



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

Structuring changes for the support of traumatised children
at policy level

Roadmap for the integration of project results in child protection
systems

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Introduction and purpose of the document

This report has been developed as part of the CarePath Project “Empowering public authorities and professionals towards trauma-informed leaving care support”. It has been devised and written as a tool and resource developed under this initiative. This report is intended to provide input in relation to the importance of the training program and mechanisms provided via the MOOC and the provision mechanism, to identify the major stakeholders (professionals, organisations and individuals) that responded to the invitation to register to both tools in all four countries and establish a sustainable and realistic roadmap for the integration of the project’s results in each country’s child protection system. Furthermore, a reference in relation to the CarePath toolkit is made, as useful tool in supporting the professionals and care leavers and integrating the TIC approach after the project ends.

As an integration roadmap report, the most important factors are to outline the necessary steps to be carried out, to identify dependencies, to elaborate on potential risks that could delay or prevent the integration and finally to lay down a detailed time-plan for the integration.

Within this report one will also encounter a qualitative opinion on potential integration of the CarePath approach from a number of stakeholders (both public and private). These data were gathered via interviews. Both questions used and results are presented in this report.

About the CarePath Project

'CarePath' project is a two-year initiative which aims to improve national and regional child protection systems in providing integrated aftercare support to children ageing out of care.

The project strives to ensure that children ageing in and out of care have access to adequate trauma-informed aftercare support as part of the integrated child protection system. It promotes the effectiveness of care professionals and aims to develop a sustainable mechanism that will enable public authorities and professionals to provide comprehensive psycho-social support services to children leaving care, based on trauma-informed interventions.

The project targets public authorities, municipalities and bodies responsible for child protection in four European countries. It also involves professionals such as psychologists, psychotherapists, art therapists, social and healthcare workers, counsellors working with children ageing out of care, as well as vocational training providers and volunteer workers.

All the above professionals will benefit by the MOOC Educational platform on trauma informed care, the CarePath Toolkit and the CarePath Provision mechanism. All tools have been deployed and widely disseminated the previous months. Their impact is further analysed in this deliverable.



About the MOOC (Massive open online course)

The training program took place via a Massive Open Online Course (MOOC) that allowed a large number of people (1,281 registered trainees) to take part remotely (without attending a physical class) and free of charge.

A MOOC is an online course aiming at large-scale interactive participation and open access via the web. In addition to traditional course materials such as videos, readings, and problem sets, MOOCs provide interactive user forums that help build a community for the students, professors, and teaching assistants.²

The CarePath MOOC in particular the training material was divided in different modules and provided a participant centered training model allowing the creation of an active and stimulating training community.

The main objectives of the MOOC were:

1. To improve the support for traumatised children who are preparing to finish their treatment;
2. To improve child protection systems within the partner states, promoting one-stop interventions aimed at trauma;
3. To improve professional effectiveness skills, developing individualised plans aimed at promoting the recovery from trauma.

The target group were all people interested in deepening the issues related to good practices in interventions focused on trauma dedicated to children who have a history of development made complex by traumatic events and provide training on the fundamental principles that characterise this field, paying particular attention to the psychological, juridical/legal and scientific research dimensions.

The modules were specifically dedicated to an in-depth analysis of the essential aspects of trauma-informed care (TIC). Trauma-informed approach brings to the



forefront the belief that trauma can pervasively affect an individual's well-being both physical and mentally. The TIC approach reinforces the importance of acquiring trauma-specific knowledge and skills to meet the specific needs of clients; of recognising that individuals may be affected by trauma regardless of its acknowledgment; of understanding that trauma likely affects many clients who are seeking behavioural health services; and of acknowledging that organisations and providers can re-traumatise clients through standard or unexamined policies and practices¹.

Furthermore, the MOOC has been developed into thematic sections organised in line with a specific and multi-dimensional perspective with a further focus on the political and organisational components involved in the complex TIC model.

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

The MOOC involved the use of active learning techniques including videos, case studies, articles, presentations in Power Point, fora. After each module the trainee had to answer a short questionnaire successfully by summarising the educational material of this specific module. At the end of all 4 modules each trainee had to write his/her final assignment (in other words to analyse a specific case in relation to all the trauma informed material presented to him/her during the previous modules). Each final assignment was reviewed and rated by two other random chosen trainees and by one official appointed trainer.

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



Training modules and objectives

The first module offered a review of the latest scientific literature on the most effective and efficient ways to support traumatised children. This training section covered fundamental concepts such as empowerment, the risk of re-traumatisation for service users and secondary trauma that professionals might cause with wrong operations.

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

The person-centred learning process, in synergy with learning by doing methodologies, offered learning opportunities by facilitating the trainees in actively participating in the learning process and creating a climate of collaboration and teamwork.

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



The main skills that learners acquired concerned the ability to look critically at the practices of intervention and research. Awareness of the relevance of the design and planning phase encourages participants to maintain a multidisciplinary view that allows an approach to the complex dimension of intervention in the field of mental health.

