



carepath

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

**Creating new pathways
to trauma-informed
aftercare: Policy
recommendations**

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Creating new pathways to trauma-informed aftercare: Policy recommendations



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Glossary of Terms

Aftercare: The term given for the support provided for an appropriate period following the departure of a child or young person from an alternative care setting. Aftercare services should aim to strengthen the young person's individual, family and community support network, all of which are important to sustaining a life of independence. In comparison to support provided during the leaving care period, aftercare support is less intensive, but focused, and provided over a shorter mutually agreed time. Careful planning, monitoring and support are essential: "the provision of aftercare services should not be seen as an event, but a service that builds on the skills and capacity that young people have learned and developed during their time in care."¹

Ageing out of care (leaving care): When a child reaches the age of adulthood (typically 18) and is therefore no longer entitled to care under the national child protection system. In some countries, this age has been extended under special circumstances, such as for unaccompanied young adults.

Alternative care: Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child. The State is responsible for protecting the rights of the child and ensuring appropriate care, with or through competent local authorities and duly authorised civil society organisations. The State, through its competent authorities, needs to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided (*UN Guidelines for the Alternative Care of Children* 2009, GA A/RES/64/142). This can include being cared for within a family-based setting or a residential setting. Other terms are also used to describe alternative care across Europe, including institutional care, out-of-home care, substitute care, guardianship care, youth care, or care for looked after children. In this report, all forms of non-parental care are referred to as alternative care for means of consistency.

Care leaver: The most common term given to someone who is moving out of a formal care placement when he/she attains the legal age at which this is mandatory. The process of leaving care should include preparation for the move, the process of moving toward independent living, and the period following that move.²

Child: Every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier (*United Nations Convention on the Rights of the Child*, Article 1).

Child protection system: Refers to all sectors and authorities playing a critical role to prevent and respond to violence, abuse, neglect and exploitation of children, namely social welfare, health, education and justice.

¹ Taken from Ireland's (2019) National Aftercare Policy for Alternative Care, by Tusla the Child and Family Agency.

² Cantwell et al (2017) [Prepare for Leaving Care Practice Guidance](#), p. 24



Psychosocial support: Enabling children and young people to become aware of their social reality by strengthening their self-confidence, self-regulation and decision-making, while supporting the difficulties and problems that arise.

Trauma-informed care: Trauma-informed care is an approach that involves an in-depth understanding of the biological, psychological and social consequences of trauma, which enables professionals to personalise, in a clinical context, the interventions to be delivered for each individual. Interventions delivered using a trauma-informed methodology are adapted based on for example, the trauma suffered, its characteristics (physical, emotional etc.), its history, and the provision of available care and support.

Young people: The stage between childhood and adulthood has been increasingly recognised as an important transition point, typically between the ages 15-24. While there is no universally agreed international definition of the age group for youth, or young people, the United Nations uses the ages 15-24 for statistical purposes, whereas the European Union defines young people to be between 15 and 29.



Executive Summary

The experience for children and young people 'ageing out' of child protection systems differs wildly across Europe. Some national child protection systems provide support for children preparing to leave care and provide psychosocial aftercare support once they have left, while other countries offer little to no preparation for an independent life after their time in care. Given that children and young people with care experiences are a highly vulnerable group, it is vital to provide quality aftercare support to reduce the risks of traumatic outcomes that this group of children are often exposed to.³

By the best available estimates, approximately 1 million children are in alternative care settings across Europe.⁴ When these children reach the age of adulthood (18 in most European countries), they are expected to depart the child protection system and transition to independent living. This can be a turbulent for children from all backgrounds, as they rapidly gain independence through greater financial autonomy, transition from education to employment, and may also coincide with new social settings. However, for children in alternative care, who may lack the support of family, this is an especially vulnerable time. The formal support network provided by integrated child protection systems, which may include foster families and/or other care professionals, do not necessarily support the care leaver once they have aged out of care.

The *CarePath project*⁵ advocates that this aftercare should be trauma-informed. Trauma-informed aftercare refers to the psychological and social support tailored to individual's needs, delivered by professionals who are appropriately trained to work with children who may have experienced trauma in their lifetimes. This way of working with children with experiences of care, focused on building resilience and self-reliance, is gaining prominence in a number of European countries.⁶

³ For more information, see OECD (2019) [Changing the Odds for Vulnerable Children: Building Opportunities and Resilience](#); and UNESCO (2019) [Policy Paper 38: Education as healing: Addressing the trauma of displacement through social and emotional learning](#). Children with experiences of living in alternative care are over-represented in (available) national statistics relating to a host of social outcomes, in terms of physical and mental health costs, labour activity and costs to social, education and criminal justice systems. For example, see Heckman, J. and Karapakula, G. (2019) [The Perry Preschoolers at Late Midlife: A Study in Design-Specific Inference: working paper](#); and OECD/EU (2018) [Health at a Glance: Europe 2018: State of Health in the EU Cycle](#), which showed the costs of mental ill-health in Europe reaching 4% of GDP in 2018.

⁴ Ten years ago Eurochild (2010)'s [National Surveys: Children in Alternative Care](#) suggested approximately 1 million children in alternative care, based on best available estimates from civil society organisations across 30 European countries. More recently, the European Commission's (2020) [Feasibility Study of the Child Guarantee – Intermediate Report](#) estimated there are 345,000 children in institutional care in the EU. Additionally, Desmond, C., Watt, K., Saha, A., Huang, J. and Lu, C. (2020) "Prevalence and number of children living in institutional care: global, regional, and country estimates", published in March 2020, estimates that the number of children in institutional care in Europe and Central Asia to be 1.01 million.

⁵ The *CarePath project* is led by a partnership of seven organisations working across four EU Member States: Belgium - Eurochild; Greece - ReadLab, E-trikala, and the ERGO Academy; Hungary – the Cordelia Foundation; and Italy - the University of Torino's Departments of Psychology and Law (project coordinator) and the Person-Centred Approach Institute (IACP). The *CarePath project* is funded by the European Union's *Rights, Equality and Citizenship Programme*.

⁶ In Sweden, [Save the Children \(Rädda Barnen\)](#) have been delivering trauma-informed care training to professionals for several years alongside Australian expert Dr Howard Bath. In Scotland, the [National Health Service Education for Scotland](#) have been implementing a National Trauma Training Framework across its services. There is also increased professional activity in this field amongst professionals in [Ireland](#) and the wider [United Kingdom](#)



We are at a crossroad for European Union (EU) legislation and influence. A new European Parliament and European Commission leadership took office last year in 2019. The leadership of the EU are now negotiating on the budgetary and strategic direction for 2021-2027, to be agreed by the end of 2020. The proposed EU budget contains a number of financial instruments, namely the European Social Fund+ and the Child Guarantee initiative, that can contribute to greater social inclusion in Europe, should they receive appropriate funding. There is also a new Fundamental Strategy on the Rights of the Child planned for 2021. These EU tools have the potential to transform the lives of children living in vulnerable circumstances, including children leaving care.

Beyond Europe, last year marked the 30-year anniversary of the United Nations (UN) Convention on the Right of the Child and the 10-year anniversary of the UN Guidelines on Alternative Care. The former Convention, a landmark international human rights framework, sets out basic principles for children's rights, including **Article 20 which outlines that children deprived of a family environment are entitled to special protection and assistance by the State.** Meanwhile, in its Paragraphs 131-136, the UN Guidelines on Alternative Care outlines how aftercare should prepare children for self-reliance and full integration into wider society. During the 2019 United Nations General Assembly, the nations of the world, including all EU Member States, re-affirmed their commitment to these landmark frameworks. The General Assembly adopted a resolution on Rights of the Child with a special focus on children without parental care. The resolution, among other things, committed to:

*ensuring that adolescents and young people leaving alternative care receive appropriate support in **preparing for the transition to independent living**, including support in gaining access to employment, education, training, housing and psychological support, participating in rehabilitation with their families where that is in their best interest, and gaining access to after-care services consistent with the **Guidelines for the Alternative Care of Children.**⁷*

With these important policy developments at EU and international levels in mind, **it is an opportune time to hold the EU and its Member States accountable to their commitments to provide aftercare.**

This policy report makes the case for an integrated support system for children leaving care, and argues that this system should be trauma-informed. While the EU may not possess the competency to change Member States' child protection systems, it does provide an important opportunity for sharing and recommending good practices. Given the increased challenges faced by Europe's societies in light of the coronavirus pandemic in 2020, the need to take account for, and prepare effectively to respond to, the risks of trauma on children's development is greater than ever.⁸ With these in mind, this report

⁷ Paragraph 35(L), United Nations General Assembly (2019) Promotion and protection of the rights of children. 74th session, agenda item 66, available at: <https://undocs.org/A/74/395>

⁸ For more information, read CarePath partner Eurochild's [statement on the impact of COVID-19](#).



issues 12 recommendations for EU, national and regional decision-makers on how create more trauma-informed child protection systems across Europe.⁹

The **recommendations** of the *CarePath project* are as follows:

For EU decision-makers:

1. **Regarding policy guidance, the European Commission should issue a Communication on the transition from institutional to family- and community-based care**, within which specific recommendations on the provision of aftercare are stipulated, as set out in the *UN Guidelines on the Alternative Care for Children* (2009). This would follow from, and fit within, the child-centred rights-based approach of the *Recommendation on Investing in Children: Breaking the cycle of disadvantage* (2013) to reduce inequalities and enhance services for children.
2. **Concerning funding, the EU should closely follow the implementation of enabling conditions tied to deinstitutionalisation to prevent social exclusion of vulnerable groups** in its 2021-2027 EU structural funds.¹⁰ Further, the EU should ensure that financial resources from the new European Social Fund+ reach **children leaving child protection systems**, in particular specific measures reflected in the upcoming EU Child Guarantee initiative. Intersectional vulnerabilities, such as care leavers with a disability or a migration background, need to be considered.
3. **The EU should provide opportunities for peer learning and research on the effectiveness of trauma-informed care across Europe.**
4. **Children's right to participate is set out in the United Nations Convention on the Rights of the Child (UNCRC)** and in particular Article 12 on child participation. Building on the Bucharest EU Children's Declaration in 2019¹¹, the EU should create mechanisms to ensure the participation of children and young people leaving care in decision-making at European and national levels.

