



Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries

TECHNICAL REPORT OF THE DATACARE PROJECT

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Acronyms

CES	Conference of European Statisticians
CRC	United Nations Committee on the Rights of the Child
ECARO	UNICEF's Europe and Central Asia Regional Office
ECEC	Early childhood education and care
EEG	European Expert Group on the Transition from Institutional to Community-based Care
ESF+	European Social Fund
EU	European Union
ISG	Indicator Sub-Group of the Social Protection Committee
NCs	National Correspondents of the DataCare project
PIN	Personal Identification Number
RAG	Research Advisory Group of the DataCare project
SDGs	Sustainable Development Goals
SPC	Social Protection Committee
UNGA	United Nations General Assembly

Executive Summary

There has been no comparable and Europe-wide indicator to gauge the share of children growing up within different forms of alternative care.

Children need stable and safe relationships with caring adults to thrive, and such relationships are far more likely to be created in a family environment. Those growing up in alternative care have very often experienced significant trauma before being placed in care. Residential care, in particular, can expose them to all the risks associated with social exclusion if it is not equipped to give them the tailored support they need.

That is why it is important to know the proportion of children placed in residential care compared to those in placed in formal family-based care. This would provide an instrumental indicator of progress towards the goal of ensuring that every child in alternative care receives high quality, inclusive, family and community-based care. This would shed light on the effectiveness of deinstitutionalisation reforms and, in combination with other indicators, speak directly to the common EU child rights agenda.



The protection of the rights of the child is one of the objectives of the European Union (EU)² and the EU is committed to reducing child poverty and social exclusion of children, including children in alternative care. This was reiterated at the Porto Social Summit in May 2021.³ Also in 2021, several new EU policy initiatives have brought renewed momentum to deliver on these commitments in the coming years: the EU Action Plan on the European Pillar of Social Rights⁴, the EU Strategy on the Rights of the Child, the European Child Guarantee⁵, and the European Strategy for the Rights of People with Disabilities.⁶ As well as reinforcing commitments to child rights, these policy initiatives foresee the development of frameworks to monitor and evaluate their implementation at EU and national level.⁷ This opens an important window of opportunity to inform these frameworks and to make a strong case for the integration of indicators on children in alternative care into EU- and national-level statistical frameworks and systems.

The DataCare project is a joint initiative of Eurochild and the UNICEF Europe and Central Asia Regional Office (ECARO). Launched in March 2020, the project has mapped alternative care data systems across the 27 Member States of the EU and the United Kingdom (UK). The aim has been to move towards a more transparent, common approach to data collection and reporting on this area across Europe. The survey found that 19 of the 28 countries surveyed are either reforming, or have recently reformed, their data system on alternative care.⁸ This signals a clear awareness of the need for better data and a keen interest in working to improve data systems on children in alternative care across the region.

What do we know?

Countries across Europe already collect data that are largely comparable on four relevant and interlinked indicators, as demonstrated by the DataCare project.

The findings show that all of the countries surveyed collect at least some data on children in alternative care. It also became clear that almost all countries collect a lot more data than they publish. While there is wide variation in data collection methods, most of the countries surveyed gather some data on each child, including on:

- the age of the individual child (all countries)
- their sex (all countries)
- their disability status (two countries prohibit collection of data on disability status: Denmark and Sweden)
- the reason for their entry into alternative care
- who made the decision to place the child in alternative care
- where the child or young person went after leaving care – with 24 countries looking at whether children go back to their families.⁹

Despite variations in some of the concepts, definitions, and other metadata¹⁰ used by the surveyed countries to produce statistics on children in alternative care, countries across Europe already collect data that are largely comparable on four relevant and interlinked indicators, as demonstrated by the DataCare project.

The total number of children in alternative care for the EU-27 and the UK was 863,235.

It is, therefore, possible to calculate and publish data on the following four indicators at national and EU level:

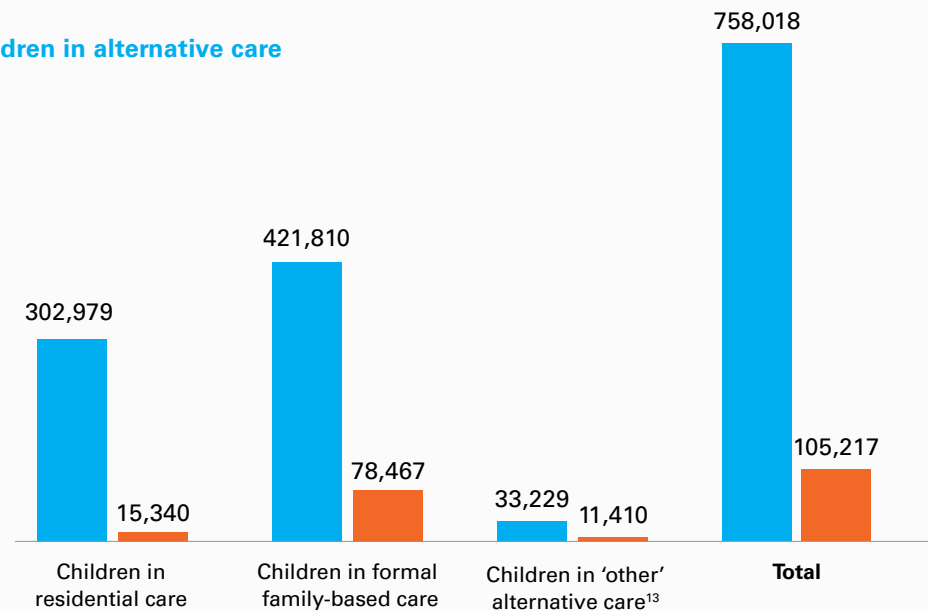
- The rate¹¹ of children aged 0-17 in alternative care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)
- The percentage of children aged 0-17 in residential care (of the total number of children aged 0-17 in alternative care at a specific point in time).

Using the data provided and identified on the number of children in alternative care at a specific point-in-time of the reference year (stock data), it was possible to make a calculation that provides a meaningful indication of the total number of children in alternative care in the 28 countries surveyed: 863,235, when combining the totals for the EU-27 and the UK, as shown below:¹²



Total numbers of children in alternative care

■ EU-27
■ UK



Source: DataCare project, 2021.

It is also possible to provide a country-by-country breakdown based on these four proposed indicators, as shown in the following table:

Total number of children in alternative care and its subcategories at a specific point in time for each country

Totals for specific point in time	Number of children in alternative care	Number of children in residential care	Number of children in formal family-based care	Number of children in 'other' forms of alternative care
Belgium	19,964	8,412	11,552	-
Bulgaria	10,067	3,571	6,496	-
Croatia	3,620	921	2,241	458
Cyprus	608	398	210	-
Czechia	28,413	7,933	20,480	-
Denmark	11,399	3,698	7,540	161
Estonia	1,740	188	1,448	104
Finland	12,119	5,690	6,298	131
France	158,124	51,524	84,944	21,656
Germany	147,700	77,984	69,716	-
Greece	1,989	1,680	309	-
Hungary	20,463	6,151	14,312	-
Ireland	5,983	525	5,458	-
Italy	27,111	12,892	14,219	-
Latvia	7,606	1,975	5,631	-
Lithuania	10,308	3,438	4,835	2,035
Luxembourg	1,286	731	555	-
Malta	697	38	659	-
Netherlands	29,365	14,035	15,330	-
Poland	121,225	43,077	70,753	7,395
Portugal	5,952	5,638	144	170
Romania	57,147	21,037	35,715	395
Slovakia	14,123	5,428	8,695	-
Slovenia	1,167	483	684	-
Spain	40,828	21,283	19,545	-
Sweden	19,014	4,249	14,041	724
United Kingdom	105,217	15,340	78,467	11,410

Source: DataCare project, 2021.

Definition challenges and data gaps

Different interpretations of alternative care present challenges for comparability. The use of an overarching term might enable greater comparability at a higher aggregate level.

The findings show that the term 'alternative care', or a close equivalent, is not widely used at the national level in the 28 countries surveyed. Instead, most countries use country-specific terms for residential and foster care in their policy discussions and legislation. The use of an overarching term like 'alternative care' may not be essential if these two categories of care provision are clearly defined and regulated at national level and if quality data are collected for each.

However, the survey shows that the term 'foster care' is currently used in many different ways in different countries. These different interpretations present challenges for comparability and the use of an overarching term might enable greater comparability at a higher aggregate level. In addition, there are limited or even no legal frameworks in some countries and, therefore, no legal obligation to collect data and produce national statistics on children in alternative care.

The survey also identified four key questions that cannot be answered in full, given the current gaps in the data.

- Is the alternative care provided 'genuinely necessary and suitable'? In all, 9 of the 28 countries surveyed do not collect any data on why a child has entered alternative care.¹⁴ In the UK, England and Wales gather data on the stability of care.
- How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation? For example, how many children leaving the alternative care system are safely reintegrated with their families (if this is in the best interests of the child) and how many receive timely and effective support at any phase of their childcare pathway? How many young people leaving care are supported to make their transition to adulthood and provided with aftercare? In all, 19 countries¹⁵ collect some data on who made the decision to place a child in alternative care. In all of these countries, except Germany, data are collected on whether this decision was made by a judge.
- Is institutional/residential care being replaced progressively by other forms of residential and family-based care? There is, at present, a lack of clear definitions that distinguish different forms of residential care, particularly small group homes and institutional facilities. Only 10 countries¹⁶ have official definitions of the maximum size of small group homes and 6 countries¹⁷ recognise the size of small group homes that are commonly used as a 'default' definition. No definition could be found for the other 12 countries.

