

SAFE PLACES, THRIVING CHILDREN

Embedding Trauma-Informed Practices
into Alternative Care Settings

- KEY MESSAGES
- PROJECT OUTPUTS
- RECOMMENDATIONS



SOS CHILDREN'S
VILLAGES

CEL CIS

Centre for excellence
for Children's Care and Protection



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Safe
Places
Thriving
Children

IMPRESSUM

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Quotes

The quotations from young adults with care experience and professionals included in this publication are from responses to questionnaires administered during the scoping exercise and national trainings conducted in the six partner countries participating in the project Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings (2020-2022).

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SECTION 1



Key messages from young people with care experience

These key messages have been developed by the International Young Expert Group, a group of 10 young people with care experience that have provided their expertise throughout the *Safe Places, Thriving Children* project.

These are the messages that they would like to share with everyone that cares for or works with children and young people in alternative care, in order to trigger the necessary changes at system and practice level that would lead to a trauma-informed and thereby more individual and caring provision of alternative care that enables children to make-meaning of their experiences and develop into their strongest selves.

1. WE ARE NOT PROBLEMATIC, WE ARE ADAPTING

It is important for others to understand us and our situation. What others may see as problematic behaviour is just us trying to feel better by using the tools that we have. Often we were not given the right tools, and many times there are conflicts and problems that we don't understand as a child, so we try to fit in somehow and survive in our own way.

2. OUR BEHAVIOUR IS A NORMAL REACTION TO AN ABNORMAL EXPERIENCE

We need others to recognise that there is a reason behind our behaviour, whether we are aggressive, sad or depressed. These reactions are very normal when we have experienced something bad, but many people do not understand this.

3. WE NEED HELP, NOT PUNISHMENT

When we are helped to understand what trauma is and how it can affect our life, it is easier to develop our own mechanisms to deal with it and approach a traumatic topic.

Sometimes caregivers do not understand children's behaviour, and they just punish the child instead of talking with them and trying to understand what is behind this. Our reactions are not always good reactions, but our caregivers should see this behaviour from another angle and not punish us because our lives have punished us enough.

4. WHAT IS LOVE? SYSTEM DON'T HURT ME NO MORE

When a child or young person enters the care system, there is often a lot of suffering behind them. We don't want to suffer anymore – we want to live in a better place where we are shown love. It is important that in our new home, we are treated in a way that doesn't cause us more pain.

5. THE GREATEST WORK RESULTS SHOULD COME FROM YOUR HEART, NOT FROM YOUR SALARY

We want to feel loved and cared for by our caregivers. When working with children in care, you have to empathise and understand the children's problems, and not treat them as though they are work. It is okay to be professional, but you should also put your heart into your work.

6. IT IS IMPORTANT TO TEACH ME HOW TO LOVE IN A CORRECT AND SAFE WAY

When we grow out of the care system and have our own families, we need to know how to love them in a healthy way so we do not continue the cycle of trauma. The ways in which we have been shown love may be hurtful and wrong, and they may be the only way we know.

7. ALL HOMES SHOULD FEEL LIKE HOME

Those working in alternative care should create the energy of a home with the children there. This should be a safe place, where all children belong, and where we can connect together as a family.

There is no difference between a ‘real’ home and alternative care. It may be just a building, but all homes are just buildings – the difference is how it feels.

8. ALTERNATIVE CARE IS NOT JUST A PLACE TO LIVE; IT SHOULD ALSO BE A PLACE OF MENTAL GROWTH

Dealing with trauma at a young age in the growing up process is easier than surviving adulthood with all these issues. Many times, we leave the care system and we don’t know how to deal with these things in a healthy way.

When we are in care, we should get the support we need, whether this is professional support or if we just need to speak with an adult.

9. LOOK BEHIND ME AND MAKE AN EFFORT TO FIND ME – MY STORY COULD BE YOURS

In the care system, we are often pre-judged from the descriptions in our files. Professionals need to talk directly with children to get to know them and understand what has happened to them from their own perspective, not just from what others write about us. Maybe we have had similar experiences in our lives, and by talking, we can build trust and understand each other.



