



# SAFE4CHILD

Official Newsletter of Safe4Child Project



Safe4Child - Trauma informed approaches to support staff working with children and adolescents exhibiting behaviors that challenge

## SAFE4CHILD IN A NUTSHELL

By Satu Haapalainen, Turku UAS



Safe4Child project (runs between 1.1.2022-1.1.2025) focuses on frontline workers and nursing students training related to challenging behavior management in child and adolescent psychiatric and residential units. Practicing with real children is impossible and that's why frontline workers and nursing student's skills to act in challenging situations are sometimes poor. In this project we want to increase the knowledge about the children's challenging behavior and strengthen the frontline workers skills to prevent and manage these situations.

In Safe4Child project we have the following partners: Turku UAS (Finland) as the project leader, HAW(Germany), UCC (Ireland) and MU-PLOVDIV (Bulgaria). And the project is funded by Erasmus + Strategic Partnership for vocational education and training, The project consortium will develop high fidelity simulation virtual platform that works with VR glasses. Practicing challenging situations virtually with VR glasses provides a good method and is a safe environment for frontline workers and nursing students to train trauma focused care for child aggression management. Scenarios are very authentic and provides "a real-life experience" in virtual reality. The Safe4Child project has four main objectives as: 1) to develop a trauma focused framework for managing aggressive child and adolescent in psychiatric and residential units; 2) to develop an online course (5ect); "Safe4Child-trauma focus care for child aggression management" with course handbook; 3) to develop technical high fidelity virtual reality environment with user manual for Safe4Child-trauma focus care simulations; 4) to develop validated Safe4Child-trauma focus care implementation guide for extended target groups that includes sustainable and transferable information on project study results. These will contribute to lifelong learning (LLL), open education and innovative practices in a digital era. The project uses innovative pedagogies and digital methods for teaching and learning.



Co-funded by  
the European Union

# LTT EVENT IN CORK, IRELAND

By Satu Haapalainen, Turku UAS

Safe4Child project partners from Bulgaria, Finland, Germany and Ireland met themselves in Cork, Ireland on 6th – 9th February 2023. Cork is a very beautiful city and worth to visit! We were lucky with the weather too, even though the weather in Ireland can be surprising.

The aim of this meeting was LTT (Learning, Teaching, Training), which means, that S4C project team members from four universities from participating countries got together for planning online course and VR environment, including VR simulation scenario. So, in this meeting, we worked with the project results number 2 and 3.

On the day 1, we had the morning presentation of end-users' needs analysis and literature review (R1 results), led by UCC. Very interesting preliminary results and we could also see that we have the similar aggression management challenges in child psychiatric units in each country. In the afternoon we had a brainstorming about online course developing and, as a result we can say, that it is a challenge to create one online course and one VR scenario, cause interventions differ with children at different ages.

We had a dinner in a “Cask Tapas Bar” and the place was really nice and the food was good! In cork there are many places where to go, if you want to eat or drink something and if you are lucky, you can also hear the traditional Irish live music.

On the day 2 we kept a workshop about common definitions and the purpose was to reach a consensus on online course content. We worked together in international small groups, and we used mind-maps to define the content of online course. After that, groups shared their ideas with all participants. Consensus reached using blackboard and content analysis. At the end of the day, we also visited in UCC simulation center and we had also possibility to visit in VR simulation environment of UCC. In the evening we visited at Aine’s house. Thank you Aine for hosting us!

On the day 3 was the last LTT meeting day, and we worked with the online course common goals, evaluation criterias of the course and then we discussed about the role of HEI teacher in the online course. The outcomes of the training event will give the basis for the contents of the online course so, the LTT was very productive and after this meeting we have pieces of puzzle in order, until next meeting 😊



## OUR NEXT F2F MEETING IN

### PLOVDIV, BULGARIA

By Kostadin Kostadinov,  
Medical University of Plovdiv

The next meeting of the project will be hosted by MU-Plovdiv between 10 and 11 October.

MU-Plovdiv is a state university accredited by the National Evaluation and Accreditation Agency. Founded in 1945, the Medical University of Plovdiv has trained over 32 600 local and foreign students from 47 countries in Europe, Asia, America, and Africa. Today most of the alumni are respected competent physicians and dentists or eminent healthcare professionals and scientists in their home countries and all over the world.

