carepath

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

Comparative analysis report on trauma informed and after care mechanisms

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COMPARATIVE ANALYSIS REPORT ON TRAUMA-INFORMED AND LEAVING CARE MECHANISMS

Introduction

Trauma is a universal intense health problem and it describes experiences that trigger physical and psychological stress disorder. Trauma is very common among people regardless of their gender, ethnicity, and age. Trauma can have severe consequences particularly when it occurs during childhood and can lead to behavioral implications and disorders in adulthood. Children deprived of parental care are often placed in alternative care - many of whom end up in institution settings - are more inclined to suffer from traumatic events or are exposed to re-traumatization after they leave care. In addition to that, in the advent of the refugee crisis, a vast number of unaccompanied minors and youth reached Europe over the past years. The arrival of unaccompanied young refugees and migrants coincides with the attempts of the EU to dismantle residential childcare settings and introduce family- and community-based services. Yet, the majority of these unaccompanied minors are sent into care settings, that often are not appropriate to cater for their protection and individual needs. In recent years, trauma-informed care has emerged as a complex approach and practice that addresses early trauma by incorporating the victims' perspective, values, and avoids re-traumatization. This approach is based on evidence-based theory and aims at establishing a more friendly and compassionate environment for trauma victims and avoid re-traumatization.

The EU and the Member States bear significant responsibilities and commitments regarding the protection and promotion of children's rights. EU Member States have ratified the UN Convention on the Rights of the Child (UNCRC), while the Lisbon Treaty has integrated the promotion of child rights as one of the main objectives of the Union.[1] Particularly for those children who live in alternative care settings, the United National Guidelines for the Alternative Care of Children (hereafter the UN Guidelines) explicitly refers to the right to provide aftercare. The UN guidelines signify the importance of timely and adequate preparation for youth who are about to leave care and aftercare support. The legal protection and strategies among EU member states however vary when it comes to the national systems for the protection

[1] https://www.europarl.europa.eu/RegData/etudes/note/join/2012/462445/IPOL-LIBE_NT(2012)462445_EN.pdf

of children and the legal provisions and practices that member states have put in place focusing on trauma-informed leaving care and aftercare support. It is estimated that approximately one million children are placed in institutional settings. However, official data on concrete numbers of children in care is still missing.

This comparative analysis report analyses existing trauma-informed leaving care mechanisms across the European Union in the child protection systems. It presents the discrepancies at the national systems for the protection of children and the legal framework that member states have put in place focusing on trauma-informed leaving care and aftercare support. Further to that, the comparative study identifies significant discrepancies among the member states when it comes to the number of children and youth in residential care, the age of care leavers, and the unbalanced participation of children in the decisions around institutional care and their transition from care to adulthood. Trauma-informed care is also examined through the lens of the deinstitutionalization process. The report issues a number of recommendations to embed trauma-informed care in aftercare support and facilitate young care leavers transition in an aftercare era.

The comparative analysis report is an output of the *CarePath Project: Empowering public authorities and professionals towards trauma-informed leaving care support*, a 2-year EU funded project aiming to develop the capacities of professionals and public authorities to deliver trauma-informed care. Trauma-informed care refers to 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 or young person who is ageing out of care.[2]

Aim and objectives of the CarePath project

CarePath is a two-year EU-funded project working across four EU member states – Belgium, Greece, Hungary, and Italy. CarePath aims to provide public authorities and professionals of child protection systems with policy guidance and interdisciplinary training resources regarding the protection, rights, and development of traumatized children. Public authorities will benefit from the development of an integrated aftercare support mechanism, which will better involve the children themselves and specialized professionals in the handling of leaving care cases. Psychotherapists, art therapists, social workers, psychologists, teachers and healthcare professionals in the partners' countries will become familiar with the UNCRC

[2] For more information, see the work of Dr Howard Bath's (2016). *The Three Pillars of Transforming Care: Healing in the 'other 23 hours'*.

methodologies and approaches, including those required for effectively listening to each child, recognizing their personality and distinct needs, and providing individual but integrated leaving care support. They will be trained to apply trauma-informed approaches to leaving care plans, and to use common standards, tools, and systems for monitoring, evaluation and reporting cases.

The project's objectives are:

- Identify transferable procedures and trauma-informed working methods in integrated child protection systems as regards leaving care support.

- Ensure that children ageing out of care have access to adequate trauma-informed aftercare support in the partners' countries, as part of an integrated child protection system.

- Increase the capacity of professionals in these systems to effectively support traumatized children, directly involving the child in determining the most suitable aftercare option for them.

- Develop a sustainable mechanism to enable public authorities and professionals to provide integrated psycho-social support services to children leaving care, based on trauma-informed interventions.

Trauma-informed care is an emerging systemic approach for the psychosocial response to address the needs of children and adolescents who have experienced traumatic events. Children and youth who have been exposed to traumatic experiences face difficulties with learning, physical and mental health, and cognitive development. These challenges are particularly grave for those who live in alternative care institutions and the threat of their social exclusion is higher.[3] Trauma-informed care is considered as a necessary aftercare service to traumatized children and youth ageing out of care.

The objectives of the *CarePath Project* for children leaving care are threefold, to:

1. guarantee that those leaving care have access to trauma-informed aftercare;

2. enhance the skills and knowledge of professionals in child protection systems to better support children with traumatic experiences; and

[3] Stein, M. (2006). 'Research Review: Young People Leaving Care', *Child and Family Social Work,* 11: 273–279.

3. advocate for the adoption of individualised leaving care plans for all children ageing out of care that are guided by trauma healing methodologies.

For care professionals, 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 Project* is led by a partnership of eight organisations working across four EU member states: Eurochild from Belgium; from Greece: ReadLab, e-trikala, and Ergo; Cordelia from Hungary; and from Italy: the University of Torino's Departments of Psychology (project coordinator) and Law , the Person-Centred Approach Institute and Calabria Regione[4]. The *CarePath Project* is co-funded by the European Union's *Rights, Equality, and Citizenship Programme*.

Purpose, scope, and structure of this report

This comparative research aims to cover the most significant issues in the area of child protection systems in the EU Member States, focusing on trauma-informed leaving care and aftercare support. It describes the differences that exist at the national systems for the protection of children and the legal provisions and practices that member states have set out focusing on trauma-informed leaving care and aftercare support. Further to that, the comparative study identifies significant discrepancies among the member states when it comes to the number of children and youth in residential care, the age of care leavers, and the unbalanced participation of children in the decision-making around institutional care and their transition from care to self-reliance and adulthood. The current report, thus, aims to identify gaps in legislation and policy, implementation challenges for a trauma-informed aftercare but also propitious practices and recommends ways in which CarePath project can be developed to achieve the best possible results and sustainability.

[4] The Calabria Region has been withdrawn from the project after an unanimous decision of the consortium.

Methodology

The methodology deployed to prepare this report is a comparative analysis of the different national systems of child protection in alternative care in several EU member states. The report has attempted to encompass as more as possible case studies from the EU to provide a more thorough understanding of the current state of play in the field of child protection and alternative care in Europe. The literature reviews and data used for this report drew on published articles, online media, reports, and books contained in electronic media. Priority has been given to articles published in peer-reviewed journals and reports prepared by European and international organizations (i.e. EU, Council of Europe, UNICEF, FRA, etc). The comparative analysis used almost exclusively the most recent publications (published within the past five years). In a few cases, where recent publications were difficult to access, older publications have been deployed.

What is trauma

In order to unravel the trauma-informed service delivery, it is necessary to consider several and different definitions that are attributed to trauma. To begin with, trauma is a universal intense health problem and it describes experiences that trigger physical and psychological stress disorder. The American Psychiatric Association defines trauma as an extraordinary event that poses a physical and mental threat to oneself and others and nourishes feelings of fear and helplessness to the victim.[5] According to Herman, traumatic events are those that "overwhelm the ordinary human adaptations to life [and] ... generally involve threats to life or bodily integrity, or a close personal encounter with violence and death".[6] The Substance Abuse and Mental Health Services Administration (SAMHSA) further elaborates that "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being".[7] SAMHSA's trauma definition encompasses trauma-related events and its long-lasting effect. Indeed, the traumatic incidents that an individual is exposed to vary; it can be a single traumatic incident in the life of an individual, but it may also involve more

[5] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
[6] Herman, J. (1992). Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political Terror, New York: Basic Books, p. 33.
[7] Substance Abuse and Mental Health Services Administration, Trauma and Justice Strategic Initiative. SAMHSA's working definition of trauma and guidance for trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2012.

than one traumatic exposure or even it can be a chronic situation. In such cases, individuals with traumatic experiences encounter many difficulties when they struggle to perceive themselves and build relationships with their family members and also within the community they live in.[8]

Complex, interpersonal trauma triggers disruptive effects on the ability of an individual to handle and control internal states.[9] Mood regulation, self-concept, concentration, and physical disorders are some of the most common trauma-related symptoms. Researchers distinguish human-caused trauma between interpersonal trauma (i.e. domestic violence, assault, war) and non-interpersonal trauma (natural disasters, diseases, accidents). Regardless of this classification, trauma experiences and incidents are not anchored to any particular ethnicity, age, gender, or any other demographic group.[10] Yet, not everyone is equally susceptible to traumatic experiences. According to Simons et al., the traumatic incidents that will occur to an individual significantly depend on the chronic adversities that this person has to encounter.[11] To put it differently, individuals who are originated from marginalized and stigmatized groups (minorities, violent neighbourhoods, communities battered by poverty and low income) are more vulnerable to be exposed to traumatic events.[12] Further to this, the responses to traumatic events are very different among individuals and not all traumatic events result in negative implications and behaviours. It depends on the individual's response if the traumatic event will lead to trauma or not.

Childhood trauma

Trauma has profound damaging effects when it occurs during childhood. From a historical perspective, the consequences of trauma exposure of children have not attracted an adequate body of research. Children's cognitive and social immaturity coupled with the inability to remember and verbally communicate at such a young age led to limited research results and discoveries on the effects of trauma during

[8] SAMHSA 2014.
[9] Kezelman, C., & Stavropoulos, P. (2012). 'The last frontier: Practice guidelines for treatment of complex trauma and traumainformed care and service delivery'. Kirribilli: Adults Surviving Child Abuse.
[10] Green, B., Friedman, M., de Jong, J., Solomon, S., Fairbank, J., Keane, T., Donelan, B., & Frey Wouters, E. (2002). Trauma in war and peace: Prevention, practice and policy. New York: Kluwer Academic/Plenum Publishers.
[11] Center for Substance Abuse Treatment (US). (2014). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration. (Treatment Improvement Protocol (TIP) Series, No. 57.)
[12] Vogt DS, King DW, King LA. (2007). Risk pathways for PTSD: Making sense of the literature. In: Friedman MJ, Keane TM, Resick PA, editors. Handbook of PTSD: Science and practice. New York: Guilford Press; 2007. pp. 99–115.

childhood.[13] According to De Young et al., from the moment of their birth, children's "tactile and auditory senses are similar to those of an adult".[14] With this in mind, children can experience stressful and traumatic events as adults.[15] Children are at substantially higher risk of being exposed to traumatic events compared to other age groups. Due to their dependence on other adults and the lack of children's coping skills, children are particularly prone to accidents, physical injuries, domestic or sexual abuse, neglect, and community violence as well. The younger a child is the greater the risk is to be exposed to traumatic events.[16]

Children who have been abandoned by their families or have lost their parent(s) are facing a greater risk for exposure to trauma because they lack long-term adult protection. Due to the lack of adult and family protection, children deprived of parental care are more vulnerable to trauma compared to their peers who have families. Cluver et al. found that children without parental care are more susceptible to disorders such as anxiety, low self-esteem, and suicidal tendencies.[17] A study conducted in 5 developing countries – Cambodia, Ethiopia, India, Kenya, and Tanzania – concluded that trauma results in higher negative psychological consequences of additional events.[18] Orphaned or neglected kids who have experienced traumatic incidents are likely to experience such events again in the future. Having said that, the potential reexperience of traumatic events to abandoned children could be prevented in case of targeted interventions and mental health care for such children. The same study found that there are no significant gender discrepancies when it comes to the vulnerability of traumatic events and thus it suggests that protection policies should equally target all genders.

