

This document is an outcome of Activity 1 of PiCK Europe Youth Advisory Group (www.IFCO.info/pick-project). Together careleavers discussed their experiences and knowledge of the care systems in three countries (Malta, Netherlands and UK) with an emphasis on care leavers. They then discussed the similarities and differences. The outcome is 4 themes that this group think are important and will be the focus of the PiCK Europe project at national and European level moving forward.

[Malta](#)

[Netherlands](#)

[UK - Scotland and England](#)

[Combining the three systems - Things in common and things that are different](#)

[The four themes that emerged from our 3 systems](#)

[Voices of children, youth and care leavers](#)

[After care transitions](#)

[Stigma of careleaver experience](#)

[Systems issues](#)

[Structural level](#)

[Mentality within the system](#)

[What's the focus/purpose of the system?](#)

Malta

What works well	What does not work well
<p>Over 100 children in institutions less than 20 years ago. Huge change in recent years towards foster care.</p> <p>Instead of large institutions, now there are smaller apartment-like residential homes trying to give better support. John helped set up foster care and Hassna currently works in residential homes.</p> <p>Foster carers are not paid or are paid very little.</p> <p>Relationships are really important but sometimes, foster carers are not always</p>	<ul style="list-style-type: none"> ● Trauma - some young people and children experience trauma before entering care but this is not addressed. A barrier is that they are still in residential care and more training is needed or more foster care. ● Children leaving care without a care plan ● No after care workers ● Constant change of social workers ● Inconsistency in social work intervention - barrier for good care plan too



International Foster Care Organisation

Careleavers
CONNECTED



Co-funded by the
Erasmus+ Programme
of the European Union

appreciated. Foster carers need to be seen as co-workers.

New legislation mandating a care plan - what would make this better is that there is more consistency in implementation

- The large institution buildings were made into smaller apartments but the **mentality and culture** has not changed.
- Due to lack of training and support, **foster carers burnout.**
- **Supervised access** visits are a good thing for access to their birth parents and family but the room organised by the local agency and the service is not always appropriate. The service needs to be improved. Are the children ready to meet their birth parents? Lack of preparation of birth parents and turn over of supervisors who deliver the service. No feedback about what happens during the session and how it impacts the child so the child can have support afterward. Appogg wants to deliver a therapeutic environment but is not doing it. This can be re-traumatising to children.
- The **voice of the child** is not always heard-the voice of the parents is prioritised. At Review Board - by SW's - Residents meetings.
- Lack of support when children are 17/18 **when preparing to leave care from residential care** and they often return to the birth home because of this.
- Big difference between **how residential care and foster care transition to adulthood.** If you are in foster care, you can stay in your foster family but in residential care, you have to leave.
- How many children are in care and how many care leavers are there? There are no clear statistics

What we would change (MT)

Focusing more on family based care

Not placing babies in institutions

Staff training



International Foster Care Organisation

Careleavers
CONNECTED



Co-funded by the
Erasmus+ Programme
of the European Union

Keeping **consistency** in staff, carers and social workers
Constant monitoring

Listening to children and young people

Independent external supervision -better for staff and children to be listened to outside of the home environment and put pressure for change and action

Increase more foster families (and supported and appreciated)

Removing the **stigma of careleavers** - careleavers should be proud of their life experience - it has enriched them to become better persons that they can contribute in this sector - especially in this sector - their understanding of children is better when the children act out and respond better than other people with less experience

More **support to the care leavers** - more understanding and information about what they can do after they leave - what they can get -benefits, housing, how to apply etc.

Netherlands

Things that work well	Things that does not work well
<p>https://longreads.cbs.nl/jeugdmonitor-2019/jeugdzorg-en-de-weg-naar-volwassenheid/</p> <p>2018 - care leavers numbers doubled Since 2015, decentralisation happened in Netherlands, kids are more in care, but is it better care, we don't know?</p> <p>Diverse options available, foster care, residential and other options like therapeutic. In foster care, you also have respite and short term options. This is more personalised.</p> <p>More rights at 12 and 16 - more input into your placements but 10 year olds can also voice this - we think this can work better - listen to younger people too.</p> <p>Screening and the process of foster parents is a good thing but sometimes it can be less strict because there needs to be flexibility to the benefit of the child. - the more variety for children, the better.</p> <p>Training for foster parents and youth care workers. The age of 15 might need more security and a lot of training is a very good thing. Also care leavers can give this training as they have experience to offer</p>	<p>https://www.nji.nl/cijfers/pleegzorg</p> <p>2015 decentralisation - youth care was at national level but decided to make it by municipality by region. The idea was good but it has not worked well. There are so many differences in each region now - the region you live in decides what care you get. The region has different budgets.</p> <p>Budget ceiling - this means there is a maximum amount per region per year. There is no buffer regardless of the needs of the children. Customised care is not possible with this.</p> <p>Budget decides placement rather than suitability. Church led privatised residential care or regional led foster care. Privatised care is the primary model because of the regional budgets so again, there is inconsistency of care options - price decides care options instead of individualisation. The 2015 law gave €600 million to foster and youth care but that's not enough.</p>



Co-funded by the Erasmus+ Programme of the European Union

and insights.