MU-Plovdiv is a member of the European University Association. It has been granted the Erasmus University Charter ensuring participation in International educational projects and programs of the European Union, which guarantees quality training and student and teacher mobility for integration into European structures. MU-Plovdiv is certified as meeting the requirements of ISO 9001:2015 in educational activities (2021-2024). The international relations and project activity of the Medical University of Plovdiv are conducted in three University Centres: "University Centre for Erasmus+ Student and Staff Mobilities", "University Centre for Legal, Administrative Support and Communication" and "Universit Centre for National and International Programmes and Proiects". MU-Plovdiv has signed 30 academic agreements and memorandums, 150 inter-institutional agreements within the framework of the Erasmus+ Programme with universities from Member States of the European Union and non-EU Programme Countries, 15 international academic organisations, 2 international networks and OMI, CEEPUS and FULBRIGHT programs for academic exchange.



# LITERATURE REVIEW

By University College Cork

A systematic review was conducted and accepted for publication in February 2023 with the Journal of Child and Adolescent Trauma (<http://dx.doi.org/10.1007/s40653-023-00524-2>).

The review focused on the management of aggression and behaviours that challenge as displayed by children or young people. In the past, responses to these behaviours included the coercive use of chemical and at times physical restraints. The evidence informs us that practices such as seclusion, restraint and time out for managing behaviours that challenge have been associated with negative psychological outcomes for young people, including traumatising or retraumatising a young person. Because of this services are beginning to acknowledge and recognise the need to find more therapeutic means to engage with children and young people.

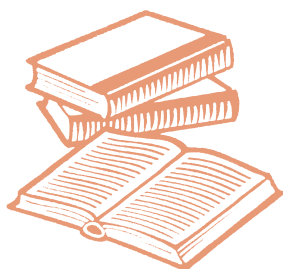
Trauma informed care (TIC) is one approach that can reduce coercive practices, emphasising that what lies beneath behaviours that challenge are unmet needs. Characterised by a strength-based approach, involving staff and service users, TIC can improve mental health, increase feelings of safety and reduce length of admission. As the body of evidence increase, with no systematic reporting available the purpose of this systematic review was to synthesise the available evidence relating to trauma-informed interventions that may reduce coercive practices in child and adolescent residential settings.

## Methods

The systematic review was reported using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) checklist (Page et al., 2021) and was guided by the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2019). Inclusion and exclusion criteria were pre-determined and the search strategy, data extraction and synthesis carefully considered and clearly outlined in the publication.

## Findings

This systematic review provided an overview and synthesis of the literature. The majority of study designs were case-study-based or quasi-experimental. Because of this and the lack of randomisation, it was difficult to determine which aspect of the interventions or implementation strategies had the greatest impact or causal associations between interventions and outcomes. Nonetheless, the review did identify the potential benefit of employing a trauma informed approach when engaging with children and young people who display behaviour that challenges. Trauma informed approaches that are underpinned by organisational change or implementation strategy do have the potential to reduce coercive practices. Information innervations may also reduce restrictive practices. In conclusion, the systematic review elucidated evidence in support of a trauma informed approach to reduce coercive practice whilst acknowledging the need for further robust research to further determine the impact of these interventions in reducing the use of seclusion, restraint and coercive practice with children and adolescents.



# VR TECHNOLOGY

By Jami Aho, Turku UAS

Last year, we began developing the VR environment with our child care experts in the project group. Our first stage focused on crafting the simulation scenario and evaluating different tools for the development. After testing different ways of creating the simulation, we found good ways to incorporate animations and advance the storyline. During this planning stage, we also collaborated with some students to design a compelling room layout, ensuring most of the major elements were in place. Furthermore, we delved into animation and UI development in the autumn of 2022.

This year, a student team joined our initiative as part of their innovation course. We shifted our focus to adding new 3D elements to the room, coding essential features for the simulation, and refining the animated timeline of the scenario. To resolve specific details, we used a mind-mapping tool called Miro, which facilitated nice communication and exchange of thoughts between our technical VR developers and the child care experts. This helped us hone the complexities of the scenario and improve the simulation's flow. We held a testing session in Turku during the spring time, garnering valuable feedback that clarified our project direction. The student team stayed on board until the end of April, submitting their final work and notes on potential next steps for the project's continuation.

In May, the project resumed with some of the original student team members who needed additional practice hours. One time-consuming aspect has been the animations, which demanded manual work for our specific system. Fortunately, one student made significant effort in this area during his internship, while another focused on completing the coding aspects.

During our summer review, we saw that progress had been made. Students have been invaluable in the development of this VR experience, contributing to a multitude of small yet critical tasks—ranging from enabling accurate interactions and designing the soundscape to adding necessary events within the scenario as seen in the image below and crafting tutorials for players.

As we move forward, our current priority is to fine-tune the dialogue for our characters and ensure that the reflective questions are well-crafted. Once this is accomplished, we aim to convert these elements into audio as well to elevate the level of immersion within the VR experience even further.