Childhood trauma affects children themselves, their parents and family members and society in general. Some children cope with a unique trauma experience and they behave normally after that. Nonetheless, when traumatic events are more complex, the impact of the trauma can be severe and long-lasting. Complex traumatic

[13] Zeanah, C. H., Jr., & Zeanah, P. D. (2009). The scope of infant mental health. In C. H. Zeanah, Jr. (Ed.), *Handbook of infant mental health* (3rd ed., pp. 5–21). New York, NY: Guilford Press.
[14] De Young, A. C., Kenardy, J. A., & Cobham, V. E. (2011). 'Trauma in early childhood: A neglected population', *Clinical Child & Family Psychology Review*, *14*: 231–250.
[15] Howe, M. L., Toth, S. L., & Cicchetti, D. (2006). 'Memory and developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Vol. 2: Developmental neuroscience* (pp. 629–655). Hoboken, NJ: Wiley.
[16] Kristen E. Buss, K. E., Warren, J, M., & Horton E.n (2015).' Trauma and Treatment in Early Childhood: A Review of the Historical and Emerging Literature for Counselors', The Professional Counselor.
[17] Cluver, L., Gardner, F., & Operario, D. (2007). 'Psychological distress amongst AIDS-orphaned children in urban South Africa', *Journal of Child Psychology and Psychiatry, 48*(8), 755–763.
[18] Escueta, M., Whetten, K., Ostermann, J. *et al.* (2014). Adverse childhood experiences, psychosocial well-being and cognitive development among orphans and abandoned children in five low income countries. *BMC Int Health Hum Rights* 14, 6.

event or events that a child experiences can give rise to several behaviour disorders which vary from child to child. For instance, minors exposed to trauma may avoid communicating with others; avoid visiting some particular places or people; refuse to come in contact with particular objects; or try to escape from a situation that will recall the traumatic event.[19] Other symptoms related to traumatic events in children include sleep disorder, irritability, anxiety, hyperactivity, physical aggression and concentrating problems[20]; health risks (such as smoking, suicidal tendencies) and physical health risks (such as diabetes, cancer and heart diseases) in adulthood are often strongly related with traumatized childhood.[21] However, traumatic exposure doesn't have a direct impact only. Ample clinical cases are showing that trauma-affected children have difficulties in building and maintaining interpersonal relations with their caregivers, parents and family members. In such cases, children hesitate to trust other adults to keep them safe. There is a strong correlation between early traumatic adversaries of a child and the well-being of him/her as an individual and this in turn brings grave implications in terms of public health provision, social justice and society overall.[22]

Trauma among unaccompanied children and adolescents

Evidence supports that refugees experience a traumatic event(s) in their countries as well as during their displacement.[23] In the advent of the refugee crisis, a vast number of unaccompanied minors reached Europe over the past years. One-third of asylum applicants in the EU are children; in 2018, 3,741 unaccompanied children were registered in Greece according to the National Centre for Social Solidarity;[24] in the period 2011-2016, there were 62,672 unaccompanied children in Italy alone;[25] in 2018, 40,000 young people arrived in France, 17,000 of them were placed in care.[26] A recently growing body of research has identified elevated psychopathology in children and adolescents who seek asylum in Europe. Mental health symptoms such as Posttraumatic Stress Symptoms (PTSS), depression and anxiety are among the

[19] Kristen E. Buss, K. E., Warren, J, M., & Horton E.n (2015).
[20] Kristen E. Buss, K. E., Warren, J, M., & Horton E.n (2015).
[21] De Young, A. C., Kenardy, J. A., & Cobham, V. E. (2011), p. 232.
[22] Larkin, H., Felitti, V. J., & Anda, R. F. (2014). 'Social work and adverse childhood experiences research: Implications for practice and health policy', *Social Work in Public Health*, 29(1): 1–16.
[23] Nickerson, A. et. Al. (2017). Trauma and mental health in forcibly displaced population: An international society for traumatic stress studies briefing paper.
[24] National Center for Social Solidarity. Available at https://data2.unhcr.org/en/documents/download/67534
[25] Agerholm, H. 'Refugee crisis: Fears of children vanishing from Calais Jungle as numbers at camp hit record high', *The Independent*, July 21, 2016.
[26] French Ministry of Justice – Unaccompanied Minors Department

most common.[27] Surrounded by discrimination and anti-refugee sentiments from the communities they live, the depressive and child-unfriendly conditions in the refugee centers coupled with the uncertainty of their asylum applications and multiple relocations, refugee children and adolescents are susceptible to re-experience traumatic events and become victims of human trafficking and prostitution. The physical and mental safety and protection of these children have become one of the toughest challenges for policymakers both at EU and national level.

Trauma-informed care

Trauma-informed care is a complex approach that recognises the prevalence of early trauma, includes the victim's perspective, values the individual user services and avoids repeating unhealthy interpersonal dynamics to the victim. It is based on an emerging evidence-based theory and incorporates the understanding that traumatic events can have long-term physical, emotional and cognitive effects; they have profound damage particularly when experienced during sensitive periods of brain development.[28] In 2001, Dr. Maxine Fallott and Dr. Roger Harris conceived the idea of adding a trauma-informed understanding and awareness to the design of service delivery to those who have experienced trauma.[29] Trauma-informed care differs from trauma-focused therapy in the sense that trauma-informed care is not used to heal the trauma, instead, it is deployed to understand trauma and therefore to treat the clients with respect, empathy and contribute to re-establishing healthier interpersonal skills and coping strategies.[30] SAMHSA puts forward a thorough trauma-informed approach definition and explains that "a program, organisation or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatisation".[31] More generally, trauma-informed care reassures that service delivery encompasses trauma awareness and sensitivity so as to offer the services in

[27] Müller, L.R.F., Gossmann, K., Hartmann, F. *et al.* (2019). '1-year follow-up of the mental health and stress factors in asylum-seeking children and adolescents resettled in Germany', *BMC Public Health* 19, 908.
[28] 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*.
[29] See Harris, M., & Fallot, R. D. (Eds.). (2001). New directions for mental health services. Using trauma theory to design service systems. San Francisco, CA, US: Jossey-Bass.
[30] Levenson, J. (2017). Trauma-Informed Social Work Practice, *Social Work*, Volume 62, Issue 2, April 2017, Pages 105–113.
[31] SAMHSA, 2014, p. 9.

the context of the individuals' trauma experiences.[32] A trauma-informed social worker neither ignores nor delves into the self-disclosure of the traumatised individual.[33] Rather, trauma-informed professionals are aware that the clients' difficulties should be understood through a trauma lens. Trauma-informed care encourages the client to make a better sense of the trauma's long-term effects. In short, trauma-informed care is an opportunity for professionals to deploy skills not only to help the trauma survivors understand the impact of traumatic experiences affects the present but also to instrumentalize this understanding to manage daily functioning more effectively.[34]

Trauma-informed care is considered as a preferable and but also an ambitious approach to social work since it encompasses fundamental principles of protection, reliability, collaboration, choice and empowerment and delivers services in such a way that helps traumatised individuals to experience healthy relationships with others.[35] Trauma-informed social workers have a thorough understanding of the frequency of trauma among people and how violence and victimization can have a negative and long-lasting impact on the psychological development and the coping strategies of an individual.[36] What's innovative about trauma-informed care is that it doesn't focus on the pathology of the trauma, rather it figures out how to address trauma's symptoms. The models of service delivery that trauma-informed care convey are to comprehend the necessity of traumatised clients to feel that they are respected and to be optimistic that they can recover from trauma.[37] The trauma-informed care goal is to break the vicious circle of trauma and minimize its effect on the victim by assisting clients to cope with problematic behaviour. Regarding the system services, trauma-informed care aims to transform caring systems by infiltrating a solid understanding of traumatic stress response throughout the service delivery process and places at the heart of the caring system the safety, choice and control of the individual.[38]

The need for trauma-informed care in children and youth settings

[32] Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges, *Clinical Social Work Journal*, 43: 25–37.
[33] Knight, C. (2015).
[34] Knight, C. (2015).
[35] See Harris, M., & Fallot, R. D. (Eds.). (2001). New directions for mental health services. Using trauma theory to design service systems. San Francisco, CA, US: Jossey-Bass.
[36] Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or traumadenied: Principles and implementation of trauma-informed services for women, *Journal of Community Psychology*, 33: 461–477.
[37] SAMHSA (2014a).
[38] Harris M, Fallot R. (2001). Using trauma theory to design service systems. San Francisco: Jossey-Bass.

Trauma-informed care in service delivery is particularly useful for children and adolescents who have been overwhelmed by traumatic events. As outlined in the earlier discussion of this analysis, childhood trauma can have grave implications on the cognitive development, mental and physical health of a child and how this child interacts with own self and others in adult life later. In this respect, Dr. Howard Bath has developed the trauma-informed approach concentrated on children and adolescents who have experienced chronic traumatic events. Bath referred to the "three pillars of transforming care" where trauma-informed care encompasses the delivery of appropriate aftercare through the provision of therapy arrangements and/or psychosocial support that is built on the active participation and in the best interests of the young person ageing out of care.[39] Bath's three pillars consolidate three central trauma-related needs: safety, connections and coping. This method calls for holistic and integrated care that takes place throughout the care services provided to children and youth. Therefore, parents, counsellors, teachers, coaches, direct-care workers, case managers and others all have an important role to play.[40] There is clear evidence that by building supportive social relationships between the caregiver and the traumatised child, it helps in establishing a protective "zone" against the consequences that trauma has triggered during childhood by helping the traumatised individual "to co-regulate the emotional stress responsivity".[41]

Child protection systems and institutional care in Europe

Social protection systems, and child protection systems within them, are strictly within the remit of national Member State governments to determine. Some EU member states have put in place legal instruments on child protection at the national level and they have adopted a specific national policy framework related to child protection and rights, whereas some others have no legal instrument for child protection. Additionally, there are few member states that even though legal instruments for child protection are absent, they have set specific national policy framework for child's rights and child protection.[42] In countries with decentralized systems, such as Belgium and Spain, they lack a common legal instrument and each region (autonomous regions for Spain and federal states for Belgium) have adopted their legislative framework.[43] Elsewhere, such as in Germany and Austria federal law for child protection and rights guide the general framework and the principles for the

[39] Bath, H. (2016). 'The Three Pillars of Transforming care: Healing in the 'other 23 hours'.
[40] Bath, H. (2016).
[41] Ellis, B., & Boyce, W. (2011). 'Differential susceptibility to the environment: Toward an understanding of sensitivity to developmental experiences and context', *Development and Psychopathology,* 23(1): 1-5.
[42] FRA (2014). Available on https://fra.europa.eu/en/publications-and-resources/data-and-maps/cps
[43] FRA (2014). National Legislative Network.

adoption of state and regional laws.[44] In short, each EU member states has adopted a different approach and legal mechanisms to address and implement child protection.

Belgium

Child protection policies in Belgium are decentralised and shared among the governments at federal, regional and community levels. Flemish, French and German-speaking communities are those who share responsibility for supporting families, children and their education. The complex governance structure of Belgium has implications for the child and family welfare and the care systems. Each community assigns different bodies for the same policy areas. For instance, the foster care system in the Flemish-speaking community is directed by the Flemish Ministry of Welfare, Health and Family, whereas the foster care system in the French and German-speaking community is directed by a Ministry of the French-speaking Community government. Whereas the two ministries don't cooperate, some matters are tackled at federal levels such as child protection and placements. Yet, even in the case where the implementation of the frameworks remains at the federal level, the involvement of the federal and local entities make realities more complex.[45] The clear division and at the same time the overlapping of responsibilities between the communities has led to the lack of concrete figures and of a centralized system on institutional care, while the possibilities to establish political cooperation across the federation remains highly challenging.[46]

The arrival of unaccompanied children with migrant and refugee backgrounds resulted either in the establishment or the re-opening of new institutions, at the same time when there is general acceptance across Europe about dismantling such institutions. These new arrivals mean that there will be an increase in the aftercare support for children and young people ageing out of care in Belgium, especially to support those who have been exposed to traumatic experiences before or during their time in care.