The third module focused on the legal aspects and aimed to provide, through reference to laws and regulations, basic knowledge about the legal framework and principles within which trauma-informed care can be applied. In this perspective, after presenting the cultural and legal process that led to the recognition of children's rights at global and European level, the fundamental rights and principles set out in the existing international and European legal framework, within which TIC-based assistance can be applied, are described along with the legal instruments that guarantee the participation of traumatised children in decisions and procedures (administrative and legal) that concern them.

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

The final module of the training course aimed to enable participants to consolidate and critically use the knowledge learned in the previous sections. It had the form of a final assignment and consisted in the creation of a product (text, video, presentation.ppt) that contains the reflections of the participant, in the light of the



fundamental principles of the trauma-informed care, about a scenario on a situation of child abuse/ mistreatment and, therefore, on a traumatic condition.

An additional feature of this final assignment considered to be an added value towards creating an active CarePath community among the trainees, had been the obligation for each trainee to grade other trainees' assignments, thus become both the trainee and the trainer in this trauma informed procedure.

MOOC participants (numbers and characteristics)

In Table 1, one can find the number of participants that registered into the MOOC per language. It is important to take into consideration that the MOOC had a wider impact that was not necessarily limited to the countries involved in the project (Greece, Italy, Hungary and Belgium).

Table 1: Number of trainees per language

Language of the course	Number of registered trainees
English	164
Italian	767
Hungarian	100
French	26
Greek	224

Furthermore, in Table 2, one can find some of the organisations involved in the MOOC programme in each of the four countries, the languages that the participants chose and their profession. What is more there is an extra field called "Europe and Beyond" that concerns all the organisations involved that are not from Greece, Italy, Hungary or Belgium and have been approached thanks to Eurochild's extensive



network all around Europe and also taking in account the stakeholders list prepared by the partnership and used by Eurochild for the dissemination of the project. We considered this as an added value to promoting CarePath altogether.

Table 2: “Organisations and professionals involved in the MOOC”

Countries	Organisations involved	Language of the course	Professions of the participants
Greece	SOS Villages, UNHCR IOM Mobile mental Unit Local Public Social Care Organisation Caritas Hellas, ESTIA project personnel UNICEF EPAPSY S.P.R.I Obrela.gr network	Greek & English	Psychologists, social workers, lawyers, teachers, volunteers, family members, students
Italy	Department of Psychology (UNITO) Department of Law (UNITO) Master Degree in Social Work (UNITO) Legal clinic in Families, Children and the Law (UNITO) Università del Piemonte Orientale (UNIUPO) ASL TO 3 CONGRESSO NAZIONALE AISMI – MATERA 2019 SOS Village (Milano) Colleagues of the University of Cagliari, Bologna, Perugia, Roma	Italian	University Students, Psychologists, Psychotherapists, Social workers, Lawyers, Educators, Volunteers, Teachers
Belgium	SOS Villages Belgium SOS Villages International (EU) UNHCR (EU) Kinderpost A Little Lining Comes PICUM (EU) European Public Health Alliance –	French & English	Social workers, psychologists, psychosocial workers, advocates, EU officials, consultants,



	<p>EPHA (EU) European Economic and Social Committee – EESC (EU) DG JUST Children’s Rights Coordinator - European Commission (EU) DG EMPL - European Commission (EU) Social Platform (EU) Hope and Homes for Children (EU) Mutualités libres Guide social Payoke FIAC (Flanders Inter Country Adoption Care)-Horizon vzw FEANTSA (EU) KIDS SOS Children’s Villages (Latin America and the Caribbean) Het Kleine Mirakel Eurochild (EU) European Expert Group on Deinstitutionalisation (EU) Initiative for Children in Migration (EU) Alliance for Childhood European Expert Group (EU) Opgroeien Kind en Gezin Office de la naissance et de l'enfance - ONE Children’s Rights Knowledge Centre Children’s Rights Coalition Flanders</p>		trainers
Hungary	<p>SOS Children’s Villages HU RECIK (Regional Civil Center Foundation) Pressley Ridge Jungary Foundation Terre des Hommes UNICEF Trauma Center</p>	Hungarian	<p>Caretakers Psychologists School Psychologists Child protection experts</p>
Europe and	<p>Tusla, the Child and Family Agency (IE)</p>	English	<p>National social services staff,</p>