- What is the quality of care and what are its outcomes in terms of the development, health, education, and well-being of the children who have been in alternative care? In all, 14 of the National Correspondents across the region who supported this research¹⁸ reported that the national data on quality of care received by children and on the outcomes of the care that are provided are not collected through administrative data, or only in a very limited way. The Scottish Government does report on outcomes to some extent: its annual publication on *Education Outcomes for Looked After Children* reports on their school attendance, attainment, and post-school destinations and compares these to the wider population of children and young people.

Three other key data gaps have emerged from the survey findings.

- Not all countries cover all children in residential care in their data on alternative care. The evidence shows that there are data gaps, in particular, on: children in respite care; children in temporary or crisis centres; children who stay in residential care facilities for education, medical care or therapy and who are not at risk in their own family; and children in residential care run by non-governmental or faith-based organisations.
- There are serious limitations to the comparability of disaggregated alternative care provisions, exacerbated by 'blurred categories' that make it hard to determine whether the care provided is family-based or residential, or that include forms of care that are considered to be alternative care in some countries but not in others (including the facilities listed in the previous point). They may include family-based part-time or respite care, which is seen as family-strengthening in some countries, and as alternative care in others. Blurred categories can also refer to placements where one or more caregivers live with several children around the clock (sometimes in their own home, sometimes not), where it becomes hard to say whether it is residential or family-based care.
- Few countries¹⁹ gather data systematically on poverty as a reason for entering care. Those that do not are unable to monitor whether poverty continues to be a key factor that pushes children into alternative care, particularly children from disadvantaged backgrounds.

One obstacle to systematic data collection is the current lack of international statistical standards for children in alternative care²⁰, and there are no indicators specific to this group of children in the Sustainable Development Goals (SDGs). There is, therefore, no reporting obligation at an international level.

Despite these issues, the survey, which included countries with both decentralised and more centralised governance systems, also identified practices of data collection, aggregation and dissemination at national level that serve as helpful examples for other countries. There are, for example, federalised states such as Spain that have very divergent systems of care

and data collection in their autonomous regions, yet manage to publish aggregate data on a regular basis at the national level. These can help to inform the reform efforts of European countries with similar governance structures and may even provide insights into how comparability could be achieved at the EU level.

Recommendations

There is a firm commitment to deinstitutionalisation and the transition to family and community-based care at both EU and national level across Europe. Children in alternative care, and particularly those in residential care, are recognised as children in need who are at a disadvantage compared to children in the general population. However, the EU has no indicator at present to monitor whether the numbers and rates of children in residential care are rising or falling. Such an indicator would shed light on the effectiveness of deinstitutionalisation reforms.

There is a firm commitment to deinstitutionalisation and the transition to family and community-based care at both EU and national level across Europe.

As noted, the DataCare project shows that the surveyed countries in Europe do collect data for this particular indicator and for three other relevant and interlinked indicators that are proposed as a result of this research: the rate of children in alternative care; the rate of children in formal family-based care; and the percentage of children in residential care (of the total number of children in alternative care). The data for these four indicators demonstrate that progress in deinstitutionalisation is uneven across the EU. This underlines the need for indicators in this area at both national and EU level and for regular data collection to report on these indicators.

Having comparable data across the EU would enable both the EU and its Member States to improve their knowledge of good practices across Europe. It would provide insights into the conditions that enable effective policy implementation, the factors that hamper progress, and the support and investments required to accelerate change processes. At present, however, there is no obligation for EU Member States to collect and report data to the EU on agreed indicators to measure the state of play of deinstitutionalisation and the transition to family and community-based care. The EU Social Scoreboard does not include an indicator to measure progress in these areas.

Given this situation, this report offers a starting point for the EU and Member States to discuss, and agree on, the steps needed to close this data and indicator gap and increase the visibility of this particular group of socially excluded children. The following recommendations can inform this process.

The first set of recommendations is directed towards the European Commission and its advisory Social Protection Committee (SPC) including the Committee's Indicator sub-group (ISG), as well as other stakeholders at EU level. The second is directed towards decision-makers at the national level.

EU level

- 1 The European Commission and the SPC/ISG are developing a common monitoring framework to measure progress in the implementation of the European Child Guarantee. This provides an opportunity to adopt indicators that measure Member States' progress towards deinstitutionalisation and the transition to family and community-based care. They can integrate these indicators into the existing set of EU indicators on social protection and social inclusion.

There are four relevant and interlinked indicators for which countries across Europe already collect data that are largely comparable, as the DataCare project shows. These indicators can form the basis for the process of indicator development and definition led by the ISG. The indicators are as follows:

- The rate²¹ of children aged 0-17 in alternative care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)
- The percentage of children aged 0-17 in residential care (of the total number of children aged 0-17 in alternative care) at a specific point in time

As these indicators are adopted, work with EU Member States needs to continue to improve data comparability and quality with a view to arrive at a common definition and harmonise other metadata across the EU. The process can build on the work and findings of the DataCare project as well as other at EU and global level.

- 2 The European Commission – through its European Statistical System²² – can provide EU Member States with the guidance and support needed to assess the maturity of their data systems on alternative care.²³ This will help Member States examine their ability to collect, analyse and report comparable data of good quality on children in alternative care, and to plan and budget actions to strengthen those components of the data systems that need improvement. The European Commission can further provide national authorities with the space for mutual learning and exchange in this area. This can include exchange on good practices and exchange with other sectors with more established data systems, like health and education. These spaces can be created, for instance, through the European Social Policy Network, the SPC, and/or the framework of a Peer Review on Social Inclusion of Children in Alternative Care.

National level

There is a high level of interest across the EU Member States and the UK in data on children in alternative care, as well as the efforts to strengthen their data systems on this group of children. The fact that all countries surveyed by the DataCare project already gather some administrative data on alternative care provides a foundation on which to build. Investing in improving the data systems on children in alternative care is an important step in enabling informed and effective decision making. It can also lead to greater transparency and, therefore, to increased public confidence and support. The analysis of the data systems across the 28 countries has indicated a great variety of systems with all countries showing a combination of strengths and areas for improvement. Therefore, not all the recommendations that follow will be relevant to all countries. Stakeholders in each national context can determine the recommendations that are appropriate in their setting.

- 1 Governments can assess the maturity of their data systems on children in alternative care, identify the components that need strengthening, and include system-strengthening actions in relevant national action plans that are costed and funded.²⁴ Within the EU context, Governments can include actions to strengthen their data systems on children in alternative care in the national action plans that they are developing for the implementation of the European Child Guarantee. Governments can include the indicators listed above in the monitoring and evaluation frameworks for their national action plans to ensure a common approach across EU countries to tracking progress on social protection and social inclusion of children in alternative care.
- 2 Governments can pay particular attention to the following points during their assessment and planning processes to strengthen their national data systems on children in alternative care, which reflect the main findings of the DataCare project:
 - A sound legislative basis for collection, analysis and publication of data on children in alternative care.
 - A central agency with a clear mandate to:
 - develop and define country-specific and internationally comparable indicators (see the four indicators listed above) to measure progress in deinstitutionalisation and transition to family and community-based care.
 - collect and manage data from across all regions and all relevant sectors to produce the agreed set of statistics on children in alternative care and assure data quality.
 - All children in residential and in formal family-based care are counted and included in the statistics. This may require a mapping or census of children in residential care and a count of children in family-based care, for instance, through the population census or other methods.

- The individual child is the unit of statistical data collection to enable longitudinal tracking and to make issues like children included in multiple provisions at once and readmission visible in the data.
- Data on children in residential care are disaggregated by children in small group homes, in institutional facilities, and in other types of residential care, with clear definitions that distinguish each type from the others.
- Data on children in alternative care are systematically disaggregated with a view to “leave no one behind” and enable Governments to analyse, for example, trends across different population groups and residential inequalities.²⁵ Disaggregation variables to consider include: sex/gender, age, geographical location, and where possible disability (disaggregated by type of disability) and citizenship.
- Statistics produced on children in alternative care, including the data used to produce the statistics, are made accessible to researchers and other key stakeholders for secondary analysis and research. They are also used for monitoring, evaluation, and decision-making in line with national laws and the European Statistics Code of Practice.²⁶

Recommendations for further research

- A comparative study to establish a clear and multilingual dictionary or glossary on the terms used in European countries on child protection and alternative care.
- A mapping of the data system on family strengthening, prevention, and gatekeeping.
- Further research is needed on the outcomes for children who are – or who have been – in alternative care, and on the factors that determine these outcomes.
- A mapping of how data on alternative care are used by stakeholders, and who those stakeholders are.

If fully implemented, the recommendations emerging from the DataCare project will help to increase the visibility of, and response to, one of Europe’s most excluded groups of children. They offer a starting point for discussions and agreement across the EU and its Member States on the steps needed to close key gaps in the data and indicators on children in alternative care.



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Introduction

Children growing up in alternative care have very often experienced significant trauma before being placed in care. Residential care, in particular, is known to expose them to additional risks if it is not equipped to provide them with the individualised care they need for their healthy development and social inclusion. Children need stable and safe relationships with caring adults to thrive, and such relationships are far more likely to be created in a family environment.