Studies confirm the importance of the relationship of trust between young people and the caregiver.[47] Young people who are prepared to leave care are seeking for needs such as the sense of home, people who will make them feel worthy and

[44] FRA (2014). National Legislative Network
[45] Grietens, H. (2007). Foster Care in Belgium – Structure, politics and research. First International Framework.
[46] Koenderink, F. (2019) Alternative Care for Children Around the Globe: A desk review of the child welfare situation in all countries in the world.
[47] SOS Children's Villages and Cachet (2017). "We are common young people in an uncommon situation": Key findings from a study on young people leaving care, p.9.

believe in them, adulthood without prejudice and long-term human relationships. In an earlier study, Cachet identified loneliness as "the largest and most traumatic stumbling block" that young adults in Belgium come up against when they leave care.[48] Young people in care strive to establish long-term and substantial relationships due to the many different individuals who are involved in the care services as well as the changeover within these services. A trauma-informed care for children in care and those who prepare to leave could accommodate and sustain those people's needs.

Greece

Responsibility for child protection in Greece is assigned to Greek Ombudsman, the Department of Children's Rights, and the Institute of Child Health within the Department of Mental Health and Social Welfare (MHSW). Greece has started to modernise its child protection legal framework since 1975 when the protection of children was first enshrined in the Greek Constitution.[49] The Institute of Child Health published a Child Protection Policy for professionals.[50] Additionally, after an initiative of hundreds of child protection practitioners, a national Statement of Principles for Child Protection was established. Through this Statement, all relevant Greek authorities are invited to put forth the necessary legislative and administrative measures and guarantee that the agreed-upon principles of child protection are implemented. The measures are also to be included in an upcoming National Action Plan for Children's Rights.[51] Among others, the Statement signified important aspects and issues to be placed at focus such as cross-sector working, child participation, alternatives to institutional care, and the equal treatment of unaccompanied migrant children.

The alternative care for children and youth in Greece is undertaken by various public and private organizations while many care institutions are run by the church.[52] Foster care is a very new concept in the field of alternative care in Greece and only very recently a Law on Foster Care and adoption (2018) was stipulated. Family-based and community-based forms of childcare remain underdeveloped in the country.[53] Concerning trauma-informed aftercare services in Greece, services are provided on a case-by-case basis by a limited number of public institutions such as mental health centres, mental health units, prevention agencies, and psychiatric structures. In that

[48] SOS Children's Villages and Cachet (2017).
[49] For more information on Greek Ministerial decisions relating to children, see here (in Greek): https://www.e-nomothesia.gr/kat-anilikoi/.
[50] Institute of Child Health (2017) Child Protection Policy.
[51] Read the Statement of Principles for Child Protection in Greece here: http://www.0-18.gr/paidikiprostasia/statement-of-principles-for-child-protection-in-greece.
[52] Opening Doors, Greece.
[53] Opening Doors, Greece.

sense, a major challenge for Greece remains the lack of professionals and providers with trauma-informed care training. There are only a few private organisations which are specialised in trauma care and aftercare such as EMDR HELLAS.

Greece currently falls short of a concrete structure or authority responsible for the implementation of the *UN Convention on the Rights of the Child*. Moreover, the country lacks a whole-of-government strategy or framework in the field of child protection. The current situation becomes more incompetent to promote and ensure children's protection when challenges around inconsistency concerning public administration, training for care professionals and budget allocation from the national level emerge. Although the ministerial decision regarding the departure of third nationals from childcare organisations, unaccompanied minors and asylum seekers included,[54] there is no legal framework in regard to child protection or services developed for leaving care. Aftercare is also an area where Greece is in dire need to address through a central authority with responsibility for aftercare support to youth ageing out of care. It is worth mentioning that while the legal framework for the protection of children exists, Greece falls short in its implementation. The austerity ridden context of Greece coupled with limited experience of professionals in trauma-informed care have resulted in limited funding, formalised procedures, tools and protocols, problematic cooperation among actors involved and system barriers. These challenges demonstrate a need for political commitment at the national level, something that could be addressed with the delivery of a national Children's Act.

Hungary

The responsible body for the protection of children in Hungary is the Ministry of Human Capacities. Child Protection Act (*Act XXXI of 1997 on Child Protection and Custody Administration*) guarantees the best interest of the child and the right of the child to be brought up in the biological family.[55] In the meanwhile, the Act also regulates the different forms of alternative care and provisions for leaving care. The "Making things better for our Children 2007-2032" strategy enshrines the rights of the child and sets forth the legal framework for the children's protection.[56] Hungarian

[54] See Article 13 here (in Greek): http://www.dsanet.gr/Epikairothta/Nomothesia/ya%2011_6343.htm.
[55] Analysis of the care system of children in conflict with the law in Hungary (2011-2012), Eurochild Available at https://www.eurochild.org/fileadmin/public/06_Projects/Past/Alternatives_to_custody/desk_analysis_hungary.pdf
[56] European Parliament, Justice, Freedom and Security (2013) Country Report on Hungary for the Study on Member States' Policies for Children with Disabilities. Available at https://www.europarl.europa.eu/meetdocs/2014_2019/documents/libe/dv/25_hucountryreport_/25_hucountryreport_en.pdf

authorities have achieved some commendable progress in regard to alternative care. The age of leaving care has been increased to 30 (for those completing tertiary education); professionals have been received guidelines on matters such as child abuse; improved monitoring processes have been deployed in order to guarantee due diligence for foster parents, heads of institutions, measures to prevent people with criminal records of child abuse from working with children again; efforts are also made to offer tailor-made education for Roma children, children with health problems or older youngsters.[57]

Moreover, Hungary has achieved progress in increasing the number of family- and community-based care. More than half of children (60%) are placed in foster care, even though the public support and funding are very limited.[58] Small group homes (SGHs) have been created but the majority of them are in remote regions and thus children face many challenges in accessing public transportation, health services, education, or vocational training programs.[59] Even though the placement of infants in institutions for financial reasons is explicitly banned, infants continue to be taken into care settings. In 2014, Hungarian lawmakers drafted a law about the prohibition of any child under 3 into infant homes. According to the coordinator of the Opening Doors campaign in Hungary, the robust legal framework alone cannot resolve the problem of institutionalised children.[60]

Care services in Hungary are offered by various bodies, either governmental or NGOs, such as SOS Villages. Trauma-informed care and aftercare support services are not currently a priority in the Hungarian child protection system. Yet, SOS Villages and Barnahus in Szombathely offer trauma-informed care training for aftercare professionals.[61] Some of the main challenges for incorporating a trauma-informed aftercare model are:

- individualized approach toward trauma-informed care as it is currently being delivered by individual professionals operating in the field;
- difficulties to register and maintain effective foster parents;
- prevention from re-traumatisation of children and professionals and professionals' burn out;
- inadequate attention on resilience and trauma in current aftercare services.

[57] Taken from SOS Hungary (in Hungarian) (2017) *Legislative changes in child protection from 2018*.
[58] Taken from Opening Doors, Hungary, Available at https://www.openingdoors.eu/where-the-campaign-operates/hungary/
[59] Taken from Opening Doors, Hungary.
[60] Taken from Opening Doors, Hungary,
[61] Read more about SOS Children Villages Hungary at: https://www.sos-childrensvillages.org/where-we-help/europe/hungary; and Barnahus in Szombathely at: https://barnahus.hu/.

Italy

Until 1970, institutional care used to be the main trend in childcare in Italy. In the next decade, this trend saw a significant decrease. During the 1980s and 1990s many institutions were shut down and foster care families and small residential premises were established. The new care settings, the so-called 'comunità educative' (education community) and 'case famiglia' (family homes) hosted a limited number of children and were run by professional educators.[62] Although foster care and adoptions were enforced by law, positive development in this field didn't last long. In 2008, Italy saw a dramatic increase in children in care, the majority of whom were in foster care (16,800) and institutions (around 15,000).[63]

Child protection services are under the authority of local administrations, and particularly for the protection of minors, social workers have a fundamental role.[64] Child protection is received in two different types of administrative settings; the local administrative protection which is provided by local authorities upon request or reports by families, schools and other relevant agencies and also it can be in the form of a court order after the incitement of a social worker. After this assessment, the judge puts forward the protective provisions and assigns them to social services which will guarantee the protection of the minor. The Italian protection system suffers from limited resources and challenges of sustainability.

In the advent of the refugee crisis, alternative care in Italy is basically around unaccompanied children. According to the latest Eurostat data, 10,185 people applying for asylum in Italy in 2018 were younger than 18 years.[65] The Italian Ministry of Labour and Social Policies is responsible for the collections and publication of the the number of unaccompanied children in Italy. The latest numbers demonstrate that there are 7,272 unaccompanied children in Italy as of 2019 (86% are aged 16-17).[66] The protection of unaccompanied children in Italy is included in the Law no. 47/2017 ("Provisions for measures to protect unaccompanied foreign minors"). According to this law, minors who have been trafficking victims are entitled to psychosocial, health

[62] Bertotti, T. & Campanini, A. (2016). Child Protection and Child Welfare in Italy. In Welbourne, P. & Dixon, J. (eds) Child Protection and Child Welfare: A Global Appraisal of Cultures, Policy and Practice, European Journal of Social Work, Vol. 19(6).
[63] Bertotti, T. & Campanini, A. (2016).
[64] Bertotti, T. & Campanini, A. (2016).
[65] This figure represents 17% of the total number of asylum seekers in Italy for 2018. For the data, see: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=migr_asyappctza&lang=en.
[66] Italian Ministry of Labour and Social Policies (in Italian) (2019) *Report Mensile Minori Stranieri non Accompagnati (MSNA) in Italia*.

and legal assistance.[67] In addition to that, Italian authorities have achieved important success in supporting foster care settings. Through "Care Leavers Fund" (Law no.205/2017, 'the Budget Law'), young people leaving care are supported for at least three years after they leave care. In that way, they are able to continue to pursue their studies or vocational training or find a job.[68]

Besides the socio-economic difficulties that refugee children are encountered with, they are additionally exposed to stressful pre-migration experiences, especially for those who have witnessed violence. Mental health problems such as stress and posttraumatic stress disorder have been reported in children with refugee background, while the risk of re-traumatization still remains high. Italian organizations from civil society sector have put remarkable efforts to offer psychotherapeutic assistance ,such as *CarePath* partner organisation the Persons Centred Approach Institute, with oversight and funding by the Italian Public Health System. Yet, a trauma-informed approach in health and care settings with unaccompanied children and adolescents is still missing.

In its concluding observations of Italy's recent implementation of the UNCRC, the Committee on Children welcomed the adoption of Law No. 173/2015, amending Law No. 184/1983 which stipulates the right of the child to a family and relating to the right of the child in foster care to maintain an effective relationship with the foster parent even after the cessation of foster care.[69] Further to that, the Committee underscored the fact that the delivery of alternative care arrangements for children and young people in Italy is mainly offered and relied on NGOs. To this end, the Committee recommended to Italian authorities to establish an integrated, child rights-based system that encompasses the traditional care provided by the extended family and to establish a national data system entry for children deprived of parental care.[70] As far as child participation is concerned, the Committee suggested the introduction of a legal framework which will facilitate the right of the child to participate and have a say in administrative, judicial, or mediation procedure, and ensure that their opinion is taken into consideration. Decisions concerning unaccompanied refugee children and adolescents were also highlighted.[71]

France

[67] Read the European Platform for Investing in Children 2019 Country Profiles: Italy at https://ec.europa.eu/social/main.jsp?catId=1248&langId=en&intPageId=3646.
[68] European Platform for Investing in Children 2019 Country Profiles: Italy.
[69] Better Care Network (2019) Italy Country Care Review.
[70] Better Care Network (2019) Italy Country Care Review.
[71] Better Care Network (2019) Italy Country Care Review.

The French Child Protection system relies upon the State's responsibility to support families and children. In the mid-80s, the child protection system in France was decentralized and the protection responsibilities were transferred from central authorities to local governments. However, certain functions regarding Child Welfare services remain under the central government bodies' control. The law of 5 March 2007, reformed the child welfare system by enhancing the services that focus on prevention and by making more clear child protection tasks. From a legal point of view, child protection in France includes two components. The first component is Child Welfare (Aide sociale à l'enfance or ASE) which is managed by local authorities and its main responsibility is to assist children, youth and their families to prevent and offer protection in case of abuse. The second component is the Judicial Protection of Youth (Protection judiciaire de la jeunesse or PJJ) and it is managed by the State (Ministry of Justice). Both departments work independently but at the same time interventions and measures (administrative, judicial and placement) are complementary.[72] Keeping the child in his/her family is desired, however placement in alternative care is also allowed when it is considered necessary. Care protection is provided to youngsters under 21 who encounter difficulties with their lives. Child Welfare through "young adult contracts" continues to support young people in alternative care (education, accommodation, psychological and financial support) even after they turn 18. The scheme's objective is to empower these people when they will have to live on their own. France offers two different kinds of placements for children and youth who are deprived of parental or adult protection and care: accommodation in family-based settings (51 per cent) and placements in institutional arrangements (39 per cent). Both placements are managed by the Child Welfare (ASE) or NGOs who have been approved and funded by Child Welfare.[73] Care ceases when the young person turns 18, however it can be extended until the age of 21 through "young adult contracts".

