DATA COLLECTION ON CHILDREN IN ALTERNATIVE CARE
IN EASTERN EUROPE AND CENTRAL ASIA

Summary report of TransMonEE 2014 Country Analytical Reports on
Children in Alternative Care. Final Draft - September 2016

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1. BACKGROUND

The Guidelines for the Alternative Care of Children (hereon referred to as the Guidelines) represent an agreement across the world about how we should be developing care systems. Approved by the UN General Assembly in 2009[1], the Guidelines cover all kinds of care settings, including informal arrangements, family-based care and residential care. Although 'alternative care' is not explicitly defined in the Guidelines (nor in the Convention on the Rights of the Child), it is generally used to describe the care for orphans and other vulnerable children who are not under the custody of their biological parents.

The Guidelines strongly emphasize prevention of separation of children from their families to ensure that children do not enter unnecessarily into alternative care, as well as providing quality care whenever it becomes required. Principles of 'necessity' and 'suitability' are explained in a handbook designed to facilitate and encourage implementation of the Guidelines. Also explained are the need for robust 'gatekeeping' and developing a range of care options with focus on de-institutionalization (Cantwell et al 2012).

In the CEE/CIS region (Central & Eastern Europe and the Commonwealth of Independent States), UNICEF is working on both prevention and care strategies and is engaged in different activities to address the particular vulnerabilities of children left without parental care. A core activity is support for data gathering and monitoring. The statistics generated through administrative systems and surveys provide governments and their counterparts with much needed information towards more responsive and adequate planning, as well as for nationwide awareness raising campaigns.

UNICEF coordinates the TransMonEE database that collates inputs from National Statistical Offices (NSOs) throughout the region. This international database, established more than 25 years ago, is specifically designed to provide comparable data for monitoring countries' progress towards national goals and global commitments, as well as to collect data on disadvantaged children. It provides a unique insight into the state of alternative care systems across the region and offers an unparalleled opportunity to examine historical trends. In 2014, NSOs prepared reports that describe their national alternative care systems to complement the regular and annual TransMonEE data collection process.

The present report provides a summary of the key findings provided in these Country Analytical Reports (CARs). It explores various legal and working definitions of key terms and related data collection systems across the region. The questions we ask are: When collecting data on the situation of children in alternative care in a particular country, how can we make sure we are counting the right children? Are current national definitions and classification systems in line with the Guidelines, and what are the main challenges (and possible solutions) related to defining standardized indicators and collecting reliable data? What can we learn from countries that have taken steps to improve their data

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[1] http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

collection systems? How can we ensure that the latest evidence on trends and patterns of alternative care is used to guide our monitoring emphasis? By flagging problematic areas and showcasing positive examples, this report will contribute to broader and international efforts to strengthen statistics on children in alternative care towards evidence informed policy and decision-making.

Any debate on how to improve monitoring systems must be guided by the latest evidence. A recent multi-country evaluation in the region showed a noticeable decline in the rate of children in residential care and an increase in the total in alternative care. The number of care leavers often exceeded the number of new entrants (UNICEF 2015). The increasing trend of child separation is supported by an earlier study (UNICEF 2010). It begs the question as to how data systems can adapt to capture early indicators of risk to prevent family separation in the first place. The particular risks faced by children with disabilities and those from ethnic minority groups (mainly Roma) need highlighting here.

2.   METHODS AND CAVEATS

The present report presents a summary of the twenty-one Country Analytical Reports (CARs) submitted by National Statistical Offices within the Eastern Europe and Central Asia region, at the end of 2014 (Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Georgia, Hungary, Kazakhstan, Kosovo*[2], Kyrgyzstan, Latvia, Moldova, the former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia, Slovenia, Tajikistan, and Ukraine). Requests for further information or for clarification were facilitated by UNICEF country offices, when possible. Findings presented in the reports were triangulated with other sources of information, including country- and regional-level research and evaluations, as well as personal communication with UNICEF Country Office focal points. The present report has been through a thorough review process, by both Country Offices and by experts.

The biggest caveat for the creation of this synthesis report was the varying level of detail and quality provided in the reports, meaning that a full analysis of each country situation was not possible, nor direct comparisons between countries. It is likely that good practices have been missed due to the lack of reporting. Varying quality of translation also meant that nuances were overlooked and that, in some instances, appropriate (English) terms were not identified.

Furthermore, it should be noted that the guidance provided by the Regional Office for the development of the CARs, albeit comprehensive, did not cover all aspects of the alternative care system. There were some issues, particularly around 'prevention' and 'quality of services', as well as distribution and the targeting of marginalized populations, that were not included – deliberately so, to keep the focus on definitions and data systems. The results presented below are therefore centered on technical aspects, and tentative only, designed to stimulate a methodological discussion rather than to present any firm conclusions about the status of alternative care systems in the region.

3.   RESULTS

Conceptual clarity is important, not only to help stakeholders define and interpret terms in the same way, but also for ensuring that indicators are standardized which allows for greater comparability and utility of data. Generally, we refer to 'legal definitions' when explaining how terms are described in legislation, and 'operational definitions' or 'working definitions' to describe the terms used in practice to collect data, i.e. when designing administrative systems or survey questionnaires.

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[2] All references to Kosovo in this report are made in the context of UN Security Council Resolution 1244 (1999)

The NSOs provided legal or working definitions of key terms used to describe the formal alternative care system.[3] However, for many, identifying one clear definition per term was a challenge because definitions often varied between geographical areas or between different government ministries and agencies including statistical agencies. In some countries, it was the lack of harmonized laws that underpinned variations in legal definitions; in others it was different methods for data collection that resulted in varied working definitions. As a consequence, succinct definitions were sometimes not available or not reported on.

Below we explore the extent to which definitions of key terms, as reported by the NSOs in the Country Analytical Reports, are in line with the Guidelines and UNICEF's working definitions (Better Care Network and UNICEF 2009, Cantwell et al 2012, UNICEF 2010 and UNICEF 2011). We also summarize the nature of national data systems and data collection procedures for TransMonEE in relation to children in alternative care.

