategies include discussing sleep patterns with the young person and providing them with some ideas that they can impact on their sleep pattern. Suggesting the young person complete a ‘sleep history’ can provide helpful information to them. Reviewing the sleep environment and other external factors, such as light, noise and bedding, is also helpful. Consulting with a health service can provide additional strategies.

**Violence toward Others**

Young people with a well-worn fight or hyperaroused response will react more quickly and with more potency to actual and perceived threats. Whether it is overt violence or a more generic aggressive response to others, the fight response can keep others away and form a barrier to more positive, safe and even intimate relationships.

Potential triggers are common in adolescence, such as new relationships, relationship break-ups, distressing news about others, and difficulties at school or work. Young people in out-of-home care can be triggered by other situations, such as new people moving into the placement; changing placement; change of staff; change of case plan; pending court case; and of course pending transition or actually leaving care.

Leaving care, especially if care has been a long-term experience, is at best unsettling and a positive stress and at worst terrifying and a toxic stress. It can be helpful in calmer moments to predict some possible reactions with the young person so they don’t feel they are ‘losing it.’ It also highlights the need for extra supports at these times.

Aboriginal young people are more likely to be exposed to racism, culturally inappropriate responses, threats, stressors and other triggers (DEECD, 2009; AIHW, 2012). These coupled with other difficulties may trigger a violent response. As with any of the potential problem areas, applying a culturally respectful and informed approach is critical not only in responding to the young person in a positive way, but in avoiding potentially exacerbating a difficult situation.

**Running Away**

For some young people, leaving care is instigated by their rarely being at the placement and either couch surfing or living in places unknown or considered unsafe by workers. Eventually the official placement is closed and a leaving care strategy put in place after the fact. This can reinforce to the young person that he or she was right to reject the placement and the carers before being rejected.

It is important to not give up on trying to form a relationship with the young person. The relationship may not be an intense or particularly intimate one, but hopefully at least one that has some level of positive predictability and familiarity for the young person.

Absconding from placement can place the young person at increased risk for sexual exploitation, assaults, substance use, homelessness and other dangers. A key question to ask is “Are they running away from or to something?” (Jackson, 2011). If they are running away we need to know what is happening that is more threatening than the street. If they are running away someone or someplace, we need to know whether that person or place is a safe option. If safe then there are possibilities that they can be engaged in the young person’s life within placement so that a more overt and planned transition can occur. We need to reinforce to young people that, even if they want to run, we want them to be safe and to know there are people who care about them.

**Early Parenting**

Aboriginal women under 20 years of age are nearly five times more likely to become pregnant than other young women of the same age in Victoria. This can lead to other risks such as poorer birth outcomes for their child, ceasing education, unemployment and poor housing. There are also concerns that young fathers can be isolated from their children (DEECD, 2010). There is a range of services specific to Aboriginal families that are mentioned in the Making Tracks framework (2013) and for which there is further information in the DEECD (2010) report on Aboriginal children in Victoria.
Key Messages

Working with Aboriginal Young People Leaving Care who have Experienced Trauma and Attachment Problems

Trauma: How Recovery can Occur

Persistent repetitive intervention, including nurturance, love, stimulation and support, is required to assist young people to recover and learn new skills for successful transition to adulthood. As this list suggests, this is not solely the role of workers but also the role of their community, family and friendship networks.

The framework for intervention with traumatised young people involves safety, opportunity for reparation and healing such as making sense of their story and reconnection to others (Herman, 1997).

For more specific information and suggestions on how to support and plan with the young person transitioning out of care, the Specialist Practice Guide on Adolescents and Their Families has useful checklists specific to leaving care (Robinson & Miller, 2012). In particular that specialist practice guide applies the Best Interests Case Practice Model to work with adolescents. For example, where the LAC framework guides what information is important to gather, the specialist practice guide provides suggestions on how to gather that information through engagement with the young person and collaboration with other services.

Safety

Logically, it is an insurmountable task for someone to completely recover from trauma if they are still being traumatised. It does not mean there are not important things we can and should do, but the fundamental task is to first stop the trauma and increase the safety.

There are a number of key points to consider in achieving safety for Aboriginal young people leaving care.

Firstly, there are different types of safety to consider including physical, psychological, social, ethical or moral and cultural safety. Attention is needed to ensure the young person is free from all types of violence.

Secondly, Aboriginal people connected to culture and community may find a return to community and to their land to be a major source of comfort and safety (a safe haven in times of distress). This is a complex process that needs to be managed through Aboriginal organisations. For those young people who are not yet connected, this may come at a later stage in the recovery process when they are ready to be reconnected.

Thirdly, the young person may place their own safety at risk, especially as a result of trauma-related symptoms. Some of their symptoms may feel useful in keeping them relatively safe, such as withdrawal, aggression, dissociation and hypervigilance. If that is the case, they may not only be highly resistant to letting them go, but if they do, their survival may feel as though it is in jeopardy. Emotional first aid such as the PAIN relief model (Predict, Acknowledge, Inform and Nurture) as developed by Dwyer, Frederico, Jackson and McKenzie (2012) can be a helpful approach and is described in the Making Tracks framework (Jackson, et al., 2013).

