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TRANSMONEE ANALYTICAL SERIES

PATHWAYS TO BETTER PROTECTION

Taking stock of the situation of children in alternative care in Europe and Central Asia

United Nations Children's Fund (UNICEF) Regional Office for Europe and Central Asia (ECARO), January 2024
www.unicef.org/eca/
www.transmonee.org
transmonee@unicef.org

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UNICEF has taken all reasonable precautions to verify the information contained in this publication. For any data updates after release, please visit www.transmonee.org.

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List of abbreviations

CCRC	Committee on the Rights of the Child
CCRPD	Committee on the Rights of Persons with Disabilities
CES	Conference of European Statisticians
DHS	Demographic and Health Surveys
ECA	Europe and Central Asia
ECARO	Europe and Central Asia Regional Office
EU	European Union
FC	Family-based care
HQ	Headquarters
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Surveys
NSO	National Statistical Office
RC	Residential care
SDGs	Sustainable Development Goals
TransMonEE	Transformative Monitoring for Enhanced Equity
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Foreword

PATHWAYS TO BETTER PROTECTION: TAKING STOCK OF THE SITUATION OF CHILDREN IN ALTERNATIVE CARE IN EUROPE AND CENTRAL ASIA

In recent years there has been a positive step in reducing the number of children living in residential care facilities across Europe and Central Asia, but we have a long way to go before ending the region's painful legacy of institutionalizing children.

Nearly half a million children in countries across Europe and Central Asia – 456,000 – live in residential care facilities including large-scale institutions. Regionwide, 232 per 100,000 children live in residential care facilities, double the global rate.

Institutionalisation and family separation have well-known and widely documented negative impacts on children's health, development and well-being. Children living in large-scale institutions often face emotional neglect and higher rates of abuse and exploitation, exposing them to long-term mental health problems, psychological distress, and trauma. Institutionalised children often experience cognitive, linguistic and other developmental delays, and are more likely to be in conflict with the law than their peers, perpetuating cycles of institutionalisation.

Across the region, there have been some positive trends in addressing institutional care. Many countries have seen a decrease in the proportion of children living in residential care facilities, supported by significant investments in family-based care and deinstitutionalisation policies.

Despite this, there has been little progress for children with disabilities who are far more likely to be placed in residential care facilities than children without disabilities. In countries where data is available, children with disabilities account for between 4 per cent and 86 per cent of children in residential care facilities. In more than half of countries with available data, the proportion of children with disabilities in all types of formal residential care has increased between 2015 and 2021.

In alignment with the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities and the UN Guidelines on Alternative Care, the systematic closure of large-scale institutions used to house and educate children is vital. This includes replacing residential care facilities housing children with disabilities or unaccompanied and separated children, with high quality family- and community-based care.

While we have a long way to go before ending Europe and Central Asia's long and painful legacy of the institutionalisation of children, this report provides critical evidence to support the progress already being made by decision makers and service providers.

UNICEF works with governments and partners across the region to help keep families together and support family- and community-based care. This includes developing and implementing deinstitutionalisation policies and programmes, scaling up protection and family support services to prevent children being separated from their families, promoting family- and community-based care and family reunification and reintegration and safe transition to independent life. UNICEF also works with governments and national statistical offices to improve the availability, comparability and quality of data on children in alternative care.

Regina De Dominicis
UNICEF Regional Director for Europe and Central Asia

Executive Summary

This report provides an in-depth analysis of the situation of children in alternative care and in adoption in Europe and Central Asia (ECA) based on available data from TransMonEE, as well as other sources such as MICS, DataCare and the Conference of European Statisticians (CES).[1] It marks the first analysis of data on children in alternative care by the UNICEF ECA Regional Office since the publication of the 'At home or in a home' report[2] in 2010, highlighting the developments and challenges in collecting and reporting data on children in alternative care and adoption and summarises recommendations derived from recent data review initiatives.

MAIN FINDINGS AND CONCLUSIONS – CHILDREN IN ALTERNATIVE CARE AND ADOPTION

According to UNICEF estimates based on data from national surveys and social service administrative records, there are still nearly half a million children (around 456,000) living in residential care in the Europe and Central Asia region. This is equivalent to a rate of 232 per 100,000 children aged 0-17 years and is the highest rate of all regions worldwide and is higher than the global average of 105 per 100,000 children.[3]

- **The rates of children in formal alternative care have reduced since 2010, but the rates have not changed substantially in many countries since 2015.**
  The proportion of children in formal alternative care, including residential care and family-based care, has reduced considerably since the 'At home or in a home' report published in 2010 using data from TransMonEE 2007. Since 2015, the pace of reduction has decreased in most countries reporting data to TransMonEE, and the rate has not changed substantially in this period. Latvia,

[1] Eurochild and UNICEF. 2021. DataCare Technical Report (DataCare Project), Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), national census data, outcome studies, qualitative research and UNICEF child protection system assessments, from national case management systems, and other available information from key child protection stakeholders in the countries. United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva.

[2] UNICEF. 2010. At home or in a home: Formal care and adoption of children in Eastern Europe and Central Asia. Geneva.

[3] The regional estimates for Europe and Central Asia are based on 36 countries with data between 2010 and 2022 covering 77 per cent of the regional population of children under age 18 years. The method of calculation is such that the regional rate is applied to those countries without available data for the purpose of generating regional estimates.

Lithuania and the Republic of Moldova are exceptions where a steady decrease in the rate of children in formal alternative care is notable. Overall, the formal alternative care rates in many of the countries in the TransMonEE network are now within the range of the rates reported by other European countries.

- **The composition of the types of care available in the formal alternative care system has changed substantially.**
  There is a greater proportion of children in formal family-based care, especially foster care, than previously and a smaller proportion of children in residential care. In 2010, on average, an estimated 859 children per 100,000 population aged 0-17 years were in residential care across the region, according to the 'At home or in a home' report. Fourteen years later, TransMonEE data for 2021 indicate a very different situation. The highest residential care rate in the region has fallen below 700 children per 100,000 population aged 0-17 years. In 15 out of 23 countries for which there are data for both formal family-based and residential care, more than two-thirds of children in formal alternative care were in formal family-based types of care in 2021. These changes in the composition of the formal alternative care system are the result of governments implementing deinstitutionalisation policies and programmes.

There is a need to revise historical TransMonEE data using the TransMonEE standards to be sure that the increasing use of family-based care and decreasing use of residential care, and overall decreasing formal alternative care rate in some countries are a sustained trend and not resulting from the way that formal alternative care types have been redefined or the way children in formal alternative care have been counted.

The TransMonEE data for 2021, however, indicates a reducing rate of entry into formal family-based care in certain countries since 2015 that may reflect a reduced need for family-based care. For example, the Republic of Moldova and Latvia have overall reducing rates of children in formal alternative care. Or this rate **may indicate that some alternative care** systems have exhausted the available supply of foster carers or other families able to take care of children in need of formal family-based care.

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The sex distribution seems to be relatively even across the rates of formal alternative care, formal residential care and formal family-based care among the countries reporting data to TransMonEE. The DataCare project found that sex-disaggregated data are commonly available for children in alternative care for all countries surveyed, which permits the analysis of specific issues affecting girls or boys in alternative care.[4]

- **Formal guardianship and kinship care account for around two-thirds of formal family-based care provision, while formal foster care represents around one-third** across the countries reporting data to TransMonEE, for which there are data in 2021. In countries such as Romania and Georgia, formal foster care now represents around 50 per cent of formal family-based care provision, and the increasing use of this type of formal family-based care can also be noted in other countries that are implementing deinstitutionalisation reforms, including Armenia, Latvia, Lithuania, and the Republic of Moldova.

- **Children with disabilities are over-represented in formal alternative care, particularly in residential care.**
  Comparisons between countries are difficult because of how children with disabilities are assessed and counted in national management information systems. It is clear, however, that the proportion of children with disabilities in formal residential care across 20 countries of the region has increased between 2015 and 2021 and that children with disabilities are 6 to 30 times more likely to be in formal residential care in these countries than children

[4] Eurochild and UNICEF. 2021. DataCare Technical Report (DataCare Project).

without disabilities (assuming a prevalence rate of children with disabilities of between 1 and 6 per cent). It is also clear that this is an underestimate in some countries where boarding schools or other types of residential social care or health services for children with disabilities are not included in the data on children in alternative care. Children with disabilities tend to be placed in formal family-based care to a lesser extent than children without disabilities; however, an increase in the share of children with disabilities accessing formal family-based alternative care can be noted. Since 2015 in Lithuania, 2017 in the Republic of Moldova and Romania, and 2018 in Albania, the share has been steadily increasing.

- **Young children appear to no longer be at greater risk of being in formal alternative care than older children and are more likely to be in family-based care than residential care.**
  In most countries where data is available, the rate of children under 2 or 3 years of age in formal alternative care is about half or less than half of the rate of children aged 0-17 years, and the rate of children aged under 2 or 3 years of age in family-based care is substantially higher than the rate of children aged under 2 or 3 years in residential care. Young children are more likely to be adopted than older children.

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However, in some countries, young children with disabilities are less likely to be placed in domestic adoption than young children without disabilities.

- **Young adults are being left behind in residential care.**
  In many countries where data is available, more than a third of residents in formal residential care institutions intended for children are young adults aged 18-24 years, and this proportion has been increasing in certain countries. Many of these cases likely involve young adults with disabilities.

- **Children in informal care and in boarding schools are technically in alternative care but are not monitored by the system of formal alternative care in many countries.**
  Survey data suggest that there may be considerable numbers of children in informal family-based care in certain countries, particularly Kyrgyzstan. These children are generally not monitored as part of the system of formal alternative care. Given the limitations of both survey-based data and administrative data on children in alternative care and the limited number of countries monitoring children in informal care, it is currently not possible to estimate the prevalence of children in all formal and informal forms of alternative care in Europe and Central Asia.

MAIN FINDINGS AND CONCLUSIONS – DATA AND INDICATORS ON CHILDREN IN ALTERNATIVE CARE

- **TransMonEE has shown that it can coordinate data collection and validate data using a common set of indicators across 27 countries.**
  The efforts to improve TransMonEE data need to continue as issues of comparability, definitions, coverage, and quality persist in many countries. Nevertheless, as time series data continue to be amended and definitions are consistently applied, nuanced and informative data are being produced that can inform decision-making at all levels. The role of National Statistics offices (NSOs) within the TransMonEE network helps to address challenges of cross-sectoral monitoring and consistent application of definitions and quality standards for cross-country comparability.

- **Consistent application of agreed definitions and quality standards for data management for core indicators is required to enable cross-country comparability.**
  The 2021 DataCare study, the 2022 CES review and the latest validation of TransMonEE data for 2021 have all confirmed that these are the main challenges for the development of global, comparable statistics on children in alternative care. TransMonEE nevertheless demonstrates that if resources are invested in validating data, and countries are supported with data improvement, then it is possible to use a common set of indicators for cross-country comparisons relating to children in alternative care to attain a consistent, useful, and granular dataset that meets the United Nations Fundamental Principles of Official Statistics.

RECOMMENDATIONS FOR IMPROVED DATA COMPARABILITY

- **Continue efforts to develop and adopt a global set of core indicators and standard disaggregation variables and improve data comparability.** While DataCare and CES guidelines represent a good foundation for a core set of indicators that are already included in the TransMonEE indicators, solutions need to be found to the challenges of comparability relating to defining disability so that disability disaggregation can also be added.

- **UNICEF can develop an annual report card system for all countries in the ECA region using the three core indicators recommended by CES and disaggregation by sex, age, and disability.** The report card can provide rapid reporting on the current situation and a comparative analysis of the previous year, extending the insights available through the TransMonEE dashboard.

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- **A more comprehensive and in-depth analysis should be conducted every 3-5 years using the full set of 26 TransMonEE alternative care and four child disability indicators.** This analysis should focus on systemic changes and emerging strategic issues while incorporating greater disaggregation.

- **Continue to invest in the TransMonEE approach** to revising historical data, ensuring consistent definitions with current data and **increase investment in improving data quality** by strengthening data management systems for alternative care and integrating them with other relevant management information systems, including health, education, social protection, and justice.

- **Further work is needed to define indicators and address monitoring children in boarding schools and in informal care, following** the definitions outlined in the Guidelines on Alternative Care of Children, especially in relation to children outside of parental care and in alternative care.

1

Introduction

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TransMonEE is a three-decade-old regional partnership initiative among national statistical offices in Europe and Central Asia that is intended to strengthen the coverage, quality, disaggregation, accessibility, and use of data on children, across a breadth of areas relevant to children's rights and wellbeing. The initiative is aligned with the Convention on the Rights of the Child and the 2030 Agenda for Sustainable Development.

In the most recent concluding observations of the Committee on the Rights of the Child (CRC) to state parties, almost all countries in Europe and Central Asia (52 out of 54) received at least one recommendation to improve the availability or disaggregation of data on children. 47 countries have been recommended to improve data disaggregation, while 40 countries need to develop or include child-specific indicators in their national data collection frameworks or budgetary decisions. Furthermore, the availability of cross-national data is insufficient for many child-related Sustainable Development Goal (SDG) indicators and other measures of child well-being. Against this background, the TransMonEE partnership was established to enhance the generation, comparability, systematization, and integration of statistics and indicators on childhood and adolescence in Europe and Central Asia, as they are instrumental in improving the planning, implementation, monitoring, and evaluation of policies and programmes for children and adolescents.

TransMonEE annual meetings serve as a platform at which UNICEF, NSOs, and other key partners discuss and reflect on child-related data that is collected – or ought to be collected – by national statistical systems and how data collection systems can be improved to produce better-quality and comparable statistics. The purpose of this report is to provide contextualized analysis of the situation of children in alternative care and adoption in Europe and Central Asia on the basis of TransMonEE data and other sources.[5] It takes the form of an analytical report card that can be used for priority-setting and decision-making for international and national child protection policies and programmes and for achieving better outcomes for children, especially socially excluded children. The main audience of this report is regional partners, national governments, academia, and civil society actors, including care leaver associations and networks as well as child and youth advisory boards.[6]

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[5] Eurochild and UNICEF. 2021. DataCare Technical Report (DataCare Project), Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), national census data, outcome studies, qualitative research and UNICEF child protection system assessments, from national case management systems, and other available information from key child protection stakeholders in the countries.

[6] Certain EU countries have created youth advisory boards under the European Child Guarantee. See for example UNICEF ECA. 2022. Child and Adolescent Participation in the Child Guarantee.

ABOUT TRANSMONEE

Transformative Monitoring for Enhanced Equity (TransMonEE) is a research programme that was initiated by the UNICEF Innocenti Research Centre in 1992 to monitor child well-being and its economic and social determinants in countries 'in transition' in Eastern Europe. The programme evolved over time to focus primarily on the most disadvantaged children who face inequities in realizing their rights and who are often invisible in statistics, including children in alternative care. The main comparative advantage of TransMonEE is to serve as a platform for guiding discussions between NSOs (as the main data producers) and policymakers (as the main data users) on how to improve the availability, disaggregation, and use of data on children, particularly vulnerable children, which are usually not well captured in official statistics.

The TransMonEE database includes indicators on the number of children in formal alternative care for 30 countries in Central and Eastern Europe and Central Asia, with efforts underway to expand the network to other countries in the region. Data on children in formal alternative care are updated annually in collaboration with NSOs, covering 1989 to the present. Data on children in formal alternative care – disaggregated by sex, age group, and disability status – have been available since 2005. UNICEF's Europe and Central Asia Regional Office (ECARO) is continuously working with national partners to address issues concerning the comparability, quality, and coverage of the data reported in TransMonEE.

Source: UNICEF ECARO

It should be noted that – in keeping with the Guidelines on Alternative Care for Children (United Nations, 2009) – children in adoption are not considered to be in alternative care, as their legal and care situation is equivalent to that of children who are in the care of their birth parents. Children who enter adoption, however, usually do so from different types of alternative care, including pre-adoption placements with their future adoptive parents, so data on adoption is important as they provide information about the outcomes of alternative care for some children. Throughout this report, the term 'adoption' will only be used to refer to children who are legally adopted. Otherwise, the report focuses mainly on children in formal alternative care, which is made up of residential care (including family-type residential care homes) and family-based care (including foster care, kinship care and other types of family-based care, such as guardianship care).

UNICEF last issued a comprehensive regional report on the situation of children in alternative care and adoption in 2010 with 'At home or in a home', a report which was focused on the countries of Eastern Europe and the Caucasus. Since then, a draft sta-

tistical manual, including a core set of child protection indicators, was developed based on a comprehensive desk review, indicator testing, and regional consultation. The statistical manual includes a revised set of TransMonEE child protection indicators and was discussed and agreed upon at a TransMonEE meeting in 2019.[7] This report aims to follow up on the 2010 report and update the understanding of the situation, using data gathered in line with the revised statistical manual, while also reflecting on challenges relating to indicators and data on children in alternative care and ways that they can be addressed.

The changes to the TransMonEE indicators and data collection and reporting processes and protocols based on consultations and testing of indicators have resulted in data improvements in several countries in the region. To enable better use of the available data, there is a need to contextualize the data for a better understanding of the situation of children in alternative care and adoption in the region and, eventually for better policymaking. The TransMonEE indicators mostly fall within the 'Family Environment and Protection from Violence and Harmful Practices' domain of the new UNICEF (ECA) child rights monitoring framework which is intended to harmonize data collection across a range of domains and indicators relevant to global and European child rights frameworks.[8]

The availability, quality, and comparability of data and indicators on children in alternative care have been studied by the Conference of European Statisticians[9] and by Eurochild and UNICEF in their joint DataCare project.[10] The results show that the countries studied all collect some data on this group of children, but that methodological work and common guidelines for data collection and reporting are required to improve data quality and international comparability. There are also several European Union initiatives, such as the European Child Guarantee,[11] that identify children in alternative care as a group of children who are being left behind and facing disadvantages that create barriers to social inclusion and increase their risk of poverty. They too have highlighted the challenges of comparable data relating to children in alternative care. At the same time, they create an opportunity for countries to integrate this group of children into their national Child Guarantee action plans[12] and monitoring and evaluation frameworks[13] and to invest in data improvement actions.

This report draws on the findings and recommendations from all of these initiatives. There is a growing awareness in the child protection and child care

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[7] See Session 11 of the TransMonEE Network Meeting. 2019.
[8] Mahmudlu, S. 2022. Presentation on the UNICEF Child Rights Monitoring Framework. TransMonEE conference, Ankara, 1 November 2022.
[9] United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva.
[10] Eurochild and UNICEF. 2021. DataCare Technical Report.
[11] European Commission. 2021. COMMISSION STAFF WORKING DOCUMENT Accompanying the document Proposal for a Council Recommendation establishing a European Child Guarantee - Publications Office of the EU (europa.eu). Brussels.
[12] The national Child Guarantee action plans are published here: European Child Guarantee - Employment, Social Affairs & Inclusion - European Commission (europa.eu).
[13] For good practices across the European Union in integrating children in alternative care into national monitoring indicator frameworks, see here: Children in alternative care | UNICEF Europe and Central Asia.

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professional community globally that while access to good data can improve decision-making, statistical data alone have limited value in monitoring alternative care for children.[14] Official statistics tend to report on single episodes of care and offer a series of 'snapshots' at specific points in time.[15] TransMonEE data share these constraints as TransMonEE offers statistical data on children in alternative care at specific points in time and during specific periods of time (for example, the number of children entering a given type of alternative care during the year) but cannot offer information about outcomes for specific children or their pathway through the alternative care system. It can, however, through disaggregation by sex, disability, and age, begin to identify which groups of children in formal alternative care in different countries may need greater attention from decision-makers at all levels. As the guidance of the Conference of European Statisticians notes, administrative data 'cannot address information about outcomes nor about determinants of wellbeing for children in pre-, in-, and post-care'. Additionally, these data have limitations for international comparison due to their primary focus on gathering information for management and monitoring the performance of national systems. They can, nevertheless, offer timely, relatively low-cost basic information about children in alternative care including children outside family-based care who are not usually captured in census or household surveys.[16]

[14] See for example the Transforming Children's Care Global Collaborative Platform.
[15] Duncan, F. 2020. Care Review Scotland. Edinburgh. See also MacAlister, J., 2022. The Independent Review of Children's Social Care. United Kingdom.
[16] United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva.

After the 2019 revisions, the TransMonEE direct data collection from countries is limited to those indicators that concern potentially vulnerable groups of children, about whom it is not possible to find data elsewhere. Children in alternative care are one of these groups. The countries that directly participate in TransMonEE provide data from their systems of alternative care for children and adoption. Collecting and reporting disaggregated data on this group of children is part of the countries' reporting duties to the CCRC and the Committee on the Rights of Persons with Disabilities (CCRPD). The countries that are also European Union (EU) member states[17] additionally have reporting responsibilities relating to a number of indicators related to children (but not specifically children in alternative care) to the European Statistical Office (Eurostat), and they pursue European standards in their data management systems and government statistics in line, for example, with the European Statistics Code of Practice.[18] At the time of writing, there are no EU-wide reporting obligations on children in alternative care.

The Sustainable Development Goals do not have specific targets and indicators relating to children in alternative care or adoption, but all countries monitor SDG implementation, and some indicators and targets, especially those on violence against children, relate indirectly to the situation of children in alternative care. Evidence indicates that violence, neglect, and abuse are among the factors driving the placement of children in alternative care, and children in alternative care are more vulnerable to violence.[19] Where relevant and available, this report also draws on SDG monitoring data.[20]

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Factors leading to the entry of children into alternative care in the region are well documented and include social and economic factors such as poverty, the systematic exclusion of children with disabilities or children from ethnic or other minority groups, parents being in custody, and children being on the move as refugees or as economic migrants.[21]

[17] EU member states that have participated in TransMonEE in the past or continue to participate are Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.
[18] 2017 revised edition of the European Statistics Code of Practice can be found here.
[19] See for example Brodie, I. and Pearce, J. 2017. Violence and alternative care: a rapid review of the evidence. Psychology, health & Medicine, 2017 Vol. 22, no. s1, 254–265.
[20] UNICEF is a custodian or co-custodian for 18 SDG indicators, and mainly uses MICS to support governments to gather data for child-disaggregated monitoring, including through MICS surveys.
[21] See for example Cantwell, N. et al. 2012. Chapter 5 of Moving Forward: Implementing the Guidelines on Alternative Care for Children.

Other factors relate to the system of child protection, family support, and alternative care itself, with the ongoing challenge of strengthening the social work and social service workforce and developing policies and programmes that can prevent the need for placement into alternative care in the first place, as well as providing suitable alternative care for children who need it.[22] TransMonEE data alone cannot identify factors driving children into the systems of alternative care in the region, but they can provide analysis of the population of children currently in alternative care or entering adoption in terms of a range of characteristics such as age, sex, and disability. Survey and census data and thematic research or monitoring reports by child rights monitoring institutions can help to complete the picture provided by TransMonEE and, together they offer the opportunity for producing regular report cards that can address the following key questions:

About children in alternative care and in adoption in the ECA region:

- What do we know about the profile of children placed in alternative care and adoption? Are there particular groups who are over- or under-represented – by age, disability, sex, or other characteristics (such as migration status) – in different types of alternative care (residential or family-based care)?
- Are there significant differences between countries, forms of care, or subgroups of children that require the attention of decision-makers?
- What are the trends in rates of children in formal residential and family-based care and adoption? In entry and exit?
- What do we know about family support and prevention of unnecessary family separation, suitable alternative care, quality of alternative care, and reintegration/reunification with their family or family network?
- What do we know about outcomes for children in alternative care and care leavers?

About data systems:

- What are the national, regional, or international reporting requirements for countries in the region when reporting on children in alternative care, including the CRC, SDGs and CRPD?
- What lessons can be learned from global and regional child protection data system reforms? What progress is being made in the development of internationally endorsed norms, definitions, classifications and measurement tools for reporting on children in alternative care?
- Are there promising/good examples from inside or outside the region of sustainable family environment data ecosystems, data quality management, interoperable data systems, and linking of administrative data with survey-based data?

[22] See for example UNICEF ECARO. 2018. Literature Review on the Development of the Social Work and Social Service Workforce in Europe and Central Asia.

- What are priority actions for strengthening data systems and improving data in the region to effectively monitor and evaluate the results of family environment policies and programmes for children?

The report is broadly structured around these questions. Chapter 2 briefly presents the methods and constraints relating to the data used in the report from TransMonEE, as well as other sources. Chapter 3 offers the latest data on children in alternative care globally and how the ECA region fits into the global picture. Chapter 4 presents the findings from contextualized, secondary analysis of the latest TransMonEE data for 2021 (published in 2022) alongside, where relevant, other data sources. Chapter 5 presents a discussion of key lessons and issues related to alternative care data systems that can be drawn from the TransMonEE analysis as well as other data sources and initiatives. Chapter 6 presents key conclusions and recommendations for priority actions to strengthen alternative care data systems in the ECA region, building on work done.

2

Methods and data constraints

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The TransMonEE Family Environment and Protection indicators form part of the ECA Regional Child Rights Monitoring Framework. The aim of the framework is to rationalize and harmonize the organization and collection of data and analysis on children across all rights of children. The Family Environment and Protection indicators are part of five different sub-domains including the 'Children in alternative care' sub-domain (see the yellow section in Figure 1).

Figure 1. UNICEF ECA Child Rights Monitoring Framework

Source: UNICEF ECARO 2022.

The 'Children in alternative care' subdomain reorganizes previous TransMonEE child protection indicators related to alternative care into 30 indicators, which monitor the stock and flow of children aged 0-17 years and young adults aged 18-24 years in residential and family-based care with disaggregation by age, sex, disability and type of family-based care.[23]

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Indicators on the flow of children aged 0-17 years into adoption – as well as on other destinations of children and young adults aged 18-24 years leaving residential care and different types of formal family-based care – are also included.

The restructured indicators were introduced to NSOs and line ministries from participating countries at the TransMonEE network meeting in 2019. Since then, NSOs and line ministries have been working to gather data annually in a consistent way on the 30 indicators and to revise historical data in accordance with the current definitions of alternative care. This exercise is ongoing, and some countries have been able to complete both the revision of previous datasets and provide disaggregation according to the TransMonEE guidance. Others have only partially completed the review and are still not able to provide disaggregation for all indicators for sex, age and disability.