beyond	<p>Focus Ireland (IE) SOS Children’s Villages France (FR) Ministry of Education (LU) Child Protection Hub for South East Europe (HU) Help a Child (NL) Empowering People in Care – EPIC (IE) Children and Young People Services Committees (IE) Apolitical (Global) CNAPE (FR) CELCIS (UK) Better Care Network (Global) Rand International (Global) Eurochild Children in Alternative Care Working Group (Europe-wide) Don Bosco International (Global) Family-based Solutions (UK) Foróige (IE) Newport City Council (UK) Dutch Adoption Services (NL) Hope and Homes Romania (RO) UNICEF Spain (ES) Miami Dade Public Library System (USA) SELFIN (USA) Knowle Park Primary School (UK) Foster Care Advice Centre (NL) ECPAT (Global) SOS Children’s Villages North Macedonia (NM) SOS Children’s Villages Bosnia and Hercegovina (BiH) SOS Children’s Villages Italy (IT) For Our Children Foundation (BG) Pesäpuu ry (FI) City of Frankfurt (DE) Back-Up Charity (UK) FICE Croatia (HR) Mural Arts Philadelphia (USA) Fondation des Apprentis d'Auteuil (FR)</p>		<p>Social workers, psychologists, psychosocial workers, child protection professionals, advocates, consultants, trainers, teachers, communication specialists,</p>
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	Association Samuel Vincent (FR) Comité National de Solidarité Laïque (FR) National Federation of Association for Child Protection – France (FR) Group SOS Youth (FR) Initiatives of Change France (FR) Secours Populaire Français (FR) M.E.C.S LA MAISON – ADAEAR (FR) Children of Prisoners Europe (FR) Nexem (FR) Centre for Effective Services (IE) Denbighshire County Council (UK)		
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CarePath Provision Mechanism

The other tool that we have deployed in order to support the professionals and care leavers involved in CarePath is an on-line provision mechanism. The CarePath Service Provision Mechanism (<https://mechanism.carepath-project.eu/>) allows both professionals and care leavers to access a “request for support” service in 4 countries (Greece, Italy, Belgium and Hungary). Via this on line tool a professional or even a care leaver can identify the appropriate organisation that could support him/her depending on their request.

There are 4 different target groups identified in this tool (children, care leavers, adults and families) and one can find a service/organisation in his/her country offering one or a combination of the following types of services: accommodation, legal aid, psychosocial support, food and personal hygiene, education, immigration and advocacy.

Approximately 289 Organisations have been identified and registered in the CarePath Service Provision Mechanism as of October 2020:



- 77 Organisations in the Greek version
- 112 Organisations in the Italian version
- 29 Organisations in the Hungarian version
- 71 Organisations in the Belgian version

This tool will not only become a useful service for professionals and care leavers but is also considered an added value in empowering the CarePath community and further engaging them to the TIC approach.

The mechanism has been widely disseminated in all four countries via press releases and personalised emails to all the organisations already engaged in the MOOC or the other CarePath Activities.

Until the end of the project approximately 185 people have registered to use the provision mechanism. In Table 3 below, one can see the number of registered users in each country.

Table 3: Provision Mechanism users in each country

Country	Number of registered users
Belgium	22
Greece	103
Hungary	3
Italy	55

The mechanism was further evaluated by the users in terms of usability, effectiveness etc. The pilot testing and evaluation was conducted in two ways:

1. Over an online questionnaire that one can find on the mechanisms site; and



2. Via mini interviews conducted with a number of professionals that belong in organisations that have been an active member of the CarePath community from the beginning of the project.

The online questionnaire aimed to collect users' experience while visiting and using the CarePath online mechanism and it received thirty answers in total. The interviews mostly focused in providing real examples of the mechanism usage and an estimation of the level of impact of the service to the users.

The pilot testing and evaluation results of both procedures and the impact of the service is analysed and presented on the dedicated deliverable (D4.3.1 "Evaluation Report on CarePath Mechanism").

Integrating the CarePath programme and mechanism as a standard practice in Greece

Taking into consideration the importance of the TIC approach and the value of the CarePath training program promoting this approach it is of high importance that we establish a realistic and effective roadmap that will allow the TIC approach to become a standard procedure to all involved countries (Greece, Italy, Belgium, Hungary).

In Greece, we engaged at an early stage all the important stakeholders that could promote the CarePath approach further. Through the field visits and the trainers workshops all major private and public organisations were notified and involved not only to register in the MOOC but also to identify the major gaps on their organisations and the importance of a TIC approach.



Organisations such as UNICEF, UNHCR and DRC were considered important stakeholders that could promote the CarePath mechanism not only at a national but at an international level as well.

On the other hand, organisations such as the Mobile Mental Unit, EPAPSY, SOS Villages and the Local Municipal Welfare Department of Trikala were easier to reach and were able to promote the MOOC in a more personal and effective way and also participate in all the dissemination and evaluation activities.

All the above stakeholders are considered to be of high importance when it comes to making the CarePath TIC approach a standard procedure. One thing that could make the difference towards this could be that all these organisations could request from their staff to sit through this training and also make it a prerequisite when hiring someone to train to the TIC approach.

We introduced this idea to some of them via some face-to-face qualitative interviews that took place after the training. In particular, UNCHR, Mobile Mental Unit and Municipal Welfare Department were invited to discuss and comment in an open manner indicatively on the following:

1. Did you find the TIC approach useful in your line of work? In what way?
2. Do you believe that this kind of training should be a prerequisite for people working in your organisation?
3. Do you believe that TIC approach should become a standard procedure in our country? Do you think that your Organisation/Company/NGO could establish that?