⁹ These recommendations emerged from the unpublished outputs of the project, as well as a desk-based review of academic and grey literature on alternative care of children, aftercare, and trauma-informed care. Outputs of the *CarePath project* included interviews with children, young people living in alternative care settings and their carers; and an assessment of care professionals' training needs. Other works that influenced this report include: SOS Children's Villages project *Leaving Care* (2018-2020); Save the Children Sweden's *Traumamedveten omsorg* (trauma-informed care) professional programme (2015-present); European Care Leavers Network (2018-2020); and the *Now What? Preparing and empowering youth leaving care* project (2018-2020).

The recommendations of this report were also influenced by the recommendations issued in the SOS Children's Villages International project *Leaving Care's Be the Change! Leave No Care Leaver Behind!* (2019), as well as those issued by the *European Care Leavers Network*. These recommendations have been cited appropriately in this report.

¹⁰ The 'enabling conditions' continue the approach of the ex-ante conditionalities introduced for the 2014-2020 funding period. Essentially, this means that in order to access European Structural funding, Member States needs to ensure that certain strategic/policy frameworks, regulatory frameworks and administrative/institutional capacities are in place. For example, previous ex-ante conditionalities required Member States to have deinstitutionalisation strategies in place to access funding.

¹¹ See [the full call to action of the Bucharest EU Children's Declaration](#) on UNICEF's website.



For national decision-makers:

5. **Public authorities should invest in integrated trauma-informed support programmes, guided by evidence-informed practices and the voices of children leaving care or who have experience of leaving care.** A trauma-informed approach should:
 - a. involve specialised professionals of multiple disciplines and sectors;
 - b. aim to develop trauma-informed interventions and individualised plans for self-care, social inclusion, practical and inter-personal skills, housing and living.
6. **National governments should extend the age of formally leaving child protection systems** for children deprived of parental care to an age appropriate to enable the young person to live independently, based on individual needs/capabilities.¹²
7. **National governments should establish a national strategy for the provision of aftercare for children leaving care, integrated into relevant child protection authorities/agencies.** This strategy should consider the needs of all care leavers, establish measures to monitor data related to care leavers, and set out clear guidelines on how to incorporate a trauma-informed approach into existing care, education, social, justice and health sectors, as well as the personal and family networks of care leavers themselves.
8. **Establish clear national measures for the cooperation protocols between government, public services, civil-society and private organisations providing trauma-informed care services and aftercare services to children and young people.** This cooperation should be supervised by a national coordinating body and needs to incorporate the voice of children leaving care themselves. Their voices need to be recognised and heard, and this participation needs to be clearly set out in national strategies on aftercare.

At local level:

9. The departure and transition from care can be traumatic in itself and risk re-traumatisation. **Children leaving care should therefore receive appropriate trauma-informed support and protection according to their best interests**, in line with the *UN Guidelines on Alternative Care for Children* and the EU (2013)'s *Recommendation on investing in children: Breaking the cycle of disadvantage*. This includes support towards leading an independent and successful adult life, but this does not have to equate to sole-independent (and potentially lonely) living.
10. **Financial resources and time should be allocated to the training of trauma-informed care for professionals working with children preparing**

¹² Extending the age for leaving child protection systems would help address inconsistencies in eligibility across EU Member States, such as on age, time spent in care (e.g. in Ireland aftercare is only provided if the child was in the care of the State for no less than 12 months between the ages of 13-18. If this criteria is met, support is available up to the age of 21, and 23 if the young person is in education or training), if the young person previously arrived unaccompanied (e.g. in the Netherlands, lawmakers in 2018 extended foster care for unaccompanied young adults up to the age of 21) etc.

European Parliament and Council of the European Union (2013), Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 [laying down standards for the reception of applicants for international protection \(recast\) L 180/96](#).



to, in the process of and who have experience of leaving care. This training should include input from care leavers, where appropriate.

11. **Preparation for the transition from care should begin prior to the child's departure from the care system and be incorporated into the young person's individualised care plan.** The transition should be planned in advance and financial resources should be allocated, during and after young people age out of care. It is important that these plans be trauma-informed to ensure that care leavers can transition to a fulfilling life beyond care.
12. **Where possible and with the consent of children and young people themselves, access should be made to consistently available care professionals and other care leavers.** This should be facilitated by care personnel in addition to, or ideally in continuation of, the care system under which the young person was part of prior to turning 18.



1. Background to the *CarePath* project and the policy recommendations report

Background to the *CarePath* project

This policy recommendations report is one of the key outputs of the *CarePath* project: *Empowering public authorities and professionals towards trauma-informed leaving care support advocates*. *CarePath* is a two-year EU-funded project working across four EU Member States – Belgium, Greece, Hungary and Italy. The project has produced a number of useful resources to support public authorities to better meet the needs of children with traumatic experiences as they age out of care into aftercare settings. These resources include: this policy report, a free online training resource and toolkit for professionals on trauma-informed care, and an integrated service mechanism for accessing services.¹³

The *CarePath* project is a partnership of seven organisations working across four EU Member States: Belgium - Eurochild; Greece - ReadLab, E-trikala, and ERGO Academy; Hungary – the Cordelia Foundation; and Italy - the University of Torino's Departments of Psychology and Law (project coordinator) and the Person Centred Approach Institute (IACP). The *CarePath* project is funded by the European Union's *Rights, Equality and Citizenship Programme*.

***CarePath* is advocating for greater adoption of a trauma-informed care approach among professionals working with children and young people in aftercare settings.** Trauma-informed care is an emerging psychosocial approach that responds to the needs of children who have experienced trauma in their childhood. We know that persistent levels of stress that traumatic experiences during childhood can lead to serious negative impacts on children's learning, behaviour, as well as their physical and mental health.¹⁴ We also know that children who have spent time in alternative care have a higher risk of social exclusion than those who have not had experiences of alternative care; these children have also more likely experienced traumatic and adverse childhood experiences.¹⁵

Trauma-informed care seeks to address these risks. **By trauma-informed care, we mean the delivery of appropriate aftercare through the provision of therapy arrangements and/or psychosocial support that is premised on the active participation of, and in the best interests of, the child leaving care.** Through the provision of trauma-informed care, we want to ensure that children who have

¹³ For more information, visit the [CarePath project website](#).

¹⁴ Wood, D., Shonkoff, J. and Garner, A. (2012) Technical Report: The lifelong effects of early childhood adversity and toxic stress, cited in UNESCO (2019) [Policy Paper 38: Education as healing: Addressing the trauma of displacement through social and emotional learning](#).

¹⁵ See Jozefiak T, Sønnichsen Kayed N. (2015) Self-and proxy reports of quality of life among adolescents living in residential youth care compared to adolescents in the general population and mental health services. *Health Quality Life Outcomes*; 13, pp.1–12; and Stein, M. (2006). 'Research Review: Young People Leaving Care', *Child and Family Social Work* 11: pp. 273–279.



experienced trauma can be best supported during their transition out of care through aftercare support.¹⁶

The objectives of the *CarePath project* for children leaving care are to:

1. ensure that children leaving care have access to trauma-informed aftercare;
2. increase the capacity of professionals in child protection systems to better support children with traumatic experiences; and
3. advocate for the adoption of individualised leaving care plans for all children leaving care that are guided by trauma healing methodologies.

For professionals working with children leaving care, the objectives of the *CarePath project* are as follows:

1. improve knowledge around the provision of trauma-informed support of children in preparing to leave care and to those in aftercare settings;
2. improve national and regional child protection systems in partners' countries, through wider practice of one-stop trauma-informed interventions; and
3. develop a sustainable mechanism for providing integrated psychosocial support services to children based on trauma-informed interventions.

The *CarePath* policy recommendations report

This report aims to highlight the necessity of decision-makers to consider integrated and trauma-informed aftercare support when planning services for children leaving care. With appropriate allocation of resources, we can ensure that children leaving care receive the best possible psychosocial support as they navigate the critical transition to adulthood and independent living. **The report is intended for EU, national and regional decision makers, as well as authorities with responsibility for the delivery of child protection services.**

The structure of the report follows with an introduction to the key components of trauma-informed aftercare, as well as demonstrating how it can look in practice. Next, the report highlights how trauma-informed aftercare fits within an international and EU policy context. Thirdly, child protection systems in the four countries of the *CarePath project*: Belgium, Greece, Hungary and Italy, are examined, with specific challenges identified related to the provision of trauma-informed aftercare. Finally, the report concludes with evidence-informed policy recommendations for improving child protection systems with an emphasis on a trauma-informed approach. These recommendations, rather than 'reinventing the wheel', collate and reiterate recommendations from current practices supporting children leaving care across Europe, as well as the growing breadth of policy and literature on children in alternative care systems.

The content of this report has drawn on desk research into relevant literature and child protection systems, as well as the expertise of the partner organisations of the *CarePath project*, who between them possess expertise across academia, policy and practice. The

¹⁶ Enabling children and young people to achieve their full potential and live a meaningful life is set out in the international & EU children's rights frameworks: the United Nations *Convention on the Rights of the Child* (1989) and the European Commission's *Recommendation for Investing in Children to break the cycle of disadvantage* (2013).



authors also would like to acknowledge the contributions of those who provided feedback to this report, including members of Eurochild’s network and external experts in the field of child protection.



2. Building the case for trauma-informed aftercare

The need for strengthened and trauma-informed aftercare in national child protection systems across Europe has gained increased prominence in recent years. This is in part due to a large increase in the number of separated and unaccompanied children in Europe in recent years, many through asylum processes.¹⁷ Many of these children have been exposed to highly traumatic events and circumstances in their home countries, during their potentially perilous journey to Europe, and in their alternative care arrangements here in Europe.

This chapter develops the case for trauma-informed aftercare for children leaving care, or who have already left care. Core components of a trauma-informed aftercare system are defined, including: an understanding of trauma in relation to children, trauma-informed care as an approach to working with survivors of traumatic experiences, supporting the transition from care, and the importance of participation of care leavers in their preparation to leave care.