TransMonEE is trying to encourage and facilitate the strengthening of national administrative data systems to be able to provide more robust and granular data than previously on the system of alternative care. TransMonEE provides guidance on how to enter data and, for example, avoid double-counting of children who move between care placements in the same part of the system (such as from one residential care facility to another) during the year. The TransMonEE approach to data collection is led by NSOs, which gather monitoring data from ministries with responsibility for alternative care – including alternative care for children for the purpose of receiving education or health services – and enter them into the

[23] Disaggregation was introduced for young adults aged 18-24 years, as many governments were counting young adults in residential or other alternative care as 'children' when the definition of 'child', in accordance with the CRC and the TransMonEE statistical manual, is girls and boys aged 0-17 years inclusive (that is, up to their 18th birthdays).

TransMonEE template. Their role is important because alternative care is often inter-sectoral in nature, with some types of family-based care or residential care located under social protection ministries and others located within education or health or other ministries such as justice, depending on how the government is structured. This can lead to gaps in important data, and it can make the assessment of some aspects of alternative care very difficult. NSOs can play a role in ensuring that data are gathered across all sectors and address the challenges of siloed approaches to producing data related to children noted by many researchers and statisticians.[24] NSOs can further play a critical role in assessing statistics based on administrative data and setting standards for the quality assurance of administrative data for official statistics.[25]

The data provided by NSOs to TransMonEE are validated in exchanges between the regional TransMonEE data manager and the national team, comprising NSOs, UNICEF country offices, and line ministries. The ECA TransMonEE team collects national data into the TransMonEE dataset and publishes it following the validation process.

Ministries are not always able to gather data in accordance with the template, as they have existing administrative and data management systems which have not been restructured to meet the expectations of the TransMonEE guidance. A typical example is that most countries in the region gather data by age groups at the national level linked to education or health policies and labour regulations, such as 0-3 years, 4-6 years, 7-14 years, and 15-19 years. This means that many of the national datasets are incomplete with gaps in disaggregation, as TransMonEE requires countries to report on individual ages at the national level.

This report analyses the data for the indicators and countries that are available and notes where there are gaps. Weighted regional averages have not been calculated for this report, but where relevant, the central tendency is illustrated by providing the median value for the available data.

These challenges in collecting data on children in alternative care are not limited to the Eastern European and Central Asian countries reporting data to TransMonEE. As noted previously, in studies examining data collection, information manage-

[24] OECD. 2021. Measuring What Matters for Child Well-being and Policies.
[25] See for example: Quality Assurance of Administrative Data – Office for Statistics Regulation (statisticsauthority.gov.uk).

ment systems, and national indicators on alternative care, Eurochild and UNICEF's DataCare project and the Conference of European Statisticians have both documented similar challenges in Western European and North American countries.

There is an emerging consensus globally on a need to find solutions for monitoring progress in policy implementation and outcomes for children in alternative care, including consistency in defining indicators and data collection methods, including in household and other surveys such as censuses and residential care surveys.[26]

GLOSSARY OF TERMS USED IN THIS REPORT

Alternative care may take the form of informal or formal care (Guidelines on Alternative Care for Children, 2009, paragraph 29, page 6).

Informal care is any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Formal care is all care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

In this report the following definitions from the TransMonEE templates are used, and full definitions can be found in the UNICEF ECA Statistical Manual for a Core Set of Child Protection Indicators:

Formal residential care is provided full-time, temporarily, or for a defined period by paid and/or unpaid staff in a group setting (non-family based) where some children live and receive care (including in private facilities), whether or not as a result of administrative or judicial measures. Parental rights may or may not have been (fully) transferred to the state in the case of these children. This also includes relinquishment, which refers to situations where the parent(s) surrender their parental rights voluntarily and to situations in which parents are temporarily unable or not in a position to care for the child (such as where one or both parents are in prison, or children are temporarily left behind by migrating parents).

[26] United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva; UNICEF Protocol and Tools for a National Census and Survey on Children in Residential Care. 2022; USAID Data4Impact project; Eurochild and UNICEF. 2021. DataCare Technical Report.

Formal family-based care comprises foster care, kinship care, and other family-based care.

Formal foster care: situations in which children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved, and supervised for providing such care.

Formal kinship care: family-based care within the child's extended family or with close friends of the family known to the child. Formal kinship care means that the care has either been ordered by a competent administrative body or judicial authority or that a competent authority has been notified by the parents and/or caregiver of the care arrangement.

Other forms of formal family-based care: across the region of ECA, there are many different forms of formal family-based care and countries use different terms to describe these forms of care. Some of these can be easily subsumed under the two categories above (formal foster care and formal kinship care). "Guardianship care" is a form of formal family-based care and encompasses care arrangements in which a child is being cared for and living with the person appointed by a competent authority as guardian for the child. In many such cases, the guardian is related to the child, so in certain countries, children in formal guardianship care would be subsumed under formal "kinship care".

Source: TransMonEE Definitions and Guidelines and Guidelines on Alternative Care for Children, 2009

3

Overview of children in alternative care in the region and globally

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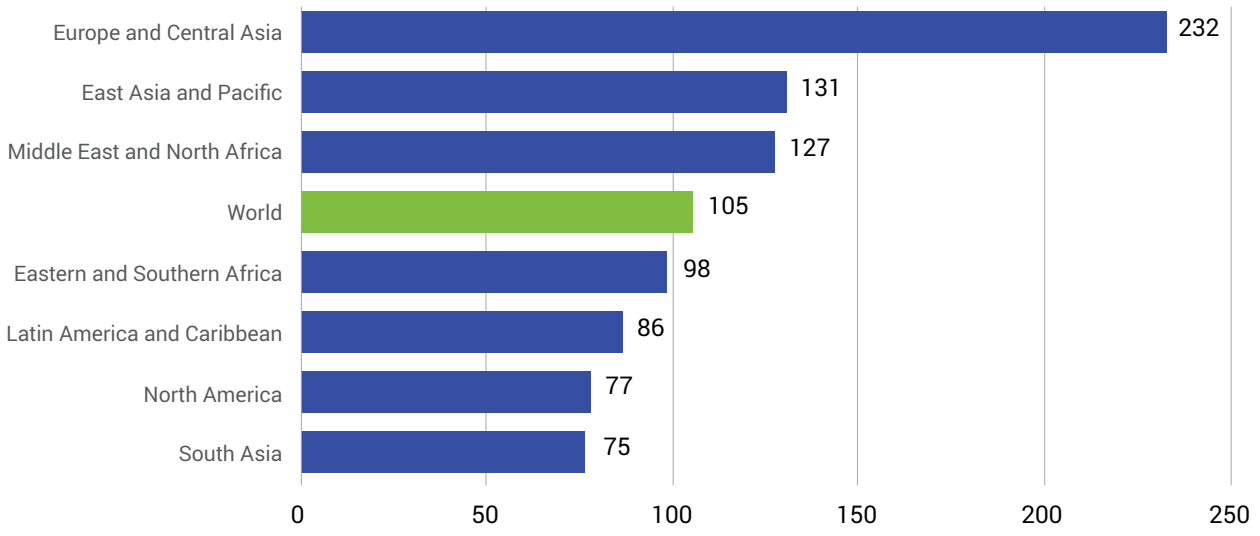
Residential care

Comparing the prevalence of children in residential and other forms of alternative care is notoriously difficult. Different definitions of different types of care mean it is not always possible to compare like with like. The availability and reliability of data are also challenging.[27]

According to data from national surveys and social service administrative records collected by UNICEF country offices, the ECA region (based on data from 36 countries out of 55 countries in the UNICEF ECA region) still has the highest rate of children aged 0-17 years in residential care of all regions in the world (see Figure 2).

Figure 2. Rate of children in residential care in different regions and the world, data from 2010 to 2022 (per 100,000 population aged 0-17 years)[28]

Source: UNICEF global database, July 2023, accessed here.



[27] United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva; Eurochild and UNICEF. 2021. DataCare Technical Report.

[28] World estimates based on 131 countries with 76 per cent of the world's population aged 0-17 years; East Asia and Pacific based on 13 countries with 91 per cent of the regional population aged 0-17 years; Europe and Central Asia based on 36 countries with 77 per cent of the relevant population of children; Latin America and Caribbean – 36 countries / 100 per cent; Middle East and North Africa – 9 countries / 65 per cent; North America – 1 country / 91 per cent; South Asia – 7 countries / 84 per cent; Eastern and Southern Africa – 14 countries / 61 per cent.

Disaggregated data for ECA show that the rate of children in residential care in Western Europe is by far the highest in the world, with 294 per 100,000 children, and surpasses the rate of 204 per 100,000 children for Eastern ECA.

However, UNICEF considers these estimates to be the 'tip of the iceberg', as they are based on underlying reported country figures drawing on official administrative records (which are of varying quality and levels of completeness).

The administrative data used in Figure 2 also have limitations relating to availability, consistency, and coverage. Countries may use different definitions of the population in question, both by age and by definitions of the type of care in which they are living, and they may not include some types of residential care. These data, therefore, provide at best an approximate indication of how well a country's data system can generate and make available a count of the population of children in residential care to calculate the estimated rate. In addition, higher reported figures may, in fact, reflect a functioning system for identifying and monitoring children in residential care and greater capacity for the systematic collection of such data, rather than high rates per se. The data do not include children living in formal or informal family-based care.[29]

These challenges in the collection and interpretation of alternative care system data are consistent with the findings of the work of the Task Force on Statistics on Children, Adolescents and Youth of the Conference of European Statisticians[30] and the DataCare project[31] both of which documented indicators used for children in alternative care, both residential and family-based care, and found widely varying definitions of different types of residential and family-based care, of 'child' by age, and of other variables. The variation of definitions means comparison between countries even within one region can be considerably constrained. The DataCare project also utilized publicly available administrative data to calculate values for key stock indicators for children in alternative care. For example, the rate for children in residential care is 536 per 100,000 population aged 0-17 years in Finland[32]

[29] UNICEF Data. 2022. Datasheet notes.
[30] Task Force on Statistics on Children, Adolescents and Youth
[31] Eurochild and UNICEF. 2021. DataCare project.
[32] Note that country names in this report are aligned with those used in the TransMonEE database. Names of countries, which are not members of TransMonEE have been adjusted accordingly.

and 570 in Germany.[33] These country-specific rates are four to five times higher than the UNICEF estimated global rate and also higher than the estimated rate for other European and Central Asian countries shown in Figure 2.

A 2019 study developed a methodology for estimating the prevalence of children living in institutions across the globe based on a systematic review of peer-reviewed publications and a comprehensive review of surveys and other literature.[34] The study states that children living in institutions are at high risk of harm, citing a range of studies and research on the impact of institutional care on child and adolescent development, which results in long-term poor outcomes. As part of the data review, the researchers were able to identify enough data for the year 2015 to use in various statistical models to impute missing values and generate estimates for 191 countries, ranging from 3.2 million children in residential care globally to 9.4 million. The study concluded that millions of children are placed into harmful forms of residential care around the world, but high levels of uncertainty about the actual numbers of children indicate a need for consensus on definitions of residential care and standard indicators that can enable the collection of comparable data globally.[35]

UNICEF has developed a tool for surveying children in residential care who are otherwise left out of household surveys, such as Multiple Indicator Cluster Surveys (MICS) or Demographic and Health Surveys (DHS). The survey tools adapt twelve MICS modules to children in residential settings.[36] Results reported in a 2021 article indicate that further work is needed to adapt and sensitize the tools to the population of children in residential care but that the tools can be adapted to different country contexts and offer an opportunity for gathering data to fill gaps in knowledge about this population of children, including the reasons for entry into residential care.[37]

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[33] DataCare Project Country Overviews can be found in Annex 3 of the DataCare Technical Report – page 106 for Finland and page 110 for Germany.
[34] The study included estimates from settings referred to as institutions, institutional care, public or societal care, residential care, orphanages, and children's homes and excluded estimates from settings referred to as foster care.
[35] Desmond C, Watt K, Saha A, Huang J, Lu C (2019). Prevalence and number of children living in institutional care: global, regional, and country estimates. Lancet Child Adolescent Health 2019.
[36] UNICEF Protocol and Tools for a National Census and Survey on Children in Residential Care. 2022.
[37] Cappa, C., Petrowski, N., Deliege, A., Rafiq Khan, M. (2021): Monitoring the situation of children living in residential care: data gaps and innovations, Vulnerable Children and Youth Studies, DOI: 10.1080/17450128.2021.1996669.

Family-based care

Given the challenges of gathering data that use common definitions and units, rates for children in formal family-based care and formal alternative care overall are difficult to determine. A 2017 study[38] gathered data from UNICEF country offices and reviewed other literature to generate estimates of the numbers of children in formal family-based care alongside estimates for children in residential care that have since been updated by the data presented in Figure 2.[39] This method found 88 countries with data on both residential care for the years 2001 to 2017 and family-based care for the years 2006 to 2017, and generated rates of children in residential and family-based care for countries in ECA,[40] the Middle East and North Africa (MENA), and industrialized countries (39 mostly high-income countries)[41] as presented in Table 1.

Table 1. Rates of children in formal family-based and residential care in ECA and MENA regions and industrialized countries based on data from 2001 to 2017 (per 100,000 population aged 0-17 years)

Source: Petrowski et al, 2017.

	Family-based care rate, 2006-2017	Residential care rate, 2001-2017	Total rate of children in formal alternative care
ECA region countries	790	666	1,456
Industrialized countries	399	192	591
MENA region countries	31	126	157

[38] Petrowski, N., Cappa, C., Gross, P., 2017. Estimating the number of children in formal alternative care: Challenges and results. Child Abuse and Neglect 70 (2017) 388-398. Elsevier. Retrieved from: https://doi.org/10.1016/j.chiabu.2016.11.026.
[39] UNICEF, 2023. Children in alternative care.
[40] The ECA countries in this analysis included: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, the Republic of Moldova, Romania, the Russian Federation, Serbia, Tajikistan, North Macedonia, Türkiye, Turkmenistan, Ukraine and Uzbekistan.
[41] Industrialized countries in this analysis included: Andorra, Australia, Austria, Belgium, Canada, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, the Holy See, Hungary, Iceland, Ireland, Italy, Israel, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, the Netherlands, New Zealand, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

These estimates show that the rate of children in formal family-based care was higher in ECA region countries and the industrialized countries than in residential care. In the industrialized countries, the rate of children in formal family-based care was twice that of the residential care rate, but in the ECA region, only just over half (54 per cent) of children in formal alternative care overall were in family-based care. In the MENA region the rate of children in formal family-based care was a quarter of the rate in residential care. The study also confirmed the gaps in data on children in formal alternative care, the likelihood that the numbers of children in both residential and family-based care were underestimated, and the need to support countries to define this population of children and systematically count them and monitor and report on their situation.

In an effort to improve the comparability and quality of the child protection data, TransMonEE issued new guidance on the collection of data on children in alternative care and adoption in 2019, including improved definitions, and by December 2022, 27 countries in the ECA region had partially or fully revised historical data and begun to collect new data using the revised definitions and indicators.

In some cases, this has created breaks in data series and deletion of historical data which included, for example, residential care data disaggregated by type and data on the number of children left without parental care during the year. This, nevertheless, represents an important step towards supporting a more consistent and systematic collection of data on children in formal alternative care and in adoption across the region and resonates strongly with other work conducted in Europe and globally to strengthen data on children in alternative care and in adoption. The next chapter brings together the most up-to-date TransMonEE data with data from other sources, including MICS surveys and the DataCare study, which reviewed publicly available government data on children in alternative care.

4

Findings from secondary analysis of TransMonEE country data and other data on children in alternative care

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This chapter analyses the TransMonEE data published in 2022 for 2021 and provided by countries in the ECA region, as well as DataCare country reports and other reports, to identify key trends in relation to three basic indicators for monitoring the situation of children in alternative care. The DataCare project and the Task Force on Statistics on Children, Adolescents and Youth of the Conference of European Statisticians found that data is largely available in EU and TransMonEE countries for these indicators, which are part of a minimum set of core child protection indicators promoted by UNICEF for ECA. These are the following stock indicators for a given point in time:

1. Number and rate of children in formal alternative care.
2. Number and rate of children in formal residential care.
3. Number and rate of children in formal family-based care.

These indicators also permit the calculation of the percentage of children in residential and family-based care, which is a fourth indicator recommended by DataCare:

4. Percentage of children in residential care of the total number of children in formal alternative care.

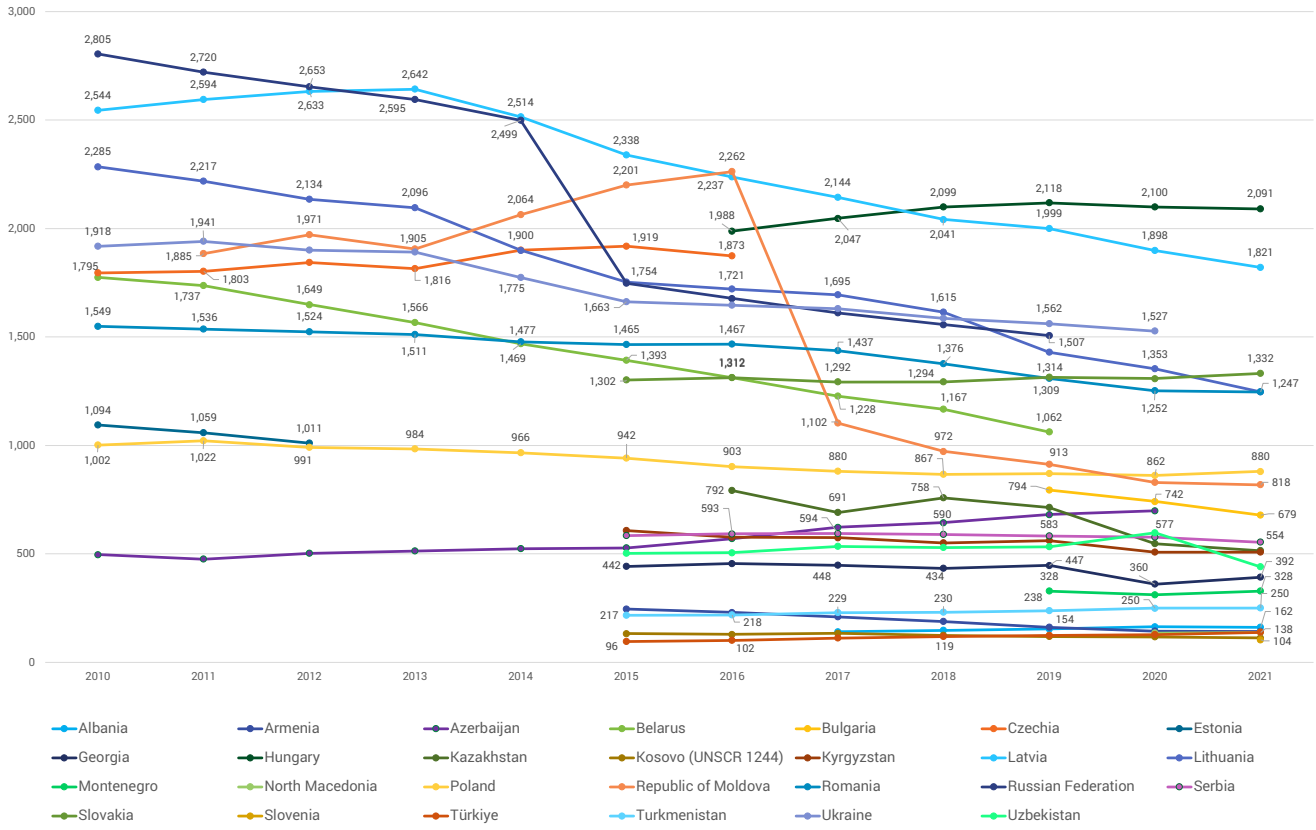
For other TransMonEE indicators – including disaggregation by sex, age, disability as well as flow data for each type of family-based and residential care – data are less readily available across multiple countries, and data comparability is more challenging, but analysis of available data is also provided.

4.1 Children in formal alternative care

The rate of children in formal alternative care is not changing substantially in most countries in the region. Figure 3 illustrates that for most countries providing data to TransMonEE, the overall formal alternative care rate has not substantially changed between 2010 (or 2015) and 2021.

Figure 3. Rate of children in formal alternative care for 27 countries in ECA region 2010-2021 (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. Note that certain countries deviate from standard definitions, and, in other cases, there are breaks in time series data. For more details, see TransMonEE data query.



In some cases, such as in the Republic of Moldova, changes in the inclusion criteria for formal family-based care affected the indicator, as the Republic of Moldova decided to exclude children in informal or private kinship care arrangements from its definition of children in formal family-based care in 2017.

At the same time, childcare reforms have been ongoing for many years in the Republic of Moldova since the approval in 2003 of the National Strategy on Child and Family Protection for 2003-2008 and then in 2007 of the National Strategy and Action Plan for the Reform of the Residential Childcare System 2007-2012.[42] During the implementation of the latter, the number of children living in residential care halved from around 12,000 in 2007 to 5,600 in 2012, which affected the overall number of children in formal alternative care.[43] By 2015, the population of children in formal alternative care continued to reduce, but much more slowly, as reforms started to address those who have been left behind, mainly children with disabilities. According to the Situation Analysis, there were 676 children in residential care in 2021, with the most common causes documented as neglect, excessive alcohol consumption by parents, the inability of parents to care for children, domestic violence, disability of the child, and death of parents or caregivers.[44] Otherwise, Figure 3 largely shows few changes over time in the rate of children in formal alternative care for most countries for which data is available. There are some exceptions where there is a notable percentage decrease in the rate of children in formal alternative care between 2015 and 2021, suggesting real changes in this population of children (Figures 4 and 5).[45]

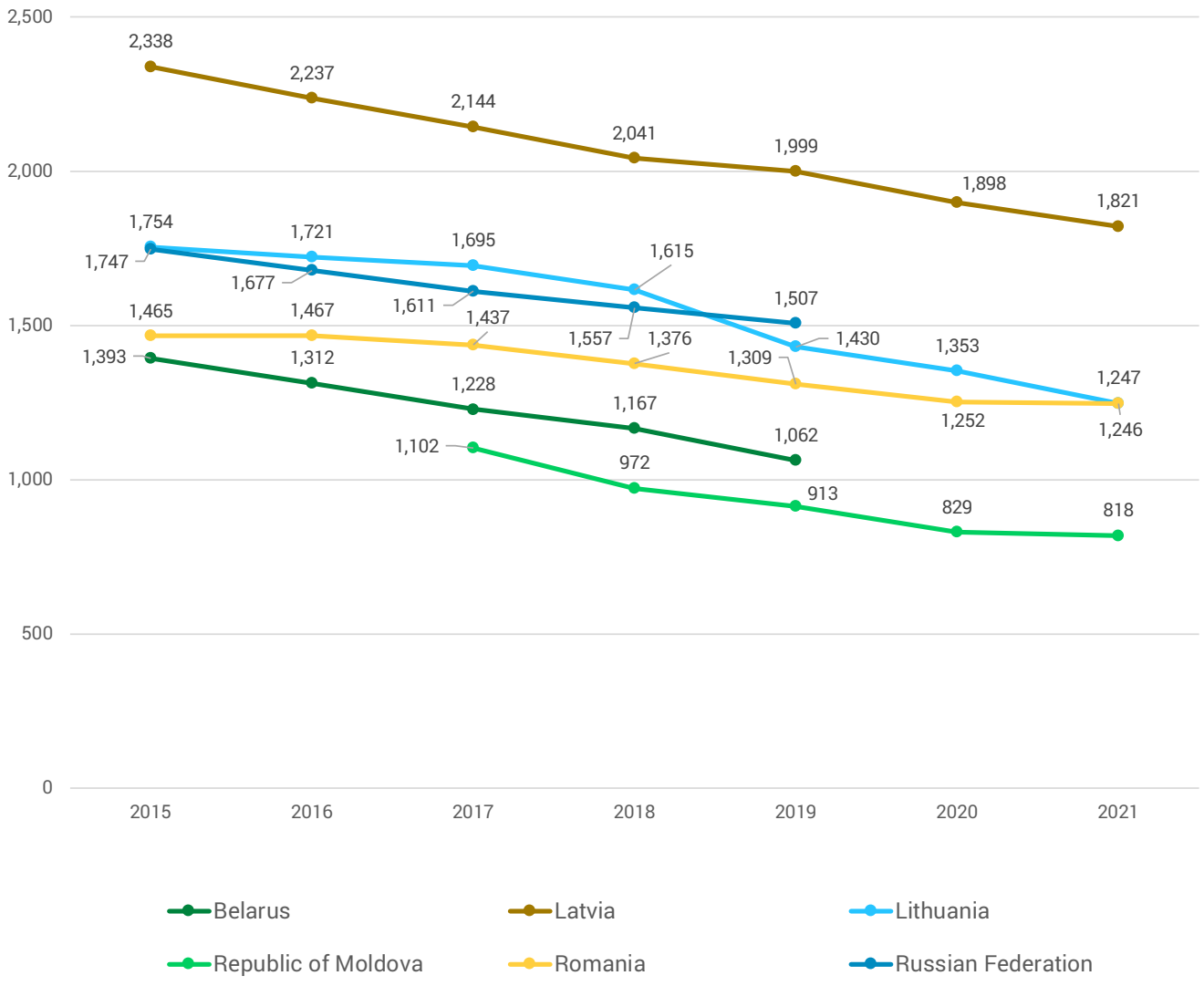
These changes from 2015 to 2021 can be noted among some of the countries with higher rates of children in formal alternative care: Belarus, Latvia, Lithuania, the Republic of Moldova, Romania, and the Russian Federation. This suggests that concerted efforts at reform, including the introduction of gatekeeping and

[42] Evans, P. 2012. Evaluation Report: Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012. UNICEF Moldova. Chisinau.
[43] Ibid.
[44] Catholic Relief Services. 2021. Situation Analysis of Care Reform in the Republic of Moldova. Changing the Way We Care. Chisinau.
Note that the data provided in the Situation Analysis differs from the data reported by the NSO of the Republic of Moldova to TransMonEE in 2021, which is 828 children in residential care at the end of the year.
[45] Montenegro (2019-2021), Poland (2015-2021), Serbia (2015-2021) and Ukraine (2015-2020) also show a decrease, but of a value less than ten per cent or over fewer than five observations.

increased attention to prevention and family support services, and especially in some of the countries that have had high rates of children in formal alternative care may be resulting in an overall reduction in the rate of children in formal alternative care.[46]

Figure 4. Decreasing rate of children in formal alternative care between 2015 and 2021 in six countries with an initial rate of 1,000 children or above (per 100,000 population aged 0-17 years)

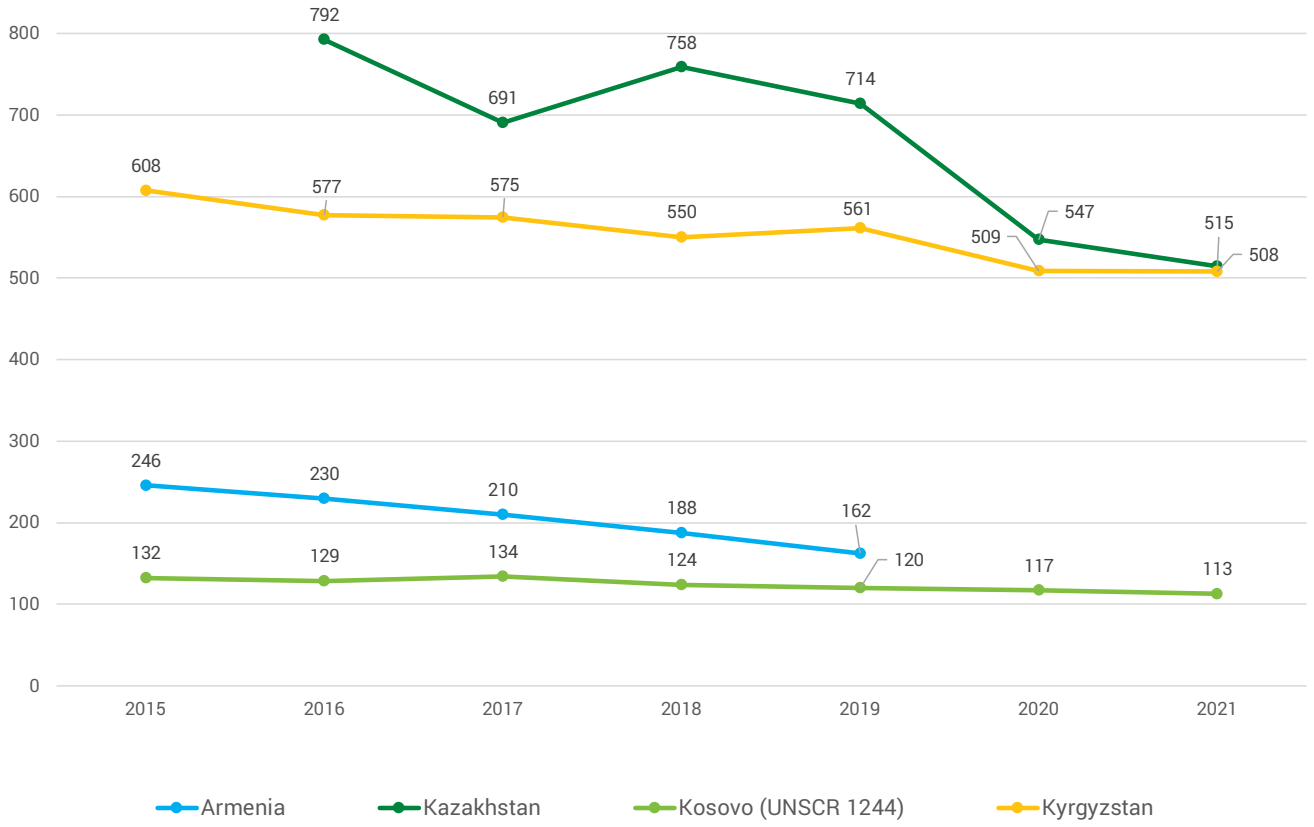
Source: TransMonEE, 2022. Note that only countries with a decrease of more than ten per cent over five or more observations are included, while observations following breaks in time series are excluded. For more details, see TransMonEE data query.