SECTION 2

The partners



**SOS CHILDREN'S
VILLAGES**

SOS CHILDREN'S VILLAGES

SOS Children's Villages is a non-governmental and non-denominational child-focused organization that provides direct services in the areas of care, education and health for children at risk of losing, or who have already lost, parental care. The organisation builds the capacity of the children's caregivers, their families, and communities to provide quality care. In addition, SOS Children's Villages advocates for the rights of children without parental care.

Founded in 1949, SOS Children's Villages operates in the spirit of the UN Convention on the Right of the Child and the Guidelines for the Alternative Care of Children in over 130 countries.

The *Safe Places, Thriving Children* project was implemented with the direct participation of six SOS Children's Villages national associations that coordinated all activities in:

- Belgium
- Bulgaria
- Croatia
- Greece
- Hungary
- Serbia

SOS Children's Villages International was the project applicant; it designed the project and was in charge of overall project management.



CEL CIS

CEL CIS, the Centre for Excellence for Children's Care and Protection, is an organisation with a wealth of academic expertise in the area of children's rights, child protection and leaving care. CEL CIS designed and led the scoping research at the start of the project. Based on the key findings of the scoping, CEL CIS experts developed the Trauma-Informed Practices methodology and materials and authored the *Safe Places, Thriving Children* Practice Guidance and Training Manual. They also delivered the Training of Trainers.

PARTICIPATION OF YOUNG PEOPLE WITH CARE EXPERIENCE

The participation of young people with care experience within the project activities has been vital in ensuring that their voices shape the content of everything developed and implemented during the project.

At the start of the project, 89 young people with care experience shared their views as part of the scoping exercise conducted in each of the project countries. These results were then used to inform the content of the Practice Guidance and training methodology.

"We could get a first-hand account of what it has been like for [the care-experienced co-trainers] to grow up in alternative care. We could learn a lot from them. It touched me deeply."

(Quote from training participant, 2021)

Fourteen young people with care experience were trained to support the delivery of the training as co-trainers. These young people led some of the training sessions and brought their perspective into group discussions, which was highly valued by training participants and was highlighted as one of the key learning elements of the training.

A group of 10 young people with care experience were engaged in the project as part of the International Young Expert Group. This group provided guidance during the implementation of the project activities by giving feedback to materials, recording voiceovers for the e-learning modules, developing key messages and sharing their views on the importance of trauma-informed practices for children and young adults in alternative care at different events and meetings with key stakeholders.

Two young people with care experience from the International Young Expert Group also participated as representatives within the Project Steering Group and European Expert Group.

Each national team had representation from young people within their National Steering Group, which supported the implementation of the project activities nationally, developed the national policy recommendations and planned for the sustainability of the project interventions.



SECTION 3



Project background and objective

PROJECT OBJECTIVE

To embed a trauma-informed care approach into child protection services, so as to better support children and young people affected by ACEs, and thereby increasing their chances to develop to their fullest potential.

HOW WE ACHIEVE THIS

Capacity building		Awareness-raising and advocacy	
Face-to-face trainings	Organisational Development workshops	E-learning modules	Policy recommendations

Research shows that 3 in 4 children and young adults in alternative care have experienced trauma prior to their alternative care placement.¹

However, as part of a scoping exercise we conducted in each of the participating countries, approximately two thirds of professionals that

work with children in alternative care² reported that they had received little or no training on understanding childhood trauma or the impact of trauma on a child's development.

Of the young adults with care experience that participated in this scoping exercise³, 40 per cent did not feel well supported by the care professionals in their lives, and they expressed that there is a widespread need for care professionals to receive more comprehensive training on childhood trauma and how it affects children and young adults.

*"A traumatised child is extra vulnerable.
Understand this."*

(Quote from young person, scoping exercise, 2020)

*"In my training, I was never told how
childhood trauma has an impact on the
child's development and adult life."*

(Quote from professional, scoping exercise, 2020)

*"This topic seems to be
avoided by social workers.
It seemed irrelevant to
them, even though as
a young person this is
always haunting you."*

*(Quote from young person,
scoping exercise, 2020)*

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1. Jaritz, C., Wiesinger, D., & Schmid, M.: Traumatische Lebensereignisse bei Kindern und Jugendlichen in der stationären Jugendhilfe: Ergebnisse einer epidemiologischen Untersuchung. *Trauma & Gewalt*, (2008), 2(4), 266-277.
 2. Of a total 143 professionals who answered the questionnaire.
 3. Of a total 89 young people who answered the questionnaire.