2.1 Key components of trauma-informed aftercare

What is trauma?

Trauma results from an event, series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.¹⁸ Exposure to trauma is common in children who have been placed in care, and there is increasing interest in the unique needs of these children.¹⁹ Trauma is thought to have significant implications for the development of children's cognition, language and self-identity. These can be predictors for serious and costly negative outcomes in later life at both human and societal levels.²⁰

In recent years, a growing evidence base is demonstrating the impact of trauma on the cognitive development of children in alternative care. An overview of empirical

¹⁷ For more information on this subject, see the European Commission's [homepage for children in migration in the EU](#).

¹⁸ This popular definition for trauma comes from the American Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) [toolkit on the trauma-informed approach](#), p.7.

¹⁹ Gabbay, V., Oatis, M., Silva, R., & Hirsch, G. (2004) "Epidemiological Aspects of PTSD in Children and Adolescents", in R. Silva (ed.), *Posttraumatic stress disorders in children and adolescents: Handbook* (p. 1–17).

²⁰ For more information, see OECD (2019) [Changing the Odds for Vulnerable Children: Building Opportunities and Resilience](#); and UNESCO (2019) [Policy Paper 38: Education as healing: Addressing the trauma of displacement through social and emotional learning](#). Children with experiences of living in alternative care are over-represented in (available) national statistics relating to a host of social outcomes, in terms of physical and mental health costs, labour activity and costs to social, education and criminal justice systems. Studies such as Heckman, J. and Karapakula, G. (2019) [The Perry Preschoolers at Late Midlife: A Study in Design-Specific Inference: working paper](#); and OECD/EU (2018) [Health at a Glance: Europe 2018: State of Health in the EU Cycle](#), demonstrate the high societal & economic costs of negative outcomes, for example in the case of OECD/EU (2018) shows that mental health costs reached 4% of GDP in Europe in 2018.



evidence carried out in 2016²¹ suggests that, for children in care, trauma can lead to:

- compromised executive functioning
- difficulty regulating arousal levels in response to emotional and sensory stimulation (high and low emotional responsiveness)
- difficulty with attention and memory
- distinct patterns of social information processing
- reactivity to sensory stimuli
- disruptions to sleep and other circadian rhythms; and
- compromised language development, including difficulty in the comprehension and social use of language despite apparently adequate verbal abilities.

While children in care are likely to have been exposed to trauma, they are also likely to have been exposed to a range of other factors that may impact their cognitive development. Early-life adversities for these children may include exposure to alcohol and other substances in utero, and neglect. There is a growing evidence base around the adverse impact of traumatic events on childhood development, suggesting long-lasting physical, emotional and cognitive harmful effects. These effects can be even more damaging when experienced during sensitive periods of brain development, for example throughout childhood, and/or during important transition periods.²² Consequentially, child protection systems need to be more responsive to these needs.

Trauma-informed care

Fallott and Harris (2001) introduced the idea of applying a trauma-informed understanding to the design of services for people who have been affected by deep, prolonged and violent traumatic events in their lives. Security, reliability, choice, collaboration and empowerment were all identified as fundamental of this method.²³

Trauma-informed care is therefore focused on increasing practitioners' awareness of how trauma negatively impacts people so as to reduce practices that might inadvertently re-traumatise.

With specific application for working with children who have exposed to chronic adversity and trauma, a three-pillar approach to transforming care has been developed.²⁴ **This three-pillar approach involves the delivery of appropriate trauma-informed care through the provision of therapeutic intervention and/or psychosocial support that is premised on the active participation**

²¹ McLean (2016) *The effect of trauma on the brain development of children: Evidence-based principles for supporting the recovery of children in care*, Child, Family, Community, Australia initiative.

²² For example, see Mackes et al (2020), [Early childhood deprivation is associated with alterations in adult brain structure despite subsequent environmental enrichment](#), *PNAS*, 117(1), pp. 641-649; and Teicher, M. (2018) 'Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border', in *BMC Medicine*, Vol. 16(1), cited within UNESCO (2019) *Policy Paper 38: Education as healing: Addressing the trauma of displacement through social and emotional learning*.

²³ See Harris, M., & Fallot, R. (eds.). (2001) *New directions for mental health services. Using trauma theory to design service systems*. San Francisco, CA, US: Jossey-Bass.

²⁴ See Bath, H. (2016) [The Three Pillars of Transforming care: Healing in the 'other 23 hours'](#).



of, and in the best interests of, the child leaving care. The pillars are based on three central trauma-related needs, namely:

1. safety
2. connections
3. coping

This method calls for a holistic and integrated care model that is provided not just during an hour of therapy, but in 'the other 23 hours of the day', as **care delivered to children and young people takes place in every interaction they have with family and professionals.** Therefore, parents, counsellors, teachers, coaches, direct-care workers, case managers and others all have an important role to play.

There is a growing level of interest and application of a trauma-informed approach to care for children across European countries, including Sweden, Finland, Ireland and the United Kingdom. For example, since 2016, Save the Children Sweden's project *Transforming care initiative* has delivered training to thousands of professionals all over Sweden on trauma-informed care using the 'three pillar approach'.²⁵ Those trained include staff in residential settings, social workers, coaches, foster and non-foster parents, day nursery staff and many other people whose work is dedicated to making vulnerable children feel safe and supported in a positive way. However, while the growing popularity of trauma-informed care across Europe is to be welcomed, there is a need for more rigorous evaluation so as to demonstrate the effectiveness of trauma-informed care and develop best practices.²⁶

Supporting care leavers in their transition from care

Coinciding with the growing focus on the effects of adversity in childhood, there has also been an increased emphasis on intervening around key transitions in childhood to counter adverse outcomes. These transitions include: from home life to childcare; from childcare to primary education; from primary to post-primary; and from adolescence to adulthood – which can also coincide with the transition to further education and/or working life.²⁷ This section focuses on the transition to adulthood, particularly for children leaving care. Currently, services working with care leavers fail to continuously screen and assess children's trauma to effectively respond to their needs towards independent living.²⁸

The transition to adulthood for children leaving care can coincide with the loss of formal psychosocial supports that the child should have access to while placed in care. This may include foster families and other care professionals, such as social workers. The loss of these supports is amplified by the lack of informal familial

²⁵ For more information visit the 'Transforming care initiative' (*Traumamedveten omsorg* in Swedish) at <https://www.raddabarnen.se/rad-och-kunskap/arbetar-med-barn/tmo/>.

²⁶ Asmussen et al. (2020) *Adverse childhood experiences: What we know, what we don't know, and what should happen next*. Early Intervention Foundation, available at: <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>

²⁷ Rochford, S., Doherty, N. and Owens, S. (2014) *Prevention and Early Intervention in Children and Young People's Services: Ten years of Learning*. Dublin: Centre for Effective Services.

²⁸ European Fundamental Rights Agency (2017) *Fundamental Rights Report for 2017*.



support that children with parental care have access to, who according to Eurostat, on average leave home at age 26.²⁹ In the event of legal care provision ending at 18, children leaving care are therefore expected to undertake the journey to adulthood far younger and in far less time than their peers who are not deprived of parental care.³⁰

It is crucial therefore, that the transition to adulthood does not result in a child being effectively 'cast adrift' into independent living and heightening their risk of social exclusion. Care leavers should be allowed, encouraged, and enabled to remain in touch with, or in the care of, foster parents or other caregivers after 'ageing out' of the system.

They should also be directly involved in individualised planning to determine the most suitable living arrangement in their transition to adulthood, and how it is to be organised. A review of research into care leavers' experiences of leaving care found that young people who benefitted from more gradual and supported transitions from care had better outcomes than those who left care abruptly.³¹

It is important to highlight that some care leavers leave care and transition to adulthood with little or no support, and go on to live safe and fulfilling lives. Therefore, research into childhood resilience in educational and social care environments has important lessons for psychosocial support, including trauma-informed care.³² **With appropriate aftercare support, the transition to adulthood for children leaving care can be a period of opportunity and growth.** This is especially true if consistency, stability and individual involvement is enabled across relevant services (such as school, community, housing, employment and health).

In recent years, several European initiatives have worked with care leavers on the care leaving process. SOS Children's Villages International's *Leaving Care Project* has trained care professionals to apply a child rights-based approach in their work with young people leaving care. The project also works to strengthen support networks for young care leavers, who have co-produced European-wide recommendations and have co-trained professionals.³³ The project's predecessor, *Preparing for Leaving Care* also found that care leavers are concerned about their protection, inadequate levels of support, lack of access to services, and insufficient participation in decision-making. Overall, these care leavers felt their needs and wishes are not being fully met by those responsible for supporting them through the care leaving process.³⁴

²⁹ See Eurostat's 2019 report on '[When are they ready to leave the nest?](#)', drawing on EU labour force and living conditions surveys data (accessed March 2020).

³⁰ Stein, M. (2006). 'Research Review: Young People Leaving Care'.

³¹ Ibid.

³² Ungar, M. and Teram, E., (2000). Drifting toward mental health: High-risk adolescents and the process of empowerment. *Youth & Society*, 32(2), pp.228-252. See also: www.resilienceresearch.org.

³³ Read the recommendations at: SOS Children's Villages International. (2019). [Call to Action: Leave no care leaver behind!](#) For more information, visit [the project page for Leaving Care – An Integrated Approach to Capacity Building of Professionals and Young People](#).

³⁴ From Cantwell et al. (2017). *Prepare for Leaving Care Practice Guidance*. Innsbruck: SOS Children's Villages International, p.26.



Another European project called *Now What?: Preparing and Empowering Youth Leaving Care* sought to support care leavers develop personal and self-care skills, such as budgeting, time management, health, nutrition, hygiene, and conflict resolution; all with the goal of improving their experience preparation to leave the care system.³⁵

Child participation in the leaving care process

From policymaking to service delivery, recent years has seen an increased recognition of the importance of including the participation of children and young people in decisions that affect them. At EU level, the 2019 *Bucharest Children's Declaration* on child participation in decision-making at national and EU levels was endorsed by EU leaders.³⁶ The Declaration, developed with and by children all over Europe has established a political commitment for ensuring child participation, and is founded on Article 12 of the United Nations *Convention on the Rights of the Child*, and Article 24 of the *Charter of Fundamental Rights* of the European Union (both detailed in Chapter 3). These frameworks stipulate the right of all children to be heard.