[46] Lithuania adopted a seven year action plan in 2014 to transition to community-based care for people with disabilities, and to family-based care for children without parental care (Opening Doors, 2018); Latvia adopted Cabinet Regulations on the Implementation of Deinstitutionalization and an Action Plan Deinstitutionalization in 2015 (Opening Doors, 2018); Romania has been engaged in ongoing childcare system reforms for over 30 years and the National Strategy for the Promotion and Protection of Children's Rights 2014-2020 set targets to close all large, old institutions and replace them with community-based care services for children.

Figure 5. Decreasing rate of children in formal alternative care between 2015 and 2021 in four countries with an initial rate below 1,000 children (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. Note that only countries with a decrease of more than ten per cent over five or more observations are included, while observations following breaks in time series are excluded. For more details, see the TransMonEE data query.



Countries with low rates, below 1,000 children per 100,000 population aged 0-17 years (for example, Armenia, Kazakhstan, Kosovo (UNSCR 1244) and Kyrgyzstan in Figure 5) also demonstrate a reduction, although comparatively less marked than the higher-rate countries, over the period 2015 to 2021. This could be because reforms prior to this period have already resulted in a low rate of children in formal alternative care, as the child protection system has strengthened, and only those who need to be in formal care are entering.[47]

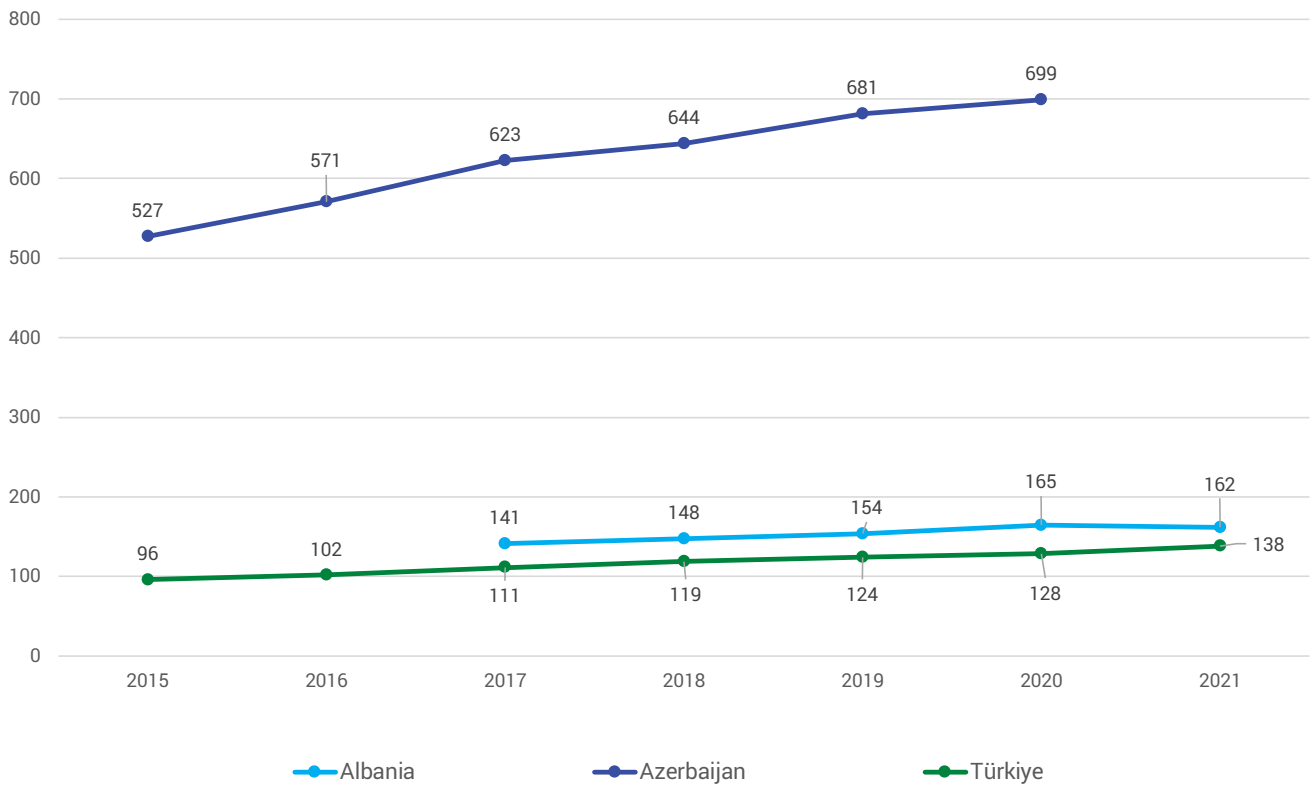
There are three TransMonEE countries where an increase can be noted in the formal alternative care rate between 2015 and 2021 (Figure 6).[48]

[47] Kyrgyzstan introduced a Child Code in 2012 (updated in 2021 and awaiting enactment) that set out a vision to gradually eradicate residential institutions for children, strengthen support to families, and develop the social service workforce in the community (UNICEF. 2021. Situation of Children in Kyrgyzstan. Bishkek).

[48] Note that Georgia (2015-2019), North Macedonia (2020-2021) and Uzbekistan (2018-2020) also show an increase, but of a value less than ten per cent or over fewer than five observations.

Figure 6. Increasing rate of children in formal alternative care in three countries between 2015 and 2021 (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. Note that only countries with an increase of more than ten per cent over five or more observations are included, while observations following breaks in time series are excluded. For more details, see TransMonEE data query.



It is difficult to interpret the increases in countries in Figure 6 without looking in more detail at their national contexts. For example, Azerbaijan is showing a 33 per cent increase in the rate of children in formal alternative care per 100,000 population aged 0-17 years between 2015 and 2020. This is the result of increasing numbers of children in general boarding schools in the country. These children are mainly children without disabilities and who still have one or both parents but are placed in general boarding schools due to poverty, divorce, lack of parental responsibility, and a general lack of sustainable community-based social services, including day-care services, for children from vulnerable families.[49] The increases in the formal alternative care rates in Türkiye[50] (44 per cent increase) and Albania[51] (14 per cent increase) between 2015 and 2021 could be the result of child protection system reforms that may be identifying more children in need of formal alternative care placements.

[49] Communication from UNICEF Azerbaijan Country Office, 16 February 2023.
[50] UNICEF Türkiye documented the closure of large institutions in Türkiye and the introduction of social and economic support for children in poor families. These reforms accompanied strengthening of the child protection system with outreach into schools and families by mobile teams of social workers who are tasked with identifying children in need of protection and family strengthening services.
[51] See UNICEF Albania child protection page for an overview of child protection system reforms.

In other countries, such as Uzbekistan, there are breaks in the data series hampering trend analysis. Trend analysis is critical, though, particularly in a context like Uzbekistan, which faces divergent developments. On the one hand, the country has high levels of parents in labour migration resulting in many children being left behind in kinship care. These children and their carers may not receive the support services they may require. Remittances from the children's parents may also not compensate for other social and psychological challenges in providing care, possibly resulting in an increased need for alternative care placements.[52] On the other hand, the UNICEF Uzbekistan Country Office notes that, as of the end of 2021, children from residential care institutions were being moved to family-type children's homes under the responsibility of the National Guard or reunified with families of origin.[53] The latter measure could result in a noticeable reduction in the number of children in formal residential care if not cancelled out by other factors, such as an increased need for alternative care due to labour migration.

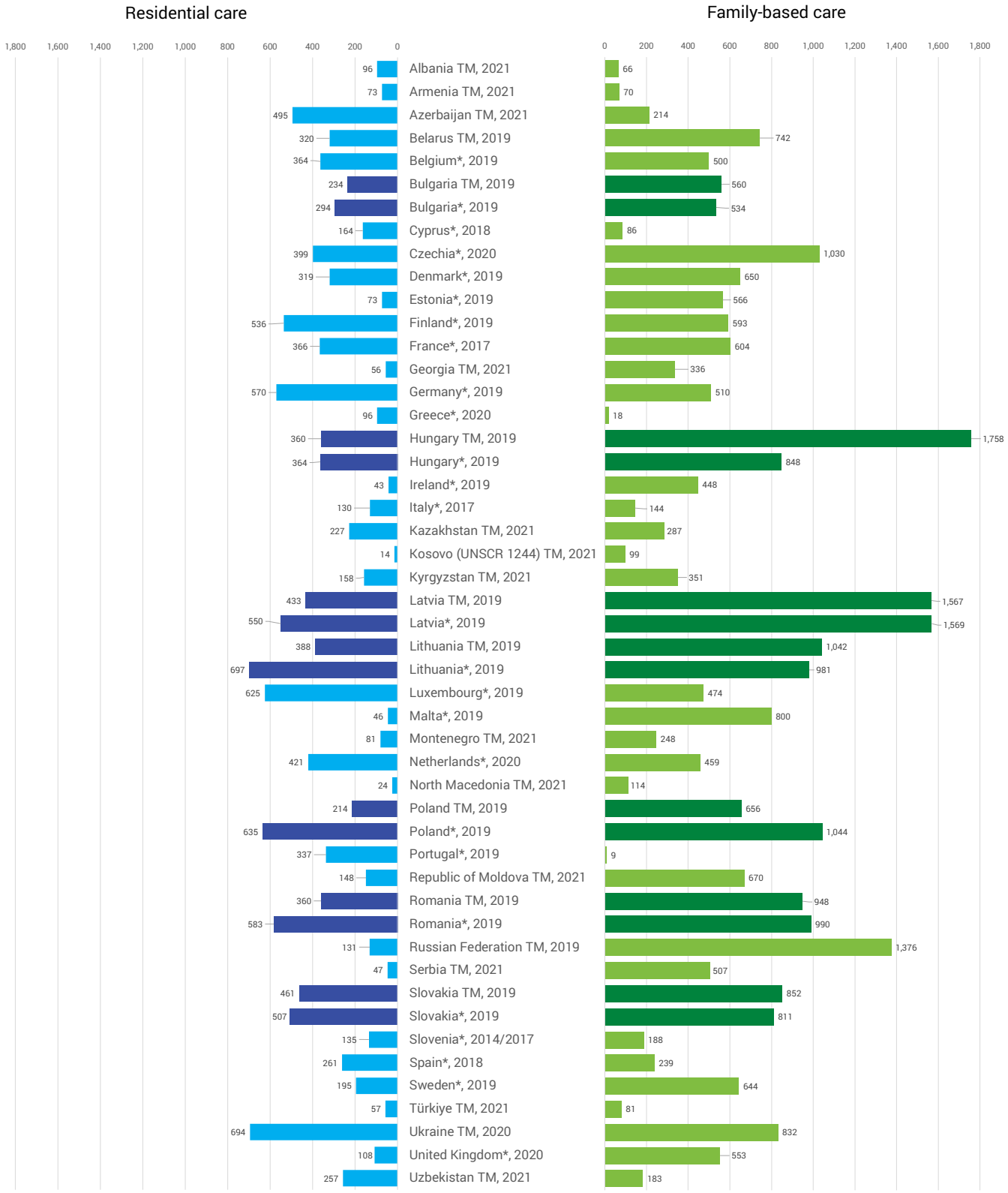
The DataCare project calculated different formal alternative care rates for several countries that participate in direct data collection for TransMonEE, as well as for a range of other countries that do not participate, offering an opportunity for benchmarking across a range of countries.

The differences in formal alternative care rates between the DataCare project and TransMonEE can be explained by differences in definitions, different data sources, and in some cases, different years. It is notable that several countries in western parts of the European Union seem to have higher formal alternative care rates than those in eastern parts of the EU (see Figure 7).

[52] UNICEF Uzbekistan, European Union. 2019. Effects of Migration on Children of Uzbekistan. Tashkent.
[53] Communication from UNICEF Uzbekistan country office, March 2023. Note that TransMonEE data for 2022 were unavailable at the time of report writing.
[54] Eurochild and UNICEF. 2021. DataCare Technical Report, page 43 Box 8.

Figure 7. Rate of children in formal residential and family-based care for 42 countries in the ECA region, including 25 EU countries and the United Kingdom (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022; DataCare Technical Report, 2021. The figure includes 7 DataCare EU countries, denoted*, that also participate in TransMonEE, denoted TM. For more details on the former, see TransMonEE data query.



Differences in data recorded for both datasets by countries are highlighted with a darker shade in Figure 7. In these cases, there are likely to be differences in the types of formal family-based or residential care settings that have been included in the relevant datasets and in the values for the population of children aged 0-17 years used to calculate the rate. This highlights the ongoing challenges in the gathering and use of reliable data on children in alternative care and the need for common definitions and standardized data collection protocols.

For example, it is possible to see, in the case of Hungary, that the difference lies mainly in the family-based care rate, while for Bulgaria, Latvia, Lithuania, and Romania, it is in the residential care rates. In Poland, there are differences in both rates. These differences point to definitions that may need clarifying and metadata reviewed within ministries or NSOs in the respective countries.

Several countries can be noted in Figure 7 where the residential care rate is higher or around the same as the family-based care rate: these include Albania, Armenia, Azerbaijan, Cyprus, Germany, Greece, Portugal, Spain, and Uzbekistan. This suggests that measures may be needed to ensure that a full range of suitable formal family-based care options is available for children in need of alternative care. Given, however, the data limitations that are noted in both the DataCare and the TransMonEE datasets, more in-depth investigation is required prior to drawing any final conclusions.

The size of residential care facilities varies across the EU countries and the United Kingdom. Some countries only have small group homes with official caps on the number of children who can be residents – for example, in Malta, there can be no more than eight children in any residential unit, while in Hungary, the cap is 48 children, and in Spain, a facility with 25 children would be considered large. In some countries, there are no official maximum numbers, but there is common practice: for example, in the United Kingdom, most residential units are no bigger than four children, and more commonly 2-3 children are residents at any one time.[54]

[55] Delgado, P., et al. 2018. Family contact in foster care in Portugal. The views of children in foster care and other key actors. Child and Family Social Work. Volume 24. Issue 1, pages 98-105.

Portugal stands out among the countries in Figure 7, with 95 per cent of children in formal alternative care living in residential care. Formal foster care is underdeveloped in Portugal,[55] but there are children in formal kinship care arrangements who are not counted as being in formal family-based care as kinship care was re-defined as 'family-strengthening' in 2008. If the international definition of formal family-based care is applied, then the share of children in formal family-based care would be around 28 per cent, as it was in 2006 before this change of definition occurred (and therefore, the share of children in formal residential care would be closer to 72 per cent).[56]

Residential care facilities in some EU member states may be highly specialized for children, for example, in late adolescence, for whom family-based placements may not be suitable or needed. In Germany, for example, after years of little or no change, the number of children and young adults, especially boys, in formal alternative care rose sharply in 2013 (by around 25,000 or 68 per cent), and it has continued to increase, with unaccompanied and separated refugee and migrant children a major factor in this increase of children in formal residential care.[57] Many countries do not include temporary residential care placements (temporary shelters and transit centres) in the system of formal residential care.[58]

The DataCare project documented eight EU countries[59] that do not monitor children with disabilities within the system of formal alternative care. This means it is not possible to disaggregate indicators on children in formal alternative care for children with disabilities in these countries.

DataCare project findings also highlighted a lack of clarity about what type of residential facility should be counted as providing formal alternative care, especially in relation to children with disabilities living in residential boarding schools or health facilities. While these children are in fact living in residential care, they are not placed because they are at risk of harm in their family situations. In some countries, this means that they are not considered to be in the system of formal alternative care and therefore are excluded from statistics on children in formal alternative care.[60]

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[56] Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, page 24.
[57] Ibid, pages 22-24.
[58] Eurochild and UNICEF. 2021. DataCare Technical Report, page 45 Box 9.
[59] Ibid, page 84 Annex 2: No data points for children with disabilities are reported for Belgium-German speaking (Gsc), Belgium-Wallonia-Bruxelles (WB), Denmark, Estonia, Finland, Germany, Netherlands, Slovenia, Sweden.
[60] Ibid, page 44.

4.2 Children in formal residential and family-based care

DECREASING USE OF RESIDENTIAL CARE AND INCREASING USE OF FAMILY-BASED CARE – BUT NOT FOR ALL CHILDREN AND NOT IN ALL COUNTRIES

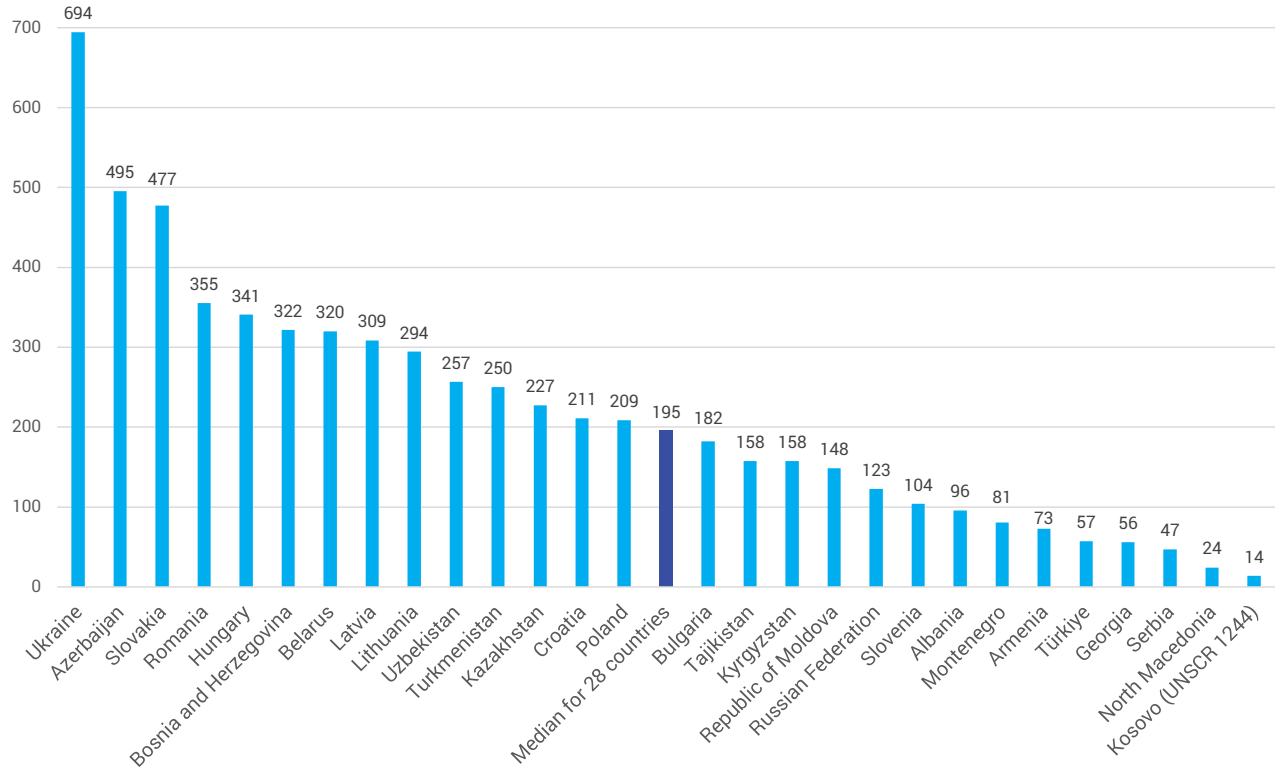
While the overall rate of children in formal alternative care in most countries providing data to TransMonEE seems to not have been changing substantially in the last ten years (see Figure 3), the residential care rate has been changing.
'At home or in a home'[61] reported that the countries with the highest rates of children in residential care in 2007 were Kazakhstan, with 1,703 children per 100,000 population aged 0-17 years, the Russian Federation with 1,266 children, Belarus with 1,253 children, the Republic of Moldova with 1,215 children and Kyrgyzstan with 1,101 children. On average, an estimated 859 children per 100,000 population aged 0-17 years were in residential care across the region, according to the 2010 report. The report sounded the alarm that placement rates into residential care and formal alternative care as a whole were increasing, calling for concerted efforts to work towards deinstitutionalization and a reduction of the rate of children in residential care across the region.

Fourteen years later, TransMonEE data for 2021 indicate a different situation (see Figure 8). The highest residential care rate in the region has fallen below 700 children per 100,000 population aged 0-17 years. This means that all 28 countries are now below the estimated average rate for 2007 of 859 children per 100,000 population aged 0-17 years[62]. Compared to the 2007 rate, the Belarus rate is about a quarter of what it was, and the Kazakhstan rate has reduced more than seven-fold.

[61] UNICEF. 2010. At home or in a home: Formal care and adoption of children in Eastern Europe and Central Asia. Geneva.
[62] Ibid, page 5.

Figure 8. Rate of children in residential care in 2021 for 28 countries (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. Note that for the Russian Federation and Ukraine, the rate refers to the latest available data from 2020 and Belarus data is from 2019. For more details, see TransMonEE data query.



However, the validity of these rates is still open to further review. Certain countries now only report children who have the status of being without parental care as being in formal alternative care, even though the TransMonEE guidance is clear that all children living in formal residential care for more than a few nights should be counted whether they have legally lost parental care or not. Children living in residential care settings for long periods without contact with their families but who formally still have the status of being in parental care may not be counted in these data for some countries.