SECTION 4

Resources developed within the project

All the materials developed in the frame of the project embed the following:

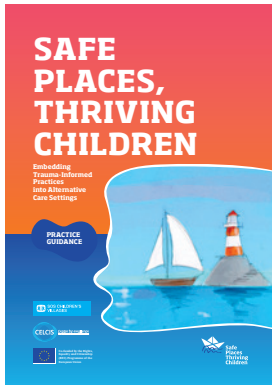
PRINCIPLES OF TRAUMA-INFORMED PRACTICES

1. Trauma recovery is only possible within **CONSISTENT CARING RELATIONSHIPS**.
2. Trauma needs to be understood from a **CHILD DEVELOPMENTAL and ECOLOGICAL PERSPECTIVE**.
3. The trauma recovery journey should be a **PARTNERSHIP**.
4. Trauma-informed practices are grounded in **CHILDREN'S RIGHTS**.
5. The **UNDERSTANDING** of children's trauma needs to be reframed from a "deficit" model to an "adaptive" model.



All resources developed within the project are available on the project webpage which is accessible at <https://www.sos-childrensvillages.org/trauma-informed-practices>, or by using the QR code.

PRACTICE GUIDANCE

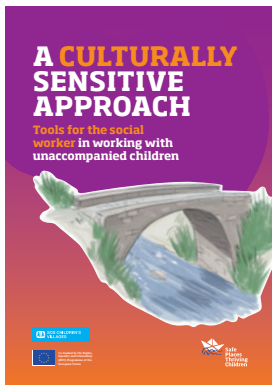


The Practice Guidance was developed as a resource for those who care for and work with children and young adults in alternative care. It is also the primary resource for participants taking part in the *Safe Places, Thriving Children* training.

The purpose of this guidance is to improve understanding and practice in relation to working with children and young adults who live in alternative care settings and who may have experienced trauma.

It is intended as a support and reference document that promotes reflection and provides tools and information.

ANNEX TO THE PRACTICE GUIDANCE - A CULTURALLY SENSITIVE APPROACH



This resource was developed by SOS Children's Villages Belgium as an annex to the Practice Guidance.

This tool provides guidance for social workers working with unaccompanied refugee and migrant children on how to use trauma-informed practices in a culturally sensitive way.

TRAINING MANUAL



The Training Manual was developed as a tool for Master Trainers to deliver the *Safe Places, Thriving Children* training. The training methodology is based on the content in the Practice Guidance.

Master Trainers are required to undergo a Training of Trainers before delivering the national training sessions so that they can ensure the quality of training.

ORGANISATIONAL DEVELOPMENT



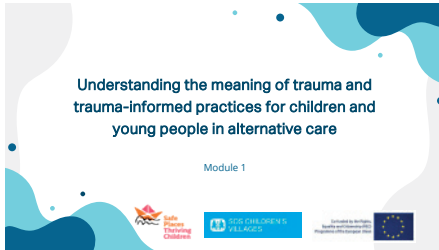
In order to embed trauma-informed practices into alternative care settings in a sustainable manner, it is not enough to train a few individuals. Processes and the culture in place in a given alternative care setting should be reviewed and benchmarked against a set of criteria that, if fulfilled, certify that the organisation is trauma-informed.

The Organisational Development Guidance Document describes how to run such a process that should be led by a “change group”, be participatory and inclusive, and follow three key steps: assessment, action planning and monitoring.

Why is it needed?

- The impact of trauma is rarely taken into consideration in planning, decision-making, policy making.
- To support teams in translating into practice what was learnt during the training and embedding it into their daily work.