In 2018, the French authorities developed a national research centre for resources and resilience (CN2R) and 10 regional ambulatory services specializing in trauma. The aim of the CN2R is to offer a trauma care of high quality, foster the resilience of the French society, and infuse trauma-informed practices and standards in healthcare system overall.[74] CN2R will create a research center and training of

[72] Dumaret, A. C. (n.d.). Adoption and child welfare protection in France, Médecine, sciences, santé et société INSERM: U502 , IFR69 , IFR25 , FR , Dominique-Jeanne Rosset Aide sociale à l'enfance de Paris Aide sociale à l'enfance de Paris. Available at https://www.hal.inserm.fr/inserm-00476402/file/inserm-00476402_edited.pdf

[73] Retaux, M. & Fauvaux, F. (2016). ABOENA An effective response to care leavers' professional integration. National Report France. Available at http://www.abeona-project.com/wp-content/uploads/2016/07/National-report-France.pdf

[74] El-Hage, W. et al. (2019). Improving the mental health system for trauma victims in France, European Journal of Psychotraumatology, 10:1.

excellence which will facilitate a more thorough understanding around the treatment of trauma.[75] The CN2R will define the state-of-the-art of interventions, a shared method for clinical assessment, disseminate information to public, provide training modules to healthcare workers and identify challenges in caring facilities for trauma victims. CN2R offers individualized assessment to trauma survivors and facilitates access to specialized care to all French citizens, regardless of age, who have been exposed to trauma. While the French authorities have started the first steps toward a more trauma-informed service delivery, challenges such as the limited number of trauma-informed trained professionals, the limited funding and the uneven distribution of the CN2R regional centres across France still prevail.

Germany

In Germany, laws regarding child protection are on two different levels: the federal government level and the state government level (Bundesländer). At the state level, child and youth welfare services are coordinated by the municipalities.[76] The most important institutional stakeholders in the field of child protection are organized on a local level.[77] The basic legal tool for the care of children and youth is the so-called Social Code, Sozialgesetzbuch (SGB) VIII. The central point of this legal framework is to afford to all young people aged up to 21 (sometimes until the age of 27) the right to receive assistance for their upbringing and education. The implementation of the state's policy is undertaken by local services for child and youth care and education, and this is usually put into practice by the communal Child and Youth Welfare Office. SGB VIII allows for different types of bodies, both public and private, to be involved in the care services but the Child and Youth Welfare office plays a determinant role in the care management process.[78]

Even though the term "care leaver" is used more and more, there is no legislative definition of it. Legal provisions around the employment of young people leaving care are included in SGB II and the SGB III. Employable young people have access to basic social services and they also receive some form of pedagogically-orientated assistance. Whereas the SGB VIII places at the heart of the legal system the best interests of the child, local municipalities remain strict in the access to

75 El-Hage, W. et al. (2019).
76 Witte, S., Miehlbradt, L., van Santen , E. & Kindler, H. (2016). Briefing on the German Child Protection System. Available at https://welfarestatefutures.files.wordpress.com/2016/11/hestia-whitepaper-german-child-protection-system-aug2016.pdf
77 Witte, S., Miehlbradt, L., van Santen , E. & Kindler, H. (2016).
78 Schröer, W., Thomas, S., Ehlke, C., Mangold, K., Oehme, A. (2016). National Report. An Effective Response to Care Leavers' Professional Integration. Available at https://www.uni-hildesheim.de/media/ub/Fachportal_Leaving_Care/P_Abeona/National_Report_Germany_1.pdf

provisions for young people aged 16 -18.[79] It is also noticed that there is an increasing number of young people who are released early from care. The different levels of government in Germany have made accurate data collection on care leavers a real challenge. Whereas the transition from care to work is the responsibility of the federal government through job centres, those who are in care or about to leave are under the responsibility of local authorities.

Despite the recent initiatives in regard to the problem of violence in institutions (independent commissioner into childhood sexual abuse), the re-traumatization of children and youth in different settings is a thorny issue. Even though the significance of trauma-informed care in the social sector has recently emerged, its integration and implementation in care and aftercare settings are lagging behind.[80] In the context of the unaccompanied refugee children who have reached Germany over the past years, trauma-informed care would be proved of vital importance for the physical and mental well-being of these children and youth.

Croatia

Since 1990, the protection of children in Croatia belongs in the jurisdiction of the state, with NGOs playing an important role in social services delivery. The protection of children and the special care for children deprived of family care are safeguarded by the Croatian constitution (NN/2011). Concomitantly, the welfare system around children is based on children's rights; Croatia has signed the UN Children Rights Convention (1989). Croatian legal framework gives children's rights priority over parents' rights.[81] The legal framework and measures aim at preventing the separation of children from their parents. Whenever this is not feasible, the Acts on Family, Social Welfare, Foster Care and Juvenile Courts regulate alternative care. The Social Welfare Act stipulates the obligation of service delivery following the Social Services Quality Standards which sets forth the relevant provisions for an increase in the quality services. The common perception that institutions are the most suitable as a treatment and care for children and youth in need still prevails across the Croatian society.

[79] Cameron, C. Leaving Care and Employment in Five European Countries: An Undocumented Problem. SOS Children Villages International. Available at https://tinyurl.com/w9cwstg

[80] Schäfer, I. et al. (2018). Trauma and trauma care in Europe. *European Journal of Psychotraumatology*, 9.

[81] Korac-Graovac A. (2008). Family Law Protection of Children Prior to their Removal from Families – Parental Responsibilites and Rights. In Ajdukovic, M. & Radocaj, T. (eds.). Child's Right to Family Life. Zagreb: UNICEF-Office for Croatia, pp. 41.54 (In Croatian).

Croatian authorities have introduced the practice of family homes, a non-institutional form of care, but still allows children under the age of 7 to be institutionalised.[82] Family-based homes and organised housing are the two main quality community-type care in Croatia. Whilst, foster care placements are on the rise, lack of support services in many areas prevents many families from registering as foster families.[83] The regulation regarding the adoption procedures delay significantly and therefore the adoptions of children are very slow. Of particular concern remains the unaccompanied children who arrived in Croatia and are often placed in homes for children with emotional and behavioural disorders while those who are above 16 are placed in the same reception centres as adults.[84] In regard to trauma-informed care in Croatia, traumatized individuals, children and adolescents included, have limited access to evidence-based trauma care and the development of a more trauma-informed care service delivery still remains a challenge.[85]

Spain

The most radical change in child protection in Spain was the 1987 legislation (Ley 21/87). Up to that date, children and youth protection system in Spain was predominated by institutional care settings. The 1987 law regulated and prioritized foster care over institutional care. Further to that, the legislation of 1996 (Ley Organica 1/1996) added new perspectives and provisions through which foster care was further facilitated. Yet, the legal framework alone wasn't enough to cope with the fierce resistance of a centuries-old status-quo of institutionalized care. In short, foster care needed to establish a holistic new system, while institutional resources were already in place.[86] Initially, the legal framework gave the impression that it paved the way for a considerable increase in foster care and up to the middle of the 1990s it indeed gained ground.[87] Although foster care had a steadily increase, institutional care remained the main option for children and youth in alternative care. Over the past years, residential care in Spain has seen a worrisome increase in children and youth placed in institutions. It is important to point out, that the sharp increase in the number of children in institutional settings is associated with the big influx of

[82] A Snapshot of Alternative Care Arrangements in Croatia, Available at https://www.sos-childrensvillages.org/getmedia/aebb94ad-5ad8-4b94-adaa-6fed22e74063/Alt-Care-Croatia-EN.pdf?ext=.pdf
[83] Taken from Opening Doors Croatia, Available at https://www.openingdoors.eu/where-the-campaign-operates/croatia/
[84] Taken from Opening Doors Croatia.
[85] Schäfer, I. et al. (2018).
[86] Del Valle, J.F., Bravo, A. y López, M., (2009). Foster care in Spain. Its stablishment and current practices. *Papeles del Psicólogo*, 30(1), 33-41.
[87] Direccion General de las Familias y la Infancia, 2007.

unaccompanied refugee children who have arrived recently in Spain. Although the ample scientific evidence on the benefits of the child to grow and develop within the context of a family, family- and community-based types of care are still underdeveloped. However, children under 6 years old are directly placed under family-based care.[88]

In regard to the transition from alternative care to adulthood, the most remarkable improvement was introduced by the Law 26/2015.[89] The law has established for the very first time a solid legal framework for the children's protection and includes the participation of children in the decisions that directly influence their lives. In that respect, children in alternative care should prepare a plan in relation to their transition from care settings to adulthood two years before they leave care. In this respect, child protection provisions cover just the basic needs of youth up to the age of 18. Public support and assistance cease after youth in care settings reach that age and they are considered as adults with full responsibilities and able to start a new independent life on their own.[90] Building long-lasting relationship and bonds with social educators and workers it is considered as very crucial for youth ageing out of care in Spain. Young people who prepare to leave care settings, value the work of social workers and they expect they will continue to provide support during the transition to autonomous life out of care. Having said that, the support of social worker professionals in alternative care is of vital importance for youth ageing out of care and it is recommended to offer this opportunity to those who prepare their way out of care.[91]

In contrast to many other EU member states, Spain has not developed a national strategic framework for the protection of children and youth. Instead of that, each autonomous region has put into force its legal framework and criteria for the promotion of children's rights and protection.[92] NGOs are the main organizations that run the care homes for children and youth while there is no limitation on the number of children and youth placed at each care setting.

Romania

[88] Taken from Opening Doors Spain, Available at https://www.openingdoors.eu/where-the-campaign-operates/spain/
[89] Law 26/2015 (2015), de 28 de Julio, de modification del Sistema de proteccion a la infancia y a la adolescencia. BOE, 180, 64544- 64613 (de 29 de julio de).
[90] Gradaille, R., Montserrat, C., & Ballester, L. (2018). Transition to adulthood from foster care in Spain: A biographical approach, Children and Youth Services Review.
[91] Gradaille, R., Montserrat, C., & Ballester, L. (2018).
[92] FRA (2014). National Legislative Network.

Romania recently adopted a National Strategy regarding the promotion and protection of children's rights (2014-2020).[93] Local authorities are responsible to provide community services to support families and prevent children from leaving their homes and families.[94] In cases when removing a child from his/her family is necessary and unavoidable, Romania prioritizes foster and kinship care over institution settings, although there are still children who are hosted in old-style institutions. Over the past years, Romania has seen a considerable increase in the number of foster care providers as it is recognized as a more favorable option for the mental and physical development of children. Yet, Romania has to tackle the unbalanced distribution of services and uneven budget allocation across the country. Although the majority of community-based services are in rural areas, big urban areas and cities receive the majority of community-based services and funding.[95]

Part of the Romanian National Strategy is the promise and commitment of Romanian authorities to close all old-type institutions and replace them with community-based care. In 2018, the government prepared an Operational Plan to underpin the implementation of National Strategy in order to promote and protect Children's Rights 2014-2020.[96] The raising awareness campaign about the negative impact in children's and youth development has convinced the Romanians that institutions are not suitable and should stop existed, however 185 institutions operate still in the country.