Ideally, a true comparative analysis would provide an in-depth, constructive look at the characteristics of any care measure, whatever it is called in a given country, rather than trying to translate or define specific terms. However, this analysis relied almost exclusively on the CARs that were written in response to guidance and pre-defined terms provided by the Regional Office. Therefore, a limitation of this report is that it often relies on terms translated from their original language into English. We hope, however, that this report will trigger debate and help shed light on the problem areas, whilst identifying the specific terms and topics that can have multiple or different meanings between countries

3.1.1 Foster care

Foster care is a key form of family-based care (Fig 1). The Guidelines define foster care as "situations where 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 and approved and supervised for providing such care".

The essential features of the legal definitions of foster care, as described in the Country Analytical Reports, seem to be in line with the Guidelines in most cases, although this was not always easy to assess.

The role of legislation in providing the foundation for definitions and data collection systems is seen clearly in Serbia, where they have taken active steps to clarify the legal and working definitions of the various forms of foster care. Through processes of triangulation and validation, they have ensured that the various official data sources are standardized and synchronized to provide robust national statistics on foster care (see Box 1 for more). In other places, legislation is lacking: the report form Bosnia and Herzegovina explained that official data on fostering is not collected because there is no legal framework to define this form of social protection.

It is important to bear in mind, however, that even where legislation is in place, this does not guarantee that it is implemented as such. Furthermore, whilst legislation may be in place it may not be sufficiently comprehensive, and exclude certain types of foster care such as temporary or respite foster care (some use the term "emergency" or "urgent" foster care).

In Hungary, they reported on "normal" versus "professional" foster parents, as well as a "network of foster parents" that consists of both normal and professional foster parents and falls under a

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[3] The key terms and working definitions to describe the alternative care system were provided in the RO guidance (UNICEF 2014a). While a handful of countries provided some additional terms and definitions, none of these represented any new form of care and are discussed below under the appropriate headings.

professional child protection service. In Croatia the Foster Care Act refers to "traditional", "specialised", "urgent" and "periodical" foster care that can be "kinship" or "non-kinship".

In Romania, the general term used to describe foster parents is "maternal assistants". In fact, the legal definition for the foster parent in Romania is "professional maternal assistant" as it was originally considered a specialized service provided by professionals with minimum standards, training and remuneration. In Latvia, they prefer to refer to the "foster family" rather than "foster care".

In Armenia, fostering is very rare but when undertaken is mostly long-term. It is therefore often confused with "adoption" (Save the Children 2013).

It should be noted that the Guidelines refer only to a formal arrangement. Informal care arrangements with relatives or with friends of the family are known as "informal kinship care". In such cases, a decision is made by families or individuals to care for children outside of immediate kinship networks without the involvement of other agencies.

Kinship care may also be formalized. When kinship care is formalized, grandparents or other extended family members taking care of a child may receive monetary support according to various criteria. Common terms for such arrangements are "kinship fostering", "private fostering" or "foster care within the family". The foster family may be financially rewarded for their services depending on certain criteria. In the Czech Republic, for example, such criteria include the number of children being cared for, the social and economic situation of the carer and the family, and the health of the child. In Belarus foster parents have the status of professional education workers and are entitled to a monthly salary payment.

Box 1. Positive practice from Serbia

Maximizing and improving the value of foster care data

There have been important strides ahead in alternative child care system reform in recent years, most notably the establishment of a Social Innovation Fund in 2003, of the Social Welfare Development Strategy for 2005 – 2009, and of the Social Welfare Law in 2011. The new Law prioritizes strengthening families and considers institutionalization as a measure of last resort. Institutionalization of children under 3 is now forbidden; fostering has been expanded; financing of non-state actors as providers of services has been clarified. Moreover, the law has been followed by important secondary legislation/rule books.

Despite these important reforms, there is no unified national data collection on children in alternative care. Different government entities have responsibilities for different types of data. The National Institute for Social Protection of Serbia has put in place specific processes to minimize data discrepancies between different government entities, thereby optimizing the value and usability of the data. Data on foster care, for example, is one area where some progress has been made. The National Institute for Social Protection has been in a process of revising indicators and meta-data on foster care, revising specific data collection instruments, and reviewing reliability of each data source in order to define the optimal source for key indicators.

Legally, the definition of foster care is in line with the Guidelines. It is defined as a "Measure for protection of the child without parental care, or child under parental care with disability, developmental or behavioral disorder that is temporarily unable to live with their parents. A child in foster care is provided, in accordance with the law, an adequate form of foster care and foster family in accordance with its specific needs and delivering the best interest"[4]. Centers for social work (by Family Law) are

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[4] Rulebook on foster care (2008) Article no.2

responsible for the application of foster care (legal decisions), for the establishment of foster care, and the decision on the termination of foster care; selection and training of foster parents and supervision of foster care).

The legal definition of foster care is comprehensive enough to provide the basis for an operational definition (that is used in questionnaires). *Rulebook on foster care (2008)* define four types of foster care: 1) standard foster care – temporary foster care for children without parental care; 2) specialized foster care – temporary placements for children with disability, health disorder or anti-social behavior; 3) emergency care – temporary placement in situations of emergency (abandonment of a child, negligence, violence, death or illness of parents). It implies placement at short notice and lasts until the emergency situation has ended or an intermediate solution has been found; 4) "periodical foster care" (equivalent to respite foster care) is applied for children with disability or health difficulties who usually live with their parents or in a foster family and are occasionally placed in foster family for short period of time with the aim to preserve the capacities of the family. According to the Family Law, children without parental care cannot be informally looked after by relatives or others. The government requires informal care providers to register. Formalization of informal kinship care arrangements is obligatory by Family Law in the form of guardianship.

With regards to data collection, the National Institute for Social Protection (NISP) is legally authorized by the Ministry of Labor, Employment, Veterans and Social Affairs (MOLEVSA) to collect individual reports and data from CSW and to create a database on the rights and services provided by law to all vulnerable users of social protection. NISP uses 3 sources to generate data on foster care: 1) CSWs, 2) the information system of MOLEVSA itself and 3) the centers for foster care and adoption. The monitoring unit is a child up to 18 years[5] or up to 26 years[6] of age on foster care.