The DataCare project is a joint initiative of Eurochild and UNICEF's Europe and Central Asia Regional Office (ECARO).

For that reason, the proportion of children placed in residential care compared to those placed in formal family-based care provides a useful indicator to monitor progress towards the shared goal of ensuring children in alternative care receive high quality, individualised family and community-based care. Such an indicator would begin to shed light on the effectiveness of deinstitutionalisation reforms. In combination with other indicators, including the reasons for placement and later outcomes for children, it would speak directly to the common EU child rights agenda.

The DataCare project is a joint initiative of Eurochild and UNICEF's Europe and Central Asia Regional Office (ECARO). Launched in March 2020, the project has mapped alternative care data systems across the 27 Member States of the European Union (EU) and the United Kingdom (UK) as a step towards a more transparent, common approach to data collection and reporting across Europe. Although the UK left the EU in January 2020, it provides helpful examples of practices that can benefit EU Member States.

The DataCare project has a broad Vision for European data systems on alternative care based on insights from professionals – statisticians, child protection experts, researchers, and practitioners – Eurochild members among them (see Annex 1). The Vision charts a change-agenda that is ambitious but achievable if political, technical and financial support are mobilised. The DataCare project also informs ongoing global efforts to establish core statistical indicators on children in alternative care.²⁷

Adequate statistics on the numbers of children in alternative care and their situation, including information on their own views and experiences is the foundation of a statutory child protection system. Better data can inform better policy and programme decision making and this, in turn, can lead to improvements in outcomes for children in alternative care. Recognising the critical importance of data in this area, the United Nations Committee on the Rights of the Child (CRC) has repeatedly issued recommendations to EU Member States to address data and reporting gaps.²⁸

In 2009, the United Nations General Assembly (UNGA) endorsed the Guidelines for the Alternative Care of Children (UN Guidelines).²⁹ These Guidelines direct States to ensure that children grow up in their own families wherever possible, that alternative forms of care provide children with a supportive and protective care environment, and that children living in residential care who have a family network get the support they need

to reintegrate. In December 2019, the UNGA adopted the Resolution on the Rights of the Child, which reaffirms the UN Guidelines and looks more closely at the challenges that put children at risk of being placed in care. The resolution also mentions:

“Recognising that every effort should be directed to enabling children to remain in or swiftly return to the care of their parents or, when appropriate, other close family members and that, where alternative care is necessary, family and community-based care should be promoted over placement in institutions.”³⁰

The EU plays a key role in enabling reform of data systems on alternative care at the national level. It has invested millions of Euros to supporting deinstitutionalisation and reform child protection systems in Member States over several decades. It has also supported the creation of the European Expert Group on the Transition from Institutional to Community-based Care (EEG). In 2012, the EEG launched the *Common European Guidelines on the Transition from Institutional to Community-based Care* (EEG Guidelines), which provide a methodology both for professionals and decisions makers on this crucial process.³¹ In 2019, Hope and Homes for Children, together with the EEG, launched the *Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services*.³²

EU funding, for example through the European Social Fund (from 2021, the ESF+) and the European Regional Development Fund, has accelerated reforms and national investments in child protection systems.

EU funding, for example through the European Social Fund (from 2021, the ESF+) and the European Regional Development Fund, has accelerated reforms and national investments. In addition, EU policy guidance has created a space for the exchange of knowledge and best practice among Member States. To date, however, the EU has not developed a clear accountability and monitoring framework for deinstitutionalisation to provide Member States with comparable indicators to track progress in the implementation of their policies.

Prior studies have revealed a lack of available data on children entering, staying in, and leaving alternative care in Europe.³³ It has been difficult to answer key questions on how many children are in alternative care, what share of them are in residential care, or how long children remain in care using the limited available data. One obstacle to systematic data collection is the absence of any international statistical standards for children in alternative care.³⁴ In addition, no specific indicators on this group of children are included in the Sustainable Development Goals (SDGs). As a result, there is no obligation to report on their situation, their needs or the impact of relevant policies at an international level.

In June 2021, the EU Social Affairs Ministers unanimously adopted the European Child Guarantee.³⁵ This aims to prevent and combat social exclusion by guaranteeing all children access to early childhood education and care (ECEC), education, healthcare, nutrition and adequate housing.³⁶ Under the ECG, Member States with a level of child poverty above the EU average are required to allocate at least 5 per cent of their ESF+ resources to tackle child poverty.³⁷ All other Member States must also allocate an appropriate amount of their ESF+ to child poverty. The ECG includes children in alternative care as one of its six priority groups, stating:

“When identifying children in need and designing their national measures, Member States should take into account the specific needs of children from disadvantaged backgrounds, such as those experiencing homelessness, disabilities, those with precarious family situations, a migrant background, a minority racial or ethnic background or those in alternative care.”

A recent review of data carried out as part of the feasibility study for the ECG generated only a rough estimate of the total number of children living in residential care in EU countries: 345,000.³⁸ According to the authors of the study, these estimates must be used “with extreme caution” as the statistics are “incomplete and unreliable.”

The February 2020 meeting of the Conference of European Statisticians (CES) also noted the challenges, reporting that:

“Accurate, reliable and comparable estimates of the number of children living in alternative care are difficult to obtain due to divergent cultural views and legislations, as well as due to lack of standard definition and methodologies.”³⁹

In its 2020 Report on the Transition from Institutional Care to Community-Based Services in 27 EU Member States, the EEG points out:

“The lack of defined targets in plans and the lack of well thought out data makes progress difficult to assess. It also makes it problematic to encourage accountability. Other reports recommended a minimum dataset and various suggestions of what these might include have already been made. The UNICEF TransMonEE dataset would be a good model for this. However, it is important not to just collect information on how many people there are in institutions (with a clear definition provided) but also for example, how many have moved out, what made them move and to where they have moved. In addition, it is important to know the number of people not placed in institutions - where they are living and how their support is provided.”⁴⁰

The analysis by the DataCare project, however, has shown that decentralised and very diverse systems need not be a barrier to the compilation of broadly comparable data at the higher aggregate level. Indeed, this has already been accomplished for the 29 countries in Europe and Central Asia that are members of the TransMonEE network of National Statistical Offices,⁴¹ including 11 EU Member States.⁴² The TransMonEE database established by UNICEF's MonEE Project in Central and Eastern Europe and the Commonwealth of Independent States from the mid-1990s was a pioneering effort to provide a broad quantitative picture of children in alternative care in this region, together with a major Eurochild survey in 2009.⁴³ Comparability is also possible at the national level, as seen in Spain, which has shown success in bringing together national data from all of its autonomous regions (see Box 5).

The 28 countries surveyed have developed diverse alternative care and data systems over time, all of which have their own histories and are rooted in local culture and tradition.

The 28 countries surveyed have developed diverse alternative care and data systems over time, all of which have their own histories and are rooted in local culture and tradition. This has been taken into account in the analysis of the findings and in the resulting recommendations. The DataCare project aims to show how much comparability can be achieved with the data that are already available, and make suggestions on how even minor adjustments at national level can benefit policy makers, practitioners and, ultimately, children in alternative care. In every country, the analysis has identified strengths and areas for improvement, regardless of whether the issues that have emerged are comparable at international level.

This report uses a statistical perspective to assess data systems on children in alternative care, using the lenses of child protection, alternative care, and policymaking, at both national and international levels. Given its broad scope, experts from each field may see parts of the analysis as being self-evident or superficial. Its aim, however, is to provide a wider context, to identify patterns, and to support a move towards comparability.

Section 2 of this report lays out the methodology and limitations of the DataCare project, while Section 3 provides an overview of the findings. Section 4 discusses the implications of these findings and sets out key conclusions. Finally, Section 5 provides recommendations for policymakers and suggestions for further research.



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0.2

Methodology

A feasibility study was conducted in four countries – Bulgaria, Estonia, Ireland and France – in 2019. Existing information and data were then gathered with the help of National Correspondents between October 2020 and June 2021 to map the national data systems on alternative care. In all, over 50 National Correspondents across 23 countries⁴⁴ (see Box 1 and Annex 6 for more information) were involved in an extended desk review and the secondary analysis of existing information and data. No primary data collection was involved.



BOX 1. National Correspondents

National Correspondents are national-based experts working in child protection across the region. These experts are drawn from academia, civil society organisations involved in child protection and alternative care, national social welfare services, and relevant line ministries. In some countries, involvement in the DataCare project has led to new relationships between National Correspondents and National Statistical Offices or other agencies responsible for data collection on children in alternative care.

Source: DataCare project 2020-2021.

The information gathered and analysed by National Correspondents was submitted to the research team as a set of national responses. These responses, or the follow-up to them, provide the sources for all findings and overviews in the tables in this report, unless otherwise indicated. These responses were guided by the questions and working tables provided by the DataCare National Template, which was previously tested in Hungary, Ireland, and Portugal. In addition to the National Template, National Correspondents received the DataCare Research Protocol, which explained the aim and methodology of the Project, and the DataCare Glossary, listing international and widely used definitions for alternative care provisions and other important terms. These three documents were made available to all participants in the project.⁴⁵ The research team held a webinar in October 2020 to explain the methodology and the purpose of the DataCare project, and a recording of this webinar remained accessible to National Correspondents at all times.