Bulgaria

Bulgaria used to deploy institutional care settings for accommodating children and youth deprived of parental care. In 2000, Bulgaria adopted its first National Strategy and Action plan in regard to the children's rights (2000-2003). This strategy set the foundations for the preparation of the Child Welfare Reform Project. Part of the project included the dismantling of care institutions and the creation of alternative care services for children and their families. Over the past years, Bulgaria has been one of the pioneer countries in the EU to replace institutional to family- and community-based settings. According to UNICEF's annual report 2017, Bulgaria has achieved a decrease

[93] Hainsworth, J. (18 Dec, 2017). Transforming Romania's child protection system in partnership with civil society. Euractiv, Available at https://tinyurl.com/vvabqyg
[94] Hainsworth, J.
[95] World Bank and UNICEF study 'Children from the Child Protection System. Available at http://www.unicef.ro/wp-content/uploads/Copiii_din_sistemul_de_protectie_a_copilului.pdf
[96] Taken from Opening Doors Romania, Available at https://www.openingdoors.eu/wp-content/uploads/2019/03/country-fiche-Romania-2018.pdf

of 85% of children living in institutions (compared with 2012).[97] In 2008, in an attempt to foster its child protection legal framework, Bulgaria developed the National Strategy for the Child 2008-2018.[98] Although institutional settings exist, they have been decreased at a significant level. The majority of social services are funded by the national budget. Problematic situation remains however the unaccompanied and separated children arriving in Bulgaria who are placed in the reception and registration centers for refugees.[99] Bulgarian legislation stipulates that young people should leave care at the age of 18. An exception can be made for young persons over 18 who wish to remain in care for the purpose of finishing their education, though the extension is terminated once they turn 20.

Size of Care Population

Limitations for data collection

The Guidelines for the Alternative Care of Children approved by the UN General Assembly in 2009, emphasize the prevention of separation of children from their parents and establishing a good quality of care services only when is required.[100] The same set of Guidelines elaborates on the necessity to consolidate robust care alternatives for children and youth which ultimately will lead to deinstitutionalization.[101] However, deinstitutionalization has a long way to go and children and youth in many countries remain in institutional care settings. For several member states, institutional care is the main option for children deprived of parental care and protection. Concomitantly, in many EU member states there is a dearth of administrative capacity to systematically enumerate and collect data on the accurate number of children and youth living outside of family care. The lack of exact numbers of children and youth in institutional care settings generates severe implications for

[97] Bulgaria UNICEF Annual Report 2017, Available at https://www.unicef.org/about/annualreport/files/Bulgaria_2017_COAR.pdf
[98] FRA (2014). National Legislative Network.
[99] Taken from Opening Doors Bulgaria, Available at https://www.openingdoors.eu/wp-content/uploads/2019/03/country-fiche-Bulgaria-2018.pdf
[100] United Nations Guidelines for the Alternative Care of Children 2010. Available at https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf
[101] Cantwell, N., Davidson, J., Elsley, S., Milligan, I., & Quinn, N. (2012). Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children. UK: Centre for Excellence for Looked After Children in Scotland.

policymakers to acknowledge the real magnitude of the problem and hinders the effective adoption of the relevant policies and measures.

Although the limited evidence on the concrete number of children and youth who still live in care settings across the EU, the available data illustrates that there are pronounced discrepancies among the EU member states. The discrepancies are not found only in the number and the age of children and youth in care institutional settings but also in the definitions of types of alternative care.[102] Institutional care may for instance include boarding or special schools, children's homes, homes for disabled children and youth, institutions for young offenders, etc. When family- or community-based care, foster care and kinship are added the situation becomes even more complex due to the lack of a common understanding of these definitions across the EU.[103] There is no consensus and consistency across the EU about a common definition of the various forms of alternative care. Discrepancies are also found in the system of data collection among countries. The Netherlands for instance is a case in point; it doesn't collect official data on the concrete number of children in alternative care, however it provides data on the number of available beds in institutions in four different sectors of institutional care for children and youth.[104]

Care population in institutional and foster care settings

Whilst there is a lack of accurate and reliable estimates of the numbers of children and youth living in alternative care, it is roughly estimated that approximately 1 million children in the EU live in alternative care.[105] Yet, the proportion of course varies among the EU member states with some countries hosting a big number of children and youth in care settings while in others this number is remarkably smaller. For instance, in Latvia, approximately 1,200 children are placed in institutional settings while 2,887 children are originated from vulnerable families and therefore are put at a direct risk to be placed in alternative care.[106] Only 25% of children and adolescents are sent in foster-care settings. The Czech Republic had the second-highest number

[102] Moestue, H. Data Collection on Children in Alternative Care in Eastern Europe and Central Asia. Summary report of TransMonEE 2014 Country Analytical Reports on Children in Alternative Care. Final Draft - September 2016. Report available at http://transmonee.org/wp-content/uploads/2016/12/CAR-analysis_synthesis-report_FINAL_draft-30-Sep2.pdf
[103] National Surveys on Children in Alternative Care, Eurochild.
[104] National Surveys on Children in Alternative Care, Eurochild.
[105] National Surveys on Children in Alternative Care, Eurochild.
[106] Taken from Opening Doors Latvia. Available at https://www.openingdoors.eu/where-the-campaign-operates/latvia/

of neglected and abandoned children in Europe. In 2008, there were 10,388 children hosted in institutional settings. In 2013, this number was reduced to 8,428. Even though group homes and foster care exists, the majority of children (75%) are placed in institutional care.[107] Additionally, in Estonia, there are around 4,186 children in care settings, 1,068 of those are placed in care institutions. According to the Croatian Ministry of Social Policy and Youth, in 2014, there were 716 children in children's homes and 296 children living in correctional institutions/residential treatment institutions for children and youth with behavioural problems) and 2,403 children in foster families.

Member states such as Romania and Bulgaria inherited from their communist regimes a grave number of children and youth in institutional settings. The scale of the institutionalization of children has been remarkably worrisome for both countries over the past decades, even though after their EU enlargement they have undertaken considerable reforms and measures to mitigate the phenomenon. More particularly, in Romania, around 1.6% of children are under special protection.[108] By 2018, it was estimated that 18,317 children were in foster care and 18,437 were in kinship care.[109] The number of foster care type institutions has been increased by 35%, however, a significant number of children continue to remain in institutional care (7,000), half of these children suffer from disabilities and most of them remain in these institutions for the rest of their lives.[110] In 2008 in Bulgaria, 7,276 children were living in institutional care and only 72 in foster care. At the end of 2017 however, there were only 979 children placed in institutional care. Yet, what's particularly worrisome is that almost half of the children who are currently in institutional care (49%) in Bulgaria are below the age of 3.

Even though foster care, which is a form of family-based care, is considered a more suitable environment for children in alternative care, the number of children in such settings still remains low. Countries such as France (55%), Germany (45%) and Sweden (74%) have a significant number of children population who is placed under foster care settings. In Spain, a mere 8% of children live in foster care, 45% in residential care and 46% in kinship care, which is a form of extended family member care. In hard figures, there are around 32,682 children hosted in alternative care in Spain, 13,562 of them are placed in residential care.[111] These figures are expected to

[107] Stein, M. (2014). Young people's transitions from care to adulthood in European and Post-communist Eastern European and Central Asian societies. *Australian Social Work*. pp. 24-38.
[108] National Surveys on Children in Alternative Care, Eurochild.
[109] Taken from Opening Doors Romania.
[110] Hainsworth, J.
[111] Taken from Opening Doors Spain.

be higher when children with disabilities and in-migration are added. According to official data, there were 1,774 unaccompanied children in residential care in 2015 and only 166 in family-based settings.[112] Hungary, follows a similar pattern with 47% of children placed in institutional care and 53% remain in family settings. In rough numbers, 18,674 children are in alternative care in Hungary.[113] The most positive development comes from Poland with no children in institutional settings. In the case of Poland, the majority of children are placed in kinship care (90%) and only a small number of children is placed under foster care (10%).[114] In the UK, it is estimated that 70,000 children are in care settings while 50,000 are under child protection plan.[115]

Member states like Greece have no national registry for children and youth in alternative care, however is it estimated that approximately 2,850 children are in Greek care institutions[116][117] and around 3,740 are unaccompanied children who reached Greece during the refugee crisis in 2015.[118] The Greek financial turmoil exacerbated the phenomenon of abandoned and neglected children.[119] It is estimated that there are 13,500 children in institutional settings in Belgium; 5,583 of these children are in the French-speaking region and the rest 7,919 children are in the Flemish-speaking community.[120] In Austria, out of 10,810 children in alternative care, 6,159 are placed in institutional settings.

The data on the numbers of children in residential, foster and kinship settings show the varieties that exist among EU countries. Whilst data is not available for all countries, the given data shows that residential care setting remains a practice in many EU member states. Countries such as the Czech Republic, Belgium and Latvia continue to place children deprived of parental care in institutional settings. There is a positive development in countries such as France, Germany, Romania, Hungary,

[112] Taken from http://www.asylumineurope.org/reports/country/spain/statistics
[113] Cameron, C.
[114] Stein, Mike (2014).
[115] National Statistics Children's social care data in England 2017 to 2018: main findings, Available at https://www.gov.uk/government/publications/childrens-social-care-data-in-england-2018/childrens-social-care-data-in-england-2017-to-2018-main-findings
[116] Taken from Opening Doors Greece.
[117] Maragkidou, M. (11 Dec 2015). Most of the Children in Institutions in Greece are not Children (in Greek). Vice.gr. Available at https://www.vice.com/gr/article/wnqdp4/ta-perissotera-atoma-pou-vriskontai-se-idrumata-gia-paidia-stin-ellada-den-einai-pleon-paidia
[118] Taken from National Center for Social Solidarity 2018, Available at https://data2.unhcr.org/en/documents/download/67534
[119] Giannarou, L. (24 Nov 2013). Greek Foster Care System Failing Children. Kathimerini. Available at http://www.ekathimerini.com/155723/article/ekathimerini/community/greek-foster-care-system-failing-children
[120] Taken from Opening Door Belgium.

Bulgaria and Sweden which have established foster care settings and thus most of the children are sent in such settings. In Bulgaria for instance, there are 2,320 children in foster care, 5,283 children in kinship care and 3,059 children in the so-called Small Group Homes (family-type placement centers).[121] However, Bulgarian civil society has raised often concerns and critiques regarding the quality standards for all forms of alternative care of the country. Meanwhile, some countries implement all types of alternative care such as Estonia and Croatia and children can be found in all forms of care settings (institutions, foster care and guardianship care with extended family members).

Leaving Care and Aftercare Support

Leaving care is defined as the ending of state responsibility towards young people who have been in care institutions. Leaving care is a pivotal momentum for any youngster to the way in which he/she is asked to make a significant transition from the state protection and reliance on his/her adulthood and self-dependency. Leaving care is a tough task for adolescents but the success of the transition will depend on the duration of the young person at the care institution, the age he/she was moved to the care and the quality of services the person received while in there.[122] There is ample evidence that when children and youth in care have been provided a successful and good quality of formal and informal support services, their transition in adulthood is empowering.[123]

Whilst the transition from childhood to adulthood is a difficult process for every adolescent, for those who have lived in care and are deprived of parental or adult protection it is even more painful. Care-leavers face a plethora of challenges such as high rates of unemployment, unaffordable accommodation, limited education opportunities, use of substances and crime involvement. The transition into self-sufficiency for these individuals is very difficult as they are moving to adulthood very abruptly, without any social and economic support as it happens with their peers who are raised in their family environment.[124] Aftercare is the support that care leavers will receive during their transition to independence. Often, the delivery of aftercare services continues after the young individual has left the care institution. The maximum age of a young person who receives special protection and assistance can

[121] Taken from Opening Doors Bulgaria.
[122] Brandon, M., & Thoburn, J. (2008). Safeguarding children in the UK: A longitudinal study of services to children suffering or likely to suffer significant harm. *Child & Family Social Work, 13*(4), 365–377
[123] Häggman-Laitila, A., Salokekkilä, P., & Karki, S. (2018). Transition to adult life of young people leaving foster care: A qualitative systematic review. *Children and Youth Services Review, 95,* 134–143.
[124] (Cashmore J., Mendes P. (2015) Children and Young People Leaving Care. In: Smith A.B. (eds) Enhancing Children's Rights. Studies in Childhood and Youth. Palgrave Macmillan, London.

be up to 26, however, this age limit may vary according to the legal regulations and framework of each EU country.

