



carepath

Empowering public authorities and professionals
towards trauma-informed leaving care support

LEARNING UNIT REPORT

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Learning Unit Report

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1. INTRODUCTION TO THE INFORMED CARE

TRAUMA: A BRIEF THEORETICAL OVERVIEW

Trauma Informed Care (TIC) is an approach that involves an in-depth understanding of the biological, psychological and social consequences of trauma. It is a conceptual framework that can be used in mental health services to understand and include, in the effective organization of interventions, the pervasive impact of trauma and its effects on the victim (Brown, Baker and Wilcox, 2012), in accordance with a bio-psycho-social approach.

The objective of this approach is to personalize, in the clinical context, the interventions for each beneficiary, based on the type of trauma suffered, its characteristics, its history, the background in which it belongs and the context in which the provision of care and support takes place.

TIC is a complex paradigm that includes the victim's perspective, values the individual user of services, avoids retraumatization and it is based on the most current international scientific literature and evidence-based research (Fallott and Harris, 2002).

The interventions are personalized and flexible for each user that is considered in its uniqueness (Fallott and Harris, 2002; Cook et al., 2002; Ford, 2003; Cusack et al., Jennings, 1998; Prescott, 2000). In addition, professionals working with a TIC approach address the current problems of subjects recipients of their interventions by contextualizing them in their past experiences (Knight, 2015) and giving particular relevance to their resources (e. i. resilience, self-esteem, self-efficacy, formal and informal network, etc.).

In order to use optimal ways of structuring communication and managing interaction, attention to the cultural dimension of the person is considered a priority (SAMHSA, 2016).

The Council of Europe recognizes the need to give primary importance, in the community care system, to the protection and development of children who have faced experiences of violence, to bereavement for places and people lost, lack of sense of belonging in a new unknown environment, educational and work difficulties. In addition, as regards unaccompanied minors, the existence, at times, of gaps in the



provision of services dedicated to minors in national child protection systems had been also highlighted: A) inadequate care and treatment; B) lack of psychosocial support and ability to implement procedures in the best interest of the child; C) lack of children's participation in the planning and implementation of programmes aimed at them; D) lack of mechanisms for inter-system collaboration (i.e. interdisciplinary, intersectoral, intercultural and with the active involvement of all social actors) to implement effective, scientifically based and user-centred solutions. For these reasons, it is of primary importance to invest in integrated trauma-informed support programmes and in evidence-based, child-centred policies and procedures that fully integrate users' views and conditions. Therefore, all these dimensions related to intervention plans should involve specialized professionals coming from multiple disciplines to assess children's emotional and health needs, to develop and implement trauma-informed interventions and individualized plans for care, social inclusion, development of autonomous management skills and interpersonal competencies.

To respond to the above challenges, the CarePath Project aims to provide training to all those who are for any reasons interested in to childhood trauma, to trauma-informed approaches and to common standards, tools, and systems for monitoring, evaluating, and reporting cases.

1.1 Key elements of the TIC approach underpinning the topics covered by the MOOC

One of the most widely used models for identifying the cornerstones of the TIC approach is the five-dimensional approach of Falloot and Harris (2001). Authors identify security, reliability, choice, collaboration and empowerment as fundamental principles of this method.

Specifically:

- 1) safety, both physical and emotional, is a necessary precondition for effective rehabilitation and support interventions. An environment with these features is characterized by the attention to ensure also physical security of the places and contexts in which the person with a history of trauma is welcomed, the willingness of the staff to empathically hold the needs of the individual, the



- respect for privacy and the accurate and respectful way in which life stories of users are collected and shared between the different systems of care;
- 2) trustworthiness and reliability are basic components for building safety (for all actors involved) and trust in relationships. In accordance with this, in all planning and implementation phases of care, the clarity of activities and tasks and the clarification of procedures and objectives should be conveyed;
 - 3) the possibility of choice implies that the beneficiary must be fully involved in the choices concerning the structuring of his/her care in order to make him or her feel a person with rights according to the laws of each country as well as with respect to the cultural values that any beneficiary brings with him/her;
 - 4) collaboration between all the involved stakeholders is a fundamental dimension in ensuring that the beneficiary of an intervention in care services and the professionals work together to co-create meanings;
 - 5) finally, empowerment that protects and promotes the use of personal power and active participation with resources, strengths, characteristics of resilience and coping strategies.