BOX 2. The Research Advisory Group

The Research Advisory Group (RAG) was set up to provide overall research guidance and non-binding expert advice to the project to maximise the impact of its results. This group was an advisory body only, serving as a thoughtful sounding board for the project, and was involved in its design, implementation, and monitoring. The RAG was comprised of 11 external experts and Eurochild members working in the field of children in alternative care from different organisational and sectoral backgrounds.

RAG members provided feedback and reviews for the proposed Research Protocol and National Template, as well as this final report. They played a role in identifying National Correspondents and some took on that role themselves. They were also asked to raise awareness about the project and assist with the development of advocacy strategies.

Source: Research project: Mapping of child protection data systems across 27 EU Member States. Terms of Reference for the Research Advisory Group, February 2020 (see Annex 6).

National Correspondents were asked to provide the survey questionnaires and instructions used to collect administrative data on children in alternative care in their country (or to answer the questions from the DataCare National Template, based on what they contained). This approach was chosen as a way to capture both the data that are published and those that remain unpublished, given that a lack of publication does not prove, definitively, that data are not being collected. This means, however, that data on some of the topics mentioned in the findings may not be available publicly.

After the initial analysis of the national responses, additional information or clarification was requested, as was data validation at various stages. This final report was presented to all National Correspondents and the Research Advisory Group (for more information see Box 2 and Annex 6) for consultation and final validation prior to publication.

The three overarching research questions for this Project were as follows:⁴⁶

- Are comprehensive data collected on all children in alternative care? In particular, are there data on the number of children in alternative care, disaggregated information about the type of care they are in, their reason for entering alternative care, and on the quality of the care they receive?
- How are alternative care and its different provisions defined by the different countries? Are these definitions in line with those used at international level (alternative care, formal and informal care, residential and formal family-based care), and can common ground be found among the definitions to establish comparable concepts and indicators across the region at the agreed four levels of aggregation.

- Are there promising practices in data collection on children in alternative care that would be beneficial and practical to emulate in other countries?

While exploring the comparability of terms and definitions used in different national contexts, the research team was conscious of the limits to its potential success (see Box 3). The aim in compiling the international glossary (see Annex 2) was not, therefore, to try to find an exact match for terms as they are understood in the national context, but rather to align categories where the definitions of the national understanding allow for the greatest comparability of data internationally. As shown in Figure 4, this sometimes led to decisions that might seem counter-intuitive at the national level, such as equating the national term for 'foster care' with the international and widely used category of 'formal family-based care.'



BOX 3. Data comparability

In terms of the comparability of concepts and indicators across countries that have different alternative care systems, the ideal would, of course, be to have identical definitions or exact alignment. However, this is not essential. The goal is for concepts and indicators to be broadly comparable: close enough in meaning and definition to allow meaningful comparisons and overviews.

Eurostat data on prisoners, for example, are not entirely comparable because of the differences in the age of criminal responsibility in EU countries. This is, however, noted in the metadata and data are still reported for all EU countries.

Source: Eurostat: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Prison_statistics (Accessed July 2021).

The project used grounded theory to identify new understanding of the concepts that underpin national statistics on children in alternative care. Within official statistics, the research focused mainly on administrative data that are collected routinely on children in alternative care.

The DataCare project did not assess the quality of alternative care systems or the strengths or weaknesses of survey⁴⁷ implementation. The focus was firmly on the design of data-gathering strategies and tools and the coverage and scope of the data that are being collected, rather than on implementation. The research investigated what statistical survey tools can collect, rather than what is collected – which depends, in turn, on the quality of the data provided. The resulting data were then compared with the data that are made publicly available.

The DataCare National Template looked at the extent to which national data systems collect demographic and analytical variables on children in alternative care that allow monitoring of the quality of care, and assessed whether the necessity and suitability principles are applied. See Figure 1 for an explanation of these principles, and Annex 4 for the two lists of questions provided to help determine the data needed to monitor whether these principles are being upheld.



FIGURE 1. Necessity and Suitability

1



Involve the child and family in decisions concerning them

2



Independent monitoring

Child Welfare

Necessity Principle

1. Provide a range of community and family-strengthening services
2. Poverty alleviation
3. Gatekeeping
4. Awareness-raising to remove pull factor of alternative care
5. Address discrimination /marginalisation
6. Regular review of child and family and of placement
7. Promote and support reintegration

Alternative Care

Suitability Principle

1. Provide a range of care provisions
2. Move away from institutional care
3. Make sure care is adequately resourced
4. Placement based on individual best interest assessment
5. Regular review of placement
6. Promote contact with family and interaction with the community
7. Quality assurance and improvement system in place.

Source: Developed for this report, based on the Necessity and Suitability Model from: <https://www.relaf.org/materiales/Moving-forward-implementing-the-guidelines-ENG.pdf> (accessed July 2021).

As shown in Section 3 and discussed in Section 4, there are wide variations in definitions and categorisations concerning which children do (and do not) fall under alternative care in each country. In its analysis, the research team has tried to hold on to the defined scope of the project, which excludes children who fall under juvenile justice, children in boarding schools, and children who are placed in care with at least one of their parents. For the purpose of this project, however, children who are considered to be placed in alternative care according to the definition in a particular country have been counted as such. This means that children in residential care, in formal family-based care, and those in blurred categories that are considered to be forms of alternative care in some countries and not in others were all included if they are included in the national statistics on children in alternative care.

Limitations

No national responses were submitted for Austria, Estonia, Latvia, Luxembourg, and Slovakia. However, the research team was able to compile some data and information on these countries through its own desk research, using nationally published statistics and the TransMonEE⁴⁸ database, among other sources. Experts from Estonia provided relevant information during the feasibility study for this project, in 2019.⁴⁹

Analysis showed that no administrative data are gathered on informal care by most countries. Only Czechia, Romania and the UK collect some data on informal kinship care, but not as part of the alternative care data system.

Questionnaires and/or instructions that are used to gather data on children in alternative care were provided or found for 17 countries⁵⁰, enabling an analysis of the differences between the data collected and the data published. However, questionnaires could not be made available for some countries. This could be because data gathering is carried out through an internal digital reporting system, or by extracting information from data management systems that hold records of children in alternative care. In some cases, as seen in Belgium-Flanders, Greece, Malta and Slovenia, the National Correspondents who were unable to provide copies of questionnaires did have access to these internal systems, or made contact with authorities who did. This enabled them to answer questions based on internally available data. In other cases, this access was not available and questions were answered on the basis of information published in statistical reports.

Analysis showed that no administrative data are gathered on informal care by most countries. Only three countries (Czechia, Romania and the UK) collect some data on informal kinship care, but not as part of the alternative care data system. Given this finding, no data on children in informal care have been analysed.

Not all National Correspondents were able to answer all questions. As always with a desk review of existing data and information, the quality of the final analysis depends on the quality of the data available, what data and information are accessible, and what data and information are provided. This means that there may be gaps or inconsistencies despite all reasonable efforts made to be complete and to validate the information.

Most of the data and system analysis is based on the situation before the COVID-19 pandemic. Therefore, the vast impact of the pandemic on all aspects of life, including data collection and other parts of data systems, is not reflected in this analysis. However, it must be acknowledged, as the English National Correspondent noted:

“We anticipate some substantial changes to the quality of the data, and the meaningfulness of the data for longitudinal analysis of data covering the time period of the COVID-19 pandemic. Some preliminary analysis of [...] data about children in alternative care indicates that there are likely to be higher rates of missing data, or anomalies as a consequence of the pandemic and demands on local authority data teams who prepare the data.”



0.3

Findings

3.1 Legal framework and reforms of data systems

The analysis found that legislation to support data systems on children in alternative care varies significantly from country to country. While some countries include very detailed instructions for data collection and dissemination in their laws, others make no mention of it, as shown in Table 1. There are also countries that fall somewhere between those two variations, with laws that specify that data on children in alternative care must be collected, in varying ways, and without always specifying what or how.

TABLE 1. Legal framework for the production of national statistics on children in alternative care

Legislation on the collection of statistical data on children in alternative care

Detailed requirements of data to be collected in law	6 countries ⁵¹
No mention of requirement to collect data in law	2 countries ⁵²
Practice falls short of requirements in law	2 countries ⁵³

Source: The DataCare project, 2021.

National Correspondents from 19 countries⁵⁴ report that governments have recently reformed, or are in the process of reforming, their data systems on children in alternative care. One example that is particularly helpful is that in France, Ireland, Lithuania, Spain, and the UK-Northern Ireland, the review and adjustment of data collection tools and methods appear to be ongoing and inherent in the system to ensure better and more comprehensive data.

The following quote, from Luxembourg's most recent report to the CRC, emphasises both the need to work towards better data and the barriers to progress in this area:

“As Luxembourg has chosen to focus on improving the material situation of children by legislative and procedural means, it has lacked the capacity to undertake more intensive efforts to further diversify its data-collection practices. While it is true that statistics provide more accurate feedback on the effects of measures adopted, any energy spent on improving statistics is energy no longer available to develop measures to help improve the situation of children. Nevertheless, Luxembourg recognises that there will be a need to make efforts on this front in years to come.”⁵⁵

Box 4 illustrates how the EU supports reform or development of data systems on children in alternative care, with examples from Poland and Slovakia.