Some EU Member States have put in place national measures to ensure the participation of children in the leaving care process; this has not taken place cohesively across the EU.³⁷ For example, Ireland has put in place a national aftercare strategy that explicitly places the active engagement and participation with the young person or young adult as central in the preparation and review of aftercare plans.³⁸ **While political recognition for meaningful participation of children has improved, this has not yet translated to action for all European Member States.**

There has been a growth in care leaver-led advocacy among civil society organisations in recent years. Organisations such as the European Care Leaver Network, Irish organisation EPIC's (Empowering people in care) National Youth Council, and Romania's Council of Institutionalised Youth are calling for greater inclusion of care leavers in decision-making.³⁹ The European Care Leavers Network involved 178 care leavers from 7 different countries, and issued recommendations calling for standards across every European country for children in care and leaving care.

The argument for trauma-informed aftercare

This chapter has outlined the potential life-lasting damage caused by traumatic experiences that children in care are more frequently exposed to than their peers.

³⁵ For more information on the "Now What?" project, see: <http://now-what-project.eu/>.

³⁶ See [the full call to action of the Bucharest EU Children's Declaration](#) on UNICEF's website.

³⁷ Fundamental Rights Agency (2015) *Mapping child protection systems in the EU: Provisions introducing age requirements on the right of the child to be heard in placement decisions*.

³⁸ See Ireland's (2019) [National Aftercare Policy for Alternative Care](#) from Tusla, the Child and Family Agency.

³⁹ See respectively: <https://www.epiconline.ie/epics-manifesto-for-general-election-2020/>; <http://consiliultinerilor.ro/>; and <https://www.careleavernetwork.eu/care-leavers-network-europe-recommendations/>



Whether or not children leave the care system upon entering adulthood at 18, this transition is a period that requires careful, planned and well resources support, while taking into full account the voice and wishes of the individual leaving care. With these contexts in mind, this report argues that this process should be supported by aftercare professionals and organisations that are trauma-informed.

The key value of trauma-informed aftercare is that it can ensure that the care leaving process does not risk exposure to further trauma or re-traumatisation for children and young people. In the absence of parental care, children leaving care systems are particularly vulnerable at this point, as they do not necessarily have access to the same informal familial, social and emotional support that their peers with parental care have. **Appropriate support can include psycho-therapeutic healing, as well as teaching coping and management strategies for traumatic experiences, but can also include sensitised social-emotional help for the day-to-day challenges of independent living.** Attention is also required to adequately support professionals providing this aftercare support, to reduce the risk of vicarious trauma and risk of burn out.

As pointed out earlier in this chapter, there is a comparably small, yet growing, empirical base of research that supports the call for greater investment in trauma-informed care systems. Further evidence is needed to measure the effectiveness of trauma-informed care at improving outcomes for children with experiences of trauma, so that we can better guarantee that services deliver for children during and after leaving care process.

2.2 What does trauma-informed aftercare look like in practice?

Trauma-informed care in practice

With the core components of trauma-informed aftercare in mind, this section explores what trauma-informed aftercare looks in practice. In the table below, the key principles underpinning trauma-informed approaches are outlined:

1. Seeing through a trauma-informed lens, meaning that there is an understanding and acknowledgment of the links between trauma and mental health.
2. Adopting a broad definition of trauma extending beyond PTSD, including recognising social trauma and the intersectionality of multiple traumas.
3. Making trauma enquiries sensitively and with knowledge about how to respond.
4. Referring people to evidence-based, trauma-specific support, where indicated.
5. Addressing vicarious trauma and re-traumatisation.
6. Prioritising trustworthiness and transparency in communications, such as limiting the professionals a person is required to repeat their traumatic history to.
7. Moving towards collaborative relationships and away from helper–helped roles, based on trust, collaboration, respect and hope.



8. Adopting strengths-based approaches that reframe symptoms as coping adaptations, such as dissociation as an adaptive strategy to escape unbearable experiences.
9. Prioritising emotional and physical safety for service users and providers.
10. Working in partnership with trauma survivors, for example to design, deliver and evaluate services.

Table 1. Sweeney and Taggart (2018)'s 10 key principles underpinning trauma-informed care approaches⁴⁰

Applying these principles to an aftercare context, trauma-informed services need to be personalised and flexible in their design, so that young people accessing the service can feel supported to overcome the many potential challenges of early adulthood and independent living. These challenges can include, but are not limited to, continuing education, searching for suitable accommodation, looking for a job, while having the potential to receive therapeutic counselling where needed. Furthermore, given that care leavers may not possess the same social support networks as their peers with parental care, it is important that aftercare services seek to work with existing, or establish new networks of support for care leavers. These networks should be multi-sectoral in nature, bringing together stakeholders and mentors involved in the care leavers' life – for example professionals from education, work and social sectors, but also any friends and family members. These networks of support should be sensitive to the individual's personal histories.

Furthermore, it is vital to provide additional and specialised supports in trauma-informed aftercare services to assist care leavers who may have experienced adversity or trauma in, or before, their time in care, taking into account the intersectional adversities that may have been experienced by children with disabilities, or children with a migrant background.

With these factors in mind, it is key that trauma-informed aftercare services design and manage working environments where respect, empathy and safe relationships are guaranteed for both service providers (care professionals) and 'service users (care leavers). Usefully, Hanson and Lang (2016) identify how trauma-informed care should look like in workforce development, service delivery and organisational change:

Workforce development	Trauma-focused services	Organisational change
Training of all staff on the impact of abuse or trauma	Screening/assessment to identify trauma history and symptoms	Collaboration, coordination and information sharing (internal and external)

⁴⁰ Sweeney, A. & Taggart, D. (2018). (Mis)understanding trauma-informed approaches in mental health. *Journal of Mental Health*, 27, 383–387.



Measuring staff knowledge/ practice	Child's trauma history included in case record/plan	Procedures to reduce risk for service user re-traumatisation
Strategies/procedures to address/reduce traumatic stress among staff	Availability of evidence-based trauma-focused practices	Promotion of consumer engagement
Knowledge/ skills in accessing evidence-based services		Provision of strengths-based services
		Safe physical environment
		Written policies that include/ support trauma informed care principles

Table 2. Hanson and Lang (2016)'s primary aims of trauma-informed care for maltreated youth⁴¹

Vitality, trauma-informed aftercare must not compromise the agency of the children and young people it seeks to help. Emphasis must be maintained on empowering the individual's capacity to determine their own path in life and exercise their right to self-determination, rather than positioning them as 'sick' or 'damaged' victims.

Empowerment comes from adopting a strength-based approach to care, and working in partnership with children as trauma survivors, who have overcome adversity, and not as victims.

2.3 Chapter conclusion

There is a growing evidence base on the need for, and benefits of providing aftercare, and there is clear applicability for trauma-informed care to be part of this response. However, this has not translated into concrete structural changes in child and social protection systems. **Without appropriate systems in place such as training, professionals providing aftercare support cannot provide the best possible care for young people. Worse still, there is a risk of re-traumatising young people.** Failure to scaffold the crucial transition to adulthood appropriately can increase the risk of negative outcomes during life.

The evidence for trauma-informed aftercare support stresses the need to be holistic in its delivery, and service providers need to be professionally aware in understanding the diverse experiences and backgrounds that children and young people may have been exposed to prior to leaving care, and during care. **Trauma-informed aftercare can play a part in ensuring a safe and secure transition, or pathway, which supports children and young people along their journey toward independent living.** The *CarePath project* promotes such a pathway, and the next chapter outlines the case for trauma-informed aftercare within international and European human rights frameworks.

⁴¹ Hanson, R., and Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. *Child Maltreatment*, 21(2), 95–100.



3. International and European human rights policy on aftercare

Child protection systems, and alternative care within them, are a national competency of European Union Member States. This means that individual countries determine the functioning of their child protection systems, including if and when children and young people are entitled to receive aftercare when they leave care. However, international and European treaties, frameworks and policies play an important role in the monitoring and development of child protection across Europe. This chapter recalls international and European policies that relate to the provision of aftercare.

3.1 International policy supporting aftercare

UN Convention on the Rights of the Child

Children's rights are enshrined at the highest level through the United Nations *Convention on the Rights of the Child* (CRC) that was signed by all Member States of the United Nations in 1989, including all EU Member States (although the EU itself has not signed it).⁴² The CRC regulates the obligations of States to protect and promote the rights of the child. The CRC includes three major categories of rights:

1. Protection - from abuse, exploitation, discrimination
2. Benefits - the right to education, health, welfare; and
3. Participation - the right to expression of opinion, information and leisure time.

Under Article 20, a child permanently deprived of their family environment is entitled to special protection and assistance provided by the State. The State needs to ensure alternative care for such a child in accordance with its national laws.

UN Guidelines for the Alternative Care of Children

In 2009, the UN General Assembly strengthened the CRC with the *Guidelines for the Alternative Care of Children* (hereafter the UN Guidelines). The UN Guidelines are an internationally agreed resolution that outlines the responsibilities of national governments for the provision of alternative care of children. They are "intended to enhance the implementation of the *Convention on the Rights of the Child* and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so."⁴³

The UN Guidelines specifies the importance of aftercare for children and young people transitioning from alternative care. Paragraph 131 reads

⁴² Read the United Nations Convention on the Rights of the Child (1989) at: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

⁴³ Paragraph 1 of the United Nations *Guidelines for the Alternative Care of Children* (2009). Read the full Guidelines at: https://www.unicef.org/protection/alternative_care/Guidelines-English.pdf



“state-agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children (i.e. when leaving care) to ensure appropriate aftercare and/or follow-up”. Concerning the preparation for leaving care, **“throughout the period of care, [authorities] should systematically aim at preparing children to assume self-reliance and to integrate fully in the community,** notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.” On the participation of children in this process, **Paragraph 132 recommends that, “children leaving care should be encouraged to take part in the planning of aftercare life”.** With these paragraphs, the UN Guidelines set out clear recommendations for national governments to provide timely and adequate preparation for leaving care and aftercare support to children who are transitioning from alternative care.