Fourthly, young people may be supported to learn and practise ways of increasing their capacity to self-regulate when they are relatively calm so they can draw on this skill when they are distressed or under threat. Examples may include yoga, progressive muscle relaxation, deep breathing activities, OT-informed activities, and music and movement. These strategies may help someone actually know what calm feels like in their body and help them become calmer when dysregulated (Perry & Szalavitz, 2006). Calming activities usually include ones that are familiar, slow paced, rhythmic, predictable, not intense, simple, soothing and have positive associations (Gay, 2012). If they have not sufficiently learnt how to be calm, then reactivating memories of trauma can potentially be harmful (Perry & Szalavitz, 2006).

Fifthly, safety plans can be used in a variety of ways. They can be tailored to a particular risk, such as self-harm, suicide, sexualised behaviours towards others or other forms of violence (Robinson & Miller, 2010). They can also be used in a general way to help the young person be prepared for unexpected situations, such as those used in the Sanctuary Model (Bloom, 2005).

Finally, achieving stability is another aspect of achieving safety. If they do not have a home to call their own and people who they know care about them, other strategies around safety will be ineffective.

Reparation and healing

For healing to occur following many years of exposure to trauma and disrupted attachment, it needs to involve both the body and the mind. As discussed in detail in the Making Tracks framework the functioning and development of the body is mediated through the brain (Jackson, et al., 2013).

Not every young person will be ready and able to talk about the past, especially a past filled with traumatic memories. Yet leaving care may create opportunities as well as increased threats that generate new thoughts and feelings about what has happened to them and why.

Helping young people put these experiences and associated feelings into words is an important strategy but we must tread carefully. Sometimes retelling the story can mean reliving it. Some conversations may occur in the car, over the kitchen table or in the midst of a crisis.

It is important when talking about their experiences to understand the beliefs and cultural practices associated with what they can say and to whom. This not only helps the information be more accurate but also provides increased sense of safety (Nader, 1997).

Coade, Downey and McLung (2008) make a few suggestions of how to help Aboriginal young people tell their story of the past.

- Create opportunities to talk about loss and grief experiences.
- Help them put their thoughts and feelings into words.
- Use more than words, such as art therapy and music so it makes sense to them.
- Understand other trauma that may have happened with family and community.
- Recognise community and cultural trauma and its impact.
- Find others in their social networks they can trust to hear and witness their story.
- Realise they can talk about their story without shame.
Another important element in telling their story especially from a community and cultural perspective is to acknowledge and pay respect to the warriors and heroes in their community as to challenge the concept of victimhood. This also helps them to honour their own journey of recovery and survival.

Healing the harm to the young person’s developmental pathways will rarely be about words. In fact sometimes the young person cannot bear to discuss their earlier experiences or know where to start until their body becomes more regulated. The brain changes in a use-dependent way and so if we want a young person to make up for missed developmental opportunities, become more physically self-regulated or be able to process incoming sensory information in a more synchronised way we need to provide the brain with sufficient repetition of reparative experiences. Somatosensory strategies, such as OT activities, yoga, music and movement, progressive muscle relaxation and deep breathing exercises are some examples if used in a patterned repetitive way that can help repair and heal some of the developmental harms caused through neglect and trauma.

**Reconnections**

Relationships and connections are the key to recovery and healing. Recovery from trauma requires a ‘therapeutic web’ of people to provide nurturing experiences (Perry, 2005).

As mentioned earlier, connection or reconnection to the land is also a powerful source of healing for Aboriginal people. For those already connected to their Aboriginal identity and community, this may have been a helpful strategy in providing them with a sense of safety. For those who were not previously connected to culture, this may be an opportunity to explore the possibilities of returning to country as part of the reconnection phase.

Perry (2005) emphasises that redressing deprivation and chronic trauma for young people is through repetitive, persistent, nurturing experiences, mediated through relationships. We need to create many predictable repetitive opportunities for the young people to experience the opposite of their traumatic experiences. This can change their brain structurally; reversing the way trauma affected the brain. In the face of chronic trauma and neglect, weekly therapy will not be enough.

The concept of rupture and repair can be helpful in developing and sustaining healing relationships (Siegel, 2012). Ruptures and disruptions inevitably occur in relationships and it is the process of repair that offers opportunities for learning, healing and recovery. The young person’s behaviour leading to the rupture is not excused, minimised or dismissed; however, a clear message is conveyed that it is the behaviour and not the young person themselves that is not okay. The primary aim is to convey acceptance of them as a person and demonstrate that whilst relationships have their ‘ups and downs’ they can be worked through and sometimes strengthened in the face of difficulty. The PLACE model by Hughes (2009) can be a useful approach to support this process and this is described in the Making Tracks framework (Jackson, et al., 2013).