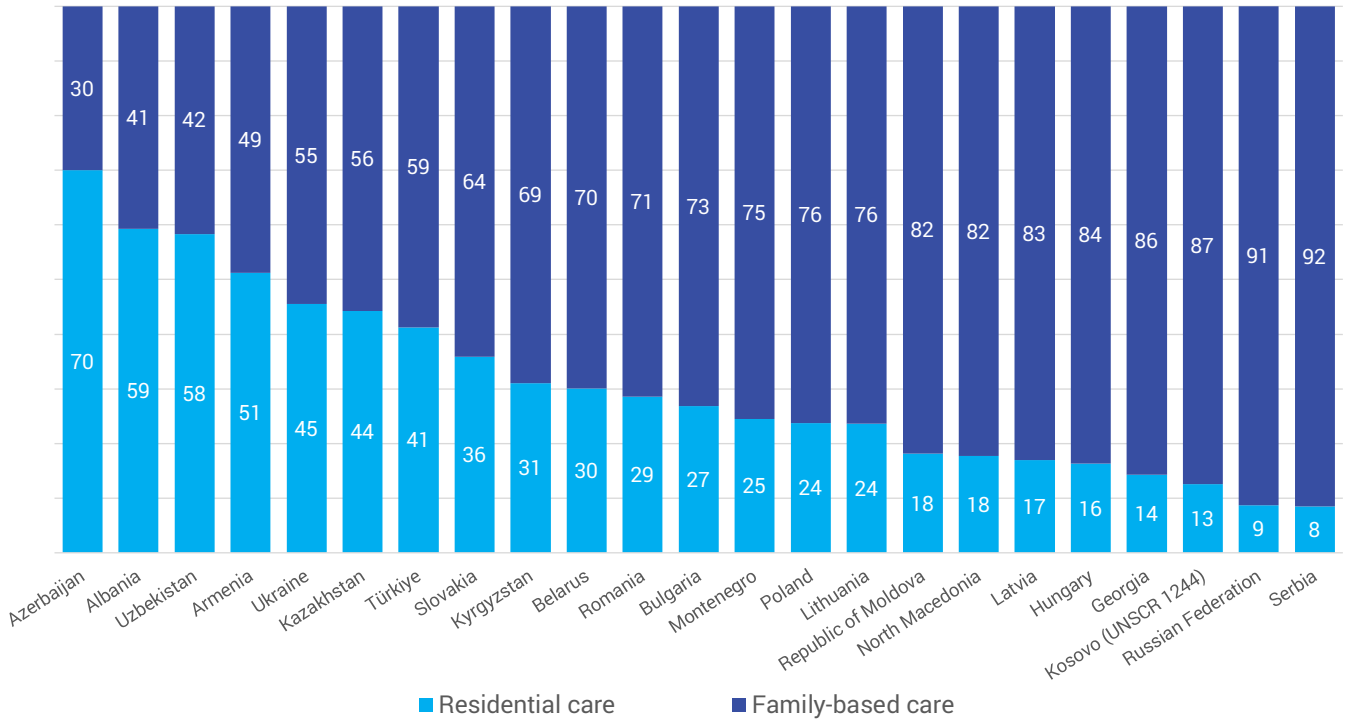
The indicator on formal residential care rates is now more strictly applied only to children aged 0-17 years[63], whereas in previous iterations of TransMonEE, young adults aged 18 years and up to 24 or 25 years were included for certain countries, and this may have produced a significant change since 2007, the year of the data used in the 'At home or in a home' report.

[63] There are some exceptions: for example, Slovakia includes children aged 18 years according to national legal definitions for children in formal alternative care.

There has, however, been a marked tendency towards expanding the use of formal family-based care in the region to include formal foster care as well as formal guardianship care, which has been widely used in many countries since before TransMonEE began recording monitoring data. In 15 out of 23 countries with data for formal family-based and residential care, more than two-thirds of children in formal alternative care were in formal family-based types of care in 2021 (Figure 9). This means that while the formal alternative care rates appear relatively stagnant, there has been a notable change within the system resulting in a reduction in the formal residential care rate in many countries.

Figure 9. Percentage of children aged 0-17 years in formal residential and family-based care in formal alternative care in 2021* for 23 countries

Source: TransMonEE, 2022. Note that for Azerbaijan and Ukraine, the rates refer to the latest available data from 2020. For Belarus and the Russian Federation, the data are from 2019. For more details, see TransMonEE data query.



The percentage of children in formal residential care in countries reporting data to TransMonEE ranges from 8 and 9 per cent in Serbia and the Russian Federation, respectively, to around 30 per cent in Belarus, Romania, and Kyrgyzstan, almost 60 per cent in Albania and Uzbekistan and up to 70 per cent in Azerbaijan. This is well within the range of EU countries and the United Kingdom, according to the DataCare project (see Table 2).

Table 2. Percentage of children aged 0-17 years in formal residential care in formal alternative care in 42 countries, with data from TransMonEE (TM) and from DataCare from 2019-2021

Source: TransMonEE, 2022; DataCare Technical Report, 2021. For more details, see the TransMonEE data query.

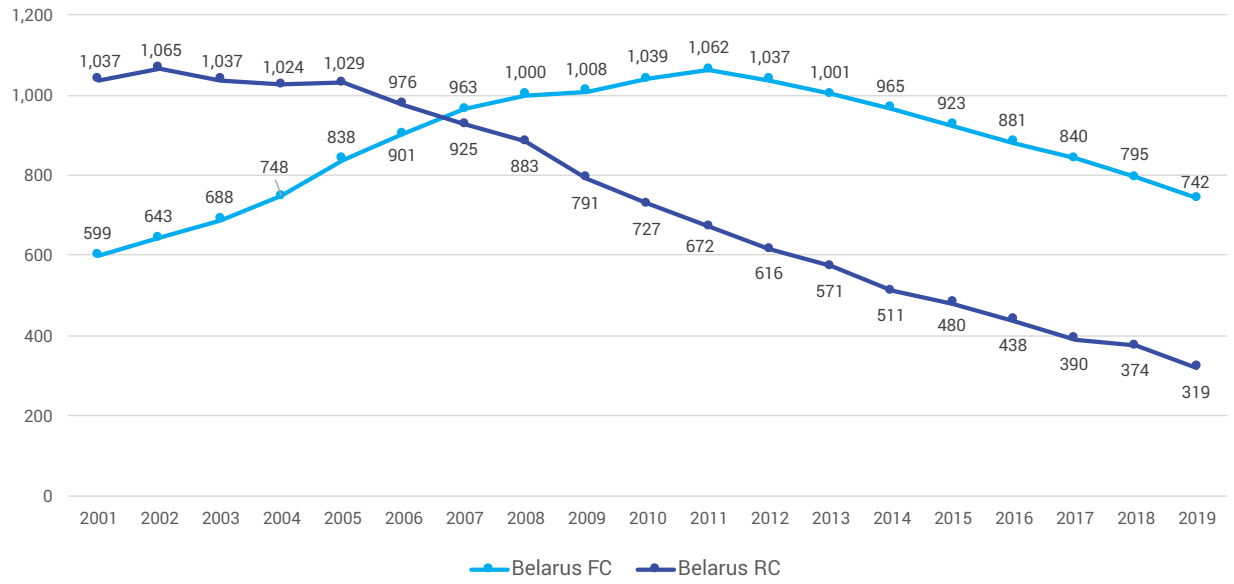
Country	% of children in formal residential care	Year	Source
Portugal	95%	2019	DataCare
Greece	84%	2020	DataCare
Azerbaijan	70%	2020	TM
Cyprus	65%	2018	DataCare
Albania	59%	2021	TM
Uzbekistan	58%	2021	TM
Luxembourg	57%	2019	DataCare
Germany	53%	2019	DataCare
Spain	52%	2018	DataCare
Armenia	51%	2021	TM
Netherlands	48%	2020	DataCare
Italy	48%	2017	DataCare
Finland	47%	2019	DataCare
Ukraine	45%	2020	TM
Kazakhstan	44%	2021	TM
Belgium	42%	2019	DataCare
Slovenia	42%	2014/2017	DataCare
Türkiye	41%	2021	TM
Slovakia	36%	2021	TM
France	33%	2017	DataCare
Denmark	32%	2019	DataCare
Kyrgyzstan	31%	2021	TM
Belarus	30%	2019	TM
Romania	29%	2021	TM

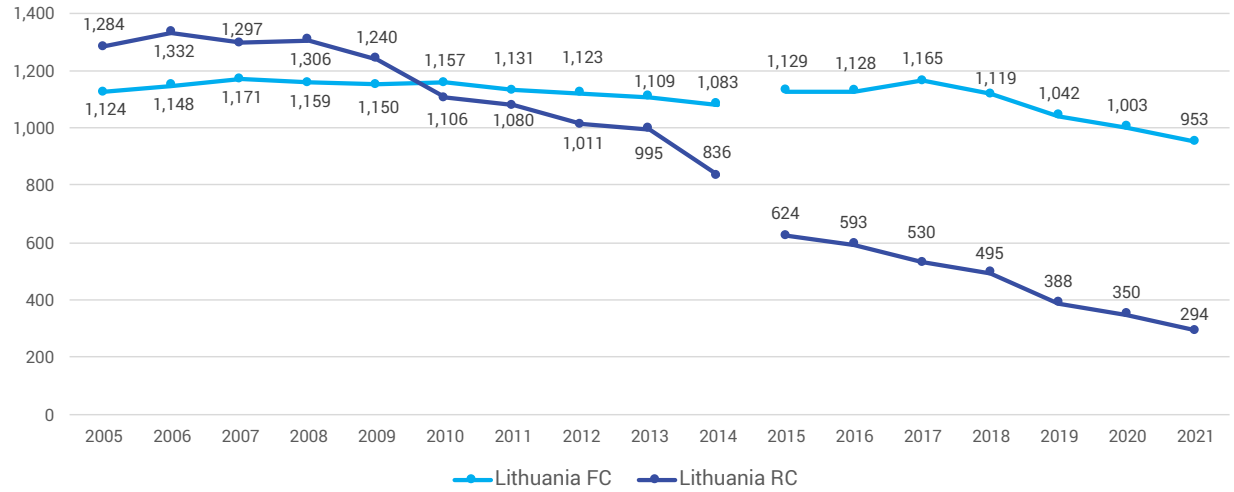
Country	% of children in formal residential care	Year	Source
Czechia	28%	2020	DataCare
Bulgaria	27%	2021	TM
Montenegro	25%	2021	TM
Poland	24%	2021	TM
Lithuania	24%	2021	TM
Sweden	22%	2019	DataCare
Republic of Moldova	18%	2021	TM
North Macedonia	18%	2021	TM
Latvia	17%	2021	TM
Hungary	16%	2021	TM
United Kingdom	15%	2020	DataCare
Georgia	14%	2021	TM
Kosovo (UNSCR 1244)	13%	2021	TM
Estonia	11%	2019	DataCare
Ireland	9%	2019	DataCare
Russian Federation	9%	2019	TM
Serbia	8%	2021	TM
Malta	5%	2019	DataCare

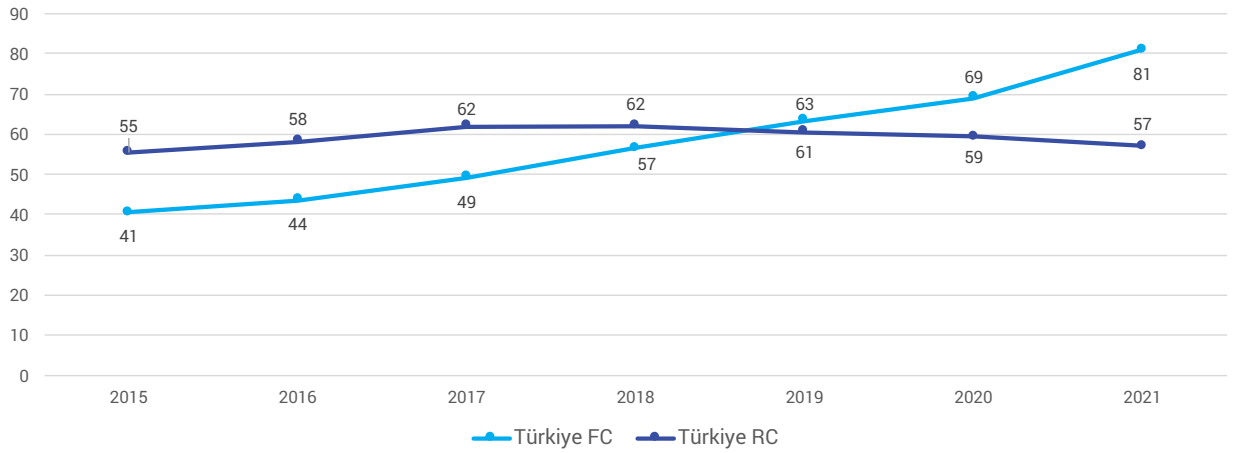
In certain countries, such as Belarus, Lithuania, and Türkiye (see Figure 10), TransMonEE data suggest that there has been a dynamic and substantial change in the dominant type of formal alternative care arrangements as governments have pursued deinstitutionalization policies and made significant investments in alternative family-based care. However, in Belarus, as Figure 10 shows, the changeover that took place in 1993 was reversed in 2001. To understand this dynamic, further investigation is required.

Figure 10. Change from greater rates of children in formal residential care (RC) to greater rates of children in formal family-based care (FC) in Belarus (until 2001), Lithuania, and Türkiye for the period for which data are available (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.







The data from Türkiye in Figures 9 and 10 only refer to children in formal alternative care in the child protection system. Childcare system reforms in Türkiye are generally recognized as having begun with the adoption of Child Protection Law 5395 in 2005. Large dormitory-style institutions for children in need of protection have gradually closed and been replaced by formal family-based care, family-type, and other residential care models. The government has invested in social and economic support for children in families living in poverty, which helped to reduce the number of children entering formal residential care for children in need of protection. It also introduced a Foster Care Law in 2012, which led to more children being placed in formal family-based care rather than residential care.

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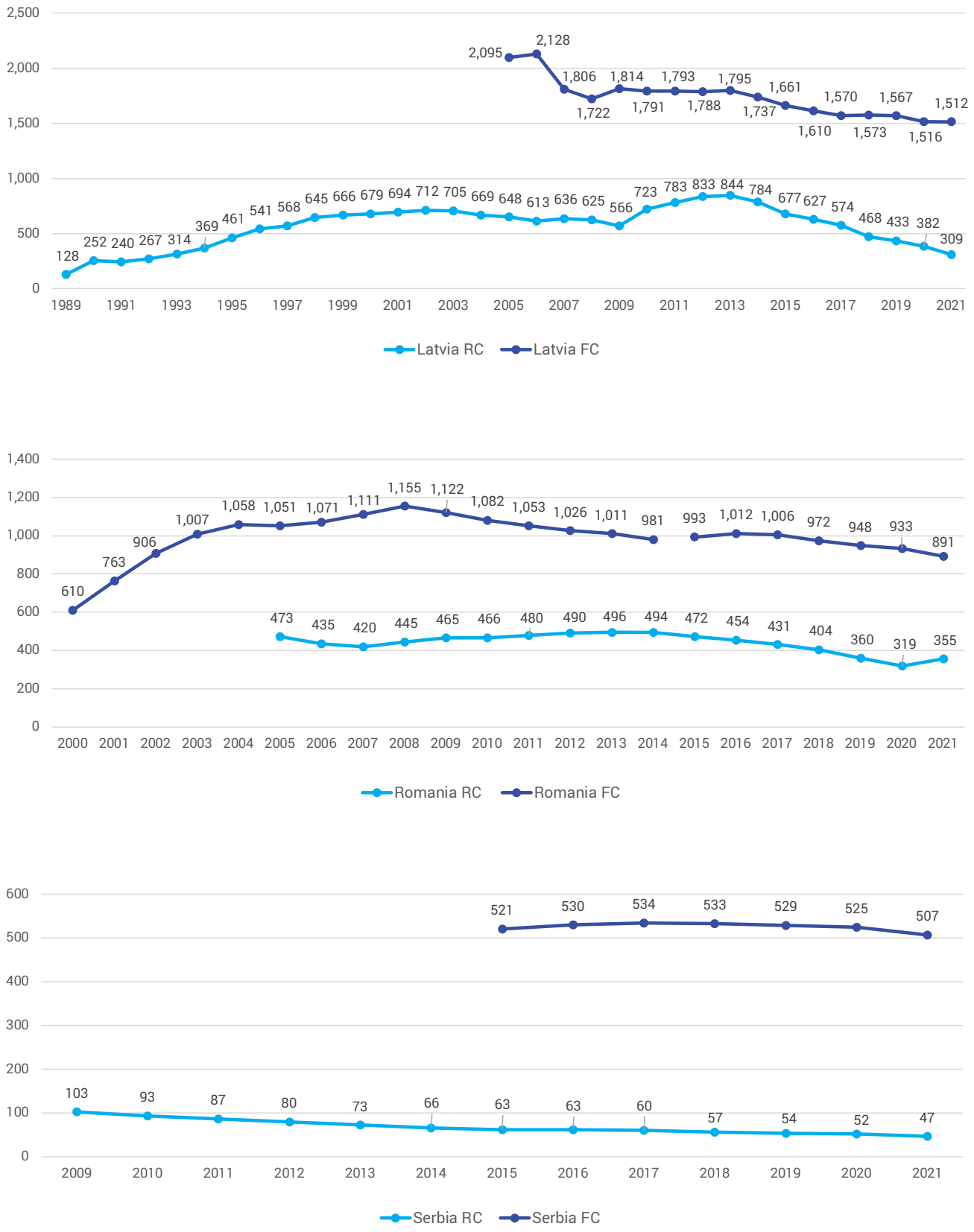
When countries have a falling overall formal alternative care rate, this could also be a result of increased investment in prevention and family support services, child-sensitive social protection, and inclusive education.

But in some countries with reducing overall formal alternative care rates, such as Latvia, Romania, and Serbia (see Figures 3-5 above), the calculated magnitude of change of the residential and the family-based care rates suggests a different trend with higher percentage decreases in the formal residential care rates than in the formal family-based care rates (see Figure 11). In Latvia, in the period for which data is available, the percentage decrease in the overall alternative care rate was 34 per cent, with a percentage decrease in the residential care rate of 52 per cent versus a percentage decrease of 28 per cent in the family-based care rate. In Romania, the percentage decrease in the overall alternative care rate was 20 per cent, and 25 per cent in the residential care rate, while the family-based care rate decreased by 10 per cent. In Serbia, the percentage decrease in the alternative care rate was only five per cent but with a percentage decrease in the residential care rate of 25 per cent, compared to a percentage decrease in the family-based care rate of three per cent in the period for which data was reported.

Figure 11. Reduction in the rate of children in formal residential (RC) and family-based care (FC) in Latvia, Romania, and Serbia for the period for which data were reported (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.



The data presented in Figures 10 and 11 are all drawn from datasets using the new TransMonEE indicators and data standards. There is a need to revise historical data using the new standards to be sure that the increasing use of family-based care and decreasing use of residential care, and overall decreasing formal alternative care rate in some countries are a sustained trend and not resulting from the way that formal alternative care types have been re-defined or the way children in formal alternative care have been counted. This includes taking out young adults from indicators that are supposed to be counting children aged 0-17 years and applying consistent definitions of formal residential and formal family-based care year to year.

While increasing rates of children in formal family-based care represent a shift towards more suitable types of formal alternative care being available for more children, they do not necessarily indicate improved quality of care. In Hungary, for example, where in 2021, 84 per cent of children in formal alternative care were in family-based care, concerns about the quality of foster care have been documented in a 2019 study that found that only 6 per cent of foster carers were formally employed, and therefore professionally recruited, trained, and supported to provide a high standard of care for children.[64]

Not all countries are replacing residential care with formal family-based care and/or preventive family support services. A number of countries, especially in the EU, have noted an increasing use of residential care, especially for unaccompanied and separated refugee and migrant children, in particular, if they are young people nearing adulthood for whom temporary formal foster care may not always be the most suitable care option.[65]

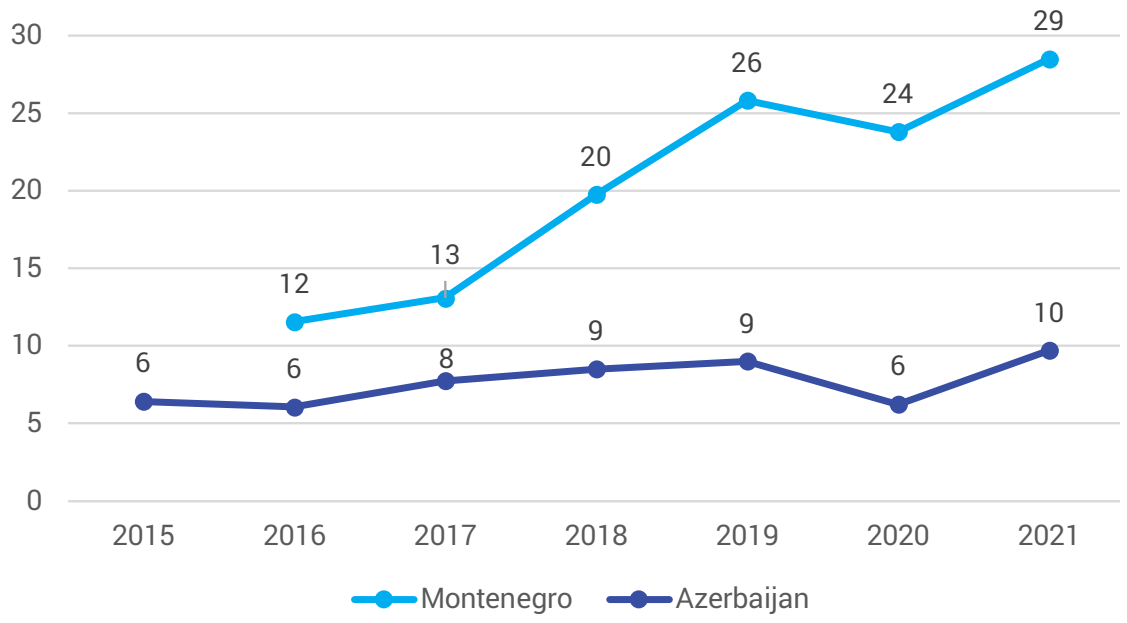
[64] Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, page 34.
[65] Ibid.

4.2.1 FOR MANY COUNTRIES PARTICIPATING IN TRANSMONEE DATA GATHERING, THE RATE OF ENTRY INTO RESIDENTIAL CARE IS DECREASING, AND THE RATE OF ENTRY INTO FAMILY-BASED CARE IS INCREASING

TransMonEE data for 2015 and 2021 indicate that the rate of entry of children aged 0-17 years into formal residential care is decreasing slightly for most countries with five or more observations, except for Montenegro and Azerbaijan (Figure 12). When analysing the year-to-year dynamics, though, the data paint a more nuanced and slightly different picture. A consistent year-to-year decrease in the formal residential care rate from 2015 to 2021 can be observed for three countries only (Hungary, the Russian Federation, and Ukraine). In ten countries (Armenia (2015-2019), Belarus, Kazakhstan (2016-2021), Latvia, the Republic of Moldova, North Macedonia, Poland, Serbia, Slovenia, and Tajikistan), there has been a consistent year-to-year decrease with one or two upticks. These upticks occurred between 2016 and 2021, with four countries showing upticks in 2017. In five countries (Albania, Georgia, Kosovo ((UNSCR 1244), Kyrgyzstan, and Lithuania), where there has been a negative change when comparing the 2015 and the 2021 rates (Georgia: 2019), the year-to-year dynamics during the period 2015-2021 show mixed results in terms of downticks and upticks.[66]

Figure 12. Rate of entry of children into formal residential care is increasing in two countries for which data are available 2015-2021 (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.



[66] Note that Bulgaria (2019-2021), Slovakia (2019-2021), Czechia (2015-2016) also indicate an overall decrease in the rate of entry of children into formal residential care and mixed year-to-year dynamics in the period, but over less than five observations. The entry rates for Türkiye (2019-2021) and Uzbekistan (2018-2021) indicate an overall increase in the rate over less than five observations.

In Montenegro, the entry rate of children aged 0-17 years into formal family-based care has increased when comparing data for 2015 to 2021. In addition, an increase has been observed in Armenia, Hungary, Kyrgyzstan, Poland, Türkiye, and Uzbekistan. The percentage change from 2015 (or other previous years) to 2021 ranges from 12 per cent (in Kyrgyzstan) to 187 per cent (in Armenia). In Azerbaijan and the Republic of Moldova, the percentage change has been less than 10 per cent, which means that the rate has remained largely unchanged. In another 13 countries, the entry rate into formal family-based care has dropped, with a lower rate of entry into formal family-based care for children aged 0-17 years in 2021 or 2020 compared to the rate of entry in 2015 or 2017 (Table 3).

The reduction in the rate of entry into formal family-based care may reflect a reduced need for family-based care, for example, in the Republic of Moldova and Latvia, which show overall reducing rates of children in formal alternative care. Reductions in this rate may also indicate alternative care systems that have exhausted the available supply of foster carers or other families able to take care of children in need of formal family-based care.

A decrease in the availability of formal foster care placements is also noted in several EU countries, including Lithuania, where the number of foster carers fell by 23 per cent between 2009 and 2019: this can be attributed to the low value of allowances, negative attitudes towards foster carers and deeply rooted stereotypes that institutions are an appropriate form of care for children.[67]

[67] Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, page 24.

Table 3. The rate of entry of children into formal family-based care is lower in 2021 than in 2015 (or previous years) in 13 countries and higher in 7 countries (per 100,000 population aged 0-17 years)[68]

Source: TransMonEE, 2022. Note that only countries with five observations or more are included. For more details, see the TransMonEE data query.

Country	Period	Start rate	End rate	Change	% Change
Kazakhstan	2015-2021	90	34	-56	-62%
Russian Federation	2015-2020	148	81	-67	-45%
Georgia	2015-2021	81	45	-36	-44%
Kosovo (UNSCR 1244)	2017-2021	24	15	-9	-37%
Lithuania	2015-2021	168	116	-52	-31%
Serbia	2015-2021	72	54	-18	-25%
Belarus	2015-2020	155	119	-37	-24%
Albania	2017-2021	12	9	-3	-23%
Bulgaria	2015-2021	190	155	-35	-18%
Latvia	2015-2021	274	232	-42	-15%
Ukraine	2015-2020	174	153	-22	-12%
Republic of Moldova	2017-2021	212	191	-21	-10%
Azerbaijan	2015-2021	31	28	-3	-9%
Kyrgyzstan	2015-2021	59	66	7	12%
Poland	2015-2021	112	140	28	25%
Hungary	2016-2021	451	605	154	34%
Montenegro	2016-2021	34	46	12	35%
Türkiye	2015-2021	5	6	2	37%
Uzbekistan	2015-2020	32	71	39	123%
Armenia	2015-2019	5	15	10	187%

[68] Note that Czechia also has a lower end rate than in 2015, while Slovakia has experienced the reverse – but both countries have less than five observations each and were therefore not included into Table 3.

4.3 Girls and boys in formal alternative care

AS MANY GIRLS AS BOYS ARE IN FORMAL RESIDENTIAL AND FAMILY-BASED CARE AND FORMAL ALTERNATIVE CARE OVERALL IN MOST COUNTRIES FOR WHICH DATA IS AVAILABLE

Disaggregation of indicators by sex is available in the TransMonEE database for 12 countries for 2021, but only for some key indicators, such as the rates for formal alternative care, formal residential care, and formal family-based care. Within these, the sex distribution appears to be relatively even. To understand, however, whether any of the differences in distribution perceived in certain countries, such as Uzbekistan, are statistically significant, a hypothesis testing method is required.