E-LEARNING MODULES



In order to raise awareness of the impact of trauma and the importance of trauma-informed practices among a wider group of professionals from the social, educational, health and justice sectors, a set of six e-learning modules were developed.

Through the modules, we aim to equip these professionals to better understand and identify Adverse Childhood Experiences and their impact on the development of children.

TOPICS

1. Understanding the meaning of trauma and trauma-informed practices for children and young people in alternative care (core module).
2. Understanding the ways that adverse experiences and trauma can affect care-experienced children and young people (core module).
3. Supporting care-experienced children and young people who have been affected by trauma.
4. Working with families who have been affected by trauma.
5. Supporting unaccompanied and separated refugee and migrant children.
6. Children and young people with disabilities and mental ill health affected by trauma.

SECTION 5



Recommendations for embedding trauma-informed practices into alternative care settings

Awareness of the mental health of children and families has grown in recent years, especially since the start of the Covid-19 pandemic. We all have experienced how much our mental health can be affected by what is happening around us, to us, yet, it is still a topic that is often stigmatized, misunderstood and not properly addressed, not to mention not well resourced in public health and social services.

For children and young people in alternative care, **measures to promote, protect and care for their mental health are still rarely in place, trauma awareness is low, and trauma-informed practices are neither mainstreamed in child protection systems nor in alternative care settings:**

- Child and Youth Care (CYC) practitioners and the wider range of professionals working for/with this particularly vulnerable group of children and young people are not sufficiently aware of the impact of Adverse Childhood Experiences (ACEs) on a child's development;
- CYC practitioners are not supported enough to care for their own mental health, which in turn might prevent them from being able to build relationships of trust and respect with the children and young people they are working for/with.

This must change if States all around the world want to meet the commitment to “life, survival and development” made to all children with the Convention of the Rights of the Child over 30 years ago and more specifically up-hold its articles 24 and 39 that read:

24.1 States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

39. States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

In 2019, the UN General Assembly, in its Resolution 74/133 on The Rights of the Child focussing on Children Without Parental Care, urged States to “[...] take action to ensure the enjoyment of human rights for all children without parental care, in accordance with the international human rights framework, including the Convention on the Rights of the Child, not least **the rights to the enjoyment of the highest attainable standards of physical and mental health, [...]**” (para. 35)

In its recent publication “The State of the World’s Children 2021” UNICEF defines **mental health** as “[...] **a positive state of well-being and a foundation that allows children and young people to build their futures.**”⁴

Children’s right to health, including mental health, has been recognised and reaffirmed internationally. In order to make it reality, **it is crucial that more investment is made to care for children and young people’s mental health while they are in care as well as during their time of transitioning out of care**, to enable them to develop to their fullest potential and become their strongest selves.

Indeed, recent research published in “The Lancet” pointed out that millions of adults across Europe and North America live with a legacy of Adverse Childhood Experiences (ACEs) and that a 10% reduction in ACE prevalence could equate to annual savings of \$105 billion.⁵

Not acting and not investing into programmes to prevent ACEs and moderate their effects is far more expensive for society! In fact, rebalancing expenditure towards ensuring safe and nurturing childhoods would be economically beneficial and relieve pressures on health-care systems.

Last year, the EU adopted the **European Strategy on the Rights of the Child**, thereby reinforcing its commitment to work towards improving the lives of children. Children’s mental health and **the right of children to realize their full potential no matter their social background** are among the thematic areas covered by the strategy.

As stated in the European Strategy on the Rights of the Child⁶:

The European Commission invites Member States to:

- identify children as a priority target group in their national mental health strategies;
- build up networks with families, schools, youth, and other stakeholders and institutions involved in mental health of children.