As the CSWs still do not use software of data collection, which decreases the quality and reliability of data and increases the chances of double counting, NISP applied practice to count the *Decrees on foster care* as a monitoring unit or the *Decrees on termination of foster care*. In that way, inflow of children in foster care is provided by a number of Decrees in that year; total number of children in foster care – stock by counting all Decrees in the system at the end of the year, while the outflow is provided by number of Decrees on termination of foster care. The decrees provide disaggregated data (age, gender) while double counting is avoided.

The long term aim is to establish a centralized electronic database to link all service providers. Since the current system relies on three separate databases (presenting data collected in different ways) NISP has had to make efforts to triangulate data and a means of quality control. Moreover, uniform definitions of indicators have introduced throughout three data sources, all deriving from the legal definitions, and allowing the databases to be synchronized. This exercise has contributed to reliability, consistency, comparability and eventually increased use of data. The next steps include standardizing meta-data, improving coordination within the national statistical system and raising awareness and capacity of policy-makers for more systematic use of data in policy-making.

3.1.2 Guardianship

There are a number of challenges in defining "guardianship" as a form of alternative care for children. In fact, it is precisely because of considerations such as those reviewed in this section that the Guidelines neither refer to explicitly, nor therefore try to define, the concept of guardianship. In its "legal" form, the concept is covered by "legal responsibility". In its "care" form, it would be either a type of foster-care or "other form of family-based care".

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[5] "Foster care could be established only for minors, a child up to 18 years of age" (Article 112 of Family Law)
[6] "Foster care could be continued if a child has disability, developmental disorder or is not capable to protect its own rights" (Article 112, Family law) and "Foster care could be continued if a child is in education" (Article 121).

The guidance to NSOs explains that a guardian is "an individual of full legal age, officially appointed as a legal representative of a child. Duties of a guardian include ensuring observance of the child's rights and protection of his/her best interests… In the context of the CAR review 'guardianship' only covers situations where a child receives care on a daily basis in the guardian's own living quarters." (UNICEF 2014a). This distinction needs to be stressed: a child may have a legal guardian without necessarily being in that person's day-to-day care.[7]

Some countries make this distinction clear. For example, in Moldova, guardianship is only available for children under 14 years, with older children (up to 18 years) falling under 'trusteeship', meaning that these older children are allowed to take decisions to some extent, and can live separately from their trustees if the Guardianship authority permitted it. In Georgia, it was noted that guardianship is applicable only for children under the age of seven, with 'custodianship' applied children 7-18 years. In Tajikistan and Croatia guardianship also applies to adults who are deemed incapable of taking care of themselves.

The legal considerations - including age limits, place of residence, parental rights, compensation etc. - associated with guardianship vary from country to country and guardians may or may not be related to the child or given an allowance. Similar terms, often used interchangeably with guardianship, include 'wardship', 'trusteeship' or 'custodianship'. There are not always clear and precise guidelines that define a guardian's duties, or in relation to the above terms. As a result, considerable differences are likely to emerge in practice, and it is likely that the lack of clarity on what a guardian's duties are may cause confusion to children and adults responsible for their care.

Capturing the numbers of children under 'guardianship care' relies on numbers being segregated by living arrangements, and having clear definitions for each sub-category. For example, the report from Hungary points out that the TransMonEE data on guardianship correctly includes only the children who live with the guardian, whereas those under guardianship but living in institutions are counted as 'living in institutions'. On the other hand, in Serbia, the number of children in guardianship, as per the TransMonEE database, includes both children living with guardians and those who live in institutions with a guardian as a legal representative, thereby over-estimating the true number of children in family-based care.

Meanwhile in Bulgaria, because guardianship (or wardship) does not specify living arrangements, it is not considered a form of family-based care. There is concern therefore that current official statistics somewhat underestimate the numbers of children not living with families as well as the relative role of family-based care vis-à-vis residential care. Also, in terms of policy, the exclusion of guardianship as a form of care may mean that guardians are not receiving the support they need.

In sum, the issues concerning the definition of guardianship care are particularly important to clarify in the context of both policy and data collection. Given the absence of a definition of guardianship in the Guidelines, it becomes especially important to be vigilant of the nuances of legal and working definitions to ensure that children are appropriately classified: Children living in formal care institutions should not be classified in statistics as children living in family care, nor vice versa.

3.1.3 Patronat Care

The Guidelines do not provide a definition of patronat care (or patronage) but the working definition of UNICEF is: a family based placement concept by which children are placed in 'patronat' families while remaining under the legal guardianship of the director of their residential institution 'of origin' – through a tripartite agreement between institution, family and guardianship agencies. Children and

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[7] The various meanings and status of guardianship across Europe has also recently been explored by the European Agency for Fundamental Rights, 2015

potential 'patronat' parents are prepared, selected and accompanied by the institution. The institution retains legal responsibility and the financial resources to manage this process and intervene as much as needed (UNICEF 2014a).

The majority of countries did not provide a legal definition of patronat care or stated that it was not practiced in their country. The Hungarian Report states that patronat care used to be practiced in the past, but that many bad experiences led to the discontinuation of this form of family-based care. In Belarus, the term 'custody care' is used to describe patronat care, although this is not considered an official form of alternative care.

When undertaking cross-country analyses like this one, it is important to pay attention to translation between English and other languages as it is quite possible that the terms 'patronage' and 'foster care' are being used interchangeably. Thus, the translation of the word 'patronage' needs further exploration to determine the characteristics of the care measure it is referring to.

It is interesting to take note from Bulgaria, where there is no regulation for patronat care, where 'respite foster care' is similar in its practice. Respite foster care is provided to a child for a short period of time to support carers or to provide support and education to the child in particular cases or circumstances. Such substitute foster care can be provided only by an approved foster family. Under a contract between the Director of the "Social Assistance" directorate and the foster family, a child who is placed in long-term institutional care, according to his or her individual needs and characteristics may periodically or for a short period of time to live with such a family. Children from specialized institutions who take advantage of this type of respite foster care are still considered as living in residential care. At the same time however, the Report from Bulgaria notes that "the number of children placed in specialized institutions who have taken advantage of foster care cannot be separated from the total number of children who have taken advantage of foster care", raising questions about how to capture such short-term placements.