This collaborative approach has also provided an excellent opportunity for students to gain real-world project experience. For both the students and ourselves, participating in various tasks has proven to be both enlightening and rewarding, enriching the overall educational exchange.

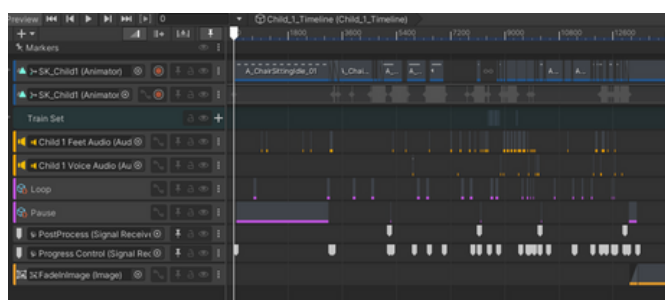
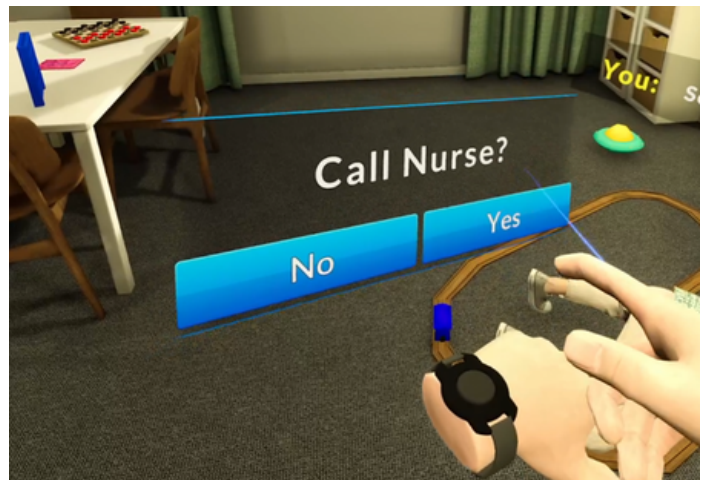


Image. Events are placed in the editor to their correct places.

# FOCUS GROUP INTERVIEWS

By Astrid Jörns-Presentati, HAW

Providing care to children and youth, whose sense of safety and security has been undermined, forms a central challenge for staff working in residential care. Studies show that most of young people in residential care or foster care (73.0-91.6%; Vasileva et al., 2017) and the vast majority of unaccompanied or separated minors (up to 97%; Witt et al. 2015) have experienced trauma. Research also indicates that professionals working in residential care group homes are at an increased risk for developing burnout, compassion fatigue, and secondary traumatic stress (Schmid et al., 2020). In spring of 2021, we conducted focus groups in four residential care group homes in Hamburg, Germany, with an overall sample of 15 residential social workers to find out more about how practitioners cope with these challenges. All residential care settings resembled family-style homes located in residential neighbourhoods in the community. Typically, in these settings several youths share a flat or terraced house and are cared for 24-hours by rotating staff. All the residential care workers interviewed had academic qualifications, with the majority being educated in social pedagogy at university level. Some had specialized in mental health or undertook post graduate training in family therapy or systemic counselling. All of them had work experience in the context of child and youth welfare services or child protection before working into the field of residential care. Amongst the interviewed were managers and support workers.

The focus groups revealed that it was not uncommon for residential care workers to experience aggression and violence daily, a finding which resonates with the literature.

In a study of professionals working in residential care homes in Switzerland it was found that 91% of all staff had experienced some type of aggression, with verbal abuse (79%) and verbal threats (53%) being the most common, followed by physical assaults (24%) (Steinlin et al., 2017). In our sample participants perceived that setting boundaries often led to a child/youth threatening or attacking staff, breaking furniture, or engaging in acts of self-harm. Collaboration with police and child and adolescent psychiatric units was described as a last resort in protecting both children/youths and staff during escalating scenarios. All interviewees had received safety and de-escalation trainings 'on the job' and stressed the importance for team leads and management to create a supportive work environment after incidents. The invitation to take part in the Safe4Child pilot course was met with great interest and it was mentioned frequently that there was a need to learn more about trauma-informed ways to understand and respond to children and youth that show behaviors that challenge.

## References

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Witt, A., Rassenhofer, M., Fegert, J.M., & Plener, P. (2015). Hilfebedarf und Hilfsangebote in der Versorgung von unbegleiteten minderjährigen Flüchtlingen. Eine systematische Übersicht. *Kindheit & Entwicklung*, 24 (4), 209-224.

## CONTACT US!



<https://safe4child.turkuamk.fi/>



Mari Lahti, Turku UAS  
Project Manager  
[mari.lahti@turkuamk.fi](mailto:mari.lahti@turkuamk.fi)



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