The DataCare project found that sex-disaggregated data are commonly available for children in alternative care for all countries surveyed, which permits the analysis of specific issues affecting girls or boys in alternative care.[69] Sex-disaggregated data from EU countries indicates that there are more boys than girls in residential care in most member states and in some cases, generally in formal alternative care overall. This is especially the case in countries like Germany that have received an influx of unaccompanied and separated older refugees and migrant boys and young men. This trend can, however, be traced back to before the arrival of unaccompanied and separated refugee and migrant male children in the child protection system in many countries and is noted even in countries without a large presence of unaccompanied and separated children. No study has been identified that can explain this phenomenon.[70]

[69] Eurochild and UNICEF. 2021. DataCare Technical Report page 84 Annex 2.
[70] Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, page 22.

Ensuring systematic disaggregation of indicators for sex can enable a better understanding of sex distribution and also provide a variable for more in-depth data analysis.

4.4 Types of formal family-based alternative care

THE USE OF FORMAL FOSTER CARE HAS INCREASED IN CERTAIN COUNTRIES, WHILE FORMAL GUARDIANSHIP AND KINSHIP CARE CONTINUE TO MAKE UP A SUBSTANTIAL PART OF FORMAL FAMILY-BASED CARE PROVISION ACROSS THE REGION

Formal foster care has expanded considerably in the region since the 'At home or in a home' report in 2010. TransMonEE introduced indicators in 2019 to monitor formal foster care, formal kinship care, and other types of formal family-based care (such as guardianship) separately. This is important, as these indicators provide information about the nature of the formal family-based care available to children. Kinship care is only available to some children whose relatives are willing and able to care for them, and these carers are not available to other children. Foster carers are available to a wider range of children and can provide care to multiple children consecutively. The last two rounds of TransMonEE data collection have had mixed results in monitoring formal kinship care separately from formal guardianship care and formal foster care, as in many countries, there is no separate formal kinship care arrangement, and guardianship care is often offered by relatives. In some countries with high levels of economic migration[71] – including, for example, Kyrgyzstan, the Republic of Moldova, Tajikistan, and Uzbekistan – informal placement with grandparents or other family members[72] is quite common. Although it should be considered part of the system of alternative care as defined by the Guidelines on Alternative Care for Children, TransMonEE does not monitor informal kinship care, because the child protection authorities do not always monitor it and therefore, data are not always available.

[71] In 2020, an estimated 7.8 million of the world's international migrants came from Central Asia and about 1.2 million from the Republic of Moldova. Source: United Nations Department of Economic and Social Affairs, Population Division (2020). International Migrant Stock 2020.
[72] See for instance: UNICEF Report for CP.pdf.

Formal foster care has been a large part of the family-based care system in some countries of the former Yugoslavia, which can be noted in the cases of Serbia and North Macedonia, where it represents over 80 per cent of all placements in formal family-based care (see Table 4).

This is because foster care was introduced in these countries before it was introduced in many other countries of the region, where guardianship care, usually by relatives, has traditionally been the main form of family-based care. This can be noted especially in the countries of Central Asia, where formal foster care represents a small percentage of formal family-based care provision.

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In many other countries, especially those actively pursuing deinstitutionalization policies, use of formal foster care has been gradually increasing. In Georgia, Hungary and Romania, it now represents around 50 per cent of formal family-based care provision. Percentage increases in the use of this type of family-based care are also notable, for instance, in Armenia (6 per cent in 2015 as compared to 16 per cent in 2019), Latvia (21 per cent in 2015 and 26 per cent in 2021), Lithuania (28 per cent in 2015 versus 33 per cent in 2021), the Republic of Moldova (20 per cent in 2017 and 28 per cent in 2021), and some other countries (see Table 4). There are also countries where there have been percentage decreases when comparing 2015 data with those from 2020 or 2021, including Ukraine (10 per cent in 2015, as compared to 8 per cent in 2020), Azerbaijan (36 per cent in 2015 and 28 per cent in 2021) and Belarus (32 per cent in 2015 versus 25 per cent in 2020). In Uzbekistan, the percentage has remained almost the same when comparing the data for 2015 and 2020 (2 per cent in both years).[73] Only Slovakia has a steadily re-

[73] Note that North Macedonia (2020-2021) and Montenegro (2019-2021) also indicate a percentage increase (from 76 per cent in 2020 to 82 per cent in 2021 and from 14 per cent in 2019 to 20 per cent in 2021 respectively), but over less than five observations. Kazakhstan, on the other hand, shows a percentage decrease (-0.1 per cent) from 2020 to 2021 over less than five observations.

Table 4. Changes in the percentage of children aged 0-17 years in formal foster care among all children in formal family-based care for 21 countries 2015-2021

Source: TransMonEE, 2022. Note that only countries with five observations or more are included.
For more details, see the TransMonEE data query.

Country	Period	Start %	End %	Change
Belarus	2015-2020	32%	25%	-7.1%
Slovakia	2015-2021	19%	13%	-6.5%
Azerbaijan	2015-2021	35%	28%	-6.4%
Ukraine	2015-2020	10%	8%	-1.9%
Uzbekistan	2015-2020	2%	2%	-0.1%
Serbia	2015-2021	83%	84%	0.3%
Hungary	2016-2021	49%	50%	0.6%
Kosovo (UNSCR 1244)	2015-2021	10%	10%	0.8%
Bulgaria	2015-2021	27%	28%	1.5%
Romania	2015-2021	50%	53%	2.8%
Poland	2015-2021	45%	48%	3.7%
Türkiye	2015-2021	42%	46%	4.0%
Lithuania	2015-2021	28%	33%	4.7%
Latvia	2015-2021	21%	26%	5.1%
Georgia	2015-2021	44%	50%	5.8%
Russian Federation	2015-2019	33%	39%	6.0%
Republic of Moldova	2017-2021	20%	28%	8.1%
Armenia	2015-2019	6%	16%	9.7%

ducing percentage of children in formal foster care within the system of family-based care in the period 2015 to 2021, a trend that is also confirmed by the Government of Slovakia's 'Concept for Implementation of the De-institutionalization Strategy of the Slovak Republic'.[74]

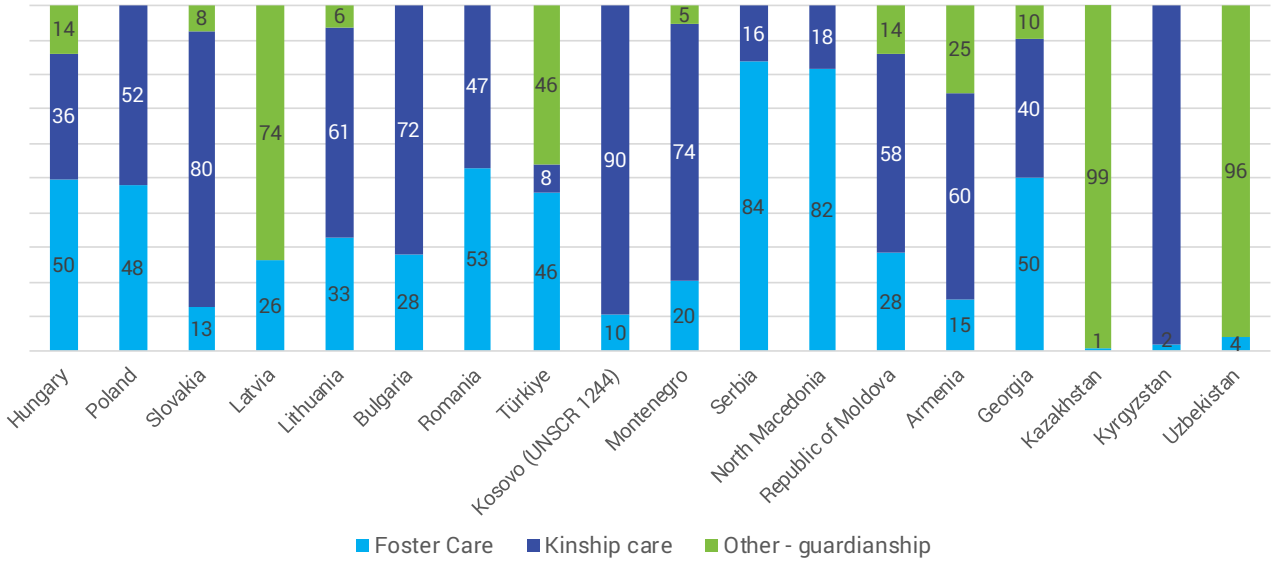
[74] Government of the Slovak Republic. Ministry of Labour, Social Affairs and Family. 2021. Concept for Implementation of the Deinstitutionalization Strategy of the Slovak Republic.

In many countries, relatives might be registered as formal foster carers or as guardians and receive the foster care or guardianship care allowance. In some countries, especially in Central Asia, most children in guardianship placements are in fact in kinship care but it is not classified as such by the information management system. In Latvia, there is no legal definition of kinship care, and 75 per cent of children in 'other types of care' include children in the guardianship care of relatives. In Serbia, the majority of children are in formal foster care, but a number of them may be in the care of their relatives. Other types of care in Serbia include guardianship care, where a formal foster care arrangement is not made but where children are in the care of relatives, and this is not classified as formal kinship care because the government is not providing a payment.

It can therefore be difficult to determine the actual percentage of children in formal kinship care, however available data for 2021 presented in Figure 13 indicate a large proportion of formal kinship or guardianship care across the region (dark blue and green columns).

Figure 13. Percentage of children aged 0-17 years in formal foster care, formal kinship care, or other types of formal family-based care[75] of the total number of children in formal family-based care in 18 countries – data for 2021

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.



In general, around one-third of children in formal family-based care across 18 countries in the region are in formal foster care, and two-thirds are in either formal kinship care or other types of formal family-based care, which is guardianship care with relatives in the majority of cases.

[75] Usually guardianship by relatives but also might include family-type group homes in some countries.

4.5 Children with disabilities in formal alternative care

CHILDREN WITH DISABILITIES ARE OVER-REPRESENTED IN FORMAL ALTERNATIVE CARE, ESPECIALLY IN RESIDENTIAL CARE, BUT THERE ARE SIGNS IN CERTAIN COUNTRIES THAT THEY ARE INCREASINGLY ACCESSING FAMILY-BASED CARE

When monitoring gender equity within alternative care and adoption, UNICEF examines whether the number of girls and boys in any given type of care is proportionate to the overall population of girls and boys. Similarly, when assessing the situation of children with disabilities among children in alternative care, it is essential to understand whether the situation is proportionate to the overall population of children with disabilities. There are greater challenges, however, in determining the denominator when it comes to disability, as definitions of disability vary between countries, as does the way in which disability is assessed and the status of 'having a disability' conferred. Definitions of disability can also differ between the health, education, and social protection sectors within a country, depending on how the assessment for disability is conducted. Assessments based on a medical model of disability tend to identify fewer children with disabilities compared to assessments used in education or assessments based on a social and rights-based model of disability.

Estimates for the proportion of children with disabilities among the overall population of children aged 0-17 years in any given country vary according to the method of asking questions about disability and definitions of disability. The UNICEF / Washington Group Module on Child Functioning[76] used in MICS asks questions about functioning across a range of domains compared to children of similar age

[76] UNICEF/Washington Group module on child functioning.

and finds around 6 per cent of children aged 2-17 years in the ECA region have a lot of difficulty or cannot do at all in at least one domain.[77] The World Bank / WHO World Disability Report (2011) cites the 2004 Global Burden of Disease study, which produced estimates that 5.1 per cent of children aged 0-14 years have 'moderate or severe' and 0.7 per cent have 'severe' disability,[78] using health conditions and medical diagnoses as proxy indicators for the prevalence of 'severe' or 'moderate' disability. Administrative data recording children registered as having a disability and receiving social assistance tend to indicate a lower prevalence rate than MICS or other survey methods (such as censuses and DHS), as families may experience barriers to accessing social protection programmes for children with disabilities, including their own reluctance to disclose their child's disability.[79]

USING TRANSMONEE DATA ON CHILDREN WITH DISABILITIES

TransMonEE gathers data on the population of children with disabilities using three different administrative data sources: the number of children registered in the health and education systems as having disabilities and the number of children receiving disability benefits in the social protection system. In most countries, the numbers of children registered by each administrative system can differ considerably, as they assess children with disabilities for different purposes and using different methods. In some countries, the number of children with disabilities registered by the health system may be significantly more than the number receiving social benefits, which could indicate bottlenecks for children with disabilities and their families in accessing disability allowances. In some countries, the number of children with disabilities registered in the education system can be considerably more than the number registered by the health or social protection systems.

This could indicate that the education system is using a much broader definition to include children with less difficulty in functioning but who need additional educational support. In other countries, the number of children with disabilities in education is less than the number registered by the health or social protection systems: this could either mean a large number of children with disabilities are out of school or that the education management information system is not counting all children with disabilities (for example those who are being educated at home) in the TransMonEE database. Further analysis is required to calculate the population of children with disabilities registered by each administrative system as a percentage of the whole population of children aged 0-17 years and to cross-reference with the population of children in alternative care. For countries that have used questions on functioning as part of the census or other household surveys, a further point of reference can be used to produce a more robust estimate of the population of children with disabilities.

[77] UNICEF, Division of Data, Analytics, Planning and Monitoring. 2021. Seen, Counted, Included: using data to shed light on the well-being of children with disabilities.
[78] WHO/World Bank. 2011. World Disability Report.
[79] UNICEF Data, Analytics, Planning and Monitoring. 2021. Seen, Counted, Included: using data to shed light on the well-being of children with disabilities.

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With disability prevalence among children at around 1-6 per cent (depending on survey method and data source, and on whether children with greater or lesser degrees of difficulty in functioning are included) it would be expected that prevalence among the population of children in formal alternative care would be around the same as in the general population.

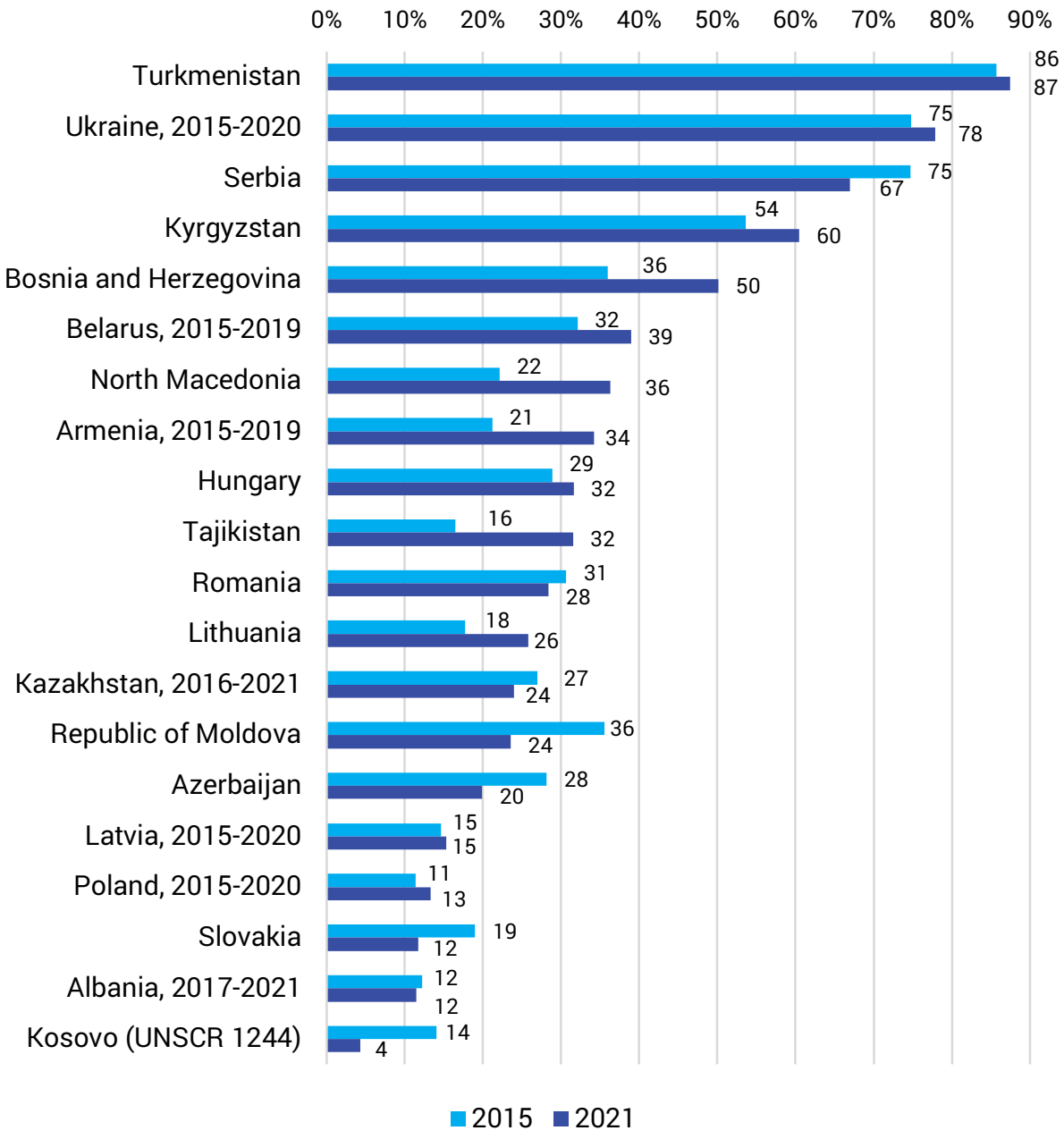
Children with disabilities, however, are over-represented among the population of children in formal alternative care across the region, and in all countries for which data is available, especially in formal residential care.

As Figure 14 illustrates, the proportion of children with disabilities in formal residential care across 20 countries of the region has increased between 2015 and 2021 in over half (12) of the countries. If the prevalence rate of children with disabilities in the countries showing an increase is somewhere between 1-6 per cent, then this means that children with disabilities are from 6 to 30 times more likely to be in formal residential care than children without disabilities. Eight countries in Figure 14 show a decrease in the proportion of children with disabilities in formal residential care between 2015 and 2021 (Albania, Azerbaijan, Kazakhstan, Kosovo (UNSCR 1244), the Republic of Moldova, Romania, Serbia, and Slovakia) and of these, only Kosovo (UNSCR 1244) has reached 4 per cent in 2021, which is within the realms of being proportionate to the likely population of children with disabilities in the country as a whole. In Serbia, which has one of the highest proportions of children with disabilities in formal residential care, the percentage decrease is 8 per cent from 2015 to 2021. The most substantial percentage increases of 13 per cent or more are in Armenia, Bosnia and Herzegovina, North Macedonia, and Tajikistan. The percentage increase in Tajikistan is most notable when comparing data from 2015 (16 per cent) with data from 2021 (32 per cent).[80]

[80] Note that data for Bulgaria (2019-2021), Croatia (2019-2021), Czechia (2015-2016) and Uzbekistan (2018-2021) also show overall increases in the share of children with disabilities in formal residential care but over less than five observations. Georgia recorded a decrease in the share in 2020-2021 (over less than five observations). The Russian Federation and Slovenia had only one data point each in the examined period.

Figure 14. Percentage of children with disabilities aged 0-17 years in formal residential care of all children in formal residential care for 20 countries with available data for 2015 and 2021

Source: TransMonEE, 2022. Note that only countries with five observations or more are included. For more details, see the TransMonEE data query.



Data comparability is an issue, however. It is clear from the qualitative information gathered during the TransMonEE data collection process that the same numerators (children in residential care with disabilities) and denominators (all children in residential care) are not used in all cases. Certain countries have included only children in facilities specialized for children with disabilities, and cross-comparison is needed with data on children in residential boarding schools or other facilities (rehabilitation centres, sanatoria, and so on) for children with disabilities. Other countries have included all children without parental care and not included any specialized residential boarding schools for children with disabilities.

The DataCare project reports that some EU countries also do not include children in specialized, residential education facilities as being in alternative care.[81] Eight countries covered in the DataCare project do not disaggregate for disability within data on children in alternative care. In some cases, this reflects sensitivities around data protection and self-identification.[82]

Without such data, however, it is not possible to understand the extent to which the rights of children with disabilities to live with their families in the community and not be separated from their families for education or other purposes are being observed (CRPD Article 19 and Article 24). TransMonEE sets a standard that children with disabilities living in a residential facility – for example, a boarding school – for more than several days at a time are counted as being in alternative care. The way that sectoral monitoring and data systems are structured in many countries, however, means NSOs have to look for information across education, health, and social services, as well as the child protection system, to identify all children with disabilities living away from their parents and in different types of formal care.

[81] Eurochild and UNICEF. 2021. DataCare Technical Report, page 44.
[82] Ibid, page 84 Annex 2: No data points for children with disabilities are reported for Belgium-German speaking, Belgium-Wallonia-Bruxelles, Denmark, Estonia, Finland, Germany, Netherlands, Slovenia, Sweden.

FORMAL ALTERNATIVE CARE AND TYPES OF RESIDENTIAL CARE

The data on children in alternative care reported to TransMonEE by some members relate only to children who are registered within the system of alternative care or child protection. These are children in the care of the state through a court decision or the administrative decision of the child protection authority for the purpose of placement into alternative care. It may also include children who are in the care of the state by voluntary arrangement between the parents and the child protection authorities. This may also include short-term specialized residential services, for example, when a parent and child are placed together.

In addition, in many countries, the broader system of social services may provide services for children and families that can include both centre-based day services, overnight residential services, and outreach family support services. Residential and day services are usually for children with special needs including, for example, children with disabilities, children who may need temporary shelter, and young people leaving care. Outreach family support services may be for a range of families with children with additional needs, including children with disabilities in need of personal assistance, marginalized children from socially excluded communities, and children in need of early childhood intervention services.

In most countries, a further group of children living outside their parents' care for more than several days at a time are children with disabilities in residential boarding schools.

TransMonEE data on alternative care for many countries does not include any information about children in residential social services, although they may stay at least five days per week, sometimes more, so they should be counted as being in 'alternative care' according to the TransMonEE standard definition. TransMonEE Indicator 3 on children with disabilities provides data on children with disabilities in specialized residential education (boarding schools) who are often not included in the data on children in alternative care but also stay at least five days per week, probably longer.

This situation reflects an ambivalence in the Guidelines on Alternative Care for Children, which are clear that children outside of the care of their parents for 24 hours or more are 'children without parental care' and therefore in need of alternative care, but which treat 'boarding schools' as separate from alternative care provided in formal residential care placements.

Even given the possible data constraints, it is clear that children with disabilities are disproportionately present in the population of children in formal residential care in the countries for which data are available and that this tendency is increasing in many countries.

There are considerable concerns in the disability rights community that children with disabilities are over-represented in residential care facilities and that provision of residential care for children with disabilities in any format, whether small group homes or segregated education in residential settings, is a violation of children's rights.[83]

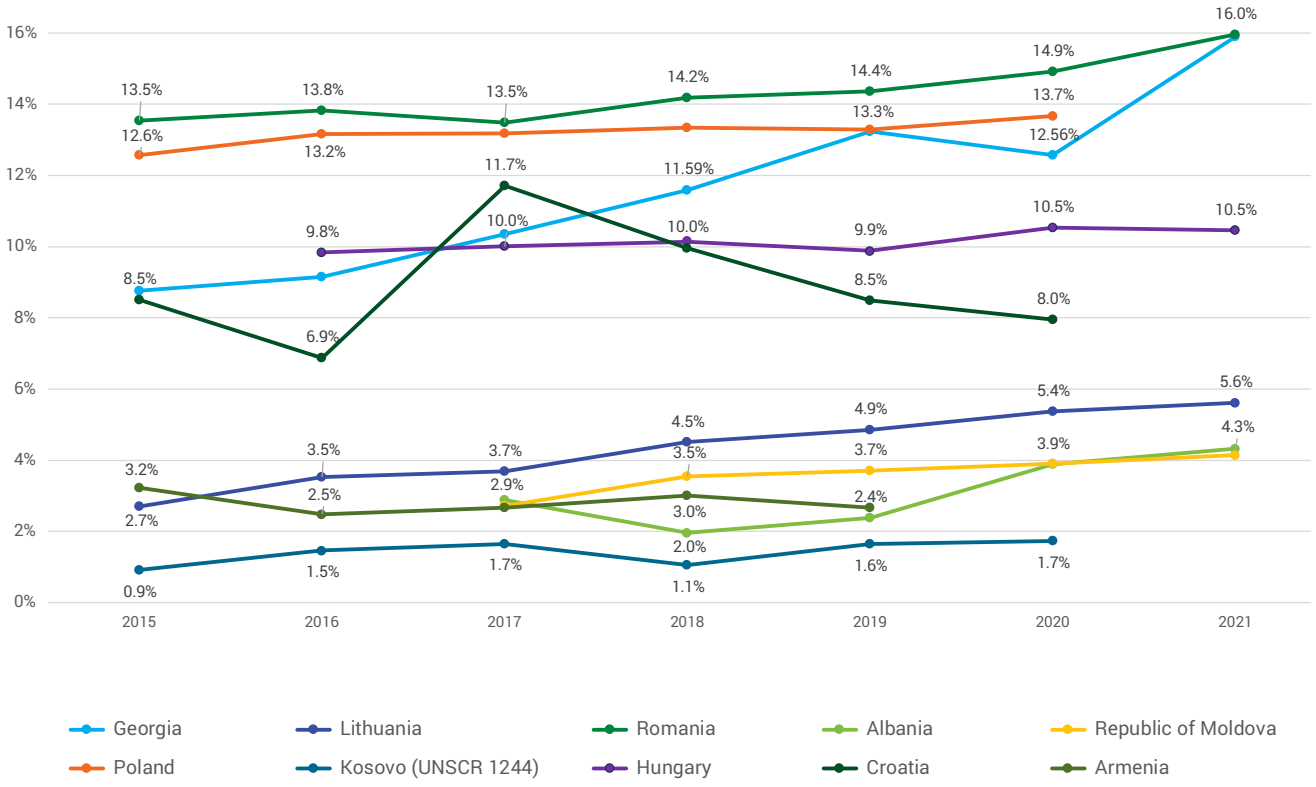
It is, therefore, critical to continue trying to refine these indicators and the way they are applied, to ensure greater clarity on observation of the rights of children with disabilities.