The idea behind this interview was not only to have the opinion of the stakeholders in terms of the training usefulness but also to establish their on going engagement



to the project and introduce the idea of making the TIC approach a standard procedure. All their responses are mentioned on Table 4.

Table 4: Feedback from the stakeholders

Questions	Mobile Mental Unit	Public Social Services	UNHCR
Did you find the TIC approach useful in your line of work? In what way?	"The MOOC by providing a new more trauma-oriented approach has allowed us to identify our previous training gaps when it comes to supporting children."	"The TIC approach has been very useful, since it identified important aspects that need to be taken under serious consideration when one is interacting with a child."	"UNHCR mostly deals with people and children that have been traumatised. The TIC approach has been extremely useful."
Do you believe that this kind of training should be a prerequisite for people working in your organisation?	"We firmly believe that such a training should become a standard procedure."	"Public services lack updated and ongoing training. Training program like CarePath should happen more often."	"We believe that all personnel that interacts with a traumatised child should be aware of the TIC approach."
Do you believe that TIC approach should become a standard procedure in our country? Do you think that your Organisation/ Company/NGO could establish that?	"Yes. Our organisation should add in the existing training protocol the TIC approach."	"At a local level it is up to the Municipal Authorities to assure that the TIC approach could become a standard procedure."	"Yes. We have forwarded the MOOC to all our personnel in Greece and to other NGOs as well. We will support any future training opportunity in the same manner."

Lastly all the stakeholders were also introduced via emails and press releases, to the web-based solution of the CarePath Provision Mechanism as an additional tool of



intervention and “request for support service” providing important input to be used both by professionals and care leavers.

Integrating the CarePath programme and mechanism as a standard practice in Italy

Both the Italian partner (IACP and UNITO) are involved in the Education sector for many years. Since the early months of the Project we (ICAP and UNITO) contacted, promoted and involved at different level many stakeholders that could promote the CarePath training further later on and, at the same time, that the MOOC could be a resources for them too (i.e. President of the Register of Psychologist, Students of Psychology, Law, Social worker etc.). While contacting potential stakeholders, we both presented the project activities and highlighted the need to deepen a TIC approach to young people and, even more so, to care and care leavers. Further visibility to the project and MOOC was given through the publication of direct links on the web pages of some UNITO and IACP teachers.

Furthermore, we have investigated and promoted via focused questions the idea of having the TIC approach becoming a standard approach. The feedback given is summarised in Table 5

Table 5: Sustainability of the TIC approach

	Organisation 1	Organisation 2	Organisation 3
Did you find the TIC approach useful in your line of work	Yes	Yes	Yes
In what way	“It has provided me with some very important	“It has provided me with new ways of seeing the issue and	“The TIC approach offered to me and to all my colleagues,



	<p>information about trauma and its consequences. Furthermore, the TIC approach has helped me understand myself better and gave me confidence.”</p>	<p>above all the right foundations to approach it.”</p>	<p>currently working with vulnerable people such as refugees and asylum seekers, a very effective way to identify and support their needs. It has also become a common way of approach (a trauma informed one) for all professionals with different background (lawyers, social workers, psychologists, teachers etc), thus assuring that there is a continuation on the way we all approach people that have been through trauma.”</p>
<p>Do you believe that this kind of training should be a prerequisite for people working in your organisation</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>Do you believe that the Trauma</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>



Informed Care approach (TIC) should become a standard procedure in your country			
Do you think that your Organisation could establish that?	Yes	yes	"No. My organisation can least promote this at a regional and national level. This has been the case throughout the CarePath project."

Integrating the CarePath program and mechanism as a standard practice in Belgium

Eurochild is the leading European network with a primary focus on advocacy and influencing EU developments related to reducing child poverty, ending institutional care of children and mainstreaming children's rights in decision making at EU and national levels across Europe. The United Nations Convention on the Rights of the Child and its Guidelines on Alternative Care are cornerstones for our work. As a member network, our European-wide members of nearly 200 organisations and experts working across 35 countries represent over 2,000 organisations working to improve the lives of children across the continent.

The goals of the CarePath project align well with the Eurochild network's own – to improve the lives of children and young people in alternative care, by promoting family- and community-based care both during and after the care period. We



support the TIC approach, and to that end we have supported its increased emergence across European and EU professional networks.

This has included Belgium; but while Eurochild is geographically situated in Belgium's capital Brussels, our primary focus is always on European-wide influencing. Further, as coordinators for the CarePath project Work Package 5 – Communications & Dissemination, we have sought to leverage our position as Europe's premier child rights network to best promote the CarePath project amongst a wider audience, thus strengthening its potential for integrating its key messages across Europe. This section details how Eurochild worked to integrate the project both in Belgium and through a wider European audience.