To enrich what has been described above, Hanson and Lang (2016) have identified three essential components at the level of analysis of the organizational and functional dimensions of the trauma-oriented paradigm:

- (a) workforce development (including attention to training and prevention of secondary traumatic stress);
- (b) services focused on trauma (practices based on clinical evidence, assessment methods and screening);
- (c) the environment and organizational practices (staff collaboration, leadership, physical environment characteristics).

Attention to the dimensions of children's rights and adherence to the principles of Evidence-Based (Evidence-Based Research, EBR) practices are, therefore, core principles of this approach.



2. BRIEF DESCRIPTION OF THE TRAINING COURSE

Within the framework of the activities planned in the "Care Path Project: Empowering public authorities and professionals towards trauma-informed leaving care support"¹, co-financed by the European Union's Rights, Equality and Citizenship Programme (REC 2014-2020) (<https://www.carepath-project.eu/site/>), an online training course on the perspective of Trauma Informed Care has been developed. It is free to all participants around the world. The prerogative is to provide training on the fundamental principles that characterize this field, paying particular attention to the psychological, juridical/legal and scientific research dimensions. In particular, the training course is offered to all those working in this area of interest, but not only, and also to whom have various skills and competences. It takes into account the fact that they may have responsibilities and areas of action that vary according to the role and from country to country. Therefore, in the training course particular attention is paid to the fact that responsibilities and areas of interventions are regulated by different laws, regulations, codes of ethics of the various professions and associations and in accordance with internal regulations and treatment philosophies or scientific guidelines implemented by the different organizations. To this end, the modules that compose the course are specifically dedicated to an in-depth analysis of the essential aspects of TIC; they are divided into thematic sections organized in line with a specific and multi-dimensional perspective with a further focus on the political and organizational components involved in the complex TIC model.

2.1 Structure and characteristics of the MOOC

The course is dedicated to all people interested in deepening the issues related to good practices in interventions focused on trauma dedicated to children who have a history of development made complex by traumatic events.

¹ The partnership is composed of the University of Turin, IACP, Calabria Region, Ergo, E-Trikala, Eurochild, ReadLab, Cordelia



The training program is developed in several languages: English, Italian, French, Hungarian and Greek; it has a 8-week overall duration: a total of 60 hours of commitment for the participant (8 hours per week).

The form is that of MOOC (Massive Online Open Course) and involves the use of active learning techniques including videos, case studies, articles, presentations in Power Point, forums.

At the end of the training process and after passing the planned assessments, participants can obtain a certificate of attendance signed by the Care-Path Project partnership.

2.2 Brief description of the general contents and training objectives

The first section of the course offers a review of the latest scientific literature on the most effective and efficient ways to support traumatized children. The course covers fundamental concepts such as empowerment, the risk of retraumatization for service users and secondary trauma that professionals might cause with wrong operations.

This part of the course is organized with the aim of optimizing and facilitating the further development of the personal and professional effectiveness of staff members, through the development of knowledge and skills that facilitate the protection and promotion of human capital, personal and professional effectiveness, conflict prevention and problem solving skills, effective collaboration with colleagues from different professional backgrounds who hold different roles and responsibilities in various teams, promoting effective working alliances with clients.

In order to achieve these objectives, in a systemic/holistic framework, reference is made to the application of the principles of the bio-psycho-social paradigm and puts the involvement of all stakeholders at its center. To build effective environments that protect and promote children's rights, well-being and growth, and to prevent retraumatization, vicarious trauma and burnout in staff, it is important to design and manage environments where respect, empathy and safe relationships are guaranteed for everyone. In a people-centered organization that is trauma-informed, everyone is seen as a person to respect, understand and support in time of need. Central to this



is the person-centred approach: people-centered approaches are holistic/evidence-based systems approaches that emphasize the importance of designing clinical, organizational and community environments where everyone is seen and treated as people worthy of respect and understanding, this combined with the necessary ongoing training as an effective way to ensure a pervasive patient-centered philosophy, create a safe and effective climate to provide support for care services users, to prevent their retraumatization, burn-out and vicarious trauma of professionals.