Financial support for foster homes from the government - to then support the children. Invoices from schools and can get the money back. - be more transparent and more awareness.

Foundations will offer vacations for children in care or children in need. This should be shared more.

Neutral confidant - someone you can trust - someone a child can trust and an advocate - potentially care leavers can be trained in this - independent advocate.

€19 per day foster carer allowance

About €600 per month

In Malta, it's €110 per child per week

Too many different youth care workers because of contract work - 2 year contracts and this affects relationships. Youth stay and then they have to tell their life story over and over.

Too many people work in a clinical setting - 4 or 5 professionals working with a child or even 10 or 15 professionals! That can be too heavy. The clinical setting can also be tough for the child. This can be scary and not a happy place.

People with no relevant background in youth care making decisions or choices about the child in care. This is irresponsible. How do you know how they feel or what they are going through? Disability qualifications are a different background.

Matching of the foster family and the foster child is really important but it is not done. There is not enough diversity and enough choices. This can create more placements because they don't fit and also even create more residential placement. There is not enough diversity in foster families either. It would not be surprising if the child acts out if they were not matched well.

What to change.

If screening was less strict, **better matching** and **more diversity**.

Residential care is a **very clinical setting** and not diverse so this should be more diverse.

More budget and more flexibility and also more responsibility.

The law takes too long to change.

Also **more care experienced experts**: youth workers, mental health workers,

Voices of children valued

More **collaboration between agencies**

Children can leave care when they are ready, not when they "age out"

UK - Scotland and England

Things that work well (UK - Scotland and England)

Things that don't work well (UK - Scotland and England)

Note: UK is Scotland, England, Wales and

Services are underfunded - this is



International Foster Care Organisation

Careleavers
CONNECTED



Co-funded by the
Erasmus+ Programme
of the European Union

Northern Ireland. Scotland has Scottish Law that underpins the care system. English law is for England and Wales (and Wales has some local changes). Northern Ireland has trusts.

83,000 in out of home care.

65,000 children in "looked after" - foster care, kinship care, looked after at home (supervision of care but not removed from their parents), residential care, 55,000 foster families.

80% in foster care.

There are local authorities, trusts or councils who have responsibilities for budgets in each authority.

England

Children's Hearing System in Scotland is a public body - reports to the government. Responsible to recruit support, train and support 3,000 volunteers in the community (including some legal training). This includes care plans and recommendations.

The Promise, Scotland - **the independent Scottish review system. 10 year plan** - being more trauma informed, more listening to children and their families.

Care review happening in **England (2021)**- not being done as efficiently or as engagingly as it has been done in England. - more short and tokenistically.

Lots of good people in the system who are well meaning and intentioned but the workforce needs to be open to new ideas and changes - some people are stuck in their ways or not changing.

Lots of ways for youth to get involved and create change. Consultations about standards.

Since foundations of careleaver networks but better in England, less in Wales.

Leaving Care age has been extended - this is good progress.

Co-designed approach - including young people in the services

impacting services.

Mental health services are needed but hit and miss. Mental health crisis in the UK.

Too much is still **crisis and intervention led**. Not enough choice or person centred compared to what's available today. Needs investment.

Sustained trauma after Covid - the impact of covid on the system, on individuals

Too much trauma linked to care leavers - **care experience payment and the stigma** - if they ask for help, there's a swift move to putting social work into place and removing their children compared to parents without care experience. **Intergenerational care experience**

Local authority **payment inconsistency** determines the level of supports for payments, housing, emotional support and more. The intention was person centred but now it's a "postcode lottery"

Cuts to services year on year.

Agendas are playing out - e.g. a social worker or legal advisor who have particular perspectives

To maintain the status quo rather than meet the needs of the individual.

Barriers - **UNCRC** will be enshrined into Scots Law (possibly this year) which will lead to varying degrees of implementation into every-day practice. This could lead to legal challenges and this may lead to a system that responds only to legal challenges instead of the spirit of the UNCRC. Hopefully it won't become a legalised situation rather than an informed and duty related **change of culture**.