In the *Moving Forward* framework for implementing the UN *Guidelines for the Alternative Care of Children*, the Centre for Excellence for Looked After Children in Scotland (CELCIS) outline that successful transition from alternative care are built on solid foundations, namely:

- a) good quality placements, providing young people with stability and continuity of care
- b) a positive experience of education
- c) assessing and responding to young people's health and emotional needs
- d) preparation in self-care, practical and inter-personal skills.⁴⁴

UN Convention on the Rights of Persons with Disabilities

Children with disabilities are overrepresented in the care system (notably institutional care settings). The European Union ratified the United Nations *Convention on the Rights of Persons with Disabilities* (CPRD) in 2010, making it the first international human rights treaty ratified at EU level. As a result, the Council of the EU, the Member States and the European Commission have shared responsibility to implement the CPRD between them.⁴⁵

Concerning aftercare, in its preamble text **the CPRD recalls that States Parties are obliged under the CRC to ensure that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children,** including its Article 20 on alternative care. **Article 7 of the CPRD further states that the best interests of the child shall be a primary consideration in all actions concerning children with disabilities.** Additionally, Article 19 of the CPRD outlines that Member States are accountable to ensure the equal right of all persons with disabilities to live in the

⁴⁴ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. and Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, p.98.

⁴⁵ These responsibilities and implementation arrangements are defined in the [Council Decision 2010/48/EC](#) and the [Code of Conduct](#) between the Council, the Member States and the European Commission. This information was sourced from European Disability Forum's website: <http://www.edf-feph.org/eu-has-ratified-convention-what-does-mean>.



community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

3.2 European policy supporting aftercare

The European Union Charter of Fundamental Rights

While child protection systems are not a legal competency of the European Union (EU), the EU Charter of Fundamental Rights is the cornerstone charter containing general child protection principles to be upheld by every EU Member State.⁴⁶ **In Article 24, the EU Charter outlines the right of children to “protection and care as is necessary for their well-being”, and their right to “express their views freely, and these “views shall be taken into consideration on matters which concern them”.** Article 24 further stipulates that **“in all actions relating to children, whether taken by public authorities or private institutions, the child’s best interests must be a primary consideration”.** Finally, “every child shall have the right to maintain on a regular basis a personal relationship and direct contact with both his or her parents, unless that is contrary to his or her interests.”

Key European Union policy instruments

Given that children in alternative care are increasingly recognised as a vulnerable group⁴⁷, there is a strong case for more guidance in the EU’s social inclusion agenda to support Member States put in place more integrated aftercare provisions in national child protection systems. This would build on the past decade of EU rights-based, child-centred policy guidance and the use of structural funds to reform institutional care of children towards family-based and community-based care. This section outlines the key EU policies and funding instruments that guide this reform.⁴⁸

The 2013 Recommendation on Investing in Children

The European Commission’s 2013 *Recommendation on Investing in Children: breaking the cycle of disadvantage* offers guidance on integrated strategies to tackle child poverty and promote children’s well-being. It promotes access to quality services and the active participation of children themselves, both of which are key to the provision of integrated and trauma-informed aftercare. When referring to access to quality services, the *Recommendation* explicitly supports the provision of support for children without parental care during their transition to adulthood, in line with recommendations from Paragraph 131 of the UN Guidelines to:

⁴⁶ Read the EU Charter of Fundamental Rights (2000) here: https://www.europarl.europa.eu/charter/pdf/text_en.pdf

⁴⁷ Read both the [Feasibility Study for a Child Guarantee: Intermediate Report](#) and the Target Group Discussion on Children in Alternative Care (same link) from the European Commission.

⁴⁸ Other relevant EU tools here include the European Commission’s [10 Principles for integrated child protection systems](#), the proposed [European Social Fund+](#) and the civil society [European Expert Group on the Transition from Institutional to Community-based Care](#).



“ensure that children without parental care have access to quality services (both mainstream and specific services) related to their health, education, employment, social assistance, security and housing situation, including during their transition to adulthood.”⁴⁹

The European Social Fund+ and the Child Guarantee Initiative

Concerning EU funding, the new EU budget for the period 2021-2027 involves two important instruments that can make a substantial difference for children leaving care: the European Social Fund+ and the Child Guarantee initiative. The former is a new funding package that will be the EU’s main financial instrument for improving Europe’s social dimension, by putting the principles of the European Pillar of Social Rights into practice, including Principle 11 for children:

“Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities.”⁵⁰

The new leadership of the European Commission, who took office in December 2019, have proposed to develop an implementation plan for the principles of the European Pillar of Social Rights.

The newly proposed Child Guarantee initiative is planned to be included in the next EU budget (2021-2027), as part of the European Social Fund+. Inspired by the existing *Youth Guarantee*⁵¹, **the Child Guarantee earmarks €5.9 billion shared equally across Member States to address child poverty**. Its financial component is intended to raise tackling child poverty and social exclusion on the political agenda across EU Member States by ensuring that children in the most vulnerable situations, including those with experience of care, have access to key social rights and services.

Recent years have seen a rise in the number of newly arrived children in migration to Europe. Many of these children are unaccompanied and/or seeking asylum, most of whom are aged 16-17. To support appropriate care for this vulnerable group, the European Commission has issued important guidance to Member States, including related to alternative care options such as guardianship and semi-independent living.⁵² However, as discussed in the next chapter on national child protection systems, huge challenges remain for children in migration across Europe and many lack the necessary supports for independent living.

⁴⁹ See section 2.2 Access to affordable quality services, under ‘Enhance family support and the quality of alternative care settings’ in the Commission’s (2013) [Recommendation on Investing in children: breaking the cycle of disadvantage](#)

⁵⁰ Read [the principles of the European Pillar of Social Rights](#)

⁵¹ For more on the Youth Guarantee, see here: <https://ec.europa.eu/social/main.jsp?catId=1079&langId=en#>.

⁵² For more information, see the European Commission’s (2017) [Communication on the protection of children in migration](#), p. 9 for specific actions relating to alternative care; and for more information on the EU’s work in this area, visit the [EU’s actions to protect children in migration home page](#).



The Council of Europe

The Council of Europe is the leading human rights body in Europe and is composed of representatives from 47 European countries. The Council of Europe is an advisory body and therefore cannot make binding legal changes to national child protection systems. However, it works to hold countries accountable to international human rights law. The Council of Europe has recognised the need to ensure the protection and development of children in the alternative care system, especially those who have experienced trauma and adversity such as violence, grief, separation, and difficulties in education and work.

Relating to the provision of aftercare, the Council of Europe issued a recommendation in 2011 on children's rights in social services stating that **"children in alternative care should have their situation reviewed regularly with the aim of reintegration of the child into family and society by provisions of aftercare."**⁵³

In its five-year report on the implementation of this recommendation, the Council noted that there was evidence of measures being taken across its Member States to ensure the participation of children in their own care. However, implementation has been uneven depending on existing infrastructures and the age of the child, and there is a general lack of consultation. Other gaps identified among national child protection services included:

- 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 mechanisms for inter-system collaboration (i.e. interdisciplinary, cross-sector, intercultural and with the active involvement of all social actors) to implement effective, scientifically based and user-centred solutions.⁵⁴

3.3 Chapter conclusion

The policies reviewed in this chapter all point to a need for better integrated aftercare at national, but also cross-national level. The UN Guidelines outline that children need to be prepared "to assume self-reliance and integrate fully into the community", and they should also "take part in the planning of aftercare life". The EU Charter for Fundamental Rights highlights that children have a right to "protection and care as is necessary for their well-being" and their "best interests must be a primary consideration" in all actions relating to them. The CPRD extends the consideration of the child's best interests to children with disabilities, and the Council of Europe has stated that "the aim of reintegration of the child into family and society by provisions of aftercare".

⁵³ Council of Europe (2011) [Recommendation of the Committee of Ministers to member states on children's rights and social services friendly to children and families](#).

⁵⁴ Council of Europe (2016) [Report on the implementation of the Council of Europe Recommendation on children's rights and social services friendly to children and families](#).



There are clear alignments with the goals of trauma-informed aftercare to provide safe and constructive psychosocial supports to facilitate children's transition to independent living and their (re)integration into family and community life when they leave care.

4. National child protection systems – where are we now and what's missing?

A child protection system includes all sectors and authorities that play a role in preventing and responding to violence, abuse, neglect and exploitation of children. Having examined evidence supporting trauma-informed care and the international policy context, this chapter examines the functioning of four European child protection systems, and looks at the challenges faced by each for providing aftercare for children. In doing so, the chapter sets the scene for national-based policy recommendations for trauma-informed aftercare. The countries examined are the four countries of the *CarePath project*, Belgium, Greece, Hungary and Italy.⁵⁵

4.1 Belgium⁵⁶

Overview for children in alternative care

Responsibility for child protection policies in Belgium is shared between the three Belgian communities (Flemish, French and German). In the Flemish community, responsibility lies with the newly created Growing Up Agency ('Agentschap Opgroeien'), that amalgamates the previous child and family, and youth agencies that had responsibility for early years and youth welfare respectively.⁵⁷ The German community also merged these branches recently. In the French speaking Community, these services have not merged, and responsibility for foster care and supporting young people lies with the Directorate General for Youth Aid ('Direction générale de l'Aide a la Jeunesse').⁵⁸

For children living in the foster care system in Belgium, care ends in principle when the child reaches the age of adulthood (i.e. 18 years old). There is possibility of applying for extension of foster care, which since the beginning of 2019 extends foster care and accompanying financial supports up to age 25, should the application be approved. Further support beyond 25 is possible for young people with a disability or psychiatric problem.⁵⁹

⁵⁵ For information on the functioning of child protection systems in other European countries, visit the Fundamental Rights Agency (2015) online resource [Mapping of child protection systems in Europe](#).

⁵⁶ Information for Belgium's child protection system was gathered from a desk review of the Belgian language community social services, as well as with feedback from Eurochild members, namely Julien Vangeertsom and Maud Stiernet.