To summarize, in line with the above, the first part of the training has its basis in the holistic/systemic reference framework, it applies the principles of the bio-psycho-social paradigm, and in particular the core concepts of person-centred approach, client-centered psychotherapy, service user-centered counseling, trauma-informed care, World Health Organization guidelines and internationally recognized guidelines in the field of traumatized children's care, protection and promotion of their rights and the most effective strategies to strengthen and support their resilience and growth capacities.

Content are formulated by experts after direct and indirect consultation with specialists in the field of trauma-informed practices, experts in person and patient-centred approaches, experts in psychotherapy and people-centred counselling, directors and managers of organizations dedicated to the care of traumatized children, consultations with practitioners in the field, with former service users, with the support of extensive research in scientific databases, assessment of training needs, informal consultations with representatives of all stakeholders, brainstorming with all project partners.

It facilitates the development of knowledge, skills and attitudes necessary to learn from one's own experiences, to correct mistakes, to create virtuous circles of quality in the provision of services, to identify critical points and the various factors that generate them. Creating the premises for a learning organization that protects and promotes the human capital of all stakeholders, promotes self-awareness and empowerment of all stakeholders.

In this course, the person-centred learning process, in synergy with learning by doing methodologies, will offer learning opportunities by actively participating in the learning process. This project foresees, in fact, the identification by the participants of the critical aspects of the work experience in the field, with the understanding of the



processes and the factors that determine them, the discussion of possible solutions, the evaluation with other colleagues and their organizational managers of the feasibility of the possible solutions, the priority of the interventions, the monitoring, the introduction of any necessary in itinere changes and the evaluation of results.

More specifically, it was built through the application of a widely validated educational model at the scientific level, the student-centred approach, to facilitate the development of personal and professional skills of the participants. The student-centred approach has a broad scientific validation also with regard to the facilitation of online learning for all topics of adult education and continuing vocational training.

It provides for moments of:

- theoretical learning: in-depth analysis of concepts and methodologies carried out online in an interactive way;
- experiential learning: exercises of self-awareness after each part of the module through which participants are facilitated to become aware of how the topic to which they have been exposed is relevant to their personal, professional and work organization.

These modalities facilitate the assumption of an active role contributing to the improvement of the course and to the mapping of relevant data and available resources, favouring the sharing of relevant data concerning local realities (the city, the community, the region and the country) in relation to all the themes of the module. Participants are also facilitated in sharing experiences and ideas in online support groups.

A section of the training course focuses on research topics in and about TIC. In particular, the key elements of research projects are presented from a methodological perspective, the role of the evidence-based approach, critical elements and challenges at the application level, the relevance of structuring projects scientifically based on both evaluation and policy proposals at the international level. Particular attention is paid to action-research and observation and to indicators of maltreatment and abuse with particular reference to the childhood phase of the lifespan.

The different thematic sections provide for the exposition of the basic concepts through the proposal of in-depth articles accompanied by explanatory videos of experts in the field. The main skills that learners will acquire concern the ability to look critically at the practices of intervention and, in particular, research. Awareness of the



relevance of the design and planning phase encourages participants to maintain a multidisciplinary view that allows an approach to the complex dimension of intervention in the field of mental health.

The following content section, focused on legal aspects, aims to provide, through reference to laws and regulations, basic knowledge about the legal framework and principles within which Trauma Informed Care can be applied. In this perspective, after presenting the cultural and legal process that led to the recognition of children's rights at global and European level, the fundamental rights and principles set out in the existing international and European legal framework, within which TIC-based assistance can be applied, are described and the legal instruments that guarantee the participation of traumatized children in decisions and procedures (administrative and legal) that concern them are described.

Furthermore, this part examines the operational effects on social and health policies of the approach based on the rights of the child and the rights of participation of children and young adults. The cultural and legal process that has led to the recognition that children have rights and that States have the duty to act to protect and promote the health of children who suffer violence has been long and difficult. In this process, an important role has been played by international sources of law and European Union law.

Among the rights of the child, the focus is on the rights of participation, which include the right to be heard in all administrative and judicial proceedings concerning them (Article 12 of the Convention on the Rights of the Child), but also the right to a special representative where national law precludes holders of parental responsibility from representing the child because of a conflict of interest with the latter (Article 4 of the European Convention on the Exercise of the Rights of the Child). Moreover, in implementing the rights of participation, public administrations must be adequately sensitive to the fragility of the child and make adequate investments to limit the risks of secondary victimization.