Age of care leavers

The transition from alternative care into adulthood is a thorny challenge for youngsters in care. While states have a statutory obligation to support children in care, this status changes for many children when reaching 18-year-old. Young people in alternative care in France and Spain leave the care settings at age 18. Croatia has no special legal framework for young people who age out of care. Care leavers are all those who leave any form of alternative care, ranging from foster care, correctional institution to children's homes. The maximum age that somebody can leave care is 21.[125] Austria's legal system allows one to remain in care up to age 18. However, there are cases that extension is given up to 21, even though each state in Austria follows its own rules and regulations. The possibility of age extension, when applicable, is subject to conditions such as the young individual's desire to stay in the care residency, the conditions that the person needs to meet and when the continuation of welfare support is considered necessary. In Germany, the age of care leavers varies from 18 to 21 or 27, the extension is given to those who are enrolled in an education or vocational training programme. Hungarian legal framework allows young people to have access to aftercare services up to 21 years; for those disabled it is given a year extension and for those who are in secondary and higher education the extension is given up to 24 and 25 years of age respectively. In the UK, like in other EU countries, young adults are asked to leave care after 21 years old, but they are also given an extension up to 25 years old in case they are participating in education or training programmes.[126] Countries such as Sweden allows children from 15 to 21 to leave alternative care settings.

Child participation in leaving care

The importance for care leavers to participate in decision-making, both at policy and service delivery levels has been highlighted by the Bucharest EU Children's Declaration on child participation in decision-making at national and EU levels which has also received EU-wide endorsement. According to Article 12 of the United Nations (1989) Convention on the Rights of the Child, children should participate in all

[125] Cameron, C.
[126] National Adult Office 2015. Care Leavers' Transition to Adulthood. Available at https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood-summary.pdf

decisions that impact them given due weight in accordance with their age and maturity. This article recognizes children as stakeholders in decision-making who have the right to intervene with their opinion and to be consulted rather than be considered as just an object of concern or decision.[127] As Lansdown clarified, this doesn't mean that children can determine the result or decide by themselves, rather it means that children and youth should be listened to and their opinions should be treated with respect.[128] For those in care, participation is even more important because their participation in decision-making is related to their protection and well-being after they leave care.[129] In the decision-making for the children and youngsters in alternative care a significant number of adults and stakeholders are involved, thus it is of profound significance the perspective of the child who will be directly impacted to be also involved in the process when the decisions are made.

The opinion of children and youth entails important consequences for their self-confidence and self-perception, and particularly for those in alternative settings their opinion not only matters but also can predict at a significant level if the alternatives and options they are given will be a success or lead to failure after they leave care. When children's and youths' perspectives are taken into account, planning and decision-making are likely to be more appropriate and acceptable by them.[130] By allowing children and youth care leavers to have a say about their options, it enables them to become active agents of their care and to actively participate in the decisions that will directly affect their lives in the future.[131]

In many EU member states (Belgium, Bulgaria, the Czech Republic, Estonia, Finland, Germany, Italy, the Netherlands, Poland, Portugal and Romania) the authorities are obliged to take into consideration children's opinion when the individual child is above a certain age. For those countries which have not any age provision, it depends on the respective authorities to decide to which extent the opinion of the child will be considered after assessing the maturity and the understanding of that child. Children above 14-15 years old in member states such as Belgium, Denmark, Poland and Romania have the right to provide or refuse to give their consensus when

[127] Eekelaar, J. (1992). The importance of thinking that children have rights. In P. Alston, S. Parker, & J. Seymour (Eds.), Children, rights and the law (pp. 221–235). Oxford: Clarendon Press.
[128] Lansdown, G. (1995a). Children's rights to participation and protection: A critique. In C. Cloke & M. Davies
(Eds.), Participation and empowerment in child protection (pp. 19–38). Chichester, England: Wiley.
[129] Melton, G. B. (1987). Children, politics, and morality: The ethics of child advocacy. Journal of Clinical Child. 386 Psychology, 14, 357–367.
[130] Cashmore, J.
[131] Weithorn, L. A. (1983). Involving children in decision-making affecting their own welfare: Guidelines for professsionals. In G. B. Melton, G. P. Koocher, & M. Saks (Eds.), Children's competence to consent (pp. 235–260). 407 New York: Plenum Press.

it comes to placement decisions.[132] In Spain, new legislation was drafted and introduced children's participation in decisions that have an impact on their lives. Further to that, the children have the right to prepare a personal plan two years before their leaving.[133]

Whilst the importance of children and youth care leavers has been recognized as of grave importance, only a limited number of Member States have adopted national child protection systems and statutory requirements where children actively participate in planning for leaving alternative care.[134] While, genuine and meaningful participation of children and youngsters in the decision-making is recognized as important, children and adolescents seem to be more favourable towards a more personalized relationship with a trusted mentor.[135] An abundance of research has indicated that children and young individuals in alternative care settings prefer to build a "genuine and personalized relationship" with a mentor or a person who cares and listens to their views and perspectives.[136] Yet, traditional care approaches don't consider or utterly ignore the personal history and past experiences of young individuals; in contrast, a trauma-informed care approach fully acknowledges the limitations the traumatic events have provoked in somebody's ability to - and this is of profound importance when it is addressed toward young adults and adolescents – make decisions, communicate and process information.[137] Further to that, preliminary findings from field visit interviews carried out under the CarePath Project with care leavers and professionals indicate that care leavers and professionals alike would benefit from the provision of emotional support to care leavers. Therefore, a trauma-informed approach would address these needs.[138]

[132] FRA 2015, Mapping Child Protection Systems in the EU: Provisions introducing age requirements on the right of the child to be heard in placement decisions
[133] Taken from Opening Doors Spain
[134] FRA 2015. Mapping child protection systems in the EU: Provisions introducing age requirements on the right of the child to be heard in placement decisions
[135] Spall, P., Testro, P., & Matchett. (1998). Having a say. Sydney: New South Wales Child Protection Council.
[136] Cashmore, J., & Kiely, P. (2000). Implementing and evaluating Family Group Conferences: The New South Wales experience. In G. Burford & J. Hudson (Eds.), Family group conferences: New directions in community-centered child and family practice (pp. 242–252). New York: Aldine De Gruyter.;
[137] Locker, L. (2015). Building a Trauma-Informed Mindset: Lessons from CareOregon's Health Resilience Program, Center for Health Care Strategies. Available at https://www.chcs.org/building-trauma-informed-mindset-lessons-careoregons-health-resilience-program/
[138] The field visits were carried out by all partner organisations, with the responses collated and analysed by Hungarian partner Cordelia. The first part of the interview asked participants about difficulties they are facing in their lives, and the second part focused on sources of resilience and strength that can address these difficulties.

Trauma-informed care in aftercare settings

Over the past decades, trauma-informed care importance has exponentially increased in the EU. There is a growing number of universities integrating trauma-informed post-diploma psychotherapy training and curricula, while some particular sectors, such as police and military, have shown a particular interest in embedding a trauma-informed approach in their work.[139] However, a sound state of affairs around trauma-informed services still remains unexplored. In the context of trauma-informed care for young people ageing out of care, the EU member states have not yet developed any initiative neither at the national or EU level. Whenever a trauma-informed approach is provided, it is usually offered by non-profit organizations with very limited outreach.

Of course, there is a robust body of research that indicates the emotional, practical and financial challenges that care leavers have to face; but a trauma-informed care which could be of vital importance for youth when they leave care, is not yet supported in aftercare settings. Leaving care is a pivotal moment for young adults who have been traumatized and have been raised under unfavorable conditions. The transition from alternative care to adulthood is a long-lasting process and includes different aspects such as finding new accommodation, education and training, employment opportunities, financial independence, health services, etc. These are concerns that admittedly are not simple to be tackled for most adolescents, and particularly for those who have experienced trauma and have been raised in alternative care, these transition phase turns out to be more demanding. Young care leavers are asked at a fragile age to assume responsibilities that most of their peers assume in a much later stage of their adulthood and often supported by their families. In addition to that, they are asked to assume these responsibilities without any support which recognizes and understands their traumatic past, in other words, a trauma-informed support. The amount, duration and quality of support offered to young people ageing out of care will have a tremendous impact on the successful or not transition from care settings to adulthood.

The potential effect of Deinstitutionalization

Defining deinstitutionalization

Deinstitutionalization emerged as public social policy when European states started to assume responsibility to cater for nutrition, accommodation and medical treatment for those in need. Between the 19th and 20th centuries, large care

[139] Kazlauskas, E. et al. (2016).

institutions were installed for people with mental disabilities, neglected children and elderly. Even though these institutions were initially seen as a positive intervention in the sphere of social policy, gradually it became crystal clear that such institutions were not able to respond to the problems and the needs of the individuals hosted by these institutions. Deinstitutionalization is not just the mere fact of getting children out of the care institutions. UNICEF defines deinstitutionalization as "the full process of planning transformation, downsizing and/or closure of residential institutions while establishing a diversity of other childcare services regulated by rights-based and outcomes-oriented standards. These standards should ensure that residential care is one care option among many others, and chosen only when this is in the child's best interests, meets his/her specific needs at the time, and in adequate conditions" (UNICEF, CIS 2010: p.52).[140] Deinstitutionalization is a policy-driven process of establishing alternative care services delivery and systems whose objectives are to:

- Gradually minimize the dependency of care residencies by providing alternative family and community-based services;
- Put in place strategies and policies regarding the support of children, families and communities and obviate the removal of minors from their families;
- Plan and design the leaving care process in such a way that it can guarantee successful social integration for those who leave care and prepare care leavers to live independently.[141]

Why institutional care of children and youth is a problem

According to article 7 of the United Nation Convention on the Rights of Children, the child has, "as far as possible, the right to know and be cared for by his or her parents." In a similar tone, the Human Rights Council explicitly recognized the importance family unit plays for social development and asked from all its members, relevant stakeholders and international organizations to consider family as a central element for sustainable development and the consolidation of robust family policies. Whilst a caring and protective family environment is considered an optimal goal for a child's physical health and cognitive development, many children across Europe continue to be confined to care institutions. Care institutions have been criticized as not being suitable to accommodate children's needs as they remain bereft of replicating family situation and environment and they bequeath lifelong implications

[140] UNICEF. At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia. Available at https://www.unicef.org/protection/Web-Unicef-rapport-home-20110623v2.pdf
[141] Opening Doors.

in adult life. For children growing in such environments, it is emotionally and physically harmful and at the same time hinders child cognitive, emotional and social development.[142][143] Bowlby has illustrated the importance of attachment of children with the primary caregiver during the very first years of life.[144] The first years of a child and the experiences the child will face are tremendously important for the physical and mental development. There is a consensus in regard to the inappropriateness of care institutions for children of all ages while residential settings "one size fits all" approach haven't functioned in the favour of children. Sciences related to brain development and shaping have proved that brain cells increase rapidly during the first days of life. Thus, the experiences that a child will be exposed to are of vital importance on how this child will be developed later in life and interact with other people.

The age of a child when enters the care institution can have a grave impact on a child's mental development as well. On the same line, the duration of a child in residential care affects the psychology of the child. While the risk of harm from the care institutions has been well established, it remains still unclear the extent of inevitability and trauma recovery after the child is moved out from these institutions.[145][146] The sooner a child leaves the care center, the more the chances are for the child to avert the trauma. Whilst leaving the care institutions is on the benefit of the young adults, the challenges that these individuals will have to cope with when they live on their own are profound. Due to the lack of support, after they leave care, they are more vulnerable to unemployment, social isolation, discrimination, school dropout, criminality, homelessness and depression. In many cases, these individuals will end up sending their children in care institutions due to the parenting responsibilities they are deprived of.[147]

Trauma-informed care in de-institutionalization era

[142] Berens, A. E., & Nelson, C. A. (2015). The science of early adversity: Is there a role for large institutions in the care of vulnerable children? *The Lancet, 386*, 388–398.
[143] Johnson, R., Browne, K., & Hamilton-Giachritsis, C. (2006). Young children in institutional care at risk of harm. *Trauma Violence & Abuse, 7*, 34–60.
[144] Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth, *Developmental Psychology*, 28, 759-775.
[145] Van IJzendoorn, M. H., Palacios J., Sonuga-Barke, E. J., Gunnar, M. R., Vorria, P., McCall, R. B., & Juffer, F. (2011). Children in institutional care: Delayed development and resilience. Monographs of the Society for Research in Child Development, 76, 8–30.
[146] European Commission. Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care. https://deinstitutionalisationdotcom.files.wordpress.com/2017/11/report-fo-the-ad-hoc_2009.pdf
[147] Lessons Learned and Recommendations to strengthen families and end institutionalization for children in Europe.