BOX 4. European Union support for the reform of data systems

In Poland, the National Authority for the Rights of Persons with Disabilities Children and Adoptions (NARPDCA) is implementing a project financed by the European Regional Development Fund (Competitiveness Operational Programme, 2014-2020). It aims to design a (digital) system, available at the national level that would allow citizens and institutions responsible for child protection and adoption to access electronic services and information, and to exchange data.

In Slovakia, the Ministry of Labour, Social Affairs and Family has partnered with the European Commission's Directorate General for Structural Reform Support and UNICEF ECARO in a technical support project funded through the EU Structural Reform Support Programme. The project aims to strengthen the monitoring and evaluation of the alternative care system. The goal is to support the country in its development of a national monitoring and evaluation framework and in building capacity to implement and sustain this framework over time. This is a contribution to the achievement of the country's strategic goals for both alternative care and deinstitutionalisation.

Sources: Polish National Report 2021 & Central Office of Labour, Social Affairs and Family of Slovakia (https://www.upsvr.gov.sk/buxus/docs/SSVaR/OVOZ_Koncepcia_17.12.2020_pdf.) accessed July 2021.



3.2 Governance of data systems on alternative care

The 28 countries surveyed include countries with decentralised and more centralised governance systems. Yet it was possible to identify practices of data aggregation and dissemination at national level that may serve as helpful examples to other countries. Several National Correspondents⁵⁶ pointed out problems caused by decentralised systems, such as the fragmentation of data collection; inconsistent indicators, definitions, and criteria; and great variability in the quality of data collected in different regions. Each of the four nations of the UK and the three federal regions of Belgium submitted their own national responses, because their regional systems are too divergent to allow for a national overview that encompasses the entire country.

Nevertheless, some federalised states with very divergent systems of care in their autonomous regions manage to publish aggregate data at the national level on a regular basis.⁵⁷ Spain is a prime example, as shown in Box 5.



BOX 5. How Spain manages uniform national data collection and reporting

Spain has 19 autonomous communities or cities that have 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 that lays down basic definitions and minimum requirements for different categories of care provisions and for obligatory national reporting. While some regions collect a lot more detailed data, and others struggle to meet the minimum requirements, the result is comparable enough to provide a meaningful national overview.

Source: Information provided in an interview with Professor Jorge Fernandez del Valle, National Correspondent for Spain, 14/04/2021.

3.3 Mandates for data collection

There is great variety across Member States in the agencies that are responsible for data gathering and analysis on children in alternative care. In many countries, this responsibility is shared across multiple agencies and authorities. The number of countries shown in Table 2, for example, is higher than the number of countries surveyed, because two or even more agencies are often involved in collecting the data. As the table shows, civil society also plays a role in administrative data collection in one country: Cyprus.

TABLE 2. Who is responsible for national data collection on children in alternative care?

Responsibility for data collection and publication

The National Statistical Office	9 countries ⁵⁸
One or more line ministry	12 countries ⁵⁹
Child welfare/protection agency	17 countries ⁶⁰
Non-governmental organisation	1 country ⁶¹

Source: The DataCare project, 2021.

Having more than one organisation or line ministry with responsibility for data collection introduces more complexity. In Cyprus, for example, the National Correspondent cited this as a factor in data fragmentation. Some National Correspondents⁶² report that while data are collected and published, collection methods and reports have different purposes, different methodologies, and different publishing times. This makes it hard to get a full overview and to know whether the whole population of children in alternative care is covered or just one part of that population.

There are also, however, helpful examples. In Cyprus (where data collection is divided over several line ministries) and Malta (where the Directorate of Alternative Care is charged with all relevant data collection), different government departments come together to discuss data and make policy decisions. In Ireland, there is frequent consultation between Tusla⁶³ – the only agency that collects administrative data on children in alternative care – and relevant government departments to explore trends and need for reform. And in Belgium-Flanders (where six child welfare/child protection agencies play a role in collecting administrative data on children in alternative care) and in the UK-England (where four government departments are involved in data collection) different data collectors come together for joint analysis and publication.

3.4 Accessibility and comparability of data and type of data collected

Using the stock data provided or found for the countries surveyed, it was possible to calculate a total number of children in alternative care, in residential care, in formal family-based care and in 'other' alternative care across 27 countries.

Recent research on the number of children in alternative care at country, regional, and international level has often identified challenges in finding data as a result of local classifications and disparate data-reporting practices.⁶⁴ The DataCare project has found that data can, in fact, be found, with dedicated time and effort. It can also be compared through in-depth (secondary) analysis, using higher aggregates that are in line with terms that are widely used at international level, and with notes on limitations. For some of the countries and regions surveyed, such as Belgium-Flanders, Bulgaria, France, Greece, and Hungary, the data requested by the DataCare National Template could not (all) be found publicly and was obtained through requests to and cooperation with the relevant agencies.

Using the stock data provided or found for the countries surveyed, it was possible to calculate a total number of children in alternative care, in residential care, in formal family-based care and in 'other' alternative care (see Table 3) across 27 countries (data for Austria were not available). Although stock data are for a specific point in time, different countries use different indicator dates: very often 31 December, but 31 March, 1 May, 31 July, and 1 November were also seen. In addition, not all data provided were for the same year. For most countries, the data were from 2018, 2019 or 2020; for three countries (France, Italy and Slovenia) they were from 2017. This means that there are no data available for one point in time for every country.

Some of the data that were classed as 'other' because of lack of clarity on whether or not the provision should be seen as alternative care, or on whether it was residential or family-based care, may include children in residential care but are not included in the total for residential care shown in Table 3. There are also other issues with comparability, as has been laid out throughout this section, so the calculation does not – and cannot – give us the exact numbers of children in alternative care and in residential care. However, the data available are broadly comparable enough to give a meaningful indication of the total numbers. While Table 3 provides the total numbers, Table 4 provides a breakdown of those numbers by individual country.

TABLE 3. Total numbers of children in alternative care in the EU and the UK calculated**Total numbers of children in alternative care**

	EU-27	UK
Total number of children in residential care	302,979	15,340
Total number of children in formal family-based care	421,810	78,467
Total number of children in 'other' alternative care ⁶⁵	33,229	11,410
Total number of children in alternative care	758,018	105,217

Source: The DataCare project, 2021.

TABLE 4. Total number of children in alternative care and subcategories per country**Total number of children in alternative care and its subcategories at a specific point in time for each country**

Totals for specific point in time ⁶⁶	Number of children in alternative care	Number of children in residential care	Number of children in formal family-based care	Number of children in 'other' forms of alternative care
Belgium ⁶⁷	19,964 ⁶⁸	8,412 ⁶⁹	11,552	-
Bulgaria ⁷⁰	10,067	3,571	6,496	-
Croatia ⁷¹	3,620	921	2,241	458 ⁷²
Cyprus ⁷³	608 ⁷⁴	398	210	-
Czechia ⁷⁵	28,413	7,933	20,480 ⁷⁶	-
Denmark ⁷⁷	11,399	3,698	7,540	161 ⁷⁸
Estonia ⁷⁹	1,740	188	1,448	104 ⁸⁰
Finland ⁸¹	12,119	5,690	6,298	131 ⁸²
France ⁸³	158,124 ⁸⁴	51,524 ⁸⁵	84,944	21,656 ⁸⁶
Germany ⁸⁷	147,700	77,984	69,716	-
Greece ⁸⁸	1,989 ⁸⁹	1,680	309	-
Hungary ⁹⁰	20,463 ⁹¹	6,151	14,312	-
Ireland ⁹²	5,983 ⁹³	525	5,458	-
Italy ⁹⁴	27,111 ⁹⁵	12,892	14,219	-
Latvia ⁹⁶	7,606	1,975	5,631	-

Lithuania ⁹⁷	10,308 ⁹⁸	3,438	4,835	2,035 ⁹⁹
Luxembourg ¹⁰⁰	1,286	731	555	-
Malta ¹⁰¹	697 ¹⁰²	38	659	-
Netherlands ¹⁰³	29,365	14,035 ¹⁰⁴	15,330	-
Poland ¹⁰⁵	121,225 ¹⁰⁶	43,077	70,753	7,395 ¹⁰⁷
Portugal ¹⁰⁸	5,952	5,638 ¹⁰⁹	144	170 ¹¹⁰
Romania ¹¹¹	57,147	21,037 ¹¹²	35,715	395 ¹¹³
Slovakia ¹¹⁴	14,123	5,428	8,695	-
Slovenia ¹¹⁵	1,167 ¹¹⁶	483	684	-
Spain ¹¹⁷	40,828	21,283	19,545	-
Sweden ¹¹⁸	19,014	4,249	14,041	724 ¹¹⁹
United Kingdom ¹²⁰	105,217 ¹²¹	15,340 ¹²²	78,467 ¹²³	11,410 ¹²⁴

Source: The DataCare project, 2021.

All countries surveyed collect some routine administrative data on children in alternative care, although in the case of Greece, this is a recent development.¹²⁵ In Cyprus, Greece, and Slovenia, there are no statistical surveys that focus specifically on children in alternative care, although relevant data are collected via other surveys.

Most countries publish stock data. However, finding or receiving information on flow data turned out to be a greater challenge. This could, in part, be because of the way the question was formulated: as 'period data', which did not always lead to data on children entering care. Figure 2 explains stock and flow data and their purpose.