⁵⁷ The Growing Up Agency formation has been formalised in late 2019. For more information, see: <https://jongerenwelzijn.be/over-ons/structuur/agentschap-opgroeien/>

⁵⁸ Eurochild (2010) 'Belgium', *Children in alternative care – National Surveys*, 2nd edition, p..20.

⁵⁹ For more information, see: <https://www.kennisplein.be/sites/Jeugdrecht/Pages/201705-PLIEGKIND-WORDT-18-WAT-NU-OVER-VOORGEZETTE-HULPVERLENING-EN-INWONEN-NA-AFSLUITEN-VAN-DE-PLIEGZORG.aspx>. Also, [research on the needs of children in foster care in Belgium](#) (in Dutch)



Most children leaving care at 18 years old will not have the financial means to support themselves. In this case, they can request for help from the local Public Centre of Social Welfare, which coordinates services at local level to support vulnerable groups, children leaving care included. Care leavers can request for financial support as a 'beneficiary' through a minimum income scheme (Leafloon in Flemish; Revenu d'insertion sociale in French), so long as the young person has legal right to reside in Belgium and are willing to find work. It is possible to take up further education and maintain this minimum income, but this requires agreement with the local Public Centre of Social Welfare, which is determined autonomously at local level in every individual commune in Belgium.

In 2017, the Belgian federal government introduced a contract between the beneficiary of a minimum income support and the Public Centres, known as the '*Geïndividualiseerd Project voor Maatschappelijke Integratie*' in Flemish, and '*Le Projet Individualisé d'Intégration Sociale*' in French. The contract is negotiated by both parties and outlines the agreed steps towards social integration. This contract could be further developed to provide a more personalised plan for follow up for young people leaving alternative care.

Until recently, there were no trauma-informed focused intervention methods in use in Belgium. The main therapeutic interventions in use are cognitive behavioural therapy (CBT) and psychodynamic therapies, whereby practitioners have been adapting these to meet increased patients' needs relating to trauma. Trauma centres have recently been created in the larger cities, namely Antwerp and Brussels. In 2006, the Belgian Institute for Psychotraumatology started the first psychotraumatology course, in partnership with Vrije Universiteit Brussel and University of Liege. A formal accreditation in psychotraumatology was established in 2018.⁶⁰ There remains a need for an independent Belgian trauma society and a well-structured national accreditation system to be put in place to ensure provision of quality care for trauma survivors. Impact studies are also needed to demonstrate the benefits of qualified trauma-informed care.

Challenges for the Belgian child protection system

There are a number of challenges in the Belgian child protection system at local, community and federal levels. First and foremost, due to its split competences, **navigating the child protection system can be challenging for children leaving care.** Given that Belgium's social services are organised across multiple administrative and linguistic levels, a roadmap to leaving care could provide clarity for children leaving care and the services that support this vulnerable population. Furthermore, due to the division of responsibilities across the communities there is no centralised authority or data collection on alternative care in Belgium.⁶¹

⁶⁰ For more information, see: <https://www.instituutpsychotrauma.com/about-us>.

⁶¹ See Koenderink, F. (2019) 'Belgium' Alternative Care for Children Around the Globe: A desk review of the child welfare situation in all countries in the world.



In some locales, **stigma and lack of understanding can pose real barriers to young people leaving alternative care.** Local Public Centres for Social Welfare have been known to refuse beneficiaries applications for continued support while studying because they do not believe that the young person is genuinely seeking further education. In a 2017 study that examined the needs of young people leaving care in Belgium, one in ten surveyed said that they were forced to stop studying because they no longer received social benefits.⁶² The possibility to appeal decisions made by local courts is also not well known. Furthermore, there is a general lack of financial means for Public Centres and civil society to support young people leaving alternative care.

A strong institutional care culture persists in Belgium with the majority of children deprived of parental care, including children with disabilities, continuing to be placed in institutional settings, despite the evidence of its detrimental effect on children's development.⁶³ With the increased numbers of unaccompanied and refugee children in Belgium, more institutional care settings have been opened or expanded. Belgium is one of Europe's wealthiest countries, yet its overreliance on institutional care means that its resources are not being best spent to support children who may have experienced trauma, and risks traumatising them (further). Consequently, there is an ever-high demand for aftercare support for the children leaving alternative care.

Recent qualitative research carried out with young people who had left care found that the relationship of trust with a caregiver is felt to be exceptionally valuable. Also, another key was a sense of home; people who make them feel worthy; people who believe in them for who they are; a youth without prejudice; and human relationships that they can go back to after their time in care ends.⁶⁴ Cited within that study, Cachet further identified loneliness as "the largest and most traumatic stumbling block" that young adults in Belgium come up against when they leave care. **Given the challenges listed above, and these needs identified by care leavers themselves, there is a clear need for greater recognition and accreditation around aftercare supports in Belgium.**

4.2 Greece⁶⁵

Overview for children in alternative care

Responsibility for child protection in Greece lies with the Greek Ombudsman, the Department of Children's Rights, and the Institute of Child Health within the

⁶² Cachet, a Belgian organisation by and for young people with experience in care found that only 3% of young people who had left care had completed a Bachelor's degree, against 29% of the control group of young people with parental care. Read the report here: SOS Children's Villages and Cachet vzw (2017) "We are common young people in an uncommon situation": Key findings from a study on young people leaving care, p.9.

⁶³ Opening Doors for Europe's Children (2019) Factsheet: Belgium 2018. Available at:

<https://www.openingdoors.eu/wp-content/uploads/2019/03/country-fiche-Belgium-2018.pdf>.

⁶⁴ Cited within SOS Children's Villages and Cachet vzw (2017) "We are common young people in an uncommon situation": Key findings from a study on young people leaving care.

⁶⁵ Information for Greece's child protection system was gathered from Greek partnering organisations in the *CarePath project*, namely Christina Karaberi from E-trikala, Ioanna Georgouli from ERGO and Kyriakos Dimangelos ReadLab. For more information on the Greek child protection system, visit the Institute of Child



Department of Mental Health and Social Welfare. Efforts are ongoing to modernise the legal protection of the child since 1975, when the protection of childhood in the Greek Constitution was first safeguarded independently.⁶⁶ An important recent update came in 2018 when the long-awaited legislation on foster care and adoption was voted in. This enables children without parental care to be placed in foster care or to be adopted under specific safeguards; it is hoped that this reform will lead to more progressive alternative care reform in Greece.⁶⁷

In 2017, the Institute of Child Health published a standardised Child Protection Policy.⁶⁸ Additionally, an open consultancy process of hundreds of child protection professionals resulted in the creation of a national *Statement of Principles for Child Protection*.⁶⁹ This statement calls upon the competent authorities of the Greek government (both parliament and appropriate ministries) to take all necessary legislative and administrative measures to ensure that the principles of child protection are translated into concrete, measurable and accountable actions.

The statement also highlighted the need to focus on: cross-sector working, child participation, alternatives to institutional care, and the equal treatment of unaccompanied migrant children as all other children living in Greece. They are also to be included in the upcoming *National Action Plan for Children's Rights*, due to be renewed in 2020.

In relation to trauma-informed aftercare services in Greece, services are provided on a case-by-case basis by a number of public institutions such as mental health centres, mental health units, prevention agencies, and psychiatric structures. More organised actions are mainly provided by private organisations specialised in trauma care and aftercare such as EMDR HELLAS.⁷⁰

Challenges for the Greek child protection system

There are a number of challenges for the Greek child protection system, not least to address the overwhelming numbers of migrants and refugees currently in the reception centres on the Greek islands and mainland. The overcapacity of the camps is creating unsustainable pressure on social services located there, and is resulting in lasting trauma and re-traumatisation for people living in the camps and professionals alike.

Health's website in the Department of Mental Health and Social Welfare here (available in both English and Greek): <http://www.ich-mhsw.gr/en>

⁶⁶ For more information on Greek Ministerial decisions relating to children, see here (in Greek): <https://www.e-nomothesia.gr/kat-anilikoi/>.

⁶⁷ It is expected that the new legislation will help to reduce the procedural burden of foster care proceedings and will ensure investment in public awareness raising, training and supervision of foster carers. Law 4538/2018-ΦΕΚ 85/Α/16-5-2018, to be read at: <https://www.lawspot.gr/nomika-nea/dimosieythike-o-nomos-4538-2018-gia-tin-anadohi-kai-tin-yiothesia>.

⁶⁸ Institute of Child Health (2017) [Child Protection Policy](#) for Greece.

⁶⁹ Read the [Statement of Principles for Child Protection in Greece](#).

⁷⁰ <https://emdr.gr/index.php>



While there are legal provisions for the protection of children in Greece, in practice there is a lack of implementation. Greece also lacks a clear structure or body with responsibility for the implementation of the *UN Convention on the Rights of the Child*. There is no whole-of-government act or strategy devoted to child protection issues. The lack of clear leadership and strategies for the protection of children, and in this case has led to recurrent issues such as:

- inconsistency in public administration and training for care professionals
- budget allocation and lack of national funding
- lack of formalised procedures, tools and protocols
- poor cooperation among actors involved
- non-development or malfunction of certain institutions and foster care in general.

These challenges indicate that there is a need for national level leadership, something that could be addressed with the delivery of a national Children's Act. Furthermore, specific ministry decisions on the departure from care for children with migrant backgrounds, including unaccompanied minors and asylum seekers, is resulting in parallel systems for children in care.⁷¹ In the meantime, aftercare support has been in essence outsourced to civil society organisations.

4.3 Hungary⁷²

Overview for children in alternative care

The institutional structure of the Hungarian government related to children is fragmented. The competencies related to children are assigned to four large departments, which fall under the supervision of two Ministries with State Secretaries – the Ministry of Human Capacities and the Ministry of Interior. The Ministry of Human Capacities is responsible for child protection, education, healthcare, and social policy. Within the Ministry, the Directorate General for Social Affairs and Child Protection has responsibility for the protection of children, including the maintenance of Hungary's public social and child care institutions.⁷³ Additionally, the Department of Chances for Children, within the Ministry of Interior, is responsible for social inclusion since May 2019.