4. The State of the World’s Children 2021, Unicef, p. 7

5. www.thelancet.com/public-health Vol 4 October 2019, p. e517

6. European Commission EU Strategy on the Rights of the Child - Illustrated version. p.9. https://ec.europa.eu/info/files/eu-strategy-rights-child-graphics_en

Most recently, the **Council of Europe** in the introduction to its new **Strategy for the Rights of the Child 2022-2027** also highlighted caring for children's mental health as a priority, noting an increasing concern when it comes to children's access to mental health services and that *"There was even heightened risk for children in precarious family situations or living in care institutions. Mental health issues in Europe are regularly overlooked, despite their high impact on children's well-being and future. Addressing mental health of children continues to be a taboo and underfunded in many countries and children concerned are often stigmatized."*⁷

Based on the above mentioned policy framework as well as the findings and experiences made throughout the *"Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings"* project in the EU Member States where it has been implemented,⁸

we call on governments and the EU to put into place policies, ambitious action plans and allocate appropriate financial resources for:

1. Acknowledging the impact trauma has on children by integrating trauma-informed practices into the provision of alternative care to enable children to build caring and stable relationships with the adults that work with and for them, thereby ensuring children live in an environment that gives them the best chance to develop to their strongest selves
#mainstream trauma-awareness in all alternative care settings, #initial and ongoing training for professionals on understanding trauma and its impact on a child's development, #organisational development processes to change culture and embed trauma-informed principles and practice in organisations and services, #trauma recovery is only possible within consistent caring relationships

7. Result details (coe.int), CM(2021)168-final, para. 34.

8. Belgium, Bulgaria, Croatia, Greece, Hungary, Serbia

2. The realization of the right to mental health for all children and young people in alternative care - child protection services have the duty to up-hold this right

#physical and psychological recovery is a child's right, #tailor psychological aid services to the needs of children and young people in alternative care, #foster children's access to mental health services, #facilitate intersectoral cooperation, #continuity of services for care leavers

3. A trauma-sensitive and motivated workforce that knows how to protect and care for children's mental health, and is supported to do so

#training of CYC professionals to better understand complex trauma and how it can affect a child's development, behaviour, etc., #caring for carers, #improve working conditions, #fighting taboos about children's mental health

4. Systematic and meaningful child and youth participation to tailor the care offer to the real and individual needs of each child

#children as key actors of their trauma recovery journey, #trauma recovery journey should be a partnership



SECTION 6



National policy recommendations for embedding trauma-informed practices in Belgium, Bulgaria, Croatia, Greece, Hungary and Serbia

One key output of the project is the compilation of national policy recommendations, which were developed in each of the partner countries with the involvement of young people with care experience as well as other key national stakeholders. Below are the key points listed by country.

To access the full policy recommendations in the national language or in English, please contact us at train4childrights@sos-kd.org

BELGIUM

1. We call for continued efforts to provide quality care options such as family-like care settings for children who cannot grow up in their families of origin, where children can build stable and caring relationships with reliable adults.
2. We call for caregivers and other professionals who come into contact with children and young people to be enabled to know about complex trauma and how to react in a trauma-sensitive way.
 - We ask that complex trauma and trauma-sensitive skills become included in the basic education of caregivers.
 - We ask that youth care workers and other professionals who come into contact with children are enabled to strengthen their knowledge and expertise about complex trauma and trauma-sensitive practices.
 - We ask that the needs of these professionals be closely monitored, by investing in the resilience of the professionals and the team itself.
 - We ask that sustainable and accessible training programs be organized to encourage the integration of trauma-sensitive care into practice and within youth care organizations.
 - We ask that a shared and validated understanding of complex trauma and trauma sensitivity be developed, as well as clear diagnostic tools.
 - We ask that care-experienced people are also involved and consulted when implementing trauma-sensitive care into the day-to-day practice of youth care organizations.
3. We call for adequate attention to be paid to children's relationships with their parents of origin and their own possible traumas, and that parents are strengthened in their parenting.
4. We call for multidisciplinary therapeutic assistance that is diverse, accessible and tailored to children and young people with different needs.
5. We call for a society that understands and recognises complex trauma, with a place of public recognition and academic attention in various fields of expertise.
6. We call for a society that does everything in its power to prevent the traumatising of children.