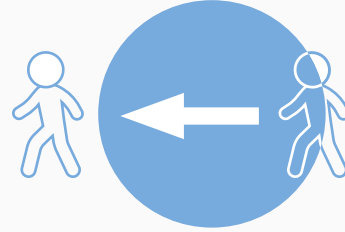
FIGURE 2. Stock and flow data



Stock Data

Number of children present at one point in time

These data allow calculations such as the proportion of children in alternative care living in residential (or institutional) care. This informs stakeholders about the 'Suitability' principle.



Flow Data

Number of children entering and leaving during a specified period

Knowing how many children enter and leave during a year provides insight into the 'Necessity' principle.

Source: The DataCare project, 2021.

Analysis confirmed that 13 countries¹²⁶ use the individual child as a statistical unit. Five of these countries¹²⁷ use a system of population-wide personal identification numbers (PIN). This means that while a significant proportion of information about children is not requested in questionnaires, this information can be retrieved through this personal identification number. This system allows for the longitudinal tracking of data on children in alternative care and linking to other databases, such as for education and health. In three countries – Bulgaria, Portugal and Romania – the PIN assigned to each resident is requested on the survey questionnaires, but it is not clear whether it is used to retrieve information or to link with other databases. Tracking children in alternative care with a PIN can reduce the need for elaborate questionnaires to gather data, as the personal identification number allows for an overview of linked data, as well as for connections to various databases.¹²⁸ In countries where the individual child is not the statistical unit, however, statistical surveys may position the facility, the care provider (which may be in charge of more than one facility), or the region as the statistical unit for reporting.

3.5 Data dissemination and use

A comparison of the questionnaires and instructions used to collect data on children in alternative care with the published data revealed that far more data tend to be gathered than are published in most countries. As a result, a significant share of the data collected remains invisible.¹²⁹ Many of the details of the data collected are hidden in the aggregated data that are published, or are left out of publications. These details are often only available from data agencies in response to a specific request.

“I have the impression that in Flanders enough data are collected. However, most of the data are collected for internal use.”

- National Correspondent from Belgium

“There has been an improvement in the collection of data, however for the time being most of these data are not publicly available and this is something that could be improved.”

- National Correspondent from Greece

In general, national statistical systems do report some statistics on children in alternative care. However, there are significant differences among countries in terms of the amount of data published. In Czechia, the National Correspondent indicated that all data collected are made public, with only a check for errors standing between receiving data and their publication. In Slovenia, no data on children in alternative care have been published since 2014, and they are only available on request.

While the time between receiving data and publishing is just a few months in most countries, in four countries (Hungary, Italy, Poland and Spain), the time lag is two years or more.¹³⁰ It must be said that publishing data very quickly is no guarantee of its quality and is not inherently good practice. Long delays, however, can have adverse effects. National Correspondents have indicated that delays in publication of data have substantial implications for the decisions of policymakers and other stakeholders as the data on which they are basing their decisions may no longer reflect the current reality.¹³¹

Although annual statistical reports are published in many countries, most of the data that are published on children in alternative care appear on websites run by government departments or by National Statistical Offices. In theory, this should result in transparent and accessible data for interested stakeholders. However, in five countries (Belgium, Bulgaria, Greece, Poland and Slovenia) this is not the case. In these countries, data are either made available on websites but are hard to find because of the complex or confusing pathways leading to them, or an official request must be made to gain access to them – a process that can be complicated and sometimes costly. National Correspondents from seven countries¹³² indicated that while data are published, they are either very basic or at a high aggregate level.

While the time between receiving data and publishing is just a few months in most countries, in four countries (Hungary, Italy, Poland and Spain), the time lag is two years or more.

Several National Correspondents¹³³ indicated that the data on children in alternative care are used at a variety of levels (from local to national) and for a variety of purposes, including:

- budget decisions
- policymaking to improve outcomes for children
- monitoring
- framework development for agreements
- looking for trends
- answering parliamentary questions, and
- marketing or awareness-raising campaigns.

It should be noted that four of the National Correspondents¹³⁴ were unclear on how – and whether – the data collected are used by policymakers and other stakeholders to inform decision-making, practice, and research.

3.6 Variables measured

“Indicators should include the needs of children (for example the reason for admission, the experience and kind of maltreatment they received, disabilities, mental health problems, etc.). Also, key indicators on the process of intervention (time in each alternative care, number of changes, reasons for finalisation, etc.) and finally some kind of evaluation about achieving or not the goals of the case plan.”

- National Correspondent from Spain.

A full overview of the variables investigated by the DataCare project is provided in Annex 2, together with a list of the variables for which each country collects data. Some of these variables are discussed here.

In all, 19 countries¹³⁵ collect some data on who made the decision to place a child in alternative care. In all of these countries, with the exception of Germany, data are collected on whether judges have made that decision.

Some countries do not collect information on the reason for a child entering care, but they may ask about the ‘characteristics’ of the child – such as their disability status, any behavioural or mental health issues, substance abuse, etc. Table 5 gives an overview of the reasons a child enters care listed in the DataCare National Template, and shows how many countries reported collecting data on one or more of these reasons.

TABLE 5. Reasons for entering care**Most countries collect some data on the reason for entering care**

Abuse and neglect	14 countries ¹³⁶
Substance abuse by parent or child	13 countries ¹³⁷
No parents	11 countries ¹³⁸
Behavioural problems	11 countries ¹³⁹
Disability	8 countries ¹⁴⁰
Homelessness	8 countries ¹⁴¹
Poverty	8 countries ¹⁴²
Access to education or other services	6 countries ¹⁴³
Unknown	2 countries ¹⁴⁴
No information collected on reason for entering care	9 countries ¹⁴⁵

Source: The DataCare project, 2021.

Box 6 lists other reasons for entry into care that were found in the statistical surveys.

**BOX 6. Additional reasons for entry into alternative care identified in statistical surveys**

- Parents in prison
- Disability or health problems of parents
- Domestic violence
- Parents working abroad
- Unsanitary living conditions
- Absence from school
- Child labour
- Victim of child trafficking
- Suspected prostitution
- Mendicity¹⁴⁶
- Criminal behaviour below the age of criminal responsibility
- Teenage mother/parent (has or is)
- Lack of medical or rehabilitation services in the community
- Adoption disruption

Source: DataCare project 2021.

Many countries collect information on where children go when they leave care, but there are wide variations in the categories used. Almost all countries collect some data on whether children return to their family after leaving care, and Table 6 gives an overview of the reasons put forward in the responses seen in the DataCare National Template.

TABLE 6. Children leaving care

Data on where children go when leaving alternative care

Reintegration with family	24 countries ¹⁴⁷
Change of placement	17 countries ¹⁴⁸
Adoption	16 countries ¹⁴⁹
Death	14 countries ¹⁵⁰
Leaving care on reaching adulthood	14 countries ¹⁵¹
Independent living before age 18	9 countries ¹⁵²
Moved to an adult facility	9 countries ¹⁵³
Unknown	7 countries ¹⁵⁴
No data collected	4 countries ¹⁵⁵

Source: The DataCare project, 2021.



Box 7 shows other options given in surveys of where children go after leaving care. It also gives reasons for leaving care, an aspect that is included in surveys in some countries.



BOX 7. Other places children go after leaving care identified in statistical surveys

Other places children go after leaving care:

- Remain with current carers on reaching age 18
- Location – region or country where the child went
- Under guardianship
- Educational facilities
- Repatriation
- Married
- Abduction
- Homeless
- Prison/detention
- Death (which was included in the DataCare National Template) with subdivisions:
 - Natural
 - Accident
 - Suicide
 - Other

Some countries included the reason for leaving care (sometimes instead of destination):

- Care goal was achieved
- Care goal cannot be achieved
- Prematurely ended by provider
- Child over 15 withdraws consent
- Parental request
- Judicial order
- Criminal justice order

Source: The DataCare project, 2021.

Most countries publish some information on individual and family backgrounds, and all disaggregate by sex and age. While all countries collect the individual ages of children, most publications refer to age groups. The composition of these age groups varies significantly, sometimes even within publications, and particularly when it comes to the youngest children. The age group that includes children under the age of one year can vary from 0-1 to 0-6 years old depending on the country and the publishing agency. In seven countries¹⁵⁶, some or all of the published statistics give data for age categories between 0-21 and 0-24 and do not provide separate data for children aged 0-17.

Furthermore, there are some important data gaps on the following variables: citizenship, disability, and the parental status of children in alternative care. Some information on the data on children's country of origin identified in surveys is given in Table 7.

TABLE 7. Data on country of origin**Data collected on country of origin**

Statelessness	4 countries ¹⁵⁷
Only unaccompanied minor	5 countries ¹⁵⁸
No data collected	4 countries ¹⁵⁹

Source: The DataCare project, 2021.

In Finland and Greece unaccompanied minors¹⁶⁰ are not included in the data on children in alternative care, while they are included in Ireland, but as a separate category.¹⁶¹ In Italy, unaccompanied minors are not counted as children in alternative care, but the statistical report does include a paragraph on them.

Most countries collect some information on whether a child in alternative care has a disability or some type of special need. Table 8 illustrates two key challenges in terms of data gathering on children with disabilities in alternative care: limited disaggregation, coupled with legal restrictions to data collection on this group of children.