In Belgium, we sought to engage important stakeholders both in the French-speaking (circa 4.5million people) and Dutch-speaking (circa 6.5million people) communities of Belgium to participate in the CarePath MOOC. This included the children and family organisations for the respective communities:

- Dutch-speaking: Kind en Gezin; Opgroeien;
- French-speaking: ONE.

Other larger civil society organisations and members of the Eurochild network in Belgium, including:

- SOS Children's Villages
- the Child Rights Coalition Flanders
- the Children's Rights Knowledge Centre (KeKi).

These organisations manage their own dissemination networks as well, and each were asked to assist us in disseminating the valuable course content amongst their national networks.



Regarding the CarePath Mechanism, we engaged closely with the above organisations to build a record of relevant Belgian organisations across the entire country. This consultation included contact with individual national experts working in the area of psychosocial care and professional training, including experts from A Little Lining Comes and Maestral International. The final Mechanism was shared with the consulted stakeholders in Belgium as well as more widely amongst Eurochild's European dissemination channels.

Beyond Belgium, Eurochild sought to link the outputs and key messages for strengthening aftercare through TIC for children & young people leaving care with a wider movement taking place in European human services. Across the continent, European professionals are increasingly looking to American and Australian psychosocial services where a TIC approach has become mainstreamed. Awareness is increasing in European countries of the need to better support children & young people as they leave care, with clear examples of integration of the TIC approach in recent years:

- In Sweden, [Save the Children \(Rädda Barnen\)](#) have been delivering trauma-informed care training to professionals for several years supported by 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 in the wider [United Kingdom, Ireland](#) and in [Finland](#) too.

As a European-focused network, Eurochild has sought to link its 10+ years of advocating for children in alternative care with this emergent network of TIC in Europe. To this end, we have connected with these emergent networks, sought collaborations. For example, Save the Children Sweden co-delivered, along with



CarePath partner IACP and Eurochild, our online Train the Trainers and Info Day session in January 2020.

Eurochild's strength is its ability to influence European and international actors through its membership network and proven reputation for raising child rights on the European political agenda. To seek to integrate and mainstream the CarePath Project's key learnings, its MOOC and its Mechanism, we have continuously engaged with both practice and policy professionals, working in civil society, professional representative and multilateral organisations at both European and global levels. At a European level, this has included:

- Eurochild's own European members, including our:
 - National Partners Network – 23 leading national-based child rights networks across Europe;
 - thematic working group on Children in Alternative Care – an active group of 30+ expert individuals and organisations in the field of alternative care working across Europe.
- SOS Children's Villages International's EU branch and several of its European country branches, including France, Belgium, Bosnia and Hercegovina, Croatia, Italy and Spain
- Hope and Homes for Children International's EU and the country branch in Romania
- Save the Children International's EU office and Save the Children Sweden
- Terres des Hommes International Federation's EU office
- The Platform for International Cooperation on Undocumented Migrants - PICUM
- The Child Protection Hub for South East Europe - ChildHub
- The Initiative for Children in Migration
- The European Expert Group on Deinstitutionalisation
- The European Expert Group on Childhood



- Social Platform
- Children of Prisoners Europe
- France's Federation for child protection - CNAPE
- Ireland's child and family agency – Tusla
- Ireland's Children and Young People's Services Committees
- Empowering people in care – EPIC, Ireland
- The Centre for Excellence for Children's Care and Protection – CELCIS, United Kingdom
- The Centre for Effective Services, Republic & Northern Ireland
- UNICEF's EU advocacy office
- UNICEF Europe and Central Asian Regional Office
- The European Fundamental Rights Agency
- The Child Rights Coordinator Office in the European Commission's DG Justice and Consumers (also funder of the CarePath project)
- The European Platform for Investing in Children in the European Commission's DG Employment, Social Affairs and Inclusion
- The European Economic and Social Committee Liaison Group with Civil Society Organisations

At a global level, we have engaged with the following stakeholders:

- The International Foster Care Organisation
- The International Federation of Educative Communities – FICE
- ECPAT International
- The Better Care Network
- Child Rights Connect – a UN-focused global child rights network

Aside from these inter-organisational engagements carried out to mainstream trauma-informed care across Europe, we have also sought to link the work of CarePath with other emergent practices and associations that build the capacity of care leavers themselves, to link, rather than to replicate the messages of the



CarePath project with other pre-existing European initiatives. Eurochild formerly supported the dissemination of the SOS Children's Villages Preparing to Leave Care project (2016-2018), and have also linked with the successor Leaving Care project (2018-2020). Further, we have collaborated with the *NOW WHAT? Preparing and empowering youth leaving care* project, coordinated by SOS Children's Villages Romania, Ireland's Empowering People in Care's Youth Advisory Council, the European Care Leaver Network, the Institutionalized Youth Council of Romania, Second After from Czechia and Voices from Care in Wales.

Through our engagements with the stakeholders above, all identified experts at national, European or global levels, Eurochild has promoted the key messages of the CarePath project that children & young people leaving care need better support during their aftercare period. The TIC approach offers a valuable perspective to professionals working directly with young people during this key transition period.