3.1.4 Informal Kinship Care

The Guidelines refer to informal kinship care as "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". As such, the formal legal responsibility for the child tends to rest with the child's parents.

It is well known that informal care arrangements are a common practice and an essential form of alternative care in many countries. In Moldova, many parents migrate for work rely heavily on the help of relatives to look after their children. Parents who go abroad for a period longer than 3 months and whose children remain in Moldova are recommended to notify the local guardianship authority about the person in whose care the children remain, although it is still not mandatory for parents to do so and no mechanism exists to enforce it.

The Ukrainian report for example states that all cases of care and guardianship need to be officially registered. There is an appreciation, however, that the lack of data does not mean it is not happening in practice. The Report from Hungary explains that "There is no informal guardianship in Hungary – yes there might be children cared for by relatives but because they are not registered with the state, only the closest family members would know about it."

In Romania, they use the term "extended family care", which may also include care by non-relatives. Some data is available with regards to migrant families. Official statistics for 2015 state there were 21,610 children in Romania whose parents had both migrated abroad, although the actual number may

be higher. Of these only 1,140 children benefited from formal alternative care whilst the rest were taken care of by the extended families without having issued a formal protection measure. Similar data are also available for children with one parent who migrated abroad and for children in single-parent families, where the parent is away from home for work abroad. In fact, methodological guidance has been approved in Romania to ensure close monitoring of these children by the local authorities, but practice shows that implementation is a challenge.[8]

In Kosovo*, the extended family taking care of the child must be officially registered as a foster care family and is entitled to monthly financial support. In the former Yugoslav Republic of Macedonia, the Centres for Social Work have recorded cases of foster families who are close relatives that have been given the status of foster family so as to be entitled to financial support. Similarly, in Serbia, 20 per cent of foster care families are actually extended families with formal kinship care status, which means that they get financial support and are regularly supported and supervised by the regional fostering centres and centres for social work. In fact, in Serbia the Family Law stipulates that children without parental care cannot be informally looked after by relatives or others, and that formalization being obligatory. A similar situation is seen in Montenegro, with the majority of foster families are actually kinship-based, contrary to Serbia where the majority remain non-kin. In Croatia, kinship foster parents correspond around 30 % of all foster parents for children.

The issue of importance here is "formality": if, when and how informal care measures are required to be formalized by the state, often in exchange for financial and other support. There are little administrative data regarding the extent of informal kinship care practice. As expected, most NSOs provided no official statistics on informal kinship care as it is, by definition, 'informal'. It is worth referring to an earlier UNICEF discussion paper on this topic, which explores to role and definition of informal care, and flags the recommendations by the Guidelines, that "Where possible and appropriate, States should encourage and enable carers to formalise the care arrangement after a suitable amount of time, if the child's best interest will be served and the relationship will be for the foreseeable duration" (Roby 2011).

3.1.5 Residential care

According the Guidelines, residential care refers to "all care provided in a non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential facilities, including group homes."

Few countries demonstrated clear, standardized definitions of residential care. There is certainly a lot of confusion around definitions of 'residential care' vis-à-vis 'institutional care', a 'residential facility' vis-à-vis an 'institution' – as well as 'institutionalized children'. With some exceptions, most reports refer to residential care as the equivalent of institutional care, or use the terms interchangeably (see section on 'institutions' for more discussion).

The majority of countries described the various types of residential care facilities available in their countries, both legal definitions and working definitions used by those working in the field. For example, in Latvia, a distinction is made between long-term care institutions, family-type homes, and crisis centres.

In Romania, authorities refer to 'classic or traditional residential units' characterised by a large number of children living together with more than 5 per bedroom and with a common bathroom for children living on the same floor, versus 'modulated residential units' where the bathrooms are located within each room. At the same time, the NGO Hope and Homes for Children refers to 'old-type institutions'

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[8] Personal communication with Voichita Pop, UNICEF Romania.

'refurbished institutions' and 'small family homes', where the latter refers to a maximum of 12 children in a 'family model' (i.e. kitchen, living room etc.)[9]

Kosovo* was the exception, where the government does not generally provide residential care in the form of institutions. That said, there are mental health facilities for mentally disabled children that are a residential service and the government does support institutions primarily funded by international NGOs that offer short-term residential care.

Box 2: Positive practice: Bulgaria

Overcoming the challenges of defining children in residential care

In Bulgaria, important reforms have recently been taking place, most notably the establishment of State Agency for Child protection (SACP) and municipal Child Protection Departments (CPDs). Although the Child Protection Act of 2003 had been criticized for not being sufficiently prevention focused, the Deinstitutionalization Vision and Action Plan of 2010 commits Bulgaria to a ban on the placement of children under 3 in residential care, as well as the closure of all old-style large residential care facilities by 2025.

Currently there are a number of different "specialized institutions", as well as "social services of residential type" and "boarding schools", all housing children without parental care for various reasons. The 2003 Child Protection Act, redefined these categories, leading to boarding schools being excluded from the count of children in residential care. As the new definition was applied retrospectively from 2000, the upshot was an apparent "drop" in the number of children in residential care from 23.7 per 1000 in 1999 to 16.4 per 1000 in 2000 (TransMonEE).

Additional adjustments have been made in relation to the age-range of children included in residential care estimates. Whilst in the early 2000s, the number of children in residential care included all children and young people regardless of age, currently, the number of children in residential care includes young people only until the age of 20 if they are still in school.

As seen in a number of countries, national data bases in Bulgaria do not provide for sufficient desegregation based on gender, age, region and ethnicity. As there is no child-tracking system, it remains impossible to explain the flows and trends in the number of entries and exits of children from different forms of care. It is also not possible to observe the care patterns of children, nor calculate the average duration of stay.