Finally, as policies are an essential part of the framework for combating violence against children, the module discusses how children can actively contribute to social and health policies both by actively participating in the decision-making process in their specific case and by participating as a group in setting priorities and actions to combat violence against children, such as the establishment of advisory councils for



children, the involvement of young people in the training of childcare professionals, the involvement of children in studies and research on the functioning of childcare services.

The final section of the training course aims to enable participants to consolidate and critically use the knowledge learned in the previous sections. It takes the form of a final assignment and consists in the creation of a product (text, video, presentation .ppt) that contains the reflections of the participant, in the light of the fundamental principles of the Trauma Informed Care, about a scenario on a situation of child abuse / mistreatment and, therefore, on a traumatic condition.

2.2.1 Summary of the modules and description of the learning units

The introductory module includes an in-depth examination of the following topics:

- A brief introduction to the helping relationship;
- Elements of History and Sociology of Knowledge, History and Sociology of Science, Sociology of Care, Sociology of Helping Relationships, analysis of the different types of helping relationships, deepening of the common denominators and specific aspects of each helping relationship;
- Brief history of the scientific paradigm shift: the shift from the reductionist paradigm to the holistic/systemic paradigm; the relationship at the heart of the Holistic/Systemic Paradigm;
- The bio-psycho-social paradigm, the Ottawa Charter, the changing roles of social actors, empowerment and response-ability;
- The power differential, the risks of the learned liability: from passive users to active citizens.
- Person-centred care: Why being person-centred is more effective and less expensive;
- Prediction of results: The importance of doing our best in science and conscience;
- The working alliance and the therapeutic alliance: the development of the concept;
- Iatrogenic traps, critical elements (any intervention aimed at promoting change - that is, change for the better, increasing the effectiveness of a complex system can unintentionally trigger the opposite - iatrogenic results);



- The ethical-deontological imperative, *primo non nocere*, for the prevention of iatrogenic effects and the promotion of the effectiveness and efficiency of treatments, and - in particular - elements of history and sociology of the treatments of traumatized users: a) evolution of the concept of trauma, b) Learning from mistakes: lessons from "bad practices": the phenomenon of retraumatization, the risks of those who work in services for traumatized users, the role of research to enable professionals to operate in science and consciousness;
- Develop understanding of theories and methods that improve policies and practices in the field of mental health and well-being;
- Trauma: the level of the problem and a brief overview of the epidemiology of trauma;
- The common denominators of effective solutions: Effective trauma prevention in all aspects of society, effective treatments, effective care, effective post-treatment care;
- The protection and promotion of human rights as an effective prevention of trauma and retraumatization;
- Guidelines, documents, protocols, procedures, related to trauma prevention and treatment
- Brief history of the evolution of the concept of trauma and its treatments;
- Trauma in children;
- Neurophysiological consequences of trauma;
- Trauma and attachment;
- Trauma and relationships;
- Abuse, maltreatment and neglect;
- The risks of retraumatization;
- Vicarious trauma;
- Trauma, coping and resilience;
- Trauma Informed Care (TIC);
- Scientifically validated approaches;
- Scientifically validated help reports;
- The common denominators of effective working and therapeutic alliances;
- How to identify best practices;
- Empowerment, an effective strategy to promote change and resilience;
- The effective compass of the trauma-informed approach is service user-centered, person-centered, professional and paraprofessional person-centered;



- How to design and manage settings that promote trauma-informed and person-centered approaches and values;
- How to promote informed, person-centered, trauma-informed approaches to people in clinical programs, direct practice, management, policy development, and in: 1) clinical settings, 2) organizations, 3) schools, 4) local communities, 5) justice, regulations and laws;
- An international map of the application of Trauma-informed and person-centered approaches to people in: clinical settings, direct practice, management, policy development and organizational development, local communities, schools, organizations, justice, regulations and laws.

The module entitled TRAUMA: RESEARCH, EVALUATION AND OUTCOMES consists of 3 lessons and is divided into 11 units (plus one unit at the end of each lesson containing bibliographic references). The main focus is on the presentation of the various research methodologies and their application in the field of trauma research.