Furthermore, through the targeted dissemination to policymakers at national, European and global levels, we aim for policymakers to be better trauma-informed of the needs for children and young people leaving care when designing policies and funding.

To help sustain the CarePath project's key outputs beyond the project's lifespan, each of the engaged stakeholders above were invited to attend our final CarePath conference, and to endorse and share the CarePath Memorandum of Understanding during the final conference. Further, a final targeted message inviting the Belgian national organisations could be sent encouraging engagement and further dialogue about how a trauma-informed care approach can be mainstreamed into Belgium's different communities.



Integrating the CarePath program and mechanism as a standard practice in Hungary

Although trauma, the effects of trauma and identifying PTSD symptoms have been part of both clinical practice and the various training mechanisms in the psychosocial domain, a trauma focused approach to psychosocial assistance, the design of trauma-informed services and a systemised service mechanism have been absent.

The importance of trauma, as a specific and distinct factor to be identified and addressed by solid methodology and the need for systemised flow of trauma-related information to be relayed among the different actors of a service provision mechanism has not been present either. This of course has been the case among the actors of the child protection system and practitioners involved in providing services for care leavers as well.

A wide selection of stakeholders were approached to make the objectives and the outcomes of the CarePath project widely available and comprehensive in its reach so that the entirety of the service provision mechanism available to care leavers benefits from the project, from both its training component and the trauma-informed care mechanism.

Psychologists, teachers, child protection experts and other practitioners were approached from a different array of organisations. International organisations (UNICEF, TdH, SOS CV), national and local NGOs involved in providing services and support for care leavers and actors of the national (state) child protection system were all informed, involved and trained.

Risks and obstacles



When trying to integrate a service or in this case a TIC approach in order to become a standard procedure it is essential to identify at an early stage potential risks and obstacles that could delay or even prevent this integration.

As far as the CarePath approach is concerned the main potential risks as well as the mitigation strategies to be adopted are identified on Table 6.

Table 6: Risks and Mitigation Actions

Risk/ obstacle	Level of impact and probability	Impact	Mitigation Actions	Stakehold ers involved
Lack of support/ interest by the authorities/ stakeholders involved on the pilot	High	Authorities both public and private should encourage their personnel to adopt the TIC approach. If not, the training will only be isolated to the participants of the pilot	The engagement of the participants and the organisations that they represent should be on going via the forum of the MOOC, the newsletter, the awareness raising activities and the provision mechanism	All the organisatio ns involved in the MOOC and the provision mechanism in all four countries
Lack of the availability of the MOOC	High	Since the MOOC will be closed for registration after May 2020 no new personnel will be able to go through the training and adopt the TIC approach	We should investigate the possibility of re- opening the MOOC for registrations after the end of the project: 1.Budget via sponsors	ReadLab, Unito



			2.Consider the continuation of the MOOC via another EU project	
Lack of continuation in learning	High	The training material should not become obsolete otherwise it will soon lose its appeal	Even if the continuation of the platform is established somehow, the training material should be constantly enriched with new reports or articles.	UNITO and IACP

Promoting and supporting the TIC approach after the project ends (with the CarePath Toolkit)

An additional tool that has been prepared by the CarePath project in order to support professionals that work with traumatised children, care leavers, traumatised children and their families to have a selection of updated TIC tools, has been the CarePath toolkit. This toolkit is an additional outcome of the project and is analysed and presented in the deliverable D4.1.1. CarePath Toolkit. We believe that the impact of this tool in promoting and integrating the TIC approach will be significant.

The CarePath Toolkit for professionals working with traumatised children has been developed for the certified CarePath professionals to be used for providing one-stop, trauma-informed aftercare support services to children. The toolkit will help professionals to follow a multi-dimensional and integrated approach for supporting traumatised children, including living and housing, healthcare, vocational training guidance, social inclusion, and psychotherapeutic services. It will also guide



professionals on children's involvement in aftercare planning, as well as on the involvement of other complementary professionals such as psychotherapists, social workers, trainers, policy-makers, lawyers where necessary.

The information contained in this Toolkit is available on the web to anyone interested in the topics covered. The arguments, information and scientific theories contained in all the parts and materials of the Care Path Toolkit have been organised with the intent to be useful to all people who, in various capacities and with different professional backgrounds, offer help and services to children suffering from trauma.

This toolkit has been assembled and is the result of a standard scientific procedure that has included some data banks searches (MEDLINE, Embase, and PsycINFO), consultation with different professionals competent and active in the various disciplines and activities covered in the Toolkit and in the Care Path Project. Also, materials that offer access to the victims of trauma and their families have being included as well as the voices of caregivers and the relevant aspects of their training needs and their health protection and promotion at the workplace and in particular for the prevention and management of stress, burn out, and prevention and management of vicarious stress.