Opportunities for healing that Aboriginal young people have through culture and community are real and should be more actively acknowledged. Culture is healing, growing up is healing.

At times young people may present as not wanting to acknowledge their Aboriginal background or identity. This can be for many reasons that need to be understood over time and not rushed. We know, however, that connection to culture can be a positive factor in how individuals cope with and process trauma.

If they are disconnected from their previous placement and the associated relationships, they may need opportunities to reconnect with this aspect of their life as well.

**A Reflection Tool on Factors that Influence the Young Person’s Transition through Leaving Care**

The Making Tracks framework developed a tool to help workers reflect about particular young people who are leaving or have left care. It brings together some concepts regarding attachment, trauma, culture and context alongside leaving care arrangements. It is influenced by Perry’s (2006) Neurosequential Model of Therapeutics. It includes questions regarding what strategies could be used to strengthen the positive protective factors for the young person and to mitigate the negative risk factors. One would predict that the more ticks in the Yes column the more likelihood of the young person having a smoother transition through leaving care. No being selected in the Historical sections indicates potential risk factors to consider in terms of the young person’s vulnerability. No being selected in the Current sections indicates specific areas we can proactively work to redress. Don’t Know being selected indicates where we need more information.

A briefer version of this tool was developed as a means for generating discussion within care team meetings or supervision. Anything in the No or Don’t know yet columns requires planning.

<table>
<thead>
<tr>
<th>Which factors are relevant for this young person?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know yet</th>
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<tbody>
<tr>
<td>Positive internal working model - confidence in self and others</td>
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<td>Minimal trauma early in life</td>
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<td>Consistent contact with important relationships throughout their life</td>
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<td>Consistent placements</td>
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<td>Consistent schooling</td>
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<td>Strong access to social supports</td>
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<td>Strong cultural connection</td>
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<tr>
<td>Experience of leaving care</td>
<td>Smooth transition</td>
<td>Volatile transition</td>
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</table>
### Reflection tool on historical and current factors that influence the young person’s leaving care experience

<table>
<thead>
<tr>
<th>Which factors are relevant for this young person?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>What can we do to strengthen positive factors or reduce risk factors?</th>
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<tbody>
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<td><strong>Developmental factors</strong></td>
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<td>Healthy biological/ physiological development</td>
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<td>Healthy psychological development</td>
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<td>• Behavioural</td>
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<td>Healthy relational development; e.g. early attachments</td>
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<td>Healthy spiritual and moral development</td>
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<td>Positive cultural identity</td>
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<td><strong>External factors</strong></td>
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<tr>
<td>Minimal exposure to adverse events or trauma</td>
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<td>Consistent contact with important relationships throughout their life</td>
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<td><strong>Functioning</strong></td>
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<td>Healthy biological/ physiological regulation</td>
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<td>Healthy psychological functioning</td>
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<td>Healthy current relationships</td>
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<td>Healthy spiritual and moral functioning</td>
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<td>Positive cultural identity</td>
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<td><strong>External factors</strong></td>
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<td>Not currently exposed to trauma</td>
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<td>Consistent contact with important relationships</td>
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<td>Stable accommodation</td>
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<td>Stable school or work</td>
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<td>Good access to social supports</td>
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<td>Strong cultural supports</td>
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<td>Is there a clear plan to support transition?</td>
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<td><strong>Experience of leaving care</strong></td>
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<td>Volatile transition</td>
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- Predicted (if not yet left care)
- Actual (if already left care)
Conclusion

The title, Making Tracks, evokes a number of images pertinent to this resource and framework. Aboriginal young people are...

- Making tracks - Leaving care to take a new direction and create an enriched life, building on, and in some situations, recovering from, what has gone before.
- Making tracks - Leaving their mark, recognising that they have had an impact on their own life, on other lives and through their contributions to their communities.
- Making tracks - Leaving a trail so that others can follow in their footsteps.

This trauma and attachment informed practice guide for Aboriginal young people leaving care focuses primarily on applying the LAC framework alongside the concepts of culture, development, trauma and attachment and considers the implications for practice. It also summarises some specific areas of difficulty that can disrupt the leaving care process and outlines the recovery framework which is described in more detail in the Making Tracks framework (Jackson, et al., 2013).

From an organisational perspective, strong leadership is required to support those working with Aboriginal young people leaving care. The more detailed framework identifies some of the leadership tasks in this area and provides information in relation to theory, information and resources that can support the development and maintenance of a healthy organisational culture.

Ultimately, the challenge of transitioning to adulthood is an important rite of passage. Young people who are making this transition from the out-of-home care context are likely to have additional challenges. Aboriginal young people may have either more challenges or more support or both. Our role is sometimes to be the guide, the mentor, the confidante. Hopefully, our role is to acknowledge and applaud the young person’s journey as they discover themselves, their community and their life ahead.
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