Many countries have put forward the process of replacing the old traditional residential childcare settings with family and community-based services. Yet, de-institutionalization is not the mere closure of old institutions and their replacement with new services. A thorny issue remains how de-institutionalization process in Europe will ensure the protection of children and youth rights and trigger desirable outcomes for all those involved in the process. The dismantling of care institutions does not mean the elimination of traumatic experiences for children and youth. Even after de-institutionalization, children and adolescents who are prepared to leave care settings, will continue to face the same challenges in their transition to adulthood, and if adequate support is not provided, these challenges will continue for the rest of their life. De-institutionalization process should seize the opportunity to re-establish modern, innovative, person-centered and more responsive social services able to address the needs of children and youth in alternative and aftercare with respect, empathy and a robust understanding in the needs of these people. A trauma-informed care approach could contribute to introducing more favorable childcare arrangements and give the impetus to family and community-based services to re-invent their purpose. The new settings replaced by de-institutionalization should focus on developing quality family- and community-based services and by deploying a trauma-informed approach could achieve respect for human rights for vulnerable groups and ensure a better quality of life for children and youth in care and aftercare and all those who support them. On top of that, by treating people with respect, empathy and a full acknowledgment of their traumatic experiences and their implications on someone's self, core elements that a trauma-informed care and aftercare approach embraces contribute to building not only more resilient individuals but and also resilient communities.

Discussion

The protection of children and their inclusion in the social protection systems remain within the responsibility of the national governments. All EU member states have ratified the UN Convention on the Rights of the Child. Further to that, an important share of EU member states has put in place a legal framework or national strategy that promotes and ensures child protection. In the case of Spain, there is no legal framework for the protection of children at the state level. Instead of that, each autonomous region has adopted and follows its own legislation for children's rights and social service provision. It is worth mentioning that it is one thing the deployment of legal tools or national strategies that theoretically cater for the protection of children's rights, and a totally another thing their implementation. For instance, Greece has developed an excellent child protection legal framework, yet its commitment to implementation is still yet to be realized. Along the same lines, in many countries the placement of minors in institutions under a certain age is prohibited, but the practice

is still in place. Besides the fact that each EU country has developed a different legal framework for the children's protection, EU member states have also developed their different systems of governance. To that end, for states with a decentralized government the child protection system is more complex and the division of responsibilities between local, regional and central authorities is blurred and often overlaps. It is quite common that each community/authority assigns different public agencies and bodies for the same policy areas, while the division of responsibilities between the federal government and the local authorities handicaps social service provision rather than facilitates the whole process (Belgium, Germany).

Among the main findings of this comparative study are the significant discrepancies in the concrete figures of children and young adults in care and those who leave or are prepared to leave care. The majority of the countries have not put in place an official registration system that could measure the exact number of minors in care, aftercare as well as their age and gender. There are also countries that have outdated data regarding children in care and after-care. In some cases, the available data is not derived from official resources and authorities, rather it is based on individual research and approximate estimations or provided by NGOs. In addition to that, a total confusion prevails around definitions of alternative care such as institutions, children's houses, foster care, community- and family-based care and guardianship and countries attribute different criteria in regard to what consists of alternative care. In that sense, authorities find it difficult to decide who should be considered in alternative care and who shouldn't and thus result in arbitrary total numbers. Censuses regarding the population of children in care and aftercare are not a common practice among the EU countries and no concrete knowledge and evidence on the exact figures of children and young adults in care settings exist. The lack of solid knowledge of care and aftercare population has profound implications on the policies, budget allocation, measures and assistance for those in care and aftercare.

While profound discrepancies in the exact numbers of children and young adults in care and after-care settings have been identified through this comparative study, the age of young people leaving care is more or less the same across the EU. The average age of living varies between 18 -21. The majority of the countries offer the possibility for young people ageing out of care to prolong their stay in care as long as there are certain criteria that they must fulfill (i.e. studies, training, employment). What remains of particular concern for those who are living or prepare to leave care is their transition from care settings to adulthood and independent life. Young adults who have to leave care settings face more or less the same challenges such as difficulties in finding and sustaining accommodation, limited employment opportunities, lack of skills, education and training opportunities and a fragile and mental health to cope with all these hardships. Hence, deploying trauma-informed

care in childcare settings and aftercare is of vital importance for the well-being and a better future for those who are leading toward independent life with less favorable conditions and without family support.

Additionally, the comparative analysis found that the child protection systems in the studied countries are usually government-run services, however, there are member states that the role of civil society (Italy, Spain, Germany, Hungary) and the church (Greece) is crucial. Trauma-informed care has started to gain ground as a desirable practice and evidence-based approach which can be deployed for people who suffer from traumatic experiences. But when it comes to trauma-informed care approach and services in childcare settings, all countries equally fall short. Currently, there is no country that has developed any concrete strategy or policy around trauma-informed care for children and adolescents in care and aftercare settings. When trauma-informed care is provided, it is usually supported by NGOs (Hungary, Greece, Italy) and it is limited to a very small number of end-users. In addition to that, a trauma-informed solid knowledge and curricula are not well-established across the EU. This has resulted in an adequate number of trained professionals and staff in trauma-informed practices and general confusion of what consists of a real trauma-informed care and aftercare system for children and youngsters. The increase of unaccompanied children with refugee origin has emerged the necessity for childcare settings to be trauma-informed. Several countries have encountered a massive influx of unaccompanied minors and while many institutions were supposed to be closed-down, refugee children are often placed in such settings (Italy, Croatia, Belgium). While a robust body of studies has repeatedly signified the frequency of trauma among children and young people who have fled violent places and separated from their families, a trauma-informed care in childcare settings with refugee minors is not implemented.

The benefits and the well-being of children and adolescents from the de-institutionalization process are equally recognized by all countries and therefore governments have progressed in that field by adopting policies that prioritize community- and family-based care for children who lack parental protection. De-institutionalization progress however is not following the same successful patterns across the EU, with some countries being frontrunners while others still lagging behind. Bulgaria and Romania are considered the two pioneer countries when it comes to the de-institutionalization process in Europe. Both countries' percentage of institutionalized minors was among the highest in Europe. The political conditionality of the EU coupled with its funding tools and mechanisms, as well as the pressure from the civil society and the public, have contributed to the first steps toward the ending era of children's institutionalization. Having said that, de-institutionalization however is not a one-way process. The dismantling of institutions alone is not translated into

concrete political commitments, laws, or policies that can indeed lead to de-institutionalization. While many countries have admittedly moved toward de-institutionalization and their effort should be praised, there is also an ample body of research that tries to refrain from drawing conclusions.[148] De-institutionalization has already commenced across the EU, yet it will go a long way to lead to desirable results.

EU POLICY

Trauma-informed Care in an International and European Policy Framework

UN Convention on the Rights of the Child

Children's rights are enshrined through the *United Nations Convention on the Rights of the Child* (CRC) also signed by all EU Member States.[149] The CRC is a legally binding international agreement regulating the civil, political, economic, social and cultural rights of every child. Following the terms of the convention, governments should fulfil children's basic needs and help them reach their full potential. The CRC embraces three major categories of rights: protection (e.g. from abuse, exploitation), social benefits (e.g. the right to education, health, welfare) and child participation (e.g. the right to expression of opinion, information and leisure time). The CRC includes a separate article dedicated to the children who are permanently deprived of their parental care and protection. According to the CRC article 20, children deprived of parental care are entitled to special protection and public support. The State needs to guarantee alternative care for such a child in accordance with its national legal framework. CRC's priority is the support of families to protect and take care of their children, prevent child poverty and assist families with disabled children. In case when the family or a parent is not able to offer protection to the child, then alternative care should occur under very strict criteria and conditions prepared by qualified staff and always ensure the child participation.

UN Guidelines for the Children in Alternative

In 2009, the United Nations (UN) General Assembly adopted the *Guidelines for the Alternative Care of Children* (hereafter referred to as "The Guidelines") in honour of the 20th anniversary of the UN Convention on the Rights of the Children (CRC) to

[148] Mladenov, T., & Petri, G. (2019). Critique of deinstitutionalisation in post-socialist Central and Eastern Europe, Disability & Society, in *Disability and Society*.
[149] United Nations Convention on the Rights of the Child (1989) at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.

enhance the implementation of CRC, the Universal Declaration of Human Rights as well as other child reight instruments that are used at regional level. , that explicitly highlights the obligations of states in order to provide alternative care for children deprived of parental protection. In that respect, Article 3 para. 2. explicitly recognizes the right to children to access alternative care and protection when it is considered necessary in order for children's safety and well-being to be safeguarded. In addition, the UN guidelines underline the significance of the adequate and timely planning of youth ready to leave care and in aftercare. Paragraph 131 highlights the role of authorities and state facilities in developing and adopting a coherent policy framework that ensures appropriate aftercare and follow up. But the role of state agencies and facilities do not stop there. The Guidelines explicitly refer to the systematic assistance children in care settings should be eligible to have access to in order to achieve self-reliance and learn skills that will help with their integration in the community.[150] The participation of children in the planning of aftercare life is well established in article 132 that states "Children leaving care should be encouraged to take part in the planning of aftercare life". In other words, the UN Guidelines established the framework that fosters the timely and appropriate planning for those who are about to leave care, their access to aftercare services and the transition into adulthood of care leavers.

The European Union

In the EU, child protection systems are planned and implemented at national level. Member states are at different stages when it comes to the development and implementation of child protection national strategies and action plans.[151] That said, the EU still does have an influential role in infusing policy changes and priorities for its member states. Indeed, the EU cannot enforce obligatory policy responses such as legal enforcement in alternative care, yet it does deploy its soft power instruments mechanisms to promote its policies. In the field of child protection in care and aftercare. As it was discussed earlier in this comparative study, several EU member states have adopted a framework for national child protection systems that enable children and young persons to participate in the procedures while preparing to leave care settings. However, it still remains an open debate on how ready and prepared these young adults are when they are asked to leave care.[152] Leaving care is not equal to the trauma treatment of the traumatized young adult. Rather, it is an administrative

[150] Read the full United Nations *Guidelines for the Alternative Care of Children* (2009) at: https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf.
[151] FRA National Policy Framework (action plan or strategy). https://fra.europa.eu/en/publication/2015/mapping-child-protection-systems-eu/national-policy
[152] Kendy, M. (12 Mar 2012). Children Leaving Care Say They Are 'Poorly Prepared' for Adult Life. The Guardian. Available at https://www.theguardian.com/society/2012/mar/12/children-care-poor-preparation-adult-life

and legal procedure that the care leaver is obliged to comply with. In recent years, the EU has deployed its soft power strategy to influence its member states to adopt policies concerning child protection and unaccompanied children. The *Communication on the protection of children in migration*[153] and the *Recommendation on Investing in Children:*[154] *breaking the cycle of disadvantage* are among two of such recommendations. The Recommendation on Investing in Children: breaking the cycle of disadvantage offers guidance on integrated strategies provides guidance on how to prevent child poverty and foster children's well-being.

As far as funding is concerned, Child Guarantee fund is projected to be incorporated in the European Social fund+ for the next EU budget 2021-2027. The Child Guarantee[155] aims to combat child poverty and bring the social exclusion on the political agenda in the EU. The Child Guarantee fund particularly targets four groups of vulnerable children – children in residential care, children of recent migrants or refugees, children living in a non-safe family environment and children with disabilities and special needs.[156] Several member states have undertaken initiatives in order to extend child protection systems, such as foster care for unaccompanied children, provided for in Article 24 of the Reception Conditions Directive.

The Council of Europe

The Council of Europe is not at a position to push for binding legislative changes in the field of national child protection systems. Yet, what the Council of Europe really can do is to hold countries accountable in the sphere of international human rights law. The Council of Europe fully recognizes the need to guarantee the protection and well-being of children in alternative care settings, especially for those who have been exposed to severe conditions. In the advent of the refugee crisis, a big influx of separated and unaccompanied children and adolescents have reached Europe, many through asylum processes[157]. In the context of the arrival of larger numbers of separated and unaccompanied children and adolescents in Europe, the Council of Europe has identified gaps across national child protection service provision varying from inadequate care, psychological support and treatment to limited participation of

[153] European Commission (2017) Communication on the protection of children in migration, p.9: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017DC0211&from=DE.
[154] https://ec.europa.eu/social/main.jsp?catId=1246&langId=en
[155] For more on the Youth Guarantee, see here: https://ec.europa.eu/social/main.jsp?catId=1079&langId=en#.
[156] https://ec.europa.eu/social/main.jsp?catId=1428&langId=en
[157] For more information on children in migration in the EU, see the European Commission (2019) Children in migration page: EU actions to protect children in migration. Available at: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/rights-child/children-migration_en#documents.

children in the programs that directly affect them and other inadequacies in mechanisms for collaboration systems among authorities, agencies and facilities.