This Toolkit has been assembled giving maximum relevance to Trauma Informed Care, Children-Centred Approaches, Person-Centred Approach, Person-Centred Planning, Person-Centred Care Recovery approaches, best practices, common denominators, case studies illustrations, intersectoral approaches for personnel training, continuing education, organisation policies, organisation development and management.

This toolkit includes also a vast panorama of research, case studies and best practices. It explores how the rights of children are protected and promoted in different parts of the world; how children-centred and trauma informed care can be



the central aspects of the planning and management of person-centred approaches and trauma informed care; and recovery approaches in all the aspects of the social construction of reality. This includes:

- Trauma informed legislation
- fund allotments
- community organisation
- schools planning and management
- children institutions
- children oriented service planning
- service offerings.

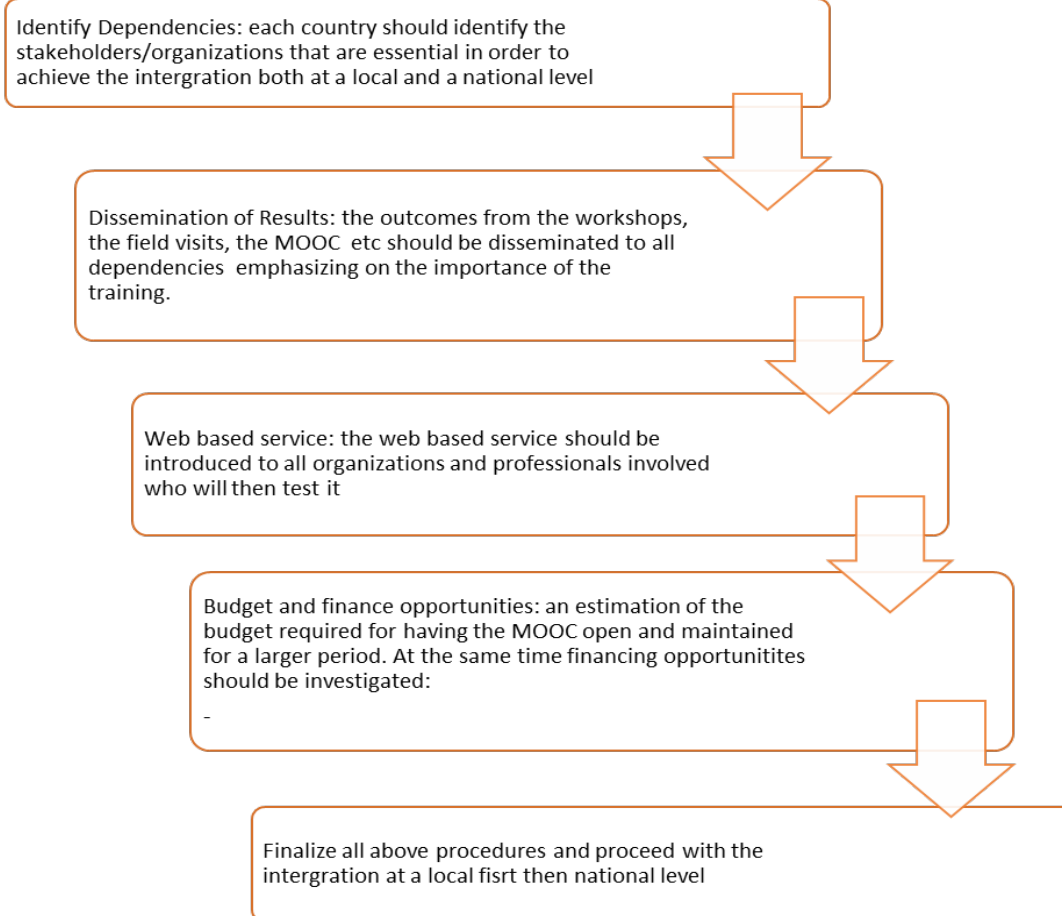
The introduction and guide of the toolkit has been translated into 5 languages (Greek, English, Italian, Hungarian and French) and hopefully will play an important role in establish a TIC approach among professionals and care leavers around Europe.

Integration Roadmap

Taking into consideration the feedback provided by all stakeholders in all the countries that participated in all activities (for example workshops, training program, field visits), it will be of great importance that both the training opportunity and the TIC approach is further integrated to all organisations and professionals that deal with children that have been or currently are beneficiaries of alternative care.

The roadmap towards the integration of the CarePath Training program and mechanism as a standard practice concerning children ageing out of care is described in Figure 1 and analysed further below.

Figure 1: Roadmap of Integration



Identify Dependencies: Each country (Greece, Italy, Belgium and Hungary) has identified the stakeholders/organisations that should be engaged in order to promote the CarePath mechanism at local and national level or even international. Taking this at the next level, the partners should investigate the possibility that ambassadors from major stakeholders in each country should be identified and invited to keep promoting the CarePath mechanism even further. Those ambassadors could derive from the MOOC participants.