TABLE 8. Data on children with disabilities**Data collected on disability status**

Only as binary: disability/no disability	4 countries ¹⁶²
Collection not allowed by law	2 countries ¹⁶³

Source: The DataCare project, 2021.

Analysis of the national responses found that few countries collect information through their national administrative surveys on indicators that provide information on assessments of children upon entry into care, support received by children prior to care, care plans, placement reviews, or children's contact with their family while in care. In many of the remaining countries, however, this does not mean that this information is not captured by the alternative care system. It is recorded, for example, in case files and/or inspection records, but it is not used to produce national statistics on children in alternative care, as these types of interventions are legally required and countries consider it sufficient to monitor compliance at lower level.

3.7 Data on the stability, quality, and outcomes of care

National Correspondents from Belgium-Flanders, Denmark, Hungary and Sweden indicated that there are no data that tie children to specific care provisions or alternative care providers. This means that the data do not give any insights into whether a child has been staying in one care placement for the entire period, or whether more placements have been involved. This means that if the child has not left alternative care, any changes are invisible in most of these countries. In Denmark and Italy, it is possible to see a change in placement from foster care to residential care or vice versa in the data. However, when a child moves from one foster family to another or from one residential care placement to another in the same year, this is not visible. This makes it challenging to monitor the stability of placement and to know where that child is within the system. In contrast, in UK-England and Wales there is specific reporting on the stability of the child's placement.

Some National Correspondents raised the issue of double counting within the data on children in alternative care. This can happen when a child has left alternative care but is then readmitted into care in the space of one administrative year (with start and end dates that can vary from country to country). Many countries only have data on the number of admissions, without any specification on whether these are new admissions or readmissions, which means that individual children may be counted more than once.

In all, 14 National Correspondents¹⁶⁴ reported that national data on the quality of care received by children and on the outcomes of the care provided are not collected through administrative data, or are collected in only a very limited way. The Scottish Government does report on outcomes to some extent: its annual publication on Education Outcomes for Looked After Children reports on their school attendance, attainment, and post-school destinations and compares these to the wider population of children and young people.¹⁶⁵

When monitoring system performance and outcomes, it is essential to be aware of exactly what is being monitored, as pointed out by the Scottish National Correspondent:

“It should be noted, however, that inspections carried out by Scotland’s Care Inspectorate focus on the quality of the establishments rather than the outcomes arising from the care received by children and young people. Without clear attention to how ‘quality’ care activities connect to outcomes, it can be difficult to interpret the causal factors behind children’s and young people’s outcomes with confidence.”

Four National Correspondents – from Portugal, Sweden, UK-England and UK-Scotland – reported that national data on the views of children on the care they receive are not collected at all, or are not collected systematically.¹⁶⁶ Four National Correspondents from other countries – Lithuania, Malta, Slovakia and UK-Wales – reported that the views of children on their stay in alternative care are included in data collection.

3.8 Categorisation of the type of care

Most countries do not collect data separately for small group homes and larger institutions, or for other facilities that fall under the heading of 'residential care'.

The survey found that it is difficult to clearly distinguish between different kinds of residential care in most countries. None of the countries surveyed uses official definitions to distinguish between institutional and small-scale residential care, according to the National Correspondents. As a result, most countries do not collect data separately for small group homes and larger institutions, or for other facilities that fall under the heading of 'residential care'.¹⁶⁷

A few National Correspondents did indicate, however, that there are either official caps on the number of children allowed to live together in small group homes or that there are generally accepted sizes for these homes. These are shown in Box 8.



BOX 8. Sizes of small group homes according to National Correspondents

Official maximum number of children per unit in small group home

Bulgaria	15 children
Finland	7 children per living unit; 24 children per house (3-4 living units)
Hungary	12 children
Italy	5-10 children
Lithuania	6 to 8 children
Malta	maximum 8 children per unit, for all residential care
Poland	14 children (but not all institutions adhere to this)
Romania	12-15 children
Slovakia	8 to 15 children (depending on type)
UK-Northern Ireland	up to 8 children

Unofficial size of small group homes that is generally used in practice:

Belgium-German speaking community	up to 7 children
Denmark	from 4-6 children to 13 children, depending on the type of facility
Ireland	2-7 children
Spain	about 80% with 6-9 children
Sweden	average 7-8 children
UK-England	60% have fewer than 4 children
UK-Scotland	usually up to 10 children
UK-Wales	the average is 4 beds

There is a lack of clarity on precisely what facilities should and should not be included under alternative care.

The National Correspondents of the Belgium-German speaking community, Cyprus, Denmark, Ireland, Malta, and UK-Northern Ireland and Wales indicated that there is no large-scale residential care for children in their countries. However, what is considered 'large' varies from country to country. In Spain, residential care with more than 25 children living together is considered large, while any residential care with more than 6 beds is seen as large in UK-Wales. Only two countries were found to have an official cap on the maximum number of children that can be accommodated in any residential care unit: for Hungary the number is 48 and for Malta it is just 8. In Poland, the maximum number was set to become 14 from 2021, but this target has been suspended as a result of the COVID-19 pandemic.¹⁶⁸ Similarly, all large-scale residential facilities in Romania were supposed to be closed by the end of 2020, which would have resulted in a maximum of 12-15 children in any form of residential care, but there have been delays and some large-scale residential facilities are still in the process of being closed.

There is also a lack of clarity on precisely what facilities should and should not be included under alternative care. There are questions, for example, on whether a line should be drawn between children within juvenile justice systems and those in the closed institutions of the alternative care system, and on whether groups of children in the boarding facilities of health, therapeutic care, and education institutions should be considered to be in alternative care.¹⁶⁹ While children in this latter group do live in residential care, they are not there because they are at risk of harm in their family situation, and this places them outside the alternative care system in some countries. This, in turn, means that they are not included in statistics on children in alternative care. Box 9 explores this further.



BOX 9. Statistical definitions and coverage

- Many countries do not consider children in short-stay residential facilities – emergency shelters, crisis centres, or transitional homes – to be in alternative care even when they are placed without a parent for overnight care. In Hungary, for example, data on so-called ‘temporary care’ (átmeneti gondozás) come under the heading of preventive care in official statistics. This is the case even when children stay for several weeks or even up to a year and a half in special shelters for children on their own or together with their families (most often with their mothers).¹⁷⁰
- In France, the Children’s Homes Association (Maison d’Enfants à Caractère Social) and several other care providers have definitions that include a variety of care types for just the one provision, such as: residential care, self-catering accommodation, placement with parents, foster care, and small-group residential care.¹⁷¹ Some of these arrangements – where children are accommodated without their parents – fit with the international and widely used concept of alternative care, but others – where parents and children are placed together – do not.
- There are often blurred lines between preventive and alternative care around part-time placements. These provisions may be called respite foster care or respite residential care in some countries and may be considered alternative care because a child is away from their family for more than 24 consecutive hours. In other places, such as Belgium-German speaking community, Denmark, Ireland, and UK-Northern Ireland, this would be seen as family support or preventive care that enables children to live with their family most of the time. Even in these countries, however, it is not always clear whether this should be seen as alternative care or not.

Source: DataCare project 2021.

Attempts to account for all children in alternative care in the data collected are complicated by the fact that in certain countries, such as Greece, administrative data collection has not included institutions or shelters run by non-state actors, such as non-governmental and faith-based organisations until very recently.

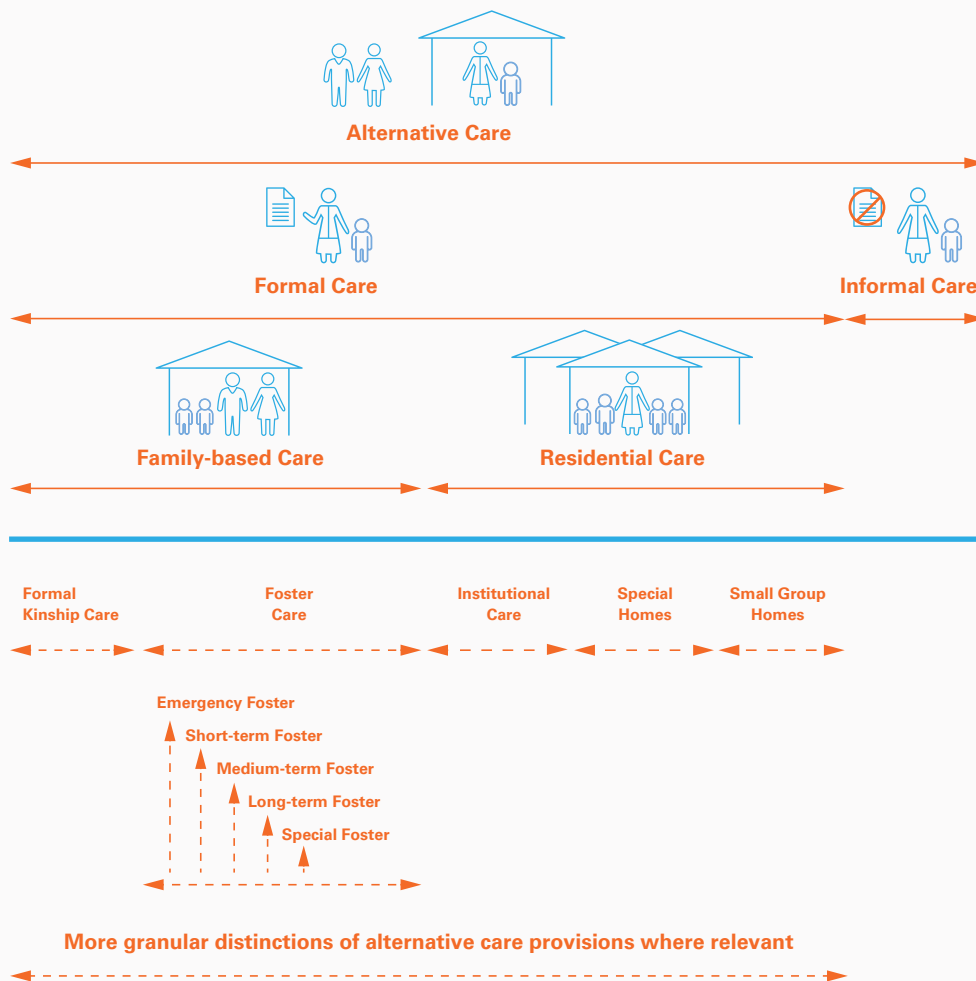
National Correspondents of 10 countries¹⁷² indicated that information is collected on a child’s length of stay in residential care and it is also possible to calculate the length of stay in Slovakia and Sweden. Some countries do collect data on the length of stay for all children in alternative care, but the published data are not disaggregated by type of care provision.