Children with disabilities tend to be placed in formal family-based care to a lesser extent than children without disabilities. In certain countries, an increase in the share of children with disabilities accessing formal family-based alternative care can be noted (see Figure 15). In Albania, the share has been steadily increasing starting in 2018, and in Romania since 2017. In Lithuania, there has been a steady increase in the share since 2015 and in the Republic of Moldova since 2017. The share has also increased in Georgia, but with a downtick in 2020. Similar in Poland and Hungary, which both saw a downtick in 2019, while Kosovo (UNSCR 1244) saw a downtick in 2018. Of the ten countries shown in Figure 14, Armenia and Croatia are the only countries that saw a decrease in the share of children with disabilities in formal family-based care, comparing data points from 2015 with data from 2019 (Armenia) and 2020 (Croatia).[84]

[83] The Lancet Commission. Allen, S. et al. Institutionalisation and Deinstitutionalisation. Correspondence. 2020.
[84] Note that Bulgaria (2019-2020) and North Macedonia (2020-2021) show an in increase in the share but over less than five observations. Bosnia and Herzegovina (2019-2020), Montenegro (2019-2021), Slovakia (2019-2021) and Uzbekistan (2017-2020) show a drop in the share but over less than five data points.

Figure 15. Percentage of children with disabilities aged 0-17 years in formal family-based care of all children in formal family-based care at the end of the year in 10 countries 2015-2021

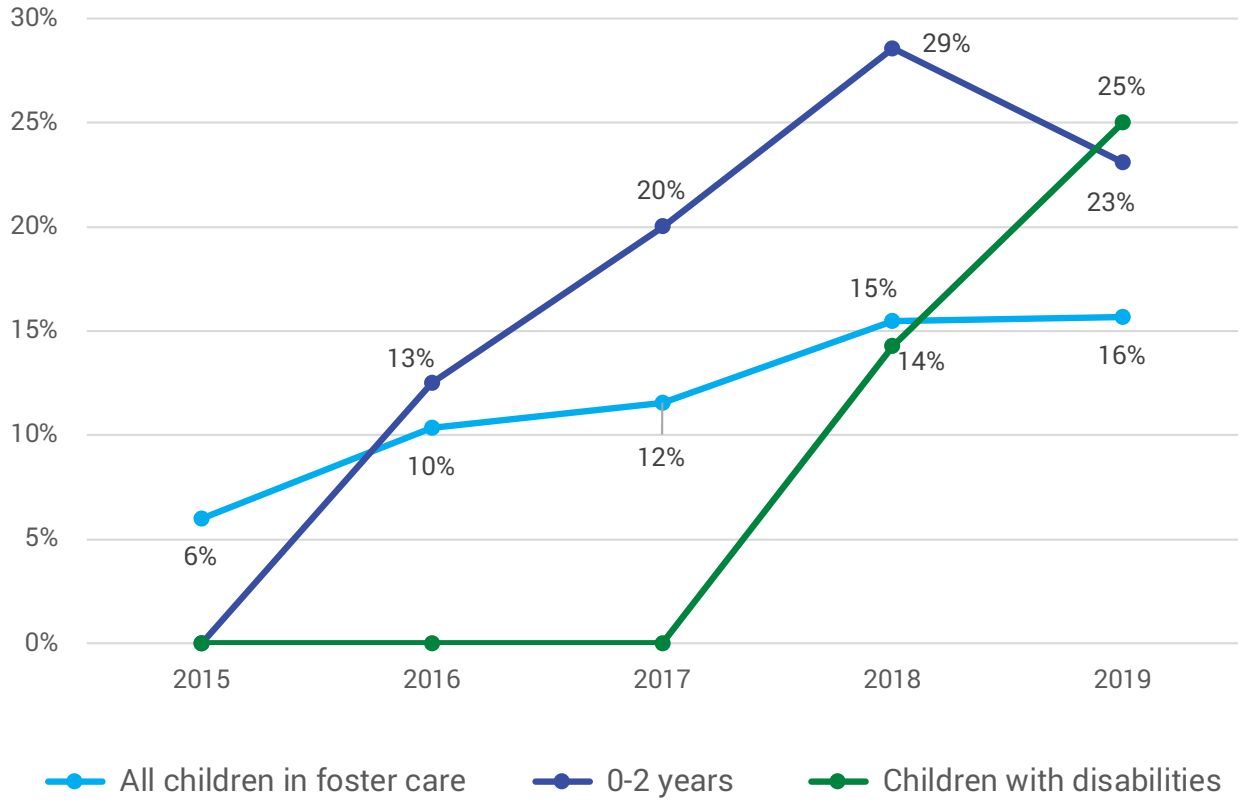
Source: TransMonEE, 2022. Note that only countries with five observations or more are included. For more details, see the TransMonEE data query.



Although the data for Armenia presented in Figure 15 show a small percentage of children with disabilities in formal family-based care (between 2.5 per cent and 3.0 per cent at the end of each year from 2015 to 2019), in fact, when data for children with disabilities in formal family-based care are disaggregated by type of care (Figure 16), it can be seen that a greater proportion of children with disabilities are in formal foster care in 2019 than in previous years. The proportion of children with disabilities in formal foster care in 2019 is also slightly higher (25 per cent) than the proportions of children aged 0-2 years (23 per cent) and of all children aged 0-17 years in foster care (16 per cent).

Figure 16. Armenia – children with disabilities aged 0-17 years in formal foster care as a percentage of all children with disabilities in all types of formal family-based care compared to the percentage of children aged 0-17 years and 0-2 years in formal foster care of all children in all types of formal family-based care 2015-2019

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.

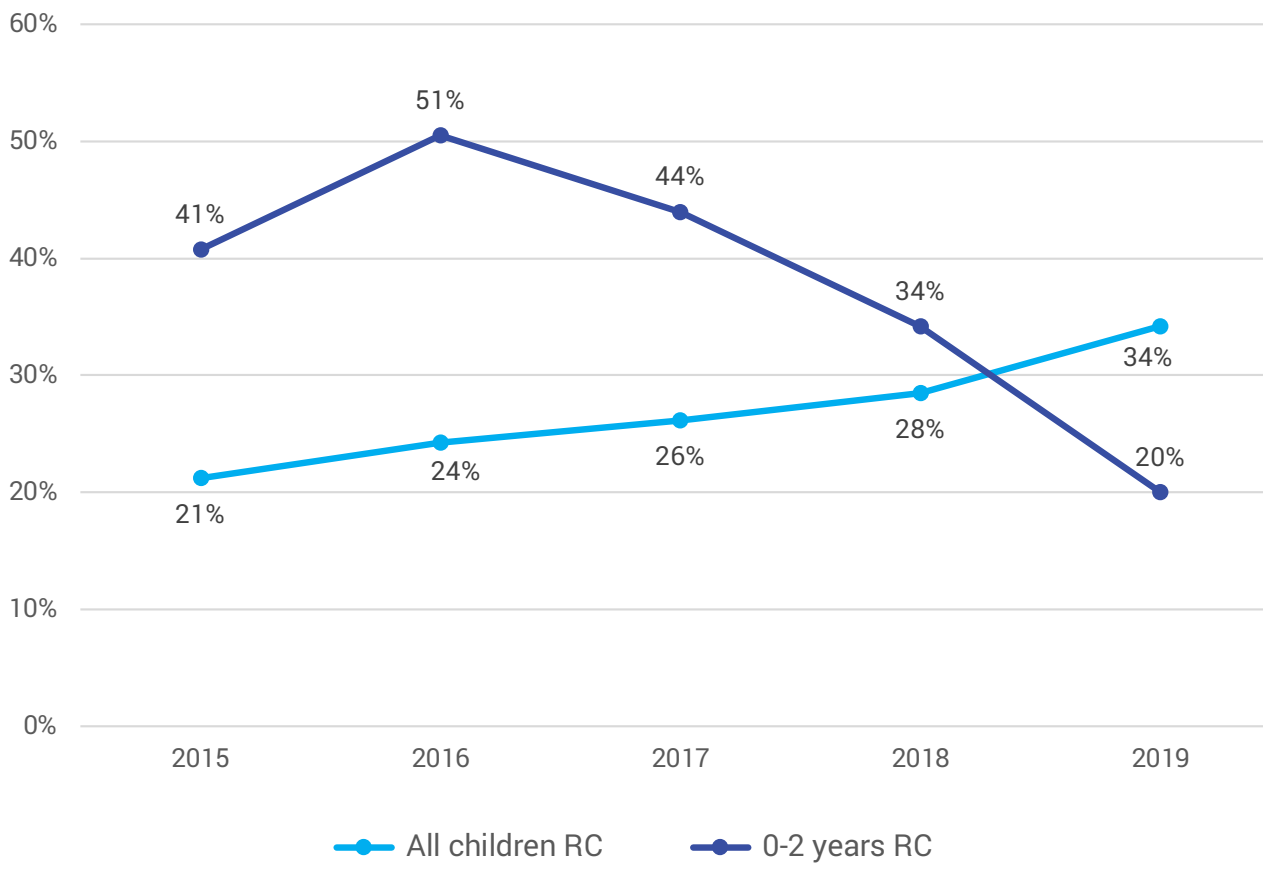


Although the actual numbers in Armenia of children with disabilities aged 0-17 years in formal foster care at the end of the year are quite small (12 children with disabilities aged 0-17 years were in formal family-based care at the end of 2021 of which six children (50 per cent), were in formal foster care placements), Figure 16 illustrates well how disaggregated indicators can reveal nuanced changes in the system of alternative care.

The percentage of children with disabilities in residential care nevertheless continues to be high in Armenia. Until 2019, the share of children with disabilities aged 0-2 years in residential care was higher than the share of children with disabilities aged 0-17 years. This changed in 2019, as Figure 17 shows.

Figure 17. Armenia – children with disabilities aged 0-17 years in residential care and children with disabilities aged 0-2 years as a percentage of all children aged 0-17 years and 0-2 years in residential care 2015-2019

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.



4.6

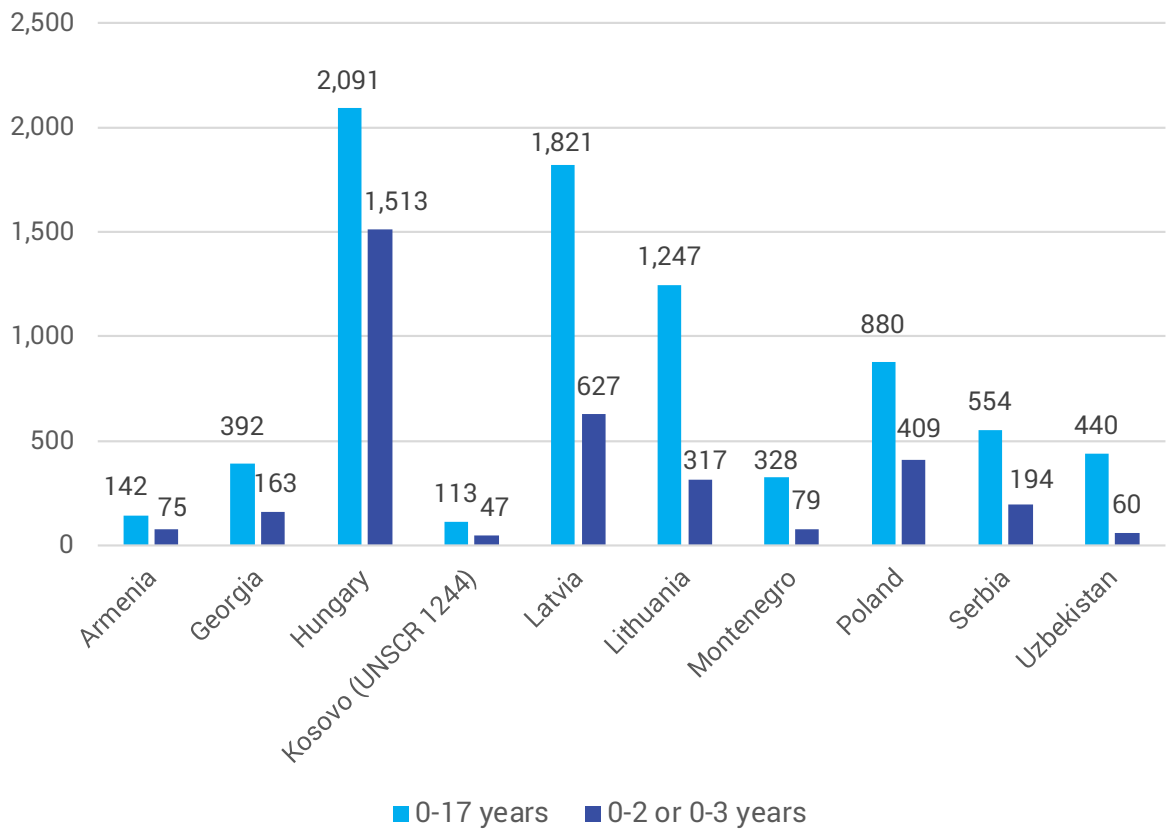
Age of children and young adults in various types of formal alternative care

IN COUNTRIES WHERE DATA ARE AVAILABLE, YOUNG CHILDREN APPEAR TO NO LONGER BE AT GREATER RISK OF BEING IN FORMAL ALTERNATIVE CARE THAN OLDER CHILDREN, BUT OLDER CHILDREN AND YOUNG ADULTS ARE BEING LEFT BEHIND IN RESIDENTIAL CARE

'At home or in a home', and a subsequent 2012 study[85] on children aged 0-3 years in formal alternative care raised concerns that too many younger children were in formal alternative care. In 2021, in ten countries for which disaggregated data are available, the rate of children under the age of 3 years in formal alternative care per 100,000 population of the same age group was lower than the rate of children aged 0-17 years, as illustrated in Figure 18.

Figure 18. Rate of children aged 0-2 or 0-3 years in formal alternative care, compared to the rate of children aged 0-17 years in formal alternative care in 10 countries in 2021 (per 100,000 population of the same age groups)

Source: TransMonEE, 2022. For more details, see the TransMonEE data query.



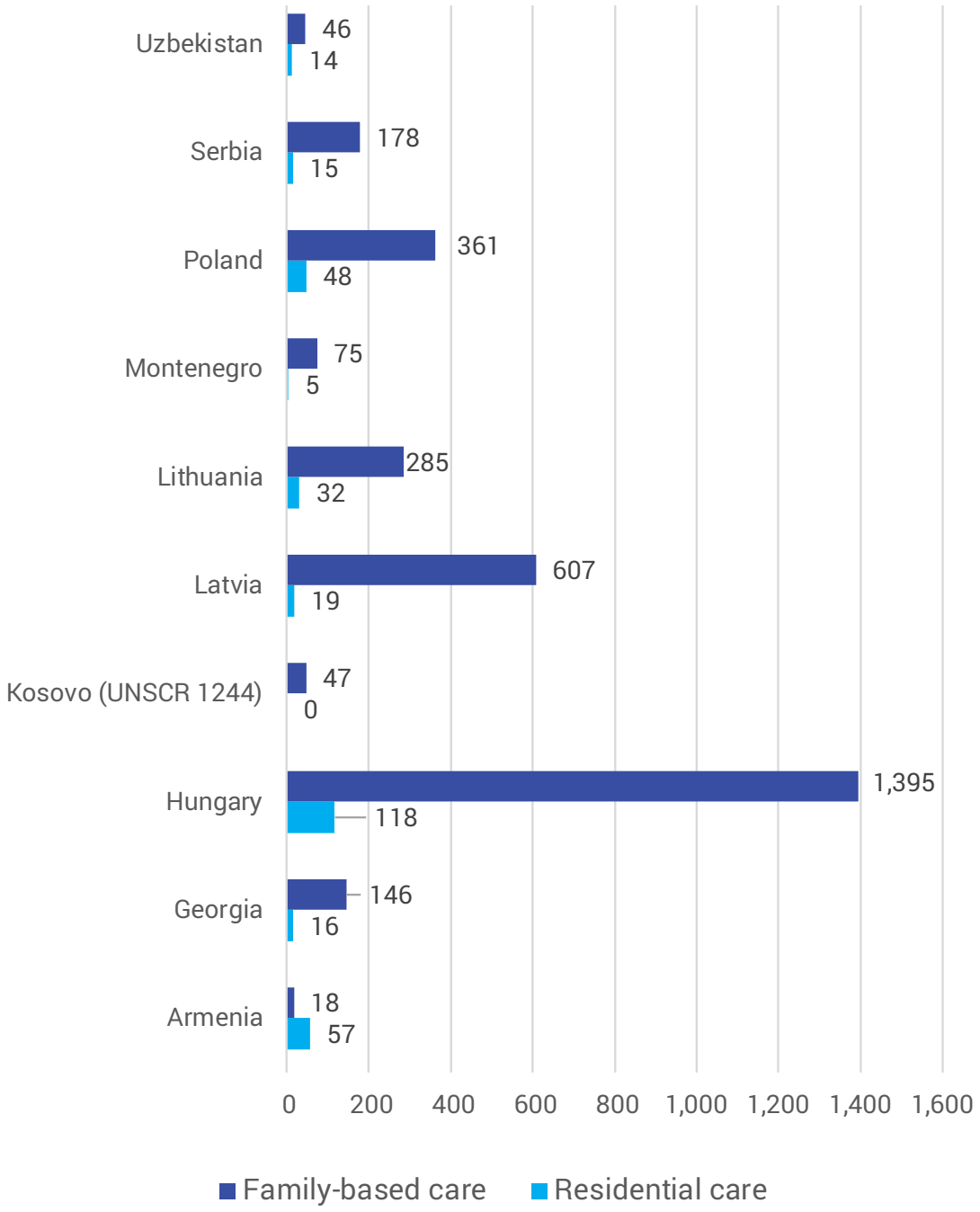
The rate of children under 2 or 3 years of age in formal alternative care is about half or less of the rate of children aged 0-17 years in most countries except Hungary. In Armenia, the rate of children under two years is 53 per cent of the rate of children aged 0-17 years.

[85] Palayret, G., 2012. UNICEF CEE/CIS Regional Office. Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia. A Rights-based Regional Situation Analysis. Geneva.

In all countries for which there are data, except Armenia, the rate of children aged under 2 or 3 years in formal residential care at the end of 2021 was in the range of 0-30 per cent of the rate of children aged under 3 or 3 years in family-based care (see Figure 19).

Figure 19. Rate of children aged 0-2 years or 0-3 years in formal alternative care at the end of 2021 in 10 countries disaggregated by main type of care (per 100,000 population of the same age groups)

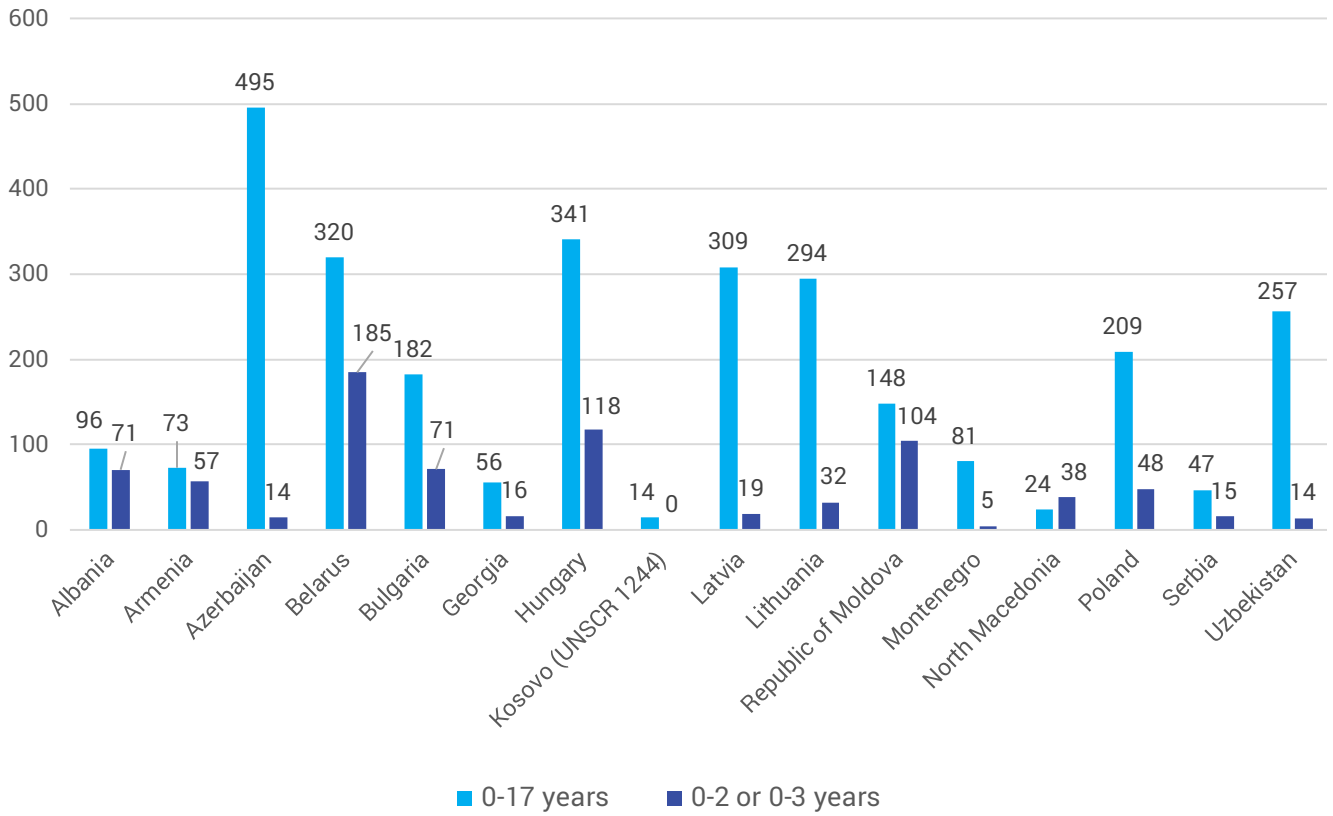
Source: TransMonEE, 2022. For more details, see the TransMonEE data query.



In 2021 in the countries for which data was available, the rate of children under three years in residential care was in the range of 0-70 per cent of the rate of children aged 0-17 years, except in North Macedonia (see Figure 20).

Figure 20. Rate of children aged 0-2 or 0-3 years in residential care compared to the rate of children aged 0-17 years in residential care in 2021 in 16 countries (per 100,000 population of the same age groups)

Source: TransMonEE, 2022. The data for Belarus are from 2019. For more details, see the TransMonEE data query.



The 2012 regional study on children under three years of age in formal alternative care reported that in Bulgaria, the rate of children under three years of age in residential care was 780 children per 100,000 children aged 0-3 years.[86] In 2021 this rate was 71 children per 100,000 children aged 0-3 years, underscoring the considerable deinstitutionalization reforms that have been ongoing in that country since 2010.

[86] Palayret, G., 2012. UNICEF CEE/CIS Regional Office. Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia. A Rights-based Regional Situation Analysis. Geneva, page 24.

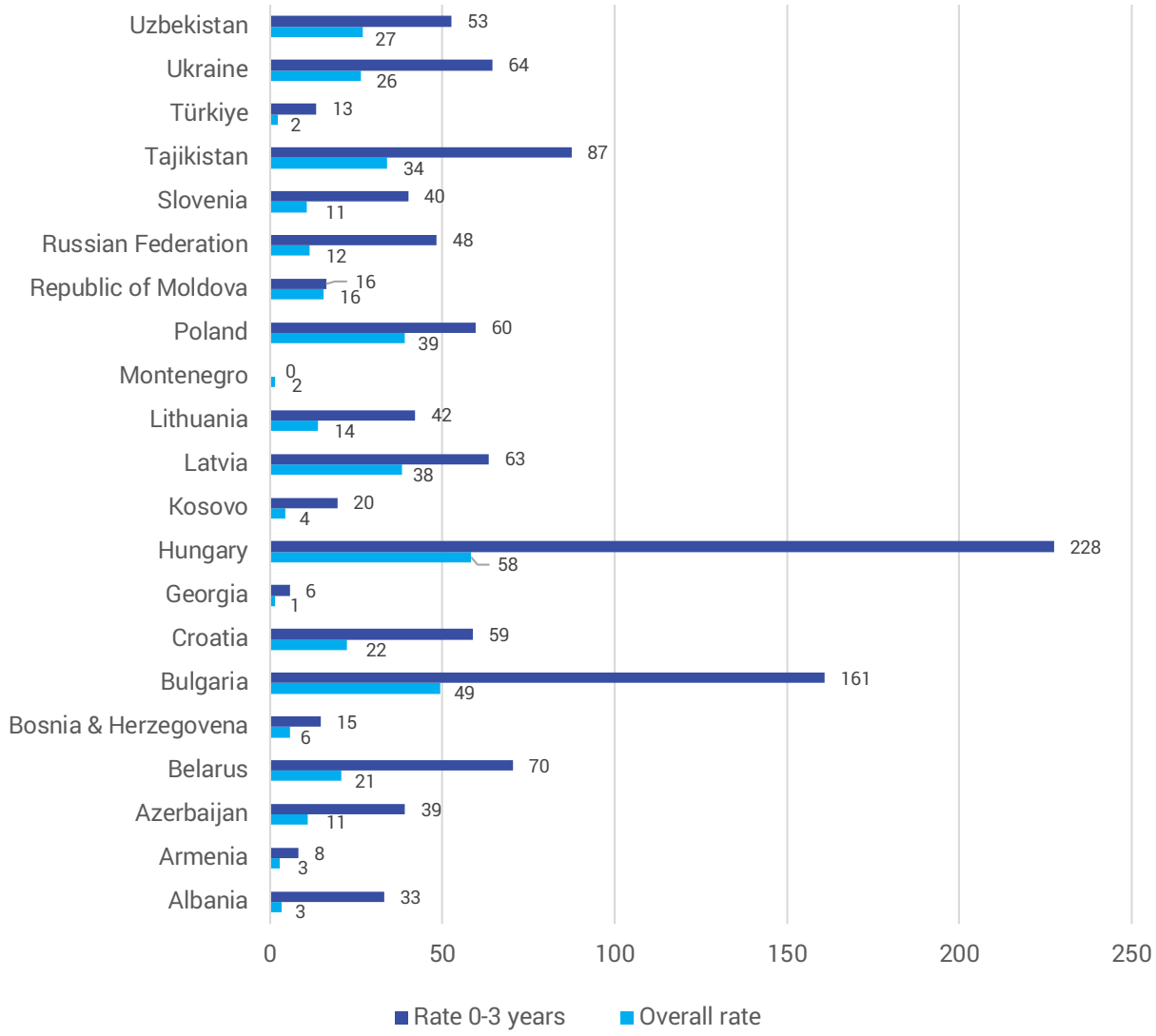
4.6.1 CHILDREN AGED UNDER THREE YEARS ARE ADOPTED IN LARGER NUMBERS THAN OLDER CHILDREN

TransMonEE gathers flow data on the number of children placed for adoption during the year, including disaggregation by age and disability.