A major issue is also the fact that the country has two systems of national data collection: one performed by the State Agency for Child Protection and the other by the Agency for Social Assistance. The two agencies apply different definitions for some indicators and even if the trends remain the same, some parameters differ.

To address these concerns, a review commissioned by UNICEF in 2014 (Rapid Review and Assessment the implementation of the National Strategy 'Vision for De-institutionalization of Children in Bulgaria) recommended the establishment of a data management and monitoring system with a unified data set. They also recommended the disaggregation of the data. Furthermore, the Agency for Social Assistance is currently introducing a child-tracking system in all child protection departments.

Some countries openly acknowledged the role of both public forms of residential care (i.e. statutory, registered) and non-public forms (i.e. private, non-statutory, informal) – although data are not

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[9] ARK and Hope and Homes for Children (2012) The Audit of Social Services in Romania. Consolidated Report.

necessarily available for both forms. In Armenia, for example, the national statistical service collects data twice a year on homes run by SOS Children's Villages.

Few countries reported on residential care provided by the health care sector. This is an important observation given that the abandonment of children in health care facilities is relatively common (Moestue 2010).

Some countries acknowledged that residential care should be used as a 'last resort' and be 'temporary' in nature. For example, the report from Serbia states: "Residential care includes institutional care, placement in places for emergency care and short-term residential facilities for temporary placement (shelters) in situations when children's safety cannot be provided in a family, by community based services or in foster care." They also note that all residential type of care is defined as temporary by the Law on Social Protection. In Slovenia, they have "youth crisis centres" that are open 24/7, and where children aged 6-18 years can stay for up to 3 weeks in case of an emergency situation. They also have one such centre for the under 6.

Despite the challenges of defining and measuring residential care, there are some good examples from the region about how to improve data quality and usage. The example from Bulgaria (Box 2) describes challenges common to many countries in the region and how to address them. Meanwhile, the example from Azerbaijan (Box 3) explains how UNICEF used a physical headcount to demonstrate how the numbers of children in institutions had been inflated. This is a helpful reminder that, that regardless of the cause of miscounting (be it poor definitions, poor methods, or perverse incentives) it can be addressed through simple checks and quality assurance measures.

Family type homes

Family type homes refers to residential care designed to imitate a family home, often meaning the number of children is small, that there is a living room, a kitchen and bathroom facilities in a family-type home. It is important to stress here that, even if in a small setting, these homes are still considered to be residential facilities. The Guidelines for the Alternative Care of Children states that residential care "encompasses a wide range of settings, from emergency shelters and small group homes to the biggest residential facilities."

There appears to be more 'family type homes' in the region than there used to be, although there are still countries where these forms of care are not recognized by law. According to UNICEF, family type homes are "personalised residential care, provided by one or more staff in a house that is not their own, looking after a group of children (typically 10-15) in a home-like environment (Pinheiro 2006, p.178).

Many countries specifically noted that family type homes were categorised as forms of family-based care, not residential (e.g. Belarus, the former Yugoslav Republic of Macedonia, Ukraine). For example, Ukraine's report states that "children living in foster families and children's homes of family type are not viewed as inmates of residential facilities. However, all records/data regarding children's homes of family type and foster families are maintained separately by the Ministry of Social Policy, as current legislation clearly determines the number of children that can be placed in children's homes (5 or more) and foster families (no more than 4)."

Institutions

Often countries do not provide a definition of 'institution' and the term is used interchangeably with 'residential care', as mentioned above, although frequently used to refer to the large-scale classic or traditional style of residential care. This confusion is understandable, given that there is no universally agreed definition – in the Guidelines or elsewhere – of what constitutes an 'institution' as opposed to other residential care settings. The Convention on the Rights of the Child mentions "institutions" as

the only example of a non-family based care setting (Art 20), while the Guidelines simply use the term to describe "large residential facilities" (§ 23).Institutions are generally viewed as any public or private facility staffed by salaried carers or volunteers working pre-determined hours/shifts, and based on collective living arrangements with a large capacity (NGO Working Group on Children without Parental Care, Geneva, 2012).The word "orphanage" is still commonly used (even if the children residing in them are not necessarily orphans). In Armenia, for example, they refer to an orphanage as an institution that operates on a 24 hour a day basis and which ensures comprehensive care to children who have been deprived of parental care (even in cases when the biological family still exists). Meanwhile "specialized orphanages" ensure comprehensive care to children with special needs and children deprived of parental care.

Other forms of residential care

In the CEE/CIS region, a key contentious issue is boarding schools. Boarding schools are normally not included under the definition of formal residential care provided for children deprived of parental care. However, it is well known that children are frequently placed in boarding schools for a range of reasons including having a disability, lack of local educational provision, disorderly behaviour and so on. Whilst their functions vary between countries, they are thought to result in many of the same poor child-wellbeing outcomes as other forms of institutional/residential care.

The way boarding schools are defined and children within them counted has been shown to have serious implications for statistical analysis.[10] Boarding schools tend to be classified into different types along the lines of: 'general', 'special education' for children with disabilities or 'schools for children with no parental care' and may fall under the regulation of different ministries.

How to best classify boarding schools and count the children within them remains unclear. A major question is the extent to which children stay the weekends/during holidays. Experts suggest that when children are receiving full state support and where the contact between the children and their families is rare, these children should be included in the count of children 'in residential care'.[11]

As countries tighten their definitions, there will be implications for trend analysis. For example, in Bulgaria, the definitions changed in 2005 to exclude children in boarding schools in the count, which led to a sharp drop in the number of children recorded as being in institutional care. There were also a few adjustments made in later years related to the age range of children counted, which again will affect the statistics.

There is also some confusion around whether "shelters" are a legally defined form of residential care or not. The report from Hungary separately defines "shelters" as temporary residential care. Similarly, in Montenegro, they report that non-governmental organizations provide shelters for victims of violence – usually women but sometimes children – but that these shelters are not categorised as residential care.