The system is traumatised and traumatising. Not getting support, the chaos of the system, not listening to each other, needing to act out in order to get heard. Who do we hold to account? What is the standard? What is quality care and when is the system allowed to stress? Or to



International Foster Care Organisation

Careleavers
CONNECTED



Co-funded by the
Erasmus+ Programme
of the European Union

<p>Fully embedded trauma informed approaches have started but need to continue. Foresight to create an environment to avoid trauma, and address any trauma in a holistic way.</p> <p>Value young people and include them. There is stigma.</p>	<p>stress us?</p>
---	-------------------

<p>Want to change (UK - Scotland and England)</p>

Combining the three systems - Things in common and things that are different

Things the systems have in common	Things in the systems that are different
<p>Voices of children being heard more - decisions that affect their lives</p>	<p>Placing child rights as a dualism against parents rights in the system. This designs the system in Malta.</p>
<p>Aftercare needs more supports - formal and informal, mental health, information, rights and welfare, housing, benefits</p>	<p>Leaving care without preparation - residential care providers make some youth leave care without preparation or even suddenly and without supports</p>
<p>Careleavers have a lot of insights to offer to the system - experience, knowledge, supports to younger people, as social workers, as youth workers, as policy makers</p>	<p>UK - Co-designed approach - including young people in the services</p>
<p>Lack of funding impacts system design and delivery - at national or regional level or individual level.</p>	
<p>Communication and rights for all people - that support can also be in small groups. That support networks can help address this. That the people in the system needs to communicate more and collaborate with clear purpose of benefiting the child.</p>	
<p>Better care planning - child and family centred - consider the trauma informed care and avoid triggering situation and</p>	



re-traumatising	
After care - we should include help to find and keep employment and further education. To have a mentor	
When we have a problem, people assume it's because of our care experience history and not because it can be a social issue.	
Lack of informed workers/decision makers - institutionalised thinking - proper training for child centred communication	
More money and that money is spent well (and in the right place at the right time). Make sure there's diversity in the care options based on the needs of the children and young people who need the services. Look at how money is spent - look at prevention/family support, look at aftercare, look at preventing trauma, and providing services.	
Inconsistencies in service provision because of funding at local level - differences based on location	
The system is traumatised and traumatising. Not getting support, the chaos of the system, not listening to each other, needing to act out in order to get heard. Who do we hold to account? What is the standard? What is quality care and when is the system allowed to stress? Or to stress us?	
Age and minimum education attainment level is the dominant way that care leaving is decided rather than readiness.	

The four themes that emerged from our 3 systems

Voices of children, youth and care leavers

Voices of children being heard more - decisions that affect their lives

Care leavers have a lot of insights to offer to the system - experience, knowledge, supports to younger people, as social workers, as youth workers, as policy makers



Co-funded by the
Erasmus+ Programme
of the European Union

After care transitions

After care - we should include help to find and keep employment and further education. To have a mentor

Aftercare needs more supports - formal and informal, mental health, information, rights and welfare, housing, benefits, employment

Social network is really important - social exclusion is real and also stressful.

Mental health is a common issue for care leavers - especially when they may process their childhood in their early adulthood.

Aftercare is inconsistent - both within the country and also across the countries.

Stigma of careleaver experience

When we have a problem, people assume it's because of our care experience history and not because it can be a general shared social issue (for example unemployment).

Care leavers have a lot of insights to offer to the system - experience, knowledge, supports to younger people, as social workers, as youth workers, as policy makers - this deserves to be valued

A change of system culture and general social awareness of the complexity of care leavers situation is needed.

You can be a care leaver and be a professional - it's a false duality.

Systems issues

Structural level

Lack of funding impacts system design and delivery - at national or regional level or individual level.

Inconsistencies in service provision because of funding at local level - differences based on location

Matching is not done. Resources or design means that matching doesn't happen - whether it's availability or diversity of placements, it's not happening, which can lead to more



Co-funded by the
Erasmus+ Programme
of the European Union

trauma or more placements which adds more trauma - the system is constantly responding instead of planning. This can also create more residential placements too.

Workers and carers are also not as supported by the system, it's not only about care leavers not being supported - so is the system working at all if everyone is in crisis or close to crisis?????

Residential care is a **very clinical setting** and not diverse so this should be more diverse

Mentality within the system

Lack of informed workers/decision makers - institutionalised thinking - proper training for child centred communication.

[\[linked to this next one\]](#)

Implementation of good laws or policies limited by mentality, capacity or education.

Communication and rights for all people - that support can also be in small groups. Support networks can help address this. That the people in the system need to communicate more and collaborate with a clear purpose of benefiting the child.

Lots of good people in the system who are well meaning and intentioned but the workforce needs to be open to new ideas and changes - some people are stuck in their ways or not changing. - is this a system design issue?

What's the focus/purpose of the system?

Better care planning - child and family centred - consider the trauma informed care

More money and that money is spent well (and in the right place at the right time). Make sure there's diversity in the care options based on the needs of the children and young people who need the services. Look at how money is spent - look at prevention/family support, look at aftercare, look at preventing trauma, and providing services.



International Foster Care Organisation

Careleavers
CONNECTED



Co-funded by the
Erasmus+ Programme
of the European Union