In countries for which age disaggregation is available, the data indicate that children under three years of age are placed for adoption in larger numbers than children of any other age – in certain countries like Bulgaria and Hungary, the adoption rate for children aged 0-2 years is very high compared to the adoption rate for all children aged 0-17 years (see Figure 21).

Figure 21. Rate of adoption for children under the age of 3 years[87] compared to the rate of adoption of children aged 0-17 years in 21 countries in 2021 (per 100,000 population of the same age)

Source: TransMonEE, 2022 Data for Belarus and Ukraine is from 2020, and for the Russian Federation from 2019. For more details, see the TransMonEE data query.



Seven out of 30 countries contributing data to TransMonEE report adoption of children with disabilities that is 5 per cent or more of all adoptions during 2021. Of these, the highest percentages of adoptions of children with disabilities are reported by Lithuania (35 per cent), Serbia (27 per cent), and Bulgaria (18 per cent).

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In 2021, of 69 adoptions in Lithuania, 24 were of 'children with health problems' and of these, 16 were domestic adoptions, and 8 were intercountry.

In Bulgaria, 586 children were adopted in 2021, of whom 106 were children with disabilities, of whom 25 were adopted domestically (24 per cent of the children with disabilities, 4 per cent of all adoptions), and 81 were intercountry adoptions (36 per cent of 225 intercountry adoptions in 2021).

In many countries, the number of children with disabilities placed for domestic adoption was zero, and in some countries, children with disabilities are only placed into international adoption. In Serbia, for example, of 90 adoptions that took place in 2021, 24 were of children with disabilities; these children were placed into international adoption and made up 100 per cent of all international adoptions. The remaining 66 children did not have disabilities and were adopted domestically.

In Georgia, between 40 per cent and 100 per cent of intercountry adoptions are of children with disabilities; however the actual number of intercountry adoptions is quite low. In 2021, for example, two children were adopted internationally out of a total of 12 adoptions that took place during that year, and one of the children was a child with disabilities representing 50 per cent of all intercountry adoptions. Therefore, the TransMonEE indicator showing the percentage of children with disabilities adopted should be interpreted with caution and, where possible, actual numbers should be checked to fully understand the patterns.

[87] Note that some countries deviate from the standard definition and report data only for sub-groups of the 0-2 age group (for example, children who are less than 1 year-old).

Overall, the intercountry adoption rates in many countries in 2021 (see Table 5) are low compared to the early 2000s when they were at their highest in many countries reaching a rate of 60 children aged 0-17 years per 100,000 population of the same age in Romania in 2000, and 67 children aged 0-17 years per 100,000 population of the same age in Bulgaria in 2007. It is notable that four of the five countries with the highest intercountry adoption rates in Table 3 are all EU member states or candidates.[88]

Table 5. The intercountry adoption rate of children for 27 countries in 2021 (per 100,000 population aged 0-17 years)

Source: TransMonEE, 2022. For more details, see TransMonEE data query.

Country	Rate
Bulgaria	18.91
Hungary	8.67
Slovenia	6.13
Ukraine, 2020	3.40
Lithuania	2.42
Latvia	2.24
Republic of Moldova	2.15
Belarus, 2020	2.15
Serbia	2.02
Albania	1.40
Romania	0.88
Armenia	0.71
Kosovo (UNSCR 1244)	0.40
Georgia	0.22
Kyrgyzstan	0.20
Russian Federation, 2020	0.13

[88] A 2008 study found Bulgaria, Hungary, and Latvia among the European countries with a high correlation between numbers of young children in formal residential care and outgoing international adoption, and argued that intercountry adoption was not reducing the rate of young children in formal residential care but rather increasing it. Chou, S., Browne, K. 2008. The relationship between institutional care and the international adoption of children in Europe. Adoption and Fostering. Vol. 32. Issue. 1.

Country	Rate
Azerbaijan	0.11
Kazakhstan	0.11
Poland	0.10
Slovakia	0.10
Uzbekistan	0.01
Türkiye	0.00
Bosnia and Herzegovina	0.00
Croatia	0.00
Montenegro	0.00
North Macedonia	0.00
Tajikistan	0.00

The TransMonEE data indicate that there has been an overall reduction in the intercountry adoption rate in Latvia (consistent decrease), in Bulgaria with two upticks in 2017 and 2021, and in Lithuania with upticks in 2016 and 2018. While most countries show overall reductions comparing data from 2015 and 2021, a group of countries shows increases in the rate. This group includes Slovenia (+48%), Romania (+43%), Serbia (+38%), the Republic of Moldova (+31%), and Hungary (+0.02%). Another group of countries shows a consistent zero rate: Türkiye, Tajikistan, Croatia (since 2020), and Montenegro (since 2017).

Reductions in intercountry adoption in the last 20 years can be linked to global and ECA regional trends that have seen growing regulation of international adoption and compliance with the Hague Convention of 1993, to which many countries in the ECA region became signatories in the late 1990s and early 2000s. This, in turn, is linked to increasing respect for the subsidiarity of international adoption to suitable in-country care resulting in ongoing childcare system reforms in many countries in the region. Concerns remain about prioritizing international adoption over national childcare system reforms for children with disabilities.[89]

[89] Cantwell, N. 2014. The Best Interests of the Child in Intercountry Adoption, Innocenti Insight. UNICEF Office of Research. Florence.

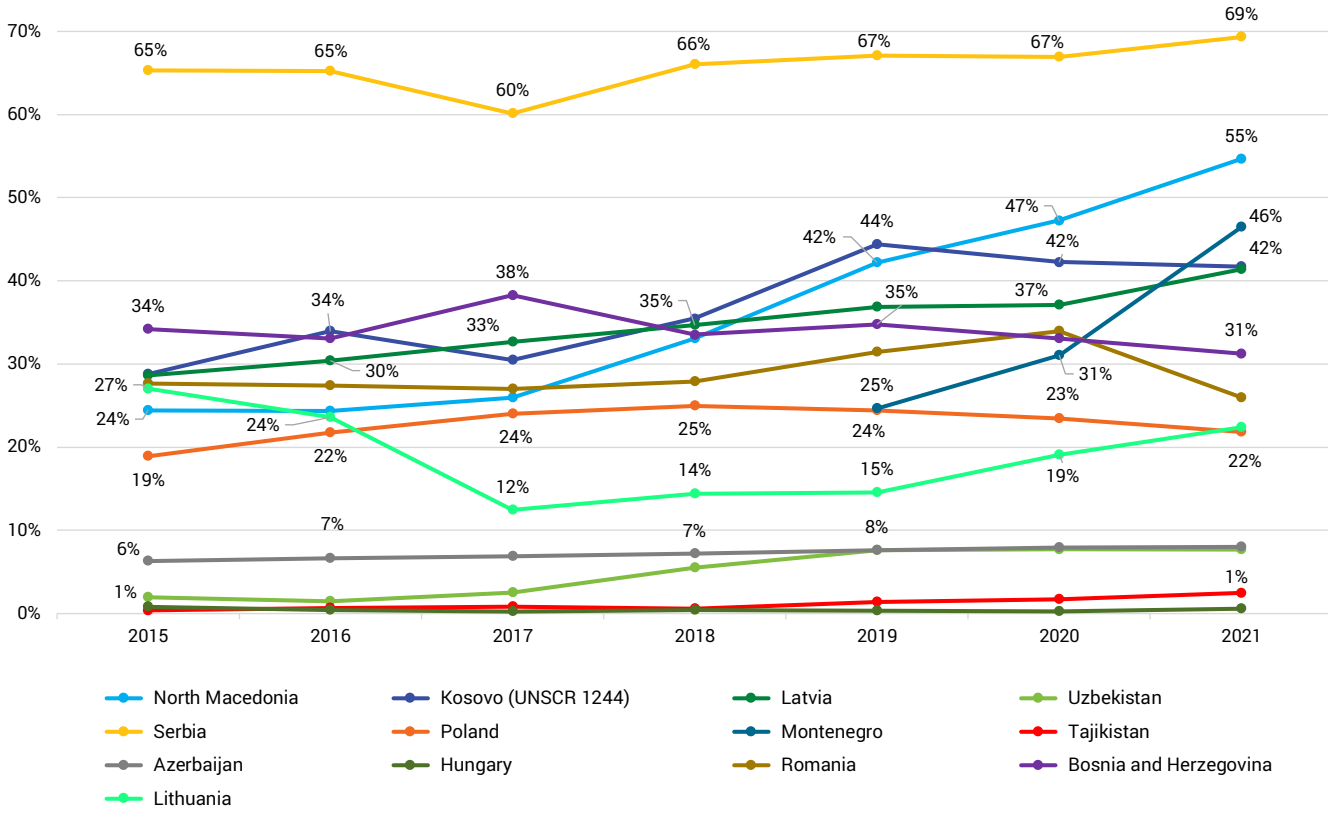
4.6.2 YOUNG PEOPLE IN RESIDENTIAL CARE

TransMonEE gathers data on young people aged 18-24 years who continue to live in formal alternative care for children, separately from data on children aged 0-17 years. Many countries tend not to gather data about these young adults in formal family-based care but those that provide support services to young adults in formal residential care settings (intended for children) do tend to continue gathering data about them, separately from children, in accordance with the TransMonEE standard guidance.

Analysis of data for 2015-2021 on young people aged 18-24 years in formal residential care for children for 13 countries with data, shows that in several countries, the proportion of young adults aged 18-24 years among the residents of formal residential care institutions intended for children is high and that this proportion has been increasing (see Figure 22).

Figure 22. Percentage of young adults aged 18-24 years among all children and young adults aged 0-24 years in formal residential care facilities intended for children in 13 countries 2015-2021[90]

Source: TransMonEE, 2022. Note that only countries with five observations or more are included. Certain countries use age groups other than 18-24 to report data for young adults: for more details, see the TransMonEE data query.



[90] Note that Bulgaria (2019-2021), Slovakia (2017-2018, 2021), Türkiye (2020-2021), and Montenegro (2019-2021) also show an increase in the share, but over less than five observations. Meanwhile, Croatia (2019-2021) demonstrates a decrease over a period with less than five data points.

In many countries in Figure 22, more than a third of those living in residential care settings intended for children are young adults aged 18-24 years who are receiving support to complete education, training, or to enter employment and to prepare for independent living. In Serbia, this figure is more than two-thirds. Given the high proportion of children living in residential care with disabilities in Serbia (see Figure 14 above), these are likely to be young adults with disabilities.

In Armenia and North Macedonia, the percentage increase in the proportion of young adults in residential care (intended for children) in the period 2015-2019 is 22 per cent and 30 per cent respectively. As there has been a percentage increase in both countries (13 per cent in Armenia and 14 per cent in North Macedonia) in the proportion of children with disabilities in formal residential care in the same period, quite a few of the young adults in residential care may likely be living with disabilities.

This trend of young adults (probably including many with disabilities) making up a large percentage of the inhabitants of the system of formal residential care intended for children could be linked to the growing use of formal family-based care for younger children, so fewer children are in residential care overall.

Or it could be linked to strengthened prevention and decreasing formal alternative care rates in some countries and to the introduction of care-leaver support programmes that enable young people who have grown up in formal residential care to retain links with residential care staff and use the facilities while pursuing education, training or employment. Governments should track this change in the population of children and young adults in formal residential care settings intended for children to ensure that the facilities are responding to their changing needs. Supervised independent living for young adults leaving formal care is only starting to be developed in most of the countries in the region.[91]

A similar trend can be noted in other countries in Europe where, in Germany, for example, an influx of unaccompanied and separated refugee and migrant children, often older boys, has led to increasing use of residential care.[92] In Finland, which is also seeing a trend of older children and young adults in formal residential care, this is attributed to mental health issues, substance abuse, and behavioural challenges among adolescents, who may have experienced similar issues in their family environment that were not addressed earlier in their lives and come to the force during adolescence when placement into alternative care is effected.[93]

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[91] Communication from UNICEF ECARO Child Protection Section, 2023.
[92] Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, pages 22-24.
[93] Ibid, page 23.

4.7 Destinations upon leaving formal alternative care – residential and family-based care

In 14 countries out of 21 countries for which data is available, the main destination following formal residential care was reported as family reunification. This could be a positive sign that formal residential care is being used for temporary stays while families are in crisis or for other reasons, and families have been actively supported to achieve reunification of the child with the family. It could, however, indicate that children are being placed unnecessarily in formal residential care and then returned to families who might have been able to care for them if they had been offered the right support. Or it could indicate that children are staying for long periods of time in formal residential care, and when they reach 18 years of age, they are returned to families that may not have been prepared for their return. Further investigation is required to better understand family reunification when leaving formal residential care.

Other destinations can include movements between placements, entry into formal residential care for adults, death, and other destinations that have not been reported on in other categories. For example, Georgia reported that the large number of children leaving formal residential care for 'other' destinations was linked to the closure of large institutions, so these children may have been moved to small group homes.

Table 6. Destinations of children aged 0-17 years on leaving formal residential care for 21 countries in 2021 (or previous years), percentages

Source: TransMonEE. Please note that classifications vary from country to country, in particular with regards to "other" destination that includes a composite of other categories like "death", "start independent life", and so on. For more details, see the TransMonEE data query.

Country	Family reunification	Placement in formal family-based care	Adoption	Start independent life	Death	Other	Year
Albania	57	0	20	23	0	0	2021
Armenia	46	15	10	0	15	13	2021
Belarus	63	27	8	2	0	0	2019
Croatia	47	13	3	9	0	28	2018
Georgia	37	22	0	0	1	40	2021
Hungary	41	48	4	0	0	6	2021
Kazakhstan	20	53	0	0	2	25	2021
Kosovo (UNSCR 1244)	85	4	4	0	0	7	2021
Kyrgyzstan	17	4	0	64	0	14	2021
Latvia	24	49	15	0	2	10	2021
Lithuania	62	30	6	0	0	2	2018
Republic of Moldova	57	27	2	0	0	14	2021
Montenegro	39	39	0	5	0	16	2021
North Macedonia	19	22	22	25	13	0	2021
Poland	48	30	9	0	0	12	2021
Serbia	55	10	16	10	8	0	2021
Slovenia	55	19	0	1	0	24	2021
Tajikistan	52	0	8	0	12	28	2021
Türkiye	64	13	8	0	0	15	2021
Ukraine	19	0	17	0	0	64	2020
Uzbekistan	39	7	17	1	1	35	2021

Data on the destinations of children leaving formal family-based care are generally less systematically reported than for children leaving residential care. For seven countries for which data are available, there are more inconsistencies than for formal residential care, with the total number of children going to different destinations not necessarily adding up to the total number of children who left family-based care during the year (for instance in the case of Georgia). Family reunification is also a majority destination for children leaving formal family-based care in Armenia, Kazakhstan, Latvia, and Poland (see Table 7). In Azerbaijan, the main destination is 'start independent life'; in Belarus and Montenegro, it is 'placement in formal family-based care'; while in Georgia, Kosovo (UNSCR 1244), and the Republic of Moldova, 'other' reasons dominate the data for children leaving formal family-based care (which could indicate a need to refine data collection methods and definitions of the disaggregation variables).

While TransMonEE offers some insight into where children go when they leave the formal alternative care system, long-term research is required to understand the outcomes for children in their lives as young adults in terms of employment, training or education, health, including mental health, housing, and family relationships.

Table 7. Destinations of children aged 0-17 years on leaving formal family-based care for seven countries in 2021, percentages

Source: TransMonEE .Please note that classifications vary from country to country, in particular with regards to "other" destination that includes a composite of other categories like "death", "start independent life" and so on. For more details, see the TransMonEE data query.

Country	Family reunification	Placement in formal family-based care	Adoption	Start independent life	Death	Other	Year
Armenia	53	0	10	0	0	38	2021
Azerbaijan	5	6	0	50	0	39	2021
Belarus	13	51	0	32	0	4	2019
Georgia*	18	14	1	0	0	32	2021
Kazakhstan	34	25	24	0	0	17	2021
Kosovo (UNSCR 1244)	9	0	17	0	1	73	2021
Latvia	54	14	32	0	0	0	2021
Republic of Moldova	14	5	7	0	0	73	2021
Montenegro	25	50	0	0	0	25	2021
Poland	43	18	26	0	0	13	2021

*In Georgia, only partial data is reported for destinations upon leaving family-based care – meaning that the shares do not sum up to 100 per cent.

4.8 Children in informal care and boarding schools

Children in informal care and boarding schools are technically in alternative care but are not part of the monitoring systems for children in formal alternative care in many countries

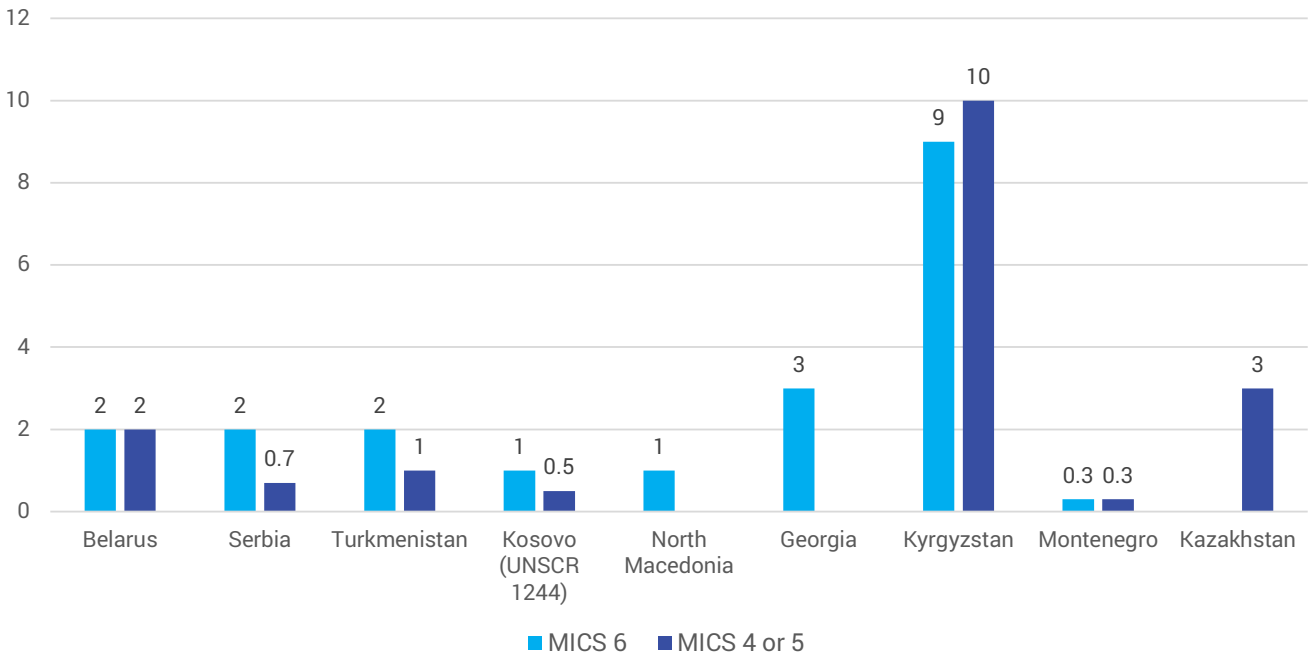
TransMonEE does not collect data on children in informal care. Although some governments in the ECA region (for example, the Republic of Moldova) do monitor children in informal care whose parents are working abroad using administrative data, there are not enough countries with data to reach the critical mass, important for inclusion in a regional database. There are, however, other sources of data that could shed light on the prevalence and situation of children in informal care. Most census and other surveys are conducted in households, so cannot capture information about children living in residential care, but some surveys, such as MICS, do capture information about the living arrangements of children in households and identify children living outside of parental care. Research has demonstrated that living outside of parental or close relative care is associated with poorer health and education outcomes for children.[94]

[94] See for example: UNICEF. 2014. Measuring the Determinants of Childhood Vulnerability; Martin F., Zulaika, G., 2016. Who Cares for Children? A Descriptive Study of Care-Related Data Available Through Global Household Surveys and How These Could Be Better Mined to Inform Policies and Services to Strengthen Family Care; USAID. 2021 'Understanding the Link between Children's Living Arrangements and Children's Vulnerability, Care, and Well-being: The Role of Household-based Surveys'.

UNICEF has supported governments to conduct MICS surveys in nine countries in the region in recent years (see Figure 23); these countries also gather administrative data for monitoring the TransMonEE indicators.[95] MICS captures information about children in the household living with neither biological parent, including children living in formal and informal family-based care arrangements and children living in adoption.

Figure 23. MICS – percentage of children aged 0-17 years living with neither biological parent in nine countries – various years 2005-2019

Source: MICS database.



In Kyrgyzstan, for example, administrative data provided to TransMonEE indicates that 351 per 100,000 children aged 0-17 years are living in formal family-based care (see Figure 7), which is around 0.35 per cent of the total population of children. The 2018 MICS survey in Kyrgyzstan identified 9.3 per cent of the surveyed population of children as living with neither biological parent.[96] The percentage distribution of children not living with a biological parent according to the relationship of head of household shows that for 0.5 per cent of the children, their relationship with the head of the household was 'Adopted/foster/stepchild' while the majority of the children were living in a household headed by a relative (for example,

[95] The nine countries in Figure 24 have conducted MICS 6 in 2018 or 2019 or MICS 4 or 5 in various years between 2010 and 2016.
[96] National Statistical Committee of the Kyrgyz Republic and UNICEF. 2018 Kyrgyzstan Multiple Indicator Cluster Survey, Snapshots of Key Findings. Bishkek, Kyrgyzstan; National Statistical Committee of the Kyrgyz Republic and UNICEF. 2019. Kyrgyz Republic Multiple Indicator Cluster Survey 2018: Survey Findings Report. Bishkek, Kyrgyzstan.

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86.5 per cent of the children's relationship with the head of the household was 'Grandchild' and only 0.4 per cent was 'Other not related'). While it is impossible to establish the exact nature of these care arrangements, the MICS data suggest that informal care arrangements may be widespread and more common in Kyrgyzstan than formal family-based care arrangements reported in TransMonEE.

Whether children in households not living with a biological parent need additional support and protection can also not be determined through the available information, but it is an area in need of further investigation, particularly in light of MICS 2014 and 2018 data showing an increase of 16 per cent over the 4-year period in the number of children left behind in Kyrgyzstan by parents for labour migration (from 239,100 in 2014 to 277,500 in 2018).

Given the limitations of both survey-based data and administrative data on children in alternative care and the limited number of countries monitoring children in informal care, it is currently not possible to estimate the prevalence of children in all formal and informal forms of alternative care in ECA. The Guidance on Statistics on Children recommends countries to make resources available to address the incomplete coverage of the population of children in alternative care in administrative data systems and/or survey instruments, to define the population of children in alternative care well to ensure proper coverage, and to align administrative and survey data needs with both national requirements and international standards.

The issues pertaining to data coverage were also identified by the DataCare project. The DataCare project found that most countries do not gather administrative data on children in informal care. Only three countries (Czechia, the United Kingdom, and Romania) collect some information on informal kinship care but not as

part of the formal alternative care data system. This meant that the project could not analyse any data on children in informal care.[97]

As discussed earlier in this report, the review of data on children in alternative care in European countries conducted by the DataCare project and the work of the Conference of European Statisticians on statistics concerning children in alternative care have further highlighted the issue of children in boarding schools or other forms of formal residential care placement (health facilities and temporary shelters) that are not being monitored by child protection systems and therefore are not monitored as being in alternative care.

TransMonEE has defined children who are in boarding schools for more than several days at a time as being in formal residential care, even if they are in parental care. It is clear from the notes and qualitative data provided by countries that some countries deviate from the standard definitions provided by TransMonEE and are therefore underreporting the numbers of children in formal residential care. Some countries have not included children with disabilities in residential boarding schools among the children in formal residential care, yet they are being educated in segregated residential settings with varying levels of contact with their parents and families. Given the concerns of the disability rights community regarding the institutionalization of children with disabilities, these types of placements require careful monitoring, and children in these placements should be counted as part of the overall population of children in alternative care.

UNICEF has developed a toolkit for surveying children in formal residential care. When surveying children in formal residential care, it is important that special boarding schools (as defined in the TransMonEE guidance) are included in the sample, especially to ensure that children with disabilities are not de facto being relinquished into permanent, formal alternative care.

[97] Eurochild and UNICEF. 2021. DataCare Technical Report page 26.

5

Key lessons and issues identified in relation to data and statistics concerning children in alternative care

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The issue of counting children in alternative care and understanding their situation has gathered considerable attention in the global childcare community in recent years. The Conference of European Statisticians, UNICEF, USAID and other governmental and non-governmental actors, such as Eurochild, have all been working to identify a common set of indicators that can be used to monitor the situation and support decision-makers at all levels – regionally, nationally and sub-nationally – to make informed decisions about policy and programmes that affect children in alternative care.

A number of key challenges have been identified, including:

- The need for common definitions of types and characteristics of alternative care settings, standardized age groups to improve comparability, disability, alternative care outcomes and others: in particular, the size of facilities and the difference between different types of 'family-based' care and 'family-type' care in small group homes needs clarity and consistent use of common definitions.
- Defining a core set of indicators that can be used consistently across different countries and within countries that capture all children who are in alternative care.
- Identifying and using indicators that can monitor and evaluate the necessity and suitability of care provision in both residential and family-based alternative care.
- Establishing mechanisms for monitoring children in informal family-based care, in boarding schools, temporary shelters and other care settings (such as care arrangements for unaccompanied and separated children and children evacuated from residential care facilities to other countries during emergencies and humanitarian crises), if they are counted as being in alternative care under the two previous points.
- Ensuring ways of monitoring longer-term outcomes for children who have been in alternative care of all types and comparing them to outcomes for children in the general population.

- Participation of children in monitoring and evaluating the care they are receiving and enabling the monitoring and evaluation system for formal alternative care to capture information on individual children and their experiences, including complaints and how these have been dealt with.