Box 3. Best practice from Azerbaijan:
Overcoming the challenges of defining children in residential care
Azerbaijan is now a resource-rich upper-middle-income country, with the percentage of the population below the national poverty line falling sharply from 49% in 2001 to 5.3% in 2013.[12] On the back of

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[10] e.g. Kazakhstan excluded children in boarding schools in TM data collection on residential care in 2012, which had a large impact on trend analysis.

[11] See NGO Working Group on Children without Parental Care in Geneva (2013)

[12] see www.stat.gov.az

economic growth has been the promotion of child rights and protection, resulting in overall improvement in child protection, health, education and child well-being.

The country adopted the State Programme on Deinstitutionalization and Alternative Care in 2006 that declared the government's commitment to closing large residential institutions for children whilst supporting family-based alternative care options.

One of the key challenges identified early in the process was gaps in the statistics of children registered in the institutions. Therefore, in 2009, UNICEF supported the Ministry of Education to improve the statistics on institutions. First, a thorough assessment of every child in institutions was conducted (including a headcount of children in institutions) and, secondly, assistance was provided to establish a database of institutions, which is updated every 3 months. Real numbers turned out to be significantly lower than reported numbers.

As a result of this exercise, the official number of children living in institutions was reduced by one third, from 21,000 children 2005 to 14,000 in 2008[13] (the 7000 'ghost children' were most likely used to increase state funding to the institutions). Moreover, this process helped to reveal that more than a third of all children actually go home almost daily, while many spend their weekends with their parents. In other words, most children use institutions for educational purposes, which is linked to family poverty and other social dilemmas, but not because they are deprived of parental care.

Following the assessment, the MOE has developed a simple but practical electronic data-base of all children in the institutions under their purview. The data-base has all the information about institutions and disaggregated (based on gender, age, family address, etc.) data on children staying, entering, and leaving the institution. It also includes key information about director and personnel. Unfortunately, there have been some problems with funding the upgrading of the data-base.

As of the beginning of 2015, there are about 9,900 children in 41 institutions of Azerbaijan.[14] The Ministry of Education reports that only 2,200 of them stay overnight every night, while the others go home either daily or on weekends. So there are those who have families and mostly stay with them, but use institutions for educational purposes; and those do not have families or do not live in family environment, but use institutions for living/care purposes. It is argued that the children in the first group should not be classed as 'institutionalized children' since they spend most of their time with parents/families. UNICEF is currently working with the MOE and State Statistics Committee to capture this important difference.

3.2   Data Systems

In general, monitoring and evaluation (M&E) systems measure the performance of all government policies, programmes and projects. They can identify what works, what does not, and the reasons why. M&E systems help Government demonstrate results and show accountability to donors and to the general public. Moreover, countries that have joined the European Union or are candidate countries are required to strengthen their data and reporting systems. The aim of an integrated child protection monitoring system is to develop a good, unified system, where all data sets are managed as a single set and are linked to the formal alternative care system as a whole, as well as to the system of preventive services. The term 'administrative data' refers to information about individual children, families, or providers of care or other services that are collected and maintained as part of the operation of government programmes/services. The integration of administrative data with household survey data creates a richer platform from which to assess and review the situation of children in alternative care. So although administrative data are central to any national M&E system, they should always be

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[13] Ibid
[14] Azerbaijan State Statistics Committee (2014)

complemented with other sources - be it purposive surveys, MICS, DHS or census data - to fully capture all aspects of the alternative child care system, including the informal sector and service quality.

3.2.1 National data systems

Data collection, review and usage

The NSOs reported that, for almost all countries, data for the Reports (CARs) had to be gathered from a multitude of sources. As different agencies and ministries use different terminology or definitions, the NSOs were limited in their ability to merge and compare data. That said, most reports stated that the data from different ministries are comparable. In some case, it is the staggered introduction of reforms that lead to inconsistencies in data collection. For example, some agencies may have updated old systems in line with system reform and official advice, whereas others may be maintaining traditional approaches.

Positively, most reports stated that there is an agency responsible for the collection and quality control of data on children in alternative care. One exception is Bulgaria, which reported to have two systems of national data collection.

Generally, it is the social welfare system that is responsible and that keeps records of children without parental care. Yet we know that there are infants and children staying, often long-term, in health facilities such as hospitals. These children are often missed by established national data systems on children in alternative care.

In terms of scale, most data systems are national. However, although data may be available, it is not always aggregated to the national level. In Ukraine, for example, certain indicators are not aggregated to or available at the country level, only at the level of rayon or city councils.

Little information was provided on quality checks, with some Reports openly stating that there were no internal quality insurance mechanisms available. Hungary reported that their Central Statistical Office works in line with the European Statistics Code of Practice and uses specific mechanisms to validate data.

The reports frequently noted the importance of using rates per 100,000 in addition to actual numbers when interpreting the data, as shrinking child populations (in some countries) may explain reduction in the numbers of children being left without parental care.

Few reports made any references to reliance on routine surveys, such as MICS or DHS surveys. Whilst statistical data is often published and freely available in their countries, it generally remains underused. Countries noted that, although official data may sometimes inform government policy and programmes, in general data is under-utilized.

The NSO's frequently mentioned that digitization in data collection would aid quality control, allow for data to be calculated in different ways and quickly. A number of governments in the region are establishing electronic and/or online data systems including Belarus, Kyrgyzstan, the former Yugoslav Republic of Macedonia, Moldova, Romania, Serbia, Turkey and Ukraine. In Belarus, for example, there is an official electronic database on children who are 'orphans or deprived of parental care'. An application named SocSkrb is used by centres for social welfare in Croatia for data collection.

During the transition to digital data management systems, both paper- and electronic methods are used at the same time. In the former Yugoslav Republic of Macedonia, for example, the switch to the electronic system of data collection by the Centres for Social Work officially happened in 2012, but in practice the centres collect data both manually and electronically. Similarly, in Serbia, data on children

with disabilities was still only available in paper-form. In addition to digitizing administrative data systems, routine survey questionnaires are also being digitized, as demonstrated in Bulgaria. The potential of new information technology to enhance case management, as well as other aspects of data gathering for child welfare, has been clearly demonstrated (Moestue 2015).