In the light of the training objectives and in line with the previous module, the following topics are addressed in the lessons:

- scientific research by briefly defining its criteria (as established by the scientific community of reference) and purposes (descriptive, explanatory, correlational analysis), nature (application research and basic/pure research) and techniques (qualitative, quantitative and mixed). The concept of variable and measurement is defined to arrive at an analysis of the process elements of a research project;
- an in-depth study dedicated to action-research, its theoretical-methodological assumptions and its relevance to the data of certain objectives;
- participatory research-action - with the description of its functioning at the process level - as a tool both for understanding phenomena and as a tool for change in the social sciences;
- evidence-based research and the fundamental elements for a good research process that respects its canons and objectives, accompanied by the presentation of research examples;
- research activity in connection with Trauma Informed Care: 1) evidence-based research in the fields of intervention projects in the head of public health, with particular reference to TIC/TIP and its relevance as highlighted by international scientific



research; 2) research on training needs in the field of operators dealing with users with stories of trauma and the application of research procedures in organizations dealing with mental health and TIC in particular; 3) good practices, challenges and methodologically critical nodes that are peculiar to these intervention contexts;

- the evaluation of the interventions. The theme of evaluation of the intervention process is introduced at the level of theoretical premises and definitions useful to circumscribe the basic elements, the aims and the process phases (from the design to the implementation of projects of assessment of the intervention);

- the evaluation of the effectiveness and outcomes of the interventions with their critical nodes;

- process evaluation: meaning, challenges and critical issues and, in particular, the importance of the evaluation during the process regarding the cooperation and co-construction by everyone who is working on the field as stakeholders..

The “TRAUMA: GOOD PRACTICES AND POLICIES” module, consisting of three lessons, addresses issues related to good practice and policies related to trauma. It is composed of three lessons divided into units which aim at analysing the link between good practices validated at local, national and supranational level and the supra-ordinate and transversal dimensions of community policies and guidelines in the field of mental health.

In detail, the topics covered are:

- the methodological aspects of TIC research with the role played by the operationalization of variables, the enucleation of standardized indicators and, therefore, as objective as possible, as well as the relevance of the ethical dimension;

- the fundamental elements of TIC research starting from its definition and the identification of its founding factors. Central to the training section is the attention paid to research projects that deal with accuracy and scientificity in the evaluation of application practices;

- the fundamental aspects of structuring an effective and valid research project, with the relative steps. In particular, it deals with the design in the social field with a focus on the structural and methodological elements of a good research project and its critical areas;



- good practices in TIC and TIP and as indicated by the scientific literature and the results of previous research in the field can inform and solicit practices in the field. In particular, the areas of attention to which the management of the organizations and the operators themselves should pay attention are explored;
- factors that identify good practice at a multidimensional level and that make it potentially transferable from different contexts while maintaining the guarantee of a high standard and in line with the core principles of TIC;
- challenges and criticalities in the study and application of TIC principles, with the presentation of two tools for the detection of attitudes towards TIC and the analysis of the applications of its main components useful to deepen the state of the art in organizations dealing with people with trauma histories;
- the connection between the results emerging from research processes and the scope of policies both at the level of services present on the local territory and in a national and supranational dimension;
- the role of observation and indicators of trauma and abuse in children. The contents are structured as follows: 1) observational paradigms with their characteristics in clinical contexts; 2) indicators of abuse and maltreatment and their consequences in the individual developmental process.

As regards the legal and legal aspects, the following issues are analyzed and examined in depth:

- the concept of abuse and mistreatment, which includes all forms of physical and/or emotional distress, sexual abuse, neglect or commercial exploitation or any other condition that leads to actual or potential harm to the child;
- within the study of the instruments of guaranteed participation of the child in the procedures established after the violence, the notions of listening to the child, defined as the expression of the point of view of the child directly to the judge or to an expert who reports to the judge, or of secondary victimization, i.e. the further suffering caused by the stress of the process itself, by the memory of the abuse suffered and by any contact with the perpetrator of the conduct, with the judge and with the lawyers, are addressed;
- the concept of child-friendly justice: judicial systems should ensure that all the rights of the child are respected and effectively implemented at the highest possible level, taking into account the degree of maturity and understanding of the child; this is an



accessible, age-appropriate, prompt, diligent, child-friendly and child-centred justice, respecting the rights of the child, including the right to due process, to participation and understanding of process, to respect for private and family life, to respect cultural background (for immigrants or refugees), to integrity and to dignity.