The legal framework underpinning the Hungarian child protection system includes the Act XXXI of 1997 on Child Protection and Custody Administration (hereinafter: the *Child Protection Act*); Act IV of 1952 on Marriage, Family and Custody; Act LXXXIV of 1998 on the Support of Families; Act LXXXI of 1997 on Social Insurance; Act LXXIX of 1993 on Public Education; Act CLIV of 1997 on Healthcare; and Act IV of 1978 on criminal law, with provisions on juveniles specified in Chapter VII of the Criminal Code (this has been amended several times).⁷⁴

⁷¹ See Article 13 here (in Greek): http://www.dsanet.gr/Epikairothta/Nomothesia/ya%2011_6343.htm.

⁷² Information for Hungary's child protection system was gathered from Hungarian partnering organisation in the *CarePath project* Cordelia Foundation, by Zsuzsa Kollar. Input was also received from Eurochild's member Mária Herczog and the Child Rights NGO Coalition (2019) *Alternative Report on the UN CRC for Hungary*.

⁷³ For more information, read here:

⁷⁴ For more information on the Hungarian child protection system, see the [homepage for the Ministry of Human Capacities](#); the homepage for [the Directorate General for Social Affairs and Child Protection](#); the [Hungarian Child](#)



Hungary's *Child Protection Act* contains specific provisions for leaving care and aftercare provision. In recent years, there have been a number of developments for Hungary's child protection system:

- When young people reach age 18, they can ask to stay in care until 22, albeit only in special circumstances. If they study this can be extended until 24, and if the young adult studies in university this can be extended to 25 or even to age 30. This request can be made in both foster and institutional care settings;
- The development of guidelines, seeking to build in an integrated approach to child abuse and neglect for social and health professionals. The guidelines incorporated input from Hungarian civil society, but in addition added a regulation for the anonymity of professionals referring families and children;
- Improved monitoring to ensure due diligence for foster parents and heads of institutions, as well as putting in place measures to prevent people with criminal records of child abuse from working with children again;
- Efforts to improve education for adaptation for children from Roma backgrounds, with health problems or older children.⁷⁵ According to civil society actors in Hungary, this has, however, not been implemented in practice.

Challenges for the Hungarian child protection system

While the above efforts are welcomed, in practice the situation for children leaving care in Hungary is highly challenging, fails to provide sufficient support for independent living, and thereby can instead lead to re-traumatisation and cementing social disadvantage.

A very small proportion of care leavers are utilising the provision on staying in care, given that 1% of young people with experience of care attend tertiary institutions. The provision to stay up to age 30 in care is not optimal for living an independent life, nor is it widely taken up. The care leaver population fares worse than non-care experienced peers in virtually all outcomes, including employment, becoming homeless, suffering from physical and mental health problems, and coming into conflict with the law.

Civil society organisations are working to support care leavers, however compared to the thousands of children leaving care yearly, it is not possible to meet the high levels of need.⁷⁶ At national level, there are no provisions to prepare and support children growing up and leaving care, such as specific programmes, methodologies or professional training.

<https://net.jogtar.hu/jogszabaly?docid=99700031.TV>; the [English version; amendments to the Act](#) (in English); and finally [an accompanying article on children's rights in Hungary](#).

⁷⁵ Taken from SOS Hungary (in Hungarian) (2017) *Legislative changes in child protection from 2018*.

⁷⁶ For example, SOS Children Villages Hungary: <https://www.sos-childrensvillages.org/where-we-help/europe/hungary>; and Barnahus in Szombathely: <https://barnahus.hu/>. In the case of Barnahus, it is currently being run as a pilot program and is not operating officially; problematically it does not comply with the current Penal Code and it is not being monitored and evaluated.



For children with disabilities, these challenges are even more pronounced. Most care leavers with a disability are not provided sufficient support to live independently, with many growing up in institutions for children with disabilities and when they reach adulthood, they 'transition' to institutions for adults, known as residential homes. A recent exposé report by the Validity Foundation showcased the abysmal conditions in residential homes, namely in the Topház Speciális Otthon (Special Home), have been highlighted in news media in recent years. The report exposed the extremely traumatic living conditions of this residential home, including incidences of torture and ill-treatment of residents.⁷⁷

Challenges related to the delivery of trauma-informed care and aftercare services in Hungary are as follows:

- There is a lack of focus on resilience and trauma in current aftercare provision; what trauma-informed care services exist are delivered by individual professionals, rather than any systemic practice
- Most children in care do not have access to any kind of psychological support, in most cases, their trauma of any kind is not recognised. The risk is high for re-traumatisation of children vicarious traumatisation of professionals
- There is a need for more evidence and professional programmes to build capacities for Hungarian professionals in psychosocial support, including trauma-informed care
- Recruiting foster parents is a continuous challenge in Hungary; and foster parents are not receiving appropriate training for looking after children in temporary care.⁷⁸

4.4 Italy⁷⁹

Overview for children in alternative care

The Italian child protection system is set out in Law no. 112/2011 Istituzione dell'Autorità garante per l'infanzia e l'adolescenza ('Establishment of the Child Protection and Adolescence Authority'). Under Article 3(1)(a), the law states that is the responsibility of the State to implement the UN *Convention on the Rights of the Child*, as well as other international instruments to promote and protect the rights of children and adolescents. This includes the right of the child to be accepted and educated primarily in their family, and if necessary, in another supportive or substitute family environment.⁸⁰

Additionally, Law no. 149/2001 underlines the importance of the child living in their family of origin, and if not, recommends that they live in a community that is similar to a family. The Italian government has released a number of national guidelines in

⁷⁷ See Validity Foundation (formerly Mental Disability Advocacy Centre) (2017) [Straightjackets and seclusion: An investigation into abuse and neglect of children and adults with disabilities in Hungary](#).

⁷⁸ The Child Rights NGO Coalition (2019) *Alternative Report on the UN CRC for Hungary*.

⁷⁹ Information for Italy's child protection system was provided by Dr. Alberto Zucconi from the Italian partnering organisation in the *CarePath project* Persons Centred Approach Institute. Input was also received from Eurochild's member Elisabetta Biffi.

⁸⁰ Cited in Autorita Garante per l'Infanzia e l'Adolescenza (2018) [La tutela dei minorenni in comunità: Terza raccolta dati sperimentale elaborata con le procure della Repubblica presso i tribunali per i minorenni 2016-2017](#)



recent years to strengthen family prevention work in Italy, including guidelines for family foster care; assistance in residential services for minors; and for intervention with children and families in vulnerable condition.⁸¹ Recently, Law no. 173/2015 amended Law No. 184/1983 on the right of the child to a family to also incorporate the right of a child in foster care to maintain an affective relationship with the foster parent after the child left foster care.⁸²

There have also been a number of funding initiatives to support children leaving care and children in foster families.⁸³ In 2019, the Legge di bilancio ('2019 Budget Law') announced €5 million for orphans and their foster families. It allocated €2 million to provide scholarships for children left without parents as a result of domestic crimes to support their entry to employment. Between 2018-2020, a further €15 million has been committed for care leavers who are unable to return to their families of origin. The aim is to provide financial support for at least the first three years after leaving care to enable the young person to continue studies or vocational training, or enter the job market.

There has also been recent legislation to improve the protection of refugee and unaccompanied children, with the passing of Law no. 47/2017 ('Provisions for measures to protect unaccompanied foreign minors'). The Law seeks to protect minors who have been trafficked, and within its provisions seeks to address young people's need for psychosocial, health and legal assistance.⁸⁴ According to latest Eurostat data, 6,625 children applied for asylum in Italy in 2019 (approx. 15% of total asylum applications, and a decrease from 10,185 in 2018).⁸⁵

There have been efforts to provide trauma-informed psychotherapeutic care for refugees by Italian civil society, including *CarePath* partner the Persons-Centred Approach Institute, with oversight and funding by the Italian public health system.

Challenges to the Italian child protection system

An ongoing challenge for the Italian child protection system concerns the lack of nationally agreed classifications for residential facilities for children in alternative care. This makes it difficult for authorities and civil society alike to compare data and find detailed information about the services available, highlighted by the United

⁸¹ See the [Guidelines for family foster care; assistance in residential services for minors; and for intervention with children and families in vulnerable condition](#)

⁸² This received commendation by the UN Committee on the Rights of the Child in its [2019 concluding observations for Italy](#).

⁸³ European Platform for Investing in Children (2019) [Country Profiles: Italy](#) (accessed March 2020)

⁸⁴ Ibid.

⁸⁵ Eurostat data available here:

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=migr_asyappctza&lang=en. The Italian Ministry of Labour and Social Policies also collects and [publishes periodic data reports \(in Italian\) on the number of unaccompanied children in Italy](#), with latest figures showing that there were 5,368 unaccompanied children in Italy as of February 2020 (95% being male, 88% are aged 16-17). These reports show that the official number of unaccompanied and separated children has substantially decreased in recent years (2019: 8,537; 2018: 14,338; 2017: 15,058; 2016: 11,557).



Nations Committee on the Rights of the Child in its 2019 concluding observations for Italy.⁸⁶

There have been attempts to catalogue the system, namely by Nomenclature interregionale degli interventi e servizi sociali⁸⁷, however a national data registry still does not exist. Furthermore, despite promising legislative developments highlighted above, as of 2014 the allocation of social protection funding for children in Italy was among the lowest in Europe.⁸⁸

Consequentially, the alternative care system in Italy is increasing, rather than reducing, risks for child refugees to develop post-traumatic stress and other mental health problems, such as anxiety. Alongside traumatic pre-migration experiences, including witnessing violence, child refugees in Italy are being exposed to long periods of residence at refugee camps, and systematic discrimination at the hands of Italian authorities. Prolific examples of this discrimination include the case of refusing the disembarkment of the Sea-Watch 3 ship at the port of Lampedusa, Sicily in June 2019, and ongoing cases of detention with adults at the French-Italian border, for example at Ventimiglia).