Dissemination of Results: The outcomes from the workshop, the field visits, the MOOC, the mechanism, the Toolkit and all dissemination activities should be further promoted to all dependencies emphasising on the importance of the training.



CarePath Service Provision Mechanism (web-based service as a tool for further engagement): As already mentioned this mechanism was introduced to all organisations and professionals involved. This on-line tool allows professionals from different sectors to cooperate and respond to a case more systematically and keeps the CarePath community of professionals and care leavers active.

Investigate budget and finance opportunities: An estimation of the budget required for having the MOOC open and maintained for a larger period is essential and should be conducted along with investigating funding opportunities such as

- other EU projects funding
- sponsors
- the possibility that an organisation should pay a small fee to gain access to the training program

Lastly, two scale-up scenarios should be taken under serious consideration

1. **Create a CarePath community and connect it with existing TIC communities**: Taking into consideration the participants/organisation already involved in the project (via the MOOC or other activities) one can see that a new TIC informed CarePath community has already been created and consists of participants from different countries and professional background. These professionals can become the CarePath community responsible for sustaining the CarePath mechanism after the pilot and introduce the TIC approach to others. It could be considered to appoint ambassadors among the participants in each country who could play a leading role. Furthermore, there are existing TIC communities in Europe (there is an actively growing TIC professional network growing in Ireland, the UK, Scotland, Sweden, Finland, Norway) that the CarePath community should look to be linked with. All organisations can benefit from such a connection and the TIC approach can be further integrated.



2. **Scale up the MOOC in different countries and languages:** Although the MOOC is already available in four languages, a scale-up scenario could be translating the educational material into more languages, for example Spanish or German, in order to increase the access to more professionals across Europe. In addition to this, some English and French speaking countries could also benefit from the existing MOOC through further dissemination campaigns.

Integration Dependencies

In order to promote changes for the support of traumatised children at policy level we have identified all regional or national public authorities (in all four countries) responsible for child protection systems to mainstream the main project deliverables and promote the TIC approach. Furthermore, a more extensive network of organisations has been identified throughout this project that do not necessary belong to the four countries. We consider promoting the project and the TIC approach to these networks and organisations an added value. All organisation are identified in Table 7.

Table 7: Integration dependencies

Country	Organisation/Authority	National/ Regional/ International level	Existing integration
Greece	Local Municipal Welfare Organisation	Regional	The majority of the staff has registered on the MOOC and fully support the TIC approach
	UNHCR	National/ International	UNHCR forwarded the MOOC to their



			extended network of NGOs and organisations that work with vulnerable people, refugees and children. In addition to this member of the local UNHCR staff have also registered to the MOOC.
	Danish Council for Refugees	National/ International	DRC forwarded the MOOC to all the NGOs that belong to their network. Local DRC staff also registered
	IOM	National	Local members of IOM registered on the MOOC
	Mobile Mental Unit	National/ regional	The majority of the local mobile unit registered on the MOOC
	SOS villages	National	A large number of staff all around Greece have participated at the MOOC, the provision mechanism and all the other dissemination activities



Italy	Department of Psychology (UNITO) Department of Law (UNITO) Master Degree in Social Work (UNITO) Legal clinic in Families, Children and the Law (UNITO) Università del Piemonte Orientale (UNIUPO) ASL TO 3 CONGRESSO NAZIONALE AISMI – MATERA 2019 SOS Village (Milano) Colleagues of the University of Cagliari, Bologna, Perugia, Roma	National	All the stakeholders have been active in different activities, e.g the MOOC, the CarePath Mechanism, field visits, conferences etc
Hungary	SOS CV Regional Child Protection Authorities Social and Child Protection Directorate (of the Ministry of Human Resources) Károlyi István Children's Center UNICEF UNHCR Terre des Hommes	National	Staff made aware of the project and engaged in project activities, ToT, MOOC course, mapping activities
Belgium	Opgroeien	National	Opgroeien's



			relevant personnel have been made aware of the CarePath project, and shared the MOOC with relevant staff at local level.
	ONS	National	ONE's relevant personnel have been made aware of the CarePath project, and shared the MOOC with relevant staff at local level.
	SOS Children's Villages Belgium	National	SOS Belgium have shared the MOOC with relevant staff in their villages in Belgium.
Other European Organisations	SOS Children's Villages Hope and Homes for Children International CELCIS (UK) CYPSCs (Ireland) Better Care Network (Global) EESC (EU) European Commission (EU) & Eurochild's own network The European Expert	International	Eurochild has been in contact with these organisations and they have taken an interest in the TIC approach



	Group on Deinstitutionalisation (EEG).		
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Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma, thus recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life, including service staff. On an organisational or systemic level, Trauma-Informed Care changes organisational culture to emphasise respecting and appropriately responding to the effects of trauma at all levels.³

Changing the approach of professionals and promoting the TIC approach is considered one of the most important impacts of the CarePath project. When service systems operating procedures do not use a trauma-informed approach, the possibility for triggering or exacerbating trauma symptoms and re-traumatising individuals increase.



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