3.9 Data comparability

Creating a comparable overview of data from different countries with different alternative care and data collection systems is a challenge. However, analysis of the 28 countries surveyed shows that it is, in fact, feasible. There are many nationally used terms that are largely in line with terms and definitions that are widely used internationally (see Annex 2). It is also possible to report on different alternative care systems in a comparable and more or less uniform way at the higher aggregate level. Similarly, the hierarchy of care provisions in many of these countries conforms very largely to that generally used internationally, as shown in Figure 3.



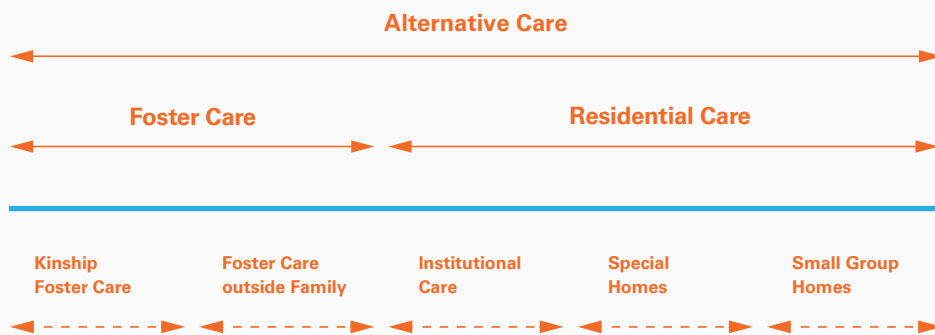
FIGURE 3. Five widely used international conceptual levels of alternative care



Many countries have a hierarchy of care categories that conforms to the one shown in Figure 3, although 16 countries diverge slightly by seeing formal kinship care as a form of foster care.¹⁷³ Figure 4 shows the top three layers of the hierarchy from Figure 3 rearranged to correspond to the hierarchy found in these 16 countries.



FIGURE 4. Hierarchy found in 16 countries



Source: The DataCare project, 2021.

In Poland, 'foster care' is used to describe all forms of alternative care, including residential care. In Northern Ireland in the UK, there is a possibility for private fostering arrangements that are separate from informal kinship care, but that are also outside the formal alternative care system.

Another challenge in categorising alternative care in EU Member States was outlined by a National Correspondent as follows:

"I think one of the problems is that there is no description of alternative care legally [in this country] and many forms of alternative care are understood as not being alternative care arrangements and are regulated by many different laws."

The use of the term 'foster care' in a variety of ways signals the challenge that arises when attempts are made to align nationally and internationally used terms and categories. Translation to and from national languages is not always correct and this can also have a significant impact. For example, the research team noted that while the German term for child welfare

‘Erziehungshilfe’ literally translates as ‘help with raising children’, the translation given by online translation apps, and also used in many English language reports about the German system, is ‘education help’.

Box 10 describes the use or lack of a term equivalent to alternative care in the national contexts.



BOX 10. The use of the term ‘alternative care’

Although the term ‘alternative care’ is commonly used internationally, including in leading frameworks such as the UN Convention on the Rights of the Child, analysis has shown that this is not true at national level for all 28 European countries surveyed. Only 10 countries have a term equivalent to alternative care that is used in legislation and official discussions on the topic. Although some other countries have a translation of the English term ‘alternative care’, or have a concept that is relatively close, the National Correspondents for this project report that the term is not used in practice in either legislation or policy. Instead, a lower or a higher aggregate term is more commonly used in 13 countries.

At the lower aggregate level, the terms used more often are for specific alternative care provisions or categories of care provisions, such as foster care and residential care, rather than any overarching term that captures all alternative care. At the higher aggregate level, a wider overarching term is used that spans the entire child protection or even child welfare system, with foster care and residential care positioned as part of this term, without any overarching term that encompasses just those two forms of care. In Sweden, different terms are used to refer to something similar to ‘alternative care’ by different stakeholders such as government officials, academics, health care professionals and social workers.

Source: DataCare project 2021.

Administrative statistics make a clear distinction between residential care and formal family-based care in most countries.¹⁷⁴ However, comparing alternative care provisions at a more disaggregated level – such as children in short-term foster care or in crisis residential care – is not possible at present according to the evidence collected. The ways in which these provisions are organised and defined at the national or even local level are too diverse to allow for cross-country – and in some decentralised countries even national – comparison. The identification of small group homes within residential care and subcategories of foster care is a particular problem in this respect.

While there is a great deal of diversity and incomparability, the analysis has also shown a remarkable consistency in the presence of certain disaggregated forms of alternative care provisions. These are shown in Box 11.



BOX 11. Disaggregated care provisions seen in most countries

- Placement with adoptive parents – fostering before the adoption order has been finalised.
- Supported independent living – young people receiving guidance or mentoring and/or practical support as they learn to live on their own.
- Secure placements – placements where children and young people are deprived of liberty either in connection to juvenile justice or treatment for mental health or behavioural issues.
- Shelters where mothers can be placed together with their children.

Source: DataCare project 2021.



0.4

Discussion of findings and conclusions

This section uses the findings of the DataCare project to illustrate how strengthening data systems on children in alternative care benefits both national and EU stakeholders at all levels. It also highlights the possible drawbacks and consequences of failing to support such system strengthening.

4.1 The legal and policy environment for the production of statistics on children in alternative care

National level

The survey findings show that six countries¹⁷⁵ have legislation in place that strongly supports data collection on children in alternative care and provides detailed requirements on the data that must be gathered. Only two countries (Malta and Slovenia) were found to have no legislation to support data systems on children in alternative care. As a National Correspondent put it, if this is missing then “there is no legal requirement for gathering data or on what data to gather.” This can result in little or no data being collected or reported on children in alternative care, or in ad hoc data collection, as reported by National Correspondents from Cyprus, Czechia,



Italy¹⁷⁶ and Slovenia. It can also lead to a lack of data on a significant group of children in national statistical systems, meaning that decision-makers may not be able to find crucial statistics when they need them. When necessary data are missing, or when extra money is needed to find and extract them, an analysis of trends and patterns may be impossible. All this can hamper decision-making and on the monitoring of progress on policy implementation. This underlines the crucial need for an enabling legal environment to ensure regular and systematic data collection and reporting on children in alternative care.

As seen in Box 5, Spain's success in producing nationally comparable data on children in alternative care for its 17 autonomous regions and 2 autonomous cities is the result, in no small part, of its strong legislation.

New EU initiatives for children's rights have opened an important window of opportunity to make the case for the integration of indicators on children in alternative care into EU and national-level statistical frameworks and systems.

EU level

The findings of the DataCare project are relevant at both national and EU level.¹⁷⁷ The European Commission's Feasibility Study for a Child Guarantee (FSCG) 2019 Target Group Discussion Paper on Alternative Care¹⁷⁸ found that "translation into national legislation and policies and the implementation of [human rights] obligations nationally still lag behind." These recent findings on gaps and weaknesses in evidence are in line with findings of an earlier Eurochild survey,¹⁷⁹ from 2009.

The protection of the rights of the child is one objective of the EU,¹⁸⁰ which is committed to reducing child poverty and the social exclusion of children, including children in alternative care. This was reiterated at the Porto Social Summit in May 2021.¹⁸¹ Also in 2021, several new EU policy initiatives renewed momentum on the delivery of these commitments in the coming years: the EU Action Plan on the European Pillar of Social Rights¹⁸², the EU Strategy on the Rights of the Child, the European Child Guarantee,¹⁸³ and the European Strategy for the Rights of People with Disabilities.¹⁸⁴

All of these policy initiatives envisage the development of frameworks to monitor and evaluate their implementation at both EU and national level.¹⁸⁵ This opens an important window of opportunity to inform these frameworks and to make the case for the integration of indicators on children in alternative care into EU and national-level statistical frameworks and systems.

4.2 Defining the framework and concept of alternative care

The broader framework for alternative care