Other more routine challenges relating to monitoring and managing information have also been identified:

- Mitigating the risk of double counting by ensuring that children are counted only once in the system of formal alternative care during the agreed reporting period, even if they move between different types of family-based or residential placements, while considering using additional indicators to stock and flow to measure, such as placement stability.
- Developing consistent terminology for monitoring different types of family-based care including for example kinship care, guardianship and foster-care – especially where the use of these types of care may overlap, and kin are either guardians or foster carers.
- Consistently gathering data on the same variables and care settings over time to enable trends to be identified, especially in relation to equitable access to suitable types of care.
- Collecting disaggregated data to comply with the Fundamental Principles of Official Statistics and identify the children who are left behind in alternative care. Disaggregation is a challenge especially in some countries where systems for gathering data on children by individual years, sex, disability and other characteristics (including location, ethnicity or minority identity and migration status) may be challenging to establish or reconfigure from existing systems. See Annex 1 for a summary of datapoints gathered through TransMonEE and the DataCare project, which illustrates where there are gaps and need for further work. The combining of these datapoints illustrates that data are available across nearly all countries for core indicators such as the percentage of children in formal residential or family-based care with disaggregation for sex, age and disability.
- Ensuring that NSOs are able to access and use quality assured data from different information management systems across alternative care services being provided in the health, education and social sectors.
- Making use of the available data in policy making, planning and programming at all levels.

Box 5 summarizes examples of promising practices addressing some of these issues that have been identified in various countries involved in the TransMonEE and DataCare initiatives.

PROMISING PRACTICES ON FORMAL ALTERNATIVE CARE DATA FROM DATACARE PROJECT AND TRANSMONEE

Sweden – personal identification number and integrated data management system

The Child Welfare Intervention Register is a population-based national public authority register (administrative data system) that covers individual data on child welfare interventions using the unique personal identification number (PIN: personnummer) that all Swedish residents have. Data collected include the type of alternative care provision, whether the intervention is voluntary or coercive, and a time series of placement histories. Through the use of the PIN, statistics include aggregated measures of pharmaceutical drug prescriptions and compulsory school and upper secondary school completion rates.

Ireland – openly accessible, timely, quality data published on a Data Hub

Publicly available quality data on child protection and children in alternative care are published in a timely way by the Child and Family Agency Tusla on its Data Hub site which enables the user to access, analyse and share information.

Spain – uniform national data collection and reporting

Spain has 19 autonomous communities or cities with their own alternative care and data systems. Yet uniform national data are produced, at a higher aggregate level, and published in the annual report Boletín de datos estadísticos, de medidas de protección a la infancia. This achievement is facilitated by legislation laying down basic definitions and minimum requirements for different categories of care provision and obligatory national reporting. While some regions collect much more detailed data, and others struggle to meet the minimum requirements, the results are comparable enough to provide a meaningful national overview. In the last 5-7 years, Spain has included much more detail in its profiles of children – age, migration status, asylum seeker status, etc.

United Kingdom – proxy measurement of care quality through placement stability

Placement stability experienced by children in alternative care is measured by recording the number of placement changes a child or young person experiences each year. Data record the reason for placement change, allowing for planned changes of placements to be identifiable. Repeat entries into care can also be identified. Consistent data collection over the last ten years enables trends in the number, characteristics, and placements of looked-after children over time to be identified.

Croatia and Montenegro – improving data management systems and monitoring entry and exit indicators

Croatia has developed SocSkrb, a social welfare management information system that can share data with other institutions such as the tax administration, employment office and birth and death register. Indicators have been added about entry to and exit from the system of formal alternative care, and the system enables analysis of reintegration and further placements within the system. Montenegro focuses on improving service data through its Social Welfare Information System (SWIS) by taking a 'business intelligence' approach that enables analysis, for example, of reasons for entry into formal alternative care.

Tajikistan – NSO coordinates data collection and analysis across ministries and agencies

This enables inclusion of data on children with disabilities even if they are not classified as being without parental care or in the system of formal alternative care.

Source: DataCare Technical Report, 2021 and TransMonEE Network Meeting, 2022; DataCare Round Table, February 2023.

Recommendations to emerge from the Conference of European Statisticians Guidance on Children in Alternative Care[98] and from the DataCare project.

The Bureau of the Conference of European Statisticians (CES) found in its 2022 review that monitoring the implementation of the rights of the child in alternative care or at risk of entering alternative care does not meet the standards set in the United Nations Fundamental Principles of Official Statistics that data should be comparable across countries, collected frequently, regularly over time to permit monitoring of change over time, identification of patterns and trends, comparisons across different policy contexts.[99]

The CES identifies three fundamental pillars of the Guidelines on Alternative Care for Children[100] that require monitoring: the necessity and suitability of care and the reintegration of children from care back to their families or family networks (Figure 24).

[98] United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva. Chapter 4.
[99] United Nations General Assembly Resolution 68/261 (2014), Fundamental Principles of Official Statistics (first adopted by the Conference of European Statisticians in 1992).
[100] United Nations General Assembly. 2009. Guidelines for the Alternative Care for Children.

Figure 24. Three pillars of measuring alternative care for children

Source: Author, based on the 2022 CES Guidance on Children in Alternative Care.

Prevention of unnecessary separation of children from their families and family networks

Suitable alternative care that meets each child's needs and is in their best interests

Reuniting and reintegrating the children with their families or family networks

A core set of internationally comparable indicators on children in alternative care has not been defined or agreed upon at the international level; a range of agencies and communities of practice are currently attempting to reach an agreement on such a set of indicators. The TransMonEE NSO network has agreed on a core set of comparable indicators on children in alternative care, including definitions and metadata and although the network is continuing to work towards the agreed standard definitions being fully applied, this represents a working model and offers valuable experience for taking forward globally or in other regions.

Constraints to the comparability of available indicators on children in alternative care across countries include variations in the ways in which data are collected and reported and underlying definitional, legislative, and procedural differences. *However, some indicators may be comparable across countries based on definitional similarities:*

- Children in alternative care at a specific point-in-time (stock), by sex, age, and residential/family-based care with standard definitions for type of care further developed.
- Children who have entered alternative care during a specific period of time (inflow), by sex, age, and residential/family-based care.
- Children who have left alternative care during a specific period of time (outflow), by sex, age, and residential/family-based care.
- Percentages of children in residential care and in family-based care of the total number of children in alternative care.

Other indicators, such as length of stay, have shown to be comparable across a small number of countries.

The CES recommends as a starting point that the following indicators can be prioritized for internationally comparable indicators on which all countries systematically report:

- Number of children in alternative care at a specific point in time (stock), by sex, age, and type of care (residential or family-based care).
- Number of children who entered alternative care during a specified period (Inflow), by sex, age, type of care (residential or family-based care).
- Number of children who have left alternative care during a specified period (outflow), by sex, age, type of care (residential or family-based care).

The CES additionally found that in relation to children with disabilities,[101] 39 of the 43 countries surveyed produce statistics on children with disabilities, with the majority (32 countries) producing estimates of the number of children with disabilities. However, only 26 countries indicated using surveys or censuses for statistics on the number of children with disabilities (which may be more reliable than estimates based on administrative data from services). The needs and outcomes of children with disabilities vary based on the type and severity of the disability. Less than half of the countries that produce statistics on children with disabilities (16 countries) disaggregate statistics related to the type or severity of the disability or limitation: these are needed as these variables affect the needs and outcomes of children with disabilities. The majority of these statistics are based on data from surveys of households or schools or population census data. Less than a quarter of the countries reported statistics related to outcomes for children with disabilities. *The CES recommends the following in relation to children with disabilities and alternative care:*

- To produce accurate estimates of the number of children with disabilities, extra attention should be given to children in alternative care, whether they are in residential care or family-based care. Special data collection efforts are required to avoid omitting children in residential care from national estimates of children with disabilities.

The DataCare recommendations, based on the availability of data in European countries, largely align with the CES recommendations putting forward the following set of core indicators for which data from national sources on children in alternative care in EU member states could be aggregated and compared regularly at EU level as part of the European Child Guarantee initiative:

- The rate of children aged 0-17 years in alternative care at a specific point in time (per 100,000).
- The rate of children aged 0-17 years in residential care at a specific point in time (per 100,000).
- The rate of children aged 0-17 years in formal family-based care at a specific point in time (per 100,000).
- The percentage of children aged 0-17 years in residential care (of the total number of children aged 0-17 years in alternative care) at a specific point in time.

[101] United Nations Economic Commission. 2022. Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with a disability. Prepared by the Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth. Geneva. Chapter 5.

DataCare stresses that it is necessary for EU member states to follow common guidelines for data collection and report on children in alternative care, and methodological work is implemented, which is needed to improve data quality and international comparability.

The DataCare-recommended indicators focus on stock and rates, whereas CES propose actual numbers and flow. DataCare specifies an age range to define 'children' while CES specifies disaggregation by age but without a defined range. Both sets of recommended indicators propose that disability be considered for disaggregation of data on children in alternative care but highlight the comparability issues given that disability is determined and defined differently across countries.

The recommendations provide a definition of residential care and formal family-based care but, as the DataCare researchers and the CES recognize, there will need to be a process of negotiation to achieve comparable definitions across countries both within Europe and globally. This, in part, is to do with the issue of the size of the care setting as a proxy indicator for the quality of alternative care, especially in relation to residential care.

There is no globally accepted recommended size for residential facilities, and, as the DataCare project findings illustrate, there are a range of practices in EU countries and the United Kingdom in terms of standards and common practices in relation to the numbers of children in residential care units. The UNICEF ECARO 2020 White Paper on small-scale residential care[102] defines small-scale residential care entities as providing non-family-based care to a group of four to six children with a high ratio of caregiver-to-child. Therefore, any residential care facility with more children or low caregiver-to-child ratios is considered a large-scale residential care facility. A standard for the number of children in family-based care is also lacking both globally and in the region. There is evidence from the United Kingdom that very young children placed in busy foster families where several older children are already in residence can experience developmental delays, and consideration also needs to be given to monitoring the suitability of care in such cases.[103]

Given the range of existing practices in relation to size, staff ratios and other quality indicators across ECA, a concerted effort is required to reach a consensus on definitions of residential and family-based care. TransMonEE has already developed clear guidance on definitions, but it takes time for information management systems to adjust to new parameters in practice.

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[102] UNICEF ECARO. 2020. White Paper. The role of small-scale residential care for children in the transition from institutional-to community-based care and in the continuum of care in the Europe and Central Asia Region. Geneva.
[103] Meakings, S., Selwyn, J. 2016. 'She was a foster mother who said she didn't give cuddles': The adverse early foster care experiences of children who later struggle with adoptive family life. Clinical Child Psychology and Psychiatry. Vol.21(4) 509-519.

6

Conclusions and recommendations

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6.1 Conclusions on findings related to children in alternative care

Since 2015, the rate of the population of children in formal alternative care has not changed substantially in most countries reporting data to TransMonEE. While the proportion of children in formal alternative care has reduced considerably since the last UNICEF regional review of children in alternative care published in 2010 using data from TransMonEE 2007, the pace of reduction has slowed in many countries in the last seven years. There are some exceptions where a steady decrease in the rate of children in formal alternative care is notable, such as Latvia, Lithuania and the Republic of Moldova. In certain countries, the formal alternative care rate is even increasing slightly. Overall, however, the formal alternative care rates in many of the countries in the TransMonEE network are now within the range of the rates reported by other European countries.

The composition of the types of care available in the formal alternative care system has changed substantially. There is a greater proportion of children in formal family-based care, especially foster care, than previously and a smaller proportion of children in residential care. The countries in ECA traditionally considered to have very high rates of children in residential care now have rates that are largely commensurate with those in the member states of the European Union and the United Kingdom. This finding should, however, be treated with caution as there are data comparability issues between countries both within the TransMonEE network and more widely.

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Formal alternative family-based care continues to be provided mainly by relatives and kin in many countries. This important pillar of formal alternative family-based care systems is increasingly enhanced by foster care in some countries like Romania, Georgia and Bulgaria, where foster care has been actively promoted and institutionalized with the system of formal alternative care. Care by relatives is often the most suitable option for children in need of alternative care, but foster care is also needed for children for whom this is not an option. And TransMonEE can continue to gather information on the use of different types of formal family-based alternative care to monitor equitable access to family-based care for all children, including children with disabilities and of different ages and sexes.

This trend of no overall change in the formal alternative care rate does not apply to other countries in the EU and the United Kingdom as far as it is possible to determine from the DataCare project and the studies conducted for the European Child Guarantee (as they did not document trends over time in the way that was done with this TransMonEE analytical report). In some EU member states use of residential care has been increasing, partly as a result of unaccompanied and separated children and young people, especially boys, seeking refuge from conflict zones since 2013 (especially relevant to Germany). Family-based care dominates the system of formal alternative care in EU countries and the United Kingdom, except for a handful of countries where changes in definitions of different types of care (Portugal) or the exclusion of non-government providers of care for unaccompanied and separated children from government data (Greece) may mean that further interrogation of data is required. In Portugal, for example, where 95 per cent of children in formal care are in residential care and foster care is underdeveloped, there are nevertheless a large proportion of children without parental care who are

being cared for by relatives in informal care arrangements that are not monitored as part of the system of formal alternative care.

In the TransMonEE countries, there are fewer very young children and more children with disabilities and young adults in residential care than in 2010. These children with disabilities and young adults are being 'left behind' in the system of formal alternative residential care intended for children. It is not clear if this applies to EU countries and the United Kingdom as DataCare did not undertake such disaggregation, although it established that it is largely possible to do so in most countries (by age, by sex, by disability) except in eight countries where children with disabilities are not monitored in the system of alternative care. Other research confirms that there is a large number of older children and young adults in residential care in some EU countries.[104]

There is a need to ensure that service provision for young adults, including those with disabilities, who are living in residential care intended for children, adapts to their changing needs and supports their ability to live independently.

Children with disabilities are over-represented in formal care, especially in residential care, but there are signs in certain countries that they are increasingly accessing family-based care. Slight increases in the use of foster care for children with disabilities can be noted in several countries. It is likely that indicators relating to children with disabilities in formal alternative care are underestimated in some countries where boarding schools or other types of social care or health services for children with disabilities are not included in the data aggregated and reported at the national level on children in alternative care.

Young children are more likely to be adopted than older children, and there has been an overall reduction in the use of intercountry adoption since the early 2000s, which is consistent with global trends. There is some concern, however, that it is continuing to be used in some countries for children with disabilities, which suggests that Hague Convention principles are not being observed relating to subsidiarity of international adoption over national formal care options or adoption.

[104] Lerch, V., Nordenmark Severinsson, A. 2019. "Target Group Discussion Paper on Children in Alternative Care", Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission, pages 22-24.

Data on destinations of children leaving formal alternative care, especially formal family-based alternative care, are less systematically documented than for other indicators. Available TransMonEE data suggests that when leaving all types of formal alternative care children aged 0-17 years return to their families in larger numbers, or in the case of children in residential care, are also placed in formal family-based care in larger numbers. These findings should, however, be treated with caution as there may be issues of comparability, data coverage and definitions that need further investigation.

Survey data suggest that there may be considerable numbers of children in informal family-based care in certain countries, notably Kyrgyzstan. These children are generally not monitored as part of the system of formal alternative care. The Republic of Moldova and Portugal have excluded children in informal care from statistics concerning children in formal alternative care, although they are monitored through the child protection system in the Republic of Moldova and family-strengthening systems in Portugal. There is a need to consider how children in informal alternative care can be monitored to ensure their wellbeing and protection and to determine the outcomes of such care compared to that for children in formal alternative care.

6.2 Conclusions on indicators and data related to children in alternative care

TransMonEE has shown that it can coordinate data collection and validate data using a common set of indicators across 27 countries. The efforts to improve TransMonEE data need to continue as issues of comparability, definitions, coverage, and quality persist in many countries. Nevertheless, as time series data continue to be amended and definitions are consistently applied, nuanced and informative data are being produced that can inform decision-making at all levels. The CES notes that TransMonEE offers a model for other regions and for the global community, specifically in relation to statistics on children in alternative care.

The role of NSOs within the TransMonEE network helps to address challenges of cross-sectoral monitoring and consistent application of definitions and quality standards. This is true especially when NSOs access data not only from sectoral reports published by ministries using administrative data but also examine the information management systems in the various sectors with responsibilities for children in alternative care. This is especially important in relation to children with disabilities, who may feature in alternative care settings in health, education and social protection.

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A key challenge to enabling cross-country comparability is the inconsistent application of agreed definitions for core indicators and quality standards for data management. This challenge has consistently been documented in the 2021 DataCare study, the 2022 CES review and the latest validation of TransMonEE data for 2021. The validation process used by TransMonEE nevertheless demonstrates that if resources are invested, follow-up processes are used to check data quality, definitions, coverage and validity of time series data, and countries are supported with data improvement planning, including the implementation of these plans, then it is possible to use a common set of indicators for cross-country comparisons relating to children in alternative care.

This means there is a very real potential to attain a consistent, useful, and granular dataset that meets the United Nations standards for statistics.

6.3 Recommendations

Continue efforts to develop and adopt a global set of core indicators, standard disaggregation variables and improve data comparability. While DataCare and CES guidelines represent a good foundation for a core set of indicators that are already included in the TransMonEE indicators, solutions need to be found to the challenges of comparability relating to defining disability so that disability disaggregation can also be added. This may include recognition of national mechanisms for conferring disability status for monitoring purposes within the system of formal alternative care for children while recognizing that not all children with disabilities may have such a status. Common definitions for residential and family-based care will also need to be agreed with all participating states, and methodological work is required to improve data comparability.

UNICEF can develop a report card system for all countries in the ECA region using the three core indicators recommended by CES to report annually using disaggregation by sex, age, and disability. The report cards can focus on reporting the current situation and highlighting any emerging 'red flag' issues, inequity in performance, or notable achievements. The report cards should aim to provide rapid reporting and comparative analysis of the previous year as soon as it closes. The analysis can be built on the TransMonEE dashboard, which publishes the data for each country and indicator as they become available, both through the TransMonEE data collection and other international databases.

A more complex set of indicators based on the full set of 26 TransMonEE alternative care and four child disability indicators that have already been tested in TransMonEE countries can be used to report more in-depth every 3-5 years, with greater disaggregation and with a focus on systemic changes and strategic emerging issues. Work should continue with global and European partners to adopt this approach consistently across countries and invest in the methodological work required at international and national levels to make progress in this area.

Continue to invest in the TransMonEE approach to revising historical data and use consistent definitions with current data. Use TransMonEE to model how definitions can be refined and consistently applied, and data validated through NSOs in close collaboration with UNICEF country offices and ECARO.

Increase investment in improving data quality by strengthening data management systems for alternative care and integrating them with other relevant management information systems, including health, education, social protection, and justice. In order to strengthen administrative data systems on children in alternative care, it is necessary to first have an idea of the current functioning, strengths and weaknesses of the existing systems, including the feasibility of systems integration. This process can be used to consult and build consensus among key stakeholders on the current state of the system and needed improvements and priorities for targeted intervention and investment. The results of such an assessment can be used as a baseline for monitoring improvements over time, and mobilize technical and financial support to articulate and implement a data improvement plan.[105] Investment may be required, such as in hardware and software, and in ensuring consistent guidance and capacity building is provided to staff with responsibilities for entering and managing data, as well as for data users.

Children in boarding schools and in informal care are in alternative care if the definitions of the Guidelines on Alternative Care of Children are applied in relation to children outside of parental care and in alternative care. Ongoing work to define indicators for children in alternative care will need to reckon with these two aspects of children in alternative care if the United Nations standards on comparability of statistics are to be observed.

[105] The Data and Analytics Section of UNICEF Headquarters has developed a toolkit on Assessing Administrative Data Systems on Children in Alternative Care and Adoption/Kafalah that is intended to guide the process of gaining insights into the existing systems. The toolkit can be used by countries to evaluate the capacity and maturity of their statistical systems to collect, collate, analyze, and disseminate administrative data on children in alternative care at subnational and national levels. The toolkit consists of a set of documents, which together are used to undertake a self-assessment and to guide next steps, including the development of data improvement plans. In 2023, the toolkit, which has not yet been published, will be tested by NSOs and line ministries with support from UNICEF country offices, the Data and Analytics Section of UNICEF Headquarters and ECARO in selected countries in the ECA region. The results will inform the finalization of the toolkit.

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Annex.

Summary of data points available in 46 countries out of 55 synthesised from DataCare and TransMonEE

Table 8 combines findings from the DataCare analysis[106] and TransMonEE to summarise the availability of the most commonly available data points relating to children in formal alternative care. For the countries reporting data to TransMonEE, the team involved in validation has provided an assessment[107] of available data in terms of coverage, quality, consistency of definitions and the possibility of using the old time series data.

The table illustrates that the DataCare and TransMonEE countries have availability of data that is usable for formal residential and family-based care with disaggregation for sex, age and disability in most cases. There is not enough information from the DataCare analysis to understand the extent to which there is consistency between the non-TransMonEE countries data with TransMonEE definitions and other aspects of quality, coverage and usability of historical time series data.

The cells in the following columns are coloured green with the word 'yes' if:

a. **Adequate coverage: the proportion of variables covered is 50% or above.**
b. **Coverage by sex/age/disability/other:** the coverage along these disaggregation levels is assessed as *few, partial, almost full or full*.
c. **Definition consistency:** the definition consistency with the Statistical Manual on a Core Set of Child Protection Indicators for Europe and Central Asia is assessed as *partial, almost full or full*.
d. **Adequate quality of data:** data quality is assessed as *medium or high*.
e. **Old time series data:** possibility of using them is assessed as *almost not, few, partial, almost full or full*.

The cells are coloured red with the word 'no' if there is available information confirming no availability at all for these dimensions.

The cells are blank if there is no assessment of the above variables provided by the DataCare researchers or the TransMonEE team.

For the countries with DataCare data, availability of disaggregation levels are assumed to be identical for residential and family-based care.

[106] Eurochild and UNICEF. 2021. https://www.unicef.org/eca/media/19761/file/DataCare%20Technical%20Report.pdf, Annex 2.
[107] No assessment of quality was provided for Albania, Kazakhstan, the Russian Federation and Tajikistan so they have not been included in the Table – this does not mean they do not have available data, just that the TransMonEE team did not provide an assessment of its quality.

Table 8. Summary of data points available in 46 countries out of 55 synthesised from DataCare and TransMonEE

	Domain 1.1: Formal Residential Care								Domain 1.2: Formal Family-Based Care							
	Adequate coverage	of which – Coverage by				Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them	Adequate coverage	of which – Coverage by				Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them
		sex	age	disability	other					sex	age	disability	other			
Albania																
Armenia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Austria		Yes	Yes							Yes	Yes					
Azerbaijan	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	No	Yes	No	No	Yes
Belarus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Belgium-F		Yes	Yes	Yes						Yes	Yes	Yes				
Belgium-Gsc		Yes	Yes	Yes						Yes	Yes	Yes				
Belgium-W.B.		Yes	Yes							Yes	Yes					
Bosnia & Herzegovina	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Bulgaria	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No	No	Yes	No	Yes	Yes	Yes
Croatia	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	No	Yes
Cyprus		Yes	Yes	Yes						Yes	Yes	Yes				
Czechia		Yes	Yes	Yes						Yes	Yes	Yes				
Denmark		Yes	Yes							Yes	Yes					
Estonia		Yes	Yes							Yes	Yes					
Finland		Yes	Yes							Yes	Yes					
France		Yes	Yes	Yes						Yes	Yes	Yes				
Georgia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Germany		Yes	Yes							Yes	Yes					
Greece		Yes	Yes	Yes						Yes	Yes	Yes				
Hungary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ireland		Yes	Yes	Yes						Yes	Yes	Yes				
Italy		Yes	Yes	Yes						Yes	Yes	Yes				
Kazakhstan																
Kosovo	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Kyrgyzstan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes	No	Yes

	Domain 1.3: Adoption of Children							Domain 4.3: Children with Disabilities - Education					
	Adequate coverage	of which – Coverage by			Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them	Adequate coverage	of which – Coverage by		Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them
		sex	age	disability					sex	other			
Albania													
Armenia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Austria													
Azerbaijan	No	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Belarus	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Belgium-F													
Belgium-Gsc													
Belgium-W.B.													
Bosnia & Herzegovina	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Bulgaria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Croatia	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Cyprus													
Czechia													
Denmark													
Estonia													
Finland													
France													
Georgia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Germany													
Greece													
Hungary	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Ireland													
Italy													
Kazakhstan													
Kosovo	Yes	Yes	Yes	Yes	Yes	Yes		Yes	No	Yes	Yes	Yes	
Kyrgyzstan	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

	Domain 1.1: Formal Residential Care								Domain 1.2: Formal Family-Based Care							
	Adequate coverage	of which – Coverage by				Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them	Adequate coverage	of which – Coverage by				Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them
		sex	age	disability	other					sex	age	disability	other			
Latvia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Lithuania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Luxembourg																
Malta		Yes	Yes	Yes						Yes	Yes	Yes				
Netherlands		Yes	Yes							Yes	Yes					
North Macedonia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
Poland	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Portugal	Yes	Yes	Yes	Yes						Yes	Yes	Yes				
Republic of Moldova	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Romania	No	No	No	Yes	No	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes
Russian Federation																
Serbia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Slovakia	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Slovenia	No	No	No	Yes	No	Yes	No	No	No	Yes	Yes	No	Yes	Yes	No	Yes
Spain		Yes	Yes	Yes						Yes	Yes	Yes				
Sweden		Yes	Yes							Yes	Yes					
Tajikistan																
Turkey	Yes	Yes	Yes	No	Yes	Yes	Yes		No	Yes	No	Yes	No	Yes	No	
Turkmenistan	No	Yes	No	Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	
UK-England		Yes	Yes	Yes						Yes	Yes	Yes				
UK-NI		Yes	Yes	Yes						Yes	Yes	Yes				
Ukraine	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UK-Scotland		Yes	Yes	Yes						Yes	Yes	Yes				
UK-Wales		Yes	Yes	Yes						Yes	Yes	Yes				
Uzbekistan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

	Domain 1.3: Adoption of Children							Domain 4.3: Children with Disabilities - Education					
	Adequate coverage	of which – Coverage by			Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them	Adequate coverage	of which – Coverage by		Definition – consistency with CP manual	Adequate quality of data	Old time series – possible to use them
		sex	age	disability					sex	other			
Latvia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Lithuania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Luxembourg													
Malta													
Netherlands													
North Macedonia	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Poland	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Portugal													
Republic of Moldova	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
Romania	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Russian Federation													
Serbia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Slovakia	Yes	No	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Slovenia	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Spain													
Sweden													
Tajikistan													
Turkey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Turkmenistan	No	No	No	No	No	No	No	No	No	No	No	No	
UK-England													
UK-NI													
Ukraine	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
UK-Scotland													
UK-Wales													
Uzbekistan	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

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UNICEF Regional Office for Europe and Central Asia / TransMonEE
www.unicef.org/eca/
www.transmonee.org
transmonee@unicef.org

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