BULGARIA

1. A unified trauma-informed action and a shared understanding of complex trauma in children in all social systems engaged with the child and family is necessary.
2. All professionals working with children, as well as parents, foster parents and adoptive parents must have knowledge and an understanding of complex trauma. Trainings, advocacy campaigns, and public discussions are needed.
3. Research in the field of children's development in alternative care is needed, including a comparative analysis of the development of children after reintegration into their biological family. Follow up of each case after reintegration must be within the responsibilities of the child protection system.
4. Complex trauma should be included in the university education of professionals who will work with children and young people.
5. Major changes should be taken in regard to foster parents and their role for children. Many feel they are not listened to, their opinion is not taken into consideration, and they do not participate in team meetings where decisions are taken about a child's future.
6. Caregivers must receive professional support such as individual and group supervision to enable them to provide the best care for children who have experienced trauma. Social services must maintain the standard for a certain number of supervisions annually.
7. In Bulgaria, there are only two psycho-diagnostic centers for children. Access for many children, families and caregivers is difficult and untimely, and so it is necessary to have a mental health system in place to ensure access for every child in need.
8. The official paperwork for each child in alternative care must recognize and include background information on trauma experienced in their past.

CROATIA

1. Define support for children who have experienced trauma as mandatory and a priority on all levels, from decision-making and strategic documents to concrete action in practice.
2. Create a safe and supportive environment when working with children who have experienced trauma.
3. Ensure ongoing trauma-based training for all professionals working with children in alternative care so that they can provide children with adequate support.

4. Invest in accessible specialist services for children who have experienced trauma and in work with their biological and foster families.
5. Increase the participation of children in order to tailor their care to their needs.

GREECE

1. Develop and implement education and training interventions in professional services and institutions that recognise the experiences and effects of trauma on children living in alternative care.
2. Create and coordinate diagnostic and evaluation services to ensure early, targeted assessment services for children exposed to traumatic experiences.
3. Draft support and connection protocols for children who have experienced traumatic events to ensure they feel safe and can build trusting relationships.
4. Plan and take steps towards deinstitutionalization, including the development of support services in the local community aimed at preventing the unnecessary separation of children from their families and the development of a range of quality alternative care options for children in need of alternative care.
5. Implement deinstitutionalization actions and programs by ensuring adequately trained professionals, providing unified training to social workers and other professionals, transitioning to small quality family-type care structures, and strengthening mental health services for children and families in the community.
6. Create an appropriate institutional framework for foster care and adoption that is handled transparently, promptly, and reflects the needs of children and young people who have experienced trauma.

HUNGARY

1. Recommendations for child protection workers:
 - a) Ensure a stable, well-trained workforce and increase staffing levels in residential and foster care homes.
 - b) All staff who care for or work with children must be trained to work in a trauma-sensitive way, and this training should be made mandatory for all professionals within the child protection system.
 - c) Ensure regular supervision of professionals to avoid burnout and overwork.

2. Addressing the shortcomings of the child protection institutional system:
 - a) Sustainably expand the provision of care that responds to the specific needs of children who have experienced trauma.
 - b) Develop a trauma-informed approach to existing protocols and to develop new protocols that are consistent across different institutions.
 - c) Create quality working conditions for family support workers.
3. Recommendations for higher education:
 - a) Include the concept of trauma and a block on self-awareness in the model curricula of relevant undergraduate courses.
 - b) Integrate the concept of inter-professional cooperation into the training system.
4. Taking into account the views of young people:
 - a) Involve young people in decision-making in a meaningful way and take their view into account when developing practice.
 - b) Inform children in an age-appropriate way about decisions that impact their future.
 - c) Create a safe space for young people to express their views.

SERBIA

1. Define the implementation of a trauma-informed approach as a priority in the health, education and social protection systems.
2. Establish a model of inter-sectoral cooperation between these three systems in order to ensure a balanced approach in providing support to children and young people who have experienced trauma.
3. Provide trainings for employees in the education system to raise awareness of the impact of trauma on children and young people.
4. Provide mandatory education on the impact of trauma on children's development for all caregivers and professionals in the alternative care system.
5. Strengthen the child care system through primary prevention and the prevention of burnout of professionals.

NOTES



PROJECT WEBPAGE

Safe Places, Thriving Children

www.sos-childrensvillages.org/trauma-informed-practices



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#BecomeTraumaAware

#TraumaAwareness

#TraumaInformedCare

#Train4ChildRights