Facilitators and Obstacles in trauma-informed leaving care and aftercare support

Challenges

Lack of a common definition

Trauma-informed care as a new concept and practice in the field of welfare services still lacks a coherent and consistent definition. When terminology is available, it is often interchangeably and inconsistently used. Trauma-informed care requires an organizational change and paradigm shift in service delivery,[158] but without a common understanding and framework coupled with a lack of information related to what trauma-informed care is and does, its consistent implementation is under risk. It is surprising that even though services sector working with traumatized children were acknowledged about the definition of trauma-informed care, they still lacked a common language, they wrongly concluded that the behavioral problems of children were related to trauma without a prior assessment, and the guidelines for assessment and treatment of trauma were missing.[159]

Organization change

Trauma-informed care in leaving care and aftercare support will trigger a systemic change at all organizational levels. The establishment of a trauma-informed system requires commitment at all system levels, on-going training and transformation of services being part of this commitment as well.160 Even though systemic change is a pre-condition for trauma-informed care, large-scale systems are often logistically and hierarchically challenging, time-consuming and resources have to be available.161

[158] Hopper, E., Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, *3*, 80-100.
[159] Wall, Liz & Higgins, Daryl & Hunter, Cathryn. (2016). Trauma-informed care in child/welfare services (CFCA Paper No. 37).
[160] DeCanandia, C., Guarino, K., & Clervil, R. (2014). Trauma-informed care and trauma-specific services: A comprehensive approach to trauma intervention. Washington: American Institute For Research
[161] Hopper, E.K., E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness service settings. The Open Helath Services and Policy Journal 3, 80-100.

But achieving systemic change goes beyond the mere provision of tools or education for professionals. Systemic change in trauma-informed care means a "move towards a more holistic understanding of the inter-related biological, psychological and social dimensions of trauma."162 Applying holistic trauma-informed childcare across the EU remains a challenge in itself. Each member state has developed different systems for the protection of children in care and aftercare, whereas there are also member states which have not adopted a concrete child protection national strategy or action plan. The systemic organizational change that is asked is particularly difficult to occur in countries were a plethora number of sectors and agencies (public or private or both) is involved in child care settings while different models and government systems (local, regional, federal) hold back the necessary synergies and initiatives which could facilitate the trauma-informed approach. In short, a trauma-informed approach for child protection cannot be materialized without a systemic approach among agencies and relevant sectors.[163]

Lack of official figures

Another challenge concerning trauma-informed care in the EU is the fact that even though the majority of the member states have put in place an official registry (usually a Ministry directorate), numbers of children and youth in residential care as well as of those who leave care are inconsistent and thus it is difficult to rely on sound and representative data.164 This puts restrictions and limitations on services that trauma-informed care could be implemented. Without knowing the number of care leavers it also means that there is no available information about the demographics of those who leave. In many cases, public support and services cease to exist after a certain age (usually from 18-21 years old), whereas their vulnerability status still endures, particularly after they have to leave care. But trauma-informed care should not be seen from the scope of necessity. That said, trauma-informed care practice is an on-going process necessary for those in care and those who are about to leave care.

[162] Wall, L., Higgins, D. & Hunter, C. Trauma-informed care in child/family welfare services. CFCA PAPER NO. 37 2016.
[163] Hanson, R. F., & Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. Child Maltreatment, 2(2), 95-100.
[164] Council of Europe 2009. Rights of Children in Institutions Report on the implementation of the Council of Europe Recommendation Rec(2005)5 on the rights of children living in residential institutions. Available at https://rm.coe.int/168046ce31

Cultural awareness for trauma-informed care staff

In most of the cases, current social workers and professionals who work in childcare settings are not offered any particular training or education in the field of trauma-informed care. Further to that, working with children and youth in alternative care and aftercare means that social workers and professionals are coming into contact with a very diverse group of people where besides their traumatic experiences as a common starting point, they are also individuals with specific needs, experiences, different aspirations and expectations for the future. In many cases, certain vulnerable groups are over-represented in childcare settings. For instance, in Bulgaria, Hungary and Romania, children and youth of Roma background are over-represented in care institutions.165 A similar phenomenon exists with unaccompanied children with refugee and migrant background who reached member states over the past years.166 In such cases, it means that trauma-informed care should be more inclusive in order to address those individuals' trauma by having a more thorough understanding and addressing the trauma from a multi-perspective scope (personal, historical, cultural, gender, racial, ethnic, etc). Cultural matters in regard to traumatic symptoms as well as services are considered essential elements of trauma-informed care.167 Therefore, both trauma-informed theoretical and practice models require to encompass a more cultural-nuanced approach.168 Cultural, historical and gender perspectives are also highlighted by SAMHSA as among the six principles that a trauma-informed care approach should be established.[169]

Secondary trauma of staff

By examining the trauma from the lens of the victim it ignores the secondary trauma and burnout caused to social workers and professionals who work with trauma survivors which can have a tremendous impact on the health of workers themselves. Social workers working with traumatized children and youth feel overwhelmed by the shocking and horrific stories that these people have experienced. Further to that, the

[165] Eurochild National Surveys on Children in Alternative Care. Available at https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/FINAL_EXEC_SUMMARY.pdf

[166] https://ec.europa.eu/commission/presscorner/detail/en/MEMO_17_907

[167] Ardino, V. (2014). Trauma-informed care: Is cultural competence a viable solution for efficient policy strategies? In Clinical Neuropsychiatry, 11(1), 45-51.

[168] Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and adverse child- hood experiences research: Implications for practice and health policy. *Social Work in Public Health*, 29(1), 1–16.

[169] The six principles that SAMHSA suggests in regard to a trauma-informed approach are: a) safety, b) trustworthiness and transparency, c) collaboration and mutuality, d) empowerment, e) voice and choice and f) cultural, historical and gender issues. SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

relationship between children and youth in institutional settings and the practitioners is often characterized by mistrust and hostility.170 Social workers can also suffer from stress, physical and compassion fatigue; all these can have significant implications in their work and performance with the traumatized individual. Secondary trauma can mislead practitioners to make wrong diagnoses or reduce their effectiveness.

Facilitators

Establishing a common trauma-informed understanding

Trauma-informed care in alternative care for children should not be seen as a panacea and an approach that will fix all problems in this subject area. While many challenges persist in a trauma-informed care approach, it is recognized as the approach which encompasses the effects of trauma on the children and youth in care in the understandable and most applicable way. Implementing trauma-informed care is not a one-way process: rather it is an approach that requires both the involvement of the staff and widespread changes at an organizational level. Organizational practices should be designed in such a way that the impact of the trauma will be placed at the heart of the childcare settings. Harris and Fallot suggested five core principles to be applied in a trauma-informed approach to healthcare settings: the empowerment of the traumatized person, choice, collaboration among staff, traumatized individuals and their families, safety and trustworthiness between the trauma victim and the service provider.171 These principles could also serve trauma-informed care in childcare and aftercare and be particularly useful when a single definition of trauma-informed care is difficult to be achieved.

Prioritizing staff resilience and health

The secondary trauma and the challenges that the staff in residential care encounter has been well documented. The services around trauma-informed care make the staff and their well-being a priority. In that respect, social workers and practitioners are a vital component of the trauma-informed care and when they feel that they are supported by the system, their support towards child and youth can also be more effective. Trauma-informed care needs to incorporate strategies in order to support the work of the staff. For instance, the staff should be given some time to

[170] Shafer, I., & Fisher, H. (2011). Childhood trauma and posttraumatic stress disorder in patients with psychosis: Clinical challenges and emerging treatments. Current Opinions in Psychiatry, 24, 514–518.
[171] M. Harris and R. Fallot (Eds.). "Using Trauma Theory to Design Service Systems." New Directions for Mental Health Services, no. 89; (2001).

reflect, to allow them to provide input from their own experience with children and youth and to have access to counselling.

Unaccompanied refugee children and adolescents

The recent refugee crisis resulted in a worrisome number of children and unaccompanied children with a refugee background who have reached the EU in the past years. Partly, the de-institutionalization process in many EU member states was halted due to this new reality. Many unaccompanied children are sent in residential care settings. These unaccompanied minors in the EU bring to light the importance of a trauma-informed approach not only while they will remain in the care settings but also when they will be prepared for an independent life towards adulthood.

Conclusions

The protection systems for the children's right very among the EU countries. While similar patterns can be found across the EU, each country adopts and implements its legal framework, strategies and policies. In short, each EU member states has adopted a different approach and legal mechanisms to address and safeguard child protection. The study found remarkable differences and discrepancies in the childcare and after-care settings in several countries in the EU. Due to the lack of a common legal framework in regard to child protection and provisions concerning alternative and aftercare, data collection at the national and EU level remains a real challenge. This reality makes difficult for the estimation of children and youth in alternative care and those who are prepared to leave. Discrepancies and also found out in the de-institutionalisation process in the EU. Several countries have moved towards more child-friendly care settings, such as foster care, community- and family-based care. However, there are still countries that the institutionalisation of children is still in place. While the de-institutionalization process has already started in many EU member states, the new settings for children's alternative care and aftercare are suggested to embed a trauma-informed approach. In addition, in the advent of the refugee crisis, and particularly after the big numbers of unaccompanied children and adolescents

resided across EU member states, a trauma-informed care is of great priority and importance for refugee children in care and aftercare.

Recommendations

- A consistent official registry across the EU of the children and youth's demographic data (age, gender, etc.) in alternative care and those are prepared to leave care. In that way, authorities and relevant bodies/agencies engaged in alternative care and aftercare can have a thorough understanding on the exact figures of children and young adults that need assistance and adjust policies, budget allocations and actions accordingly;

- Consolidate a legal framework at national level in regard to aftercare, integrated into relevant child protection authorities/agencies;

- Enhance cooperation and encourage the exchange of best practices across the EU and contemplate on what works/does not work, where and why; Replicate and adjust policies and initiatives in aftercare to the local/national context and needs;

- Implementation of an inclusive trauma-informed care that recognizes, understands and addresses the trauma by contemplating the importance of the diversity and personality of children and youth while they are in residential arrangements and aftercare. Organizations which deploy trauma-informed care approach should encompass policies, methods and practices that are responsive to needs such as race, gender, ethnicity, religion and cultural values of the young individuals;

- A trauma-informed care which caters and ensures the well-being of the staff and avoids secondary trauma to the practitioners. Trauma-informed care professionals and practitioners should have access to services such as counseling in order for them to discuss the challenges they encounter while working with traumatized youth. In a trauma-informed care, professionals should be placed at the heart of the system and ensure that their mental and physical health is not under risk;

- Examine the possibility to extend the trauma-informed care beyond the care and aftercare settings (school, university, workplace, medical services, police, etc). Develop the trauma-informed care approach beyond the scope of alternative care and cultivate a culture of trauma understanding and awareness, compassion

and respect to those who work and are in direct contact with vulnerable groups, families and communities;

- A) Develop a trauma-informed de-institutionalization process and ensure that the transition from the institutional settings to the family- and community-based services embraces trauma-informed principles and the new arrangements avoid re-traumatization of vulnerable children and youth;
  B) De-institutionalization strategy should cater for the employment rights of the staff from institutional and residential settings and offer trauma-informed care education and training in order to support their transition into the new service settings;

- Financial support and trauma-informed training across all levels of organization who are involved with young people ageing out of care (from administrative to practitioners). The training can be in different forms (face-to-face, on-line courses, seminars, etc.). This training should be designed to some extent in tandem with the young care leavers' participation. The participation of adolescent care leavers will be more representative in regard to young leavers needs and perspectives and ensure both their ownership in the overall process;

- Establish clear national measures for the cooperation protocols between government, public services, civil society and private organisations providing care services and aftercare services to children and young people. This cooperation should be supervised by a national coordinating body that guarantees that the best interests of the child and young person are central;

- Include in the policies and the financial support care leavers with a migration background and make them eligible to have access to vital services including accommodation, opportunities to develop skills and health.