3. GENERAL AND SPECIFIC AIMS OF THE MOOC TRAINING COURSE

3.1 General and transversal objectives of the training modules

In structuring the training course, the general objectives that the working group has set are:

Offer participants support, knowledge and access to: scientifically based information, theoretical and application materials, case studies, research, examples of trauma-informed practices and networking opportunities to all those working in the field of trauma prevention and treatment. In particular, the primary objective is to give access to knowledge on good trauma-informed practices, on how to prevent retraumatization and offer effective service to traumatized children and how to prevent burn-out and vicarious trauma of staff.

Promote active online learning by building student-centred training modules in which students are facilitated to actively engage in the assessment of their strengths and weaknesses, to identify the knowledge, skills and attitudes that will help them work effectively, to identify where they should focus in the future to further develop their knowledge, skills and attitudes.

To enable participants to benchmark their service provision with that of other effectively trained colleagues, with other similar work environments, with other similar organizations, with local schools and law enforcement systems, with the legislator on trauma prevention and care, protection and promotion of children's and minority rights, community programmes and arrangements, as well as relevant data on their region and countries in order to be able to do informal benchmarking with other comparable realities.



To highlight the need to maintain a conscious attitude of the complexity of trauma-informed interventions and the need to maintain a critical attitude scientifically informed and attentive to ethical-deontological and legal aspects involved in the protection of children.

Encourage a personal reflection that combines a multidimensional reading (with the adoption of psychological, legal and scientific research perspectives) both of the situation and of possible effective interventions in promoting and protecting children's rights, prevent retraumatization, support and promote their resilience and growth and support their empowerment.

3.2 Expected learning outcomes

At the end of the course, participants are expected to increase their knowledge and skills in the following areas:

- In the analysis and possible application of TIC fundamentals
- In the awareness necessary on a personal and professional level to increase learning from the experience and from the experiences of other colleagues and, above all, to increase the possibilities of learning from traumatized people, thus learning to become even more effective in facilitating clients, in avoiding the risks of retraumatization and vicarious trauma.
- Being sensitive to the differences in power, intercultural and gender based factors
- To be effective in establishing strong working alliances with colleagues, clients and the professional network in the community and in the local reality and, in this way, to be capable of an effective form of advocacy
- In facilitating beneficiaries and themselves to become proactive citizens
- In including in their vision of the offer of services for the health of users the need to give centrality to the dimension of basic research on the different methodologies of scientific investigation of phenomena and processes, and application on the design of research in the field to meet the cognitive objectives and evaluation of relevance
- In the awareness of the need for a critical approach to reality observed and based on evidence from the planning phase of the intervention initiatives



- In the use of a multidisciplinary, multi-sectoral and multi-approach view in connection with the challenges and criticalities that the analysis of complex phenomena implies
- In the assimilation of the main methodological aspects of evidence-based research in TIC
- In learning the main critical aspects of research in this field in connection with the process of structuring a good research proposal
- In achieving an adequate level of knowledge of good TIC practice and the critical analysis capacity of both TIC proposals and organizational practices to comply with the principles of trauma-informed service
- In giving centrality to the observational process knowing its peculiarities and aims
- In having basic knowledge of indicators of maltreatment and abuse and the consequences of exposure to traumatic events
- In knowing the socio-cultural and legal process that has led to the worldwide and European recognition that children are subject to rights and that governments have an obligation to intervene promptly and effectively for their protection in the event of violence, abuse or negligent treatment
- In having clear theoretical and methodological references to the fundamental rights and principles established by the international and European legal framework on the rights of the child within which TIC can be applied (e.g. the right of children and young people to be informed and to participate in procedures affecting them) and on legal instruments guaranteeing the participation of traumatized children in proceedings where decisions are taken for their protection (e.g. the right of the child to form his or her own opinion to be heard and, in some cases, the duty to seek his or her consent).
- In understanding the operational effects of the rights-based approach of the child on social and health policies by acquiring appropriate legal terminology.