The NSOs frequently flagged that trend analysis can become problematic if an indicator is changed and the data for previous years is not adjusted. Unless the database is electronic, such retrospective adjustments can be time-consuming. Statistical agencies tend to be poorly staffed and underfunded, meaning they do not have the capacity and resources available to conduct proper data quality checks. There is a general lack of disaggregated data, by age, sex, reasons for placing children in alternative care and reasons for leaving. There is rarely the possibility of identifying each case and following the case through the system (a comprehensive case management approach).

Good news comes from Moldova, where the "Child Protection" module of a new Social Security Information System is being developed to enable the digitalization of case management as a part of comprehensive Automated Informational System on Social Assistance. All tools and forms related to a comprehensive case assessment (i.e. risks to the child, child and family wellbeing, plan development for support and protection, and plan review) will be included into the new Social Security Information System. This electronic and automated information system is currently being piloted and scheduled to be put into operation shortly. UNICEF will be helping the Ministry of Labour, Social Protection and Family to test the Child Protection module in 2016-2017.

Romania and Montenegro are other countries making concerted efforts to develop comprehensive social welfare data systems, applying the latest technology. Yet, it is not always easy to strike the balance between the need to for detailed and multifaceted data and its costs in terms of time and resources (Box 4).

Box 4: Lessons from Montenegro:

The benefits of merging a National Child Protection Database into a bigger Social Welfare Information System

Child welfare reform has been progressing in Montenegro, partially driven by the EU accession process. New legal frameworks favor deinstitutionalization, and no child under three can legally be placed in an institution (except in exceptional circumstances and with approval of the Ministry of Labour and Social Welfare). Standardized fostering has been established as the main alternative child care option.

Starting in 2011, UNICEF began working with the Ministry of Labour and Social Welfare to develop a Child Protection (CP) Database. It was launched February 2013. The aim was to provide reliable data on the situation and needs of children, as well as of protection measures and services provided to them by the social welfare centres. The data would foster evidence-based planning and monitoring of child protection services, as well as the development of social policies.

Specifically, the CP database was designed to have two electronic forms on the client and child (one form for information about the child and the family, and the other about the provision of various measures and services to the child). It contained a statistics module with a number of filters allowing quick calculations (e.g. how many children aged 2 with disability were in foster care in a particular municipality). The CP database also included an indicators module (list of indicators), the values of which are calculated automatically.

The data was collected at the local level in the social welfare centres, and then uploaded to the database at the Ministry of Labour and Social Welfare. Despite the range of information collected, the database was actually very user-friendly.

The CP database was in use from January 15, 2013 and by June 2014 had 18,000 entries. It was then discontinued because the MoLSW initiated a larger project called the Social Welfare Information System (SWIS), into which all the data in the CP database was to be integrated. In fact, the CP database was used for the development of bylaws concerning standards in record keeping in the social welfare sector, and then those bylaws in turn informed the development of the SWIS. Child protection indicators from the CP database will be integrated into SWIS in the future.

It is worth noting that the SWIS database contains files of all clients (not only children but also adults), it enables processing of cash benefits, and it is linked to databases of various other institutions and sectors to check for clients' eligibility in real time. Moreover, the SWIS will contain, aside from the main database on approved clients, a smaller database on rejected applications.

The SWIS has been in use since the beginning of 2015 but so far only for cash benefits. At the time of writing, all beneficiaries of cash benefits have been entered, while related information on services and measures provided to clients is still being entered into the database. Business Intelligence models for data processing and statistics are also being developed. The database is very complex as it follows the recently introduced case management methodology and new standards in record keeping, and also because the reformed social and child protection system now includes a number of new services and new cash benefits.

The use of a single system within the Social Welfare sector is a positive development for various reasons. First, it includes adults and not only children, thereby reflecting the case management methodology. Secondly, it enables the processing of requests for payments. Finally, it is linked with databases in other sectors for more efficient communication between different parts of the system when determining eligibility. On the downside, the SWIS is reportedly very complex, difficult to use, and time-consuming.

3.2.2 TransMonEE: the process of data collection, review and usage

As mentioned, while detailed guidance was prepared by UNICEF for the country Reports, in practice NSOs had frequently to collaborate with external organizations (such as ministries, police, prison services, health services) to obtain the necessary data, and this was not always a straightforward exercise.[15]

In some cases, these sources used different definitions and data collection methodologies that were not compatible. Although state systems for data collection may be relatively advanced and well-functioning, they do not necessarily provide the type of data and disaggregation needed for the TransMonEE database. For example, the report from Kosovo* explained that to fill the TransMonEE template, it was necessary for the authors to use pen and paper to make the appropriate calculations and that still there are discrepancies and missing data.

In other cases however, unified data collection methods at the national level aided the work of the NSOs. Most countries reported that TransMonEE data are available online for government and non-government users, and published annually. There is general concern however, that national data on alternative care, even when refined according to generally agreed standards, as in the TransMonEE

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[15] For example, some reported that because these organizations would provide data for free, it was not always easy to obtain feedback or help with interpretation.

database, is not fully fit for purpose in terms of meaningful international comparisons, for the reasons discussed below.

4.   IMPLICATIONS AND EMERGING ISSUES

'Good data' appreciated by all: This exercise, conducted by the 21 participating NSOs across the region, has demonstrated enormous progress in the last decade in the way in which terms are defined, data on children in alternative care are collected, and results are put to use. For most countries, statistical experts and national child protection staff demonstrate a clear appreciation of the value of data and evidence based policy and programming, and are able to identify where data gaps lie and how to address them. That said, serious weaknesses persist, with clear consequences for data analysis. And in the absence of an agreement between countries on definitions of children to be included in the care statistics, cross-country comparisons should be made with care.