Furthermore, in 2019 the United Nations Committee on the Rights of the Child highlighted Italy's continuing overreliance on civil society organisations for the delivery of alternative care arrangements for children and young people. The Committee recommended that Italy develop a more integrated, child rights based and accountable system that integrates the traditional care provided by the extended family.⁸⁹ The Committee also recommended that Italy introduces a legal framework to establish the right of the child to be heard in any administrative, judicial or mediation procedure in which the child is affected, and ensure that their opinion is taken into account, particularly concerning unaccompanied or separated children. The process for increasing children participation in alternative care settings is on-going, evident from the work on making residential care centres more homogeneous.⁹⁰

4.5 Chapter conclusion

The four countries featured in this chapter all demonstrate a need for improved aftercare services at national level. While each country experiences challenges unique to its national context, there are commonalities too: under-resourcing from central state authorities; lack of, or underutilised, legal provisions for services; difficulties in providing support to children facing intersectional vulnerabilities including children with disabilities, children with a migrant & minority backgrounds

⁸⁶ Better Care Network (2019) [Italy Country Care Review](#) (accessed March 2020).

⁸⁷ See Table 3.3.1 for efforts to [categorise Italian alternative residential system](#).

⁸⁸ Koenderink, F. (2019) [Alternative Care for Children Around the Globe: A desk review of the child welfare situation in all countries of the world](#).

⁸⁹ Better Care Network (2019) [Italy Country Care Review](#) (accessed March 2020).

⁹⁰ See del Ministro del lavoro e delle politiche sociali (2018) [Linee di indirizzo per l'accoglienza nei servizi residenziali per minorenni](#).



(such as the Roma community) or children with unaccompanied or refugee status. Further, in each country, the voices of children and young people leaving care and in aftercare settings are not being effectively heard in the decisions that affect them.

Having outlined some of the challenges faced by these countries, this report concludes with its policy recommendations for EU, national and local decision-makers.



5. Conclusions and recommendations

5.1 A growing evidence for trauma-informed aftercare services in Europe

The evidence and international policies detailed in this report create an impetus for European Member States to implement integrated aftercare policies and practices systematically at national level. The national child protection systems featured in this report – Belgium, Greece, Hungary and Italy – all face challenges in meeting the needs for care leavers. Each of these Member States requires leadership through policies and practices to meet the needs of children leaving care. This report argues that such policies and practices should embrace trauma-informed approaches. It has done so by:

- examining its key components – trauma-informed care, supporting the transition of children from care systems, and ensuring their active involvement in decisions affecting them;
- outlining what trauma-informed aftercare might look like in practice;
- exploring how this approach fits within existing international and European policy relating to the alternative care of children; and
- providing an overview and gaps in the child protection systems of four European countries.

The case for trauma-informed aftercare is built on the evidence that:

- a. children in the alternative care system are more likely to be exposed to traumatic experiences, either before or during their time in care⁹¹; and
- b. children with experiences of alternative care are more likely to experience negative outcomes that persist beyond their time in care, in terms of social, health, educational fields, but also at underlying neurological and physiological levels.⁹²

In addition to the growing evidence base, there is growing recognition of the needs of children leaving care. The UN Alternative Guidelines states that aftercare should be *appropriate* and *prepare children for self-reliance and integration in society*; it is also crucial that children themselves should *take part in planning for aftercare life*. 2019 marked the 10-year anniversary of these guidelines, and the 30-year anniversary of the Convention on the Rights of the Child. During the 2019 United Nations General Assembly, the nations of the world, including all EU Member States, adopted a resolution on Rights of the Child with a special focus on children without parental care. The resolution, among other things, committed to:

*ensuring that adolescents and young people leaving alternative care receive appropriate support in **preparing for the transition to independent living**, including support in gaining access to employment, education,*

⁹¹ For example, see UNESCO (2019) and Mackes et al. (2020)

⁹² Wood et al (2012), McLean (2016), Jozefiak and Sønnichsen Kayed (2015); and Stein (2006)



*training, housing and psychological support, participating in rehabilitation with their families where that is in their best interest, **and gaining access to after-care services consistent with the Guidelines for the Alternative Care of Children**,*⁹³

This landmark affirmation of international support serves as an important moment of political attention to the needs and rights of children in alternative care, and is an opportunity to hold European Member States into account to provide for these children when they leave care.

Trauma-informed aftercare can therefore help ensure that the best interests of children in alternative care are met by supporting their transition to adulthood, prevent further trauma and avoid re-traumatisation.

5.2 Policy recommendations

Based on the above, this report issues a number of policy recommendations for decision-makers at EU, national and local levels. These recommendations advise on how to improve the policy and practice infrastructure for trauma-informed aftercare services in Europe. While building on the arguments developed in this report, these recommendations also recognise and link to the key recommendations issued by the SOS Children's Villages International *Leaving Care* project and the European Care Leavers Network.⁹⁴

The **recommendations** of the *CarePath* project are as follows:

For EU decision-makers:

1. **Regarding policy guidance, the European Commission should issue a Communication on the transition from institutional to family- and community-based care**, within which specific recommendations on the provision of aftercare are stipulated, as set out in the *UN Guidelines on the Alternative Care for Children* (2009). This would follow from, and fit within, the child-centred rights-based approach of the *Recommendation on Investing in Children: Breaking the cycle of disadvantage* (2013) to reduce inequalities and enhance services for children.
2. **Concerning funding, the EU should closely follow the implementation of enabling conditions tied to deinstitutionalisation to prevent social exclusion of vulnerable groups** in its 2021-2027 EU structural funds.⁹⁵ Further, the EU should ensure that financial resources from

⁹³ Paragraph 35(L) United Nations General Assembly (2019) Promotion and protection of the rights of children. 74th session, agenda item 66, available at: <https://undocs.org/A/74/395>

⁹⁴ These recommendations have been incorporated earlier in this report. You can read SOS Children's Villages International *Leaving Care* call to action here: <http://www.socialserviceworkforce.org/system/files/resource/files/Be-the-ChangeLeave-No-Care-Leaver-Behind.pdf>; and the European Care Leaver Network's EU recommendations here: <https://www.careleavernetwerk.eu/care-leavers-network-europe-recommendations/>.

⁹⁵ The 'enabling conditions' continue the approach of the ex-ante conditionalities introduced for the 2014-2020 funding period. Essentially, this means that in order to access European Structural funding, Member States needs



the new European Social Fund+ reach **children leaving child protection systems**, in particular specific measures reflected in the upcoming EU Child Guarantee initiative. Intersectional vulnerabilities, such as care leavers with a disability or a migration background, need to be considered.

3. The EU should provide opportunities for peer learning and research on the effectiveness of trauma-informed care across Europe.

4. Children's right to participate is set out in the United Nations Convention on the Rights of the Child (UNCRC) and in particular Article 12 on child participation. Building on the Bucharest EU Children's Declaration in 2019⁹⁶, the EU should create mechanisms to ensure the participation of children and young people leaving care in decision-making at European and national levels.

For national decision-makers:

5. Public authorities should invest in integrated trauma-informed support programmes, guided by evidence-informed practices and the voices of children leaving care or who have experience of leaving care. A trauma-informed approach should:

- a. involve specialised professionals of multiple disciplines and sectors;
- b. aim to develop trauma-informed interventions and individualised plans for self-care, social inclusion, practical and inter-personal skills, housing and living.

6. National governments should extend the age of formally leaving child protection systems for children deprived of parental care to an age appropriate to enable the young person to live independently, based on individual needs/capabilities.⁹⁷

7. National governments should establish a national strategy for the provision of aftercare for children leaving care, integrated into relevant child protection authorities/agencies. This strategy should consider the needs of all care leavers, establish measures to monitor data related to care leavers, and set out clear guidelines on how to incorporate a trauma-informed approach into existing care, education, social, justice and health sectors, as well as the personal and family networks of care leavers themselves.

8. Establish clear national measures for the cooperation protocols between government, public services, civil-society and private

to ensure that certain strategic/policy frameworks, regulatory frameworks and administrative/institutional capacities are in place. For example, previous ex-ante conditionalities required Member States to have deinstitutionalisation strategies in place to access funding.

⁹⁶ See [the full call to action of the Bucharest EU Children's Declaration](#) on UNICEF's website.

⁹⁷ Extending the age for leaving child protection systems would help address inconsistencies in eligibility across EU Member States, such as on age, time spent in care (e.g. in Ireland aftercare is only provided if the child was in the care of the State for no less than 12 months between the ages of 13-18. If this criteria is met, support is available up to the age of 21, and 23 if the young person is in education or training), if the young person previously arrived unaccompanied (e.g. in the Netherlands, lawmakers in 2018 extended foster care for unaccompanied young adults up to the age of 21) etc.

European Parliament and Council of the European Union (2013), Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 [laying down standards for the reception of applicants for international protection \(recast\)](#) L 180/96.



organisations providing trauma-informed care services and aftercare services to children and young people. This cooperation should be supervised by a national coordinating body and needs to incorporate the voice of children leaving care themselves. Their voices need to be recognised and heard, and this participation needs to be clearly set out in national strategies on aftercare.

At local level:

9. The departure and transition from care can be traumatic in itself and risk re-traumatisation. **Children leaving care should therefore receive appropriate trauma-informed support and protection according to their best interests**, in line with the *UN Guidelines on Alternative Care for Children* and the EU (2013)'s *Recommendation on investing in children: Breaking the cycle of disadvantage*. This includes support towards leading an independent and successful adult life, but this does not have to equate to sole-independent (and potentially lonely) living.
13. **Financial resources and time should be allocated to the training of trauma-informed care for professionals working with children preparing to, in the process of and who have experience of leaving care.** This training should include input from care leavers, where appropriate.
10. **Preparation for the transition from care should begin prior to the child's departure from the care system and be incorporated into the young person's individualised care plan.** The transition should be planned in advance and financial resources should be allocated, during and after young people age out of care. It is important that these plans be trauma-informed to ensure that care leavers can transition to a fulfilling life beyond care.
11. **Where possible and with the consent of children and young people themselves, access should be made to consistently available care professionals and other care leavers.** This should be facilitated by care personnel in addition to, or ideally in continuation of, the care system under which the young person was part of prior to turning 18.



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