How to capture and promote 'successes': Current national data systems do not allow for a proper assessment of the situation of children in alternative care as per the Guidelines. In essence, the under- or over-counting of children in various types of formal care means that some children are being misclassified or missed (Box 5). Sadly, it is likely that many of the improvements being made through recent reforms of the child care systems are not being reflected in current statistics. For example, data tends to be more 'stock' than 'flow' oriented, with very little information on the movements of children in and out of the alternative care system over the whole period of childhood and into adulthood. This is an important point because reforms emphasize the 'temporality' of formal care, so the length of stay is a key indicator to determine the success of reforms. We hope that with the development of modern statistical systems and unique case identifiers, duration of stay will becoming easier to calculate

How to support early warning: This concerns the issue of prevention and how to identify children and families at risk. The CARs were asked to report statistics related to children in alternative care and not on children at risk of separation of separation from their families. Given the recent evidence suggesting that family separation remains high in many countries, there is an urgent need for better and disaggregated statistics on children and families deemed to be 'at risk' that can inform targeted and tailored prevention efforts. We know that it is children with disabilities, very young children and children from rural or deprived areas who are the most disadvantaged and at greatest risk of separation from their families. So how can we expand and adapt data systems to better identify these cases?

Addressing the data deserts: There is a lack of information on certain aspects of the care system, both at the level of the individual child and at the level of the service provider. Missing indicators include: duration of stay, quality of care, violence and abuse, proportion of children who are orphans, extent of contact with parents and children in informal care arrangements. Similarly, even when data are collected they are not always disaggregated by age, gender, region, ethnicity or disability, and are therefore less useful for informing decision-making and programming. Legislation is important here – for example, information on disability is rarely available because it is not officially recognized as a cause of entering the formal care system.

Digital enhancement: The Reports frequently stated that quality control of the data is limited, but that new digital data entry, storage and analysis systems help ensure data quality and security. Although some electronic data systems are being implemented across the region, the expansion and uptake is slow. The continued use of outdated methods of data-entry is problematic because data entry that is done by hand is highly susceptible to human error. Also, paper-and-pencil methods are time-consuming and do not easily allow for the linking of various data sources.

More disaggregation needed: Data systems must reflect the comprehensive nature of case management (linking up databases on child, family, community, services and social welfare payments) within a temporal dimension (as they flow through the system, possibly into adulthood). It is a challenge

to capture the entirety of the picture, whilst ensuring the definitions and collection methodologies are rooted in legislation. At the same time, statistics need to be detailed and disaggregated – including by ethnic group – to enable governments, UNICEF and others home in on the sub-groups most urgently in need.

Box 5: Examples of how children in alternative care are being over- or under-counted

The lack of uniform classification of children in alternative care, and miscounting, that is happening across the region affects not only the care given to the individual child but also the statistics that are generated to inform policy. Below we outline some of the key ways in which children are being under- or over-counted:

- Some children deprived of parental care are living in non-public institutions, or certain health facilities (e.g. hospital) or educational facilities (e.g. boarding schools) and are not classified as living in residential care. The fact that these children are missed, or excluded in this count, means that the statistics on residential care are under-estimated.

- Frequently new forms of 'family-type homes' are officially classified as a form of 'family-based care' rather than 'residential' as recommended by UNICEF. This inflates the number of children in family-based care.

- Children cared for informally by relatives are rarely included in official statistics, especially where registration is not compulsory. In countries without compulsory registration, it is impossible to rely solely on official statistics to capture this care measure, and one must turn to routine surveys, such as MICS or DHS, to gather information about these children.

- As of now, the lack of recognition of the role of informal kinship care means that it is difficult to monitor, especially for child safety and support, if it is monitored at all. It also underestimates the role of family-based care. In the absence of compulsory registration or notification of informal care arrangements, it becomes necessary to rely on alternative data sources, such as MICS and other surveys.

- Sometimes, children cared for by a legal guardian may not be included in the count of 'family-based care'. The definition of guardianship and the classification of children vary substantially between countries, potentially underestimating the number of children in this type of family-based care.

- Institutions may inflate the number of resident children ('ghost children') in order to increase state funding. This over-estimates the official number of children in residential care, and from a policy perspective, diverts funds that would be better used for family-based care or prevention services.

CONCLUDING COMMENTS

This report shows that there is substantial variation between countries in the way that terms are defined and data categorized and collected, leading to challenges for international comparative analysis. Even within a country there are frequently inconsistencies between data sources including, at times, inconsistency between different Ministries and Governmental agencies in the way that terms are defined and data collected. While having the same definitions and methodologies across countries is likely to remain a challenge, it is essential that, within a country's legislation, terms are well defined and responsibilities of caretakers under different arrangements made clearer for the sake of the child.

As of now, at the regional level, there is a general lack of credible, consistent, robust, comparable and disaggregated data. Missing data are a serious problem because of the impact on strategies for child care system reform, especially deinstitutionalization strategies. Whilst TransMonEE provides a good starting point for rough international comparisons, careful interpretation is required in order to not draw erroneous conclusions. The absence of a solid data on children in alternative care – certainly at the regional level and often at the country level - limits the ability of UNICEF and counterparts to monitor and evaluate the effectiveness of reforms and the performance of respective national policies.

Despite these challenges, this analysis has uncovered many examples where countries have positive lessons to share concerning the improvement of definitions and data collection methodologies – and thereby demonstrate that with simple steps, big improvements can be seen quickly. Discussion and debate is now needed to identify practical next steps to improve national data systems and ensure they remain in line with the Guidelines.

As countries strive towards adapting their monitoring systems, let us also be guided by the evidence for the CEE/CIS region. A recent multi-country study has shown that while the number of children in residential care has declined over the last decade, the number of children being separated from their parents – and hence entering formal alternative care – has not (UNICEF 2015). Data systems will need to capture not only the number of children in different forms of alternative care, but also the families at risk of having their children separated. Disaggregated data are needed to answer the questions: who are these families? What services are they accessing, such as financial and community-based services? We also need data on shifting social norms, for example in relation to "disabilities", as it is the professional and societal beliefs about the best interest of disabled children that contribute to unnecessary separation from families (UNICEF 2014b). Routine surveys, such as MICS and DHS, can complement administrative data to provide a more complete picture of children in alternative care and those at risk of entering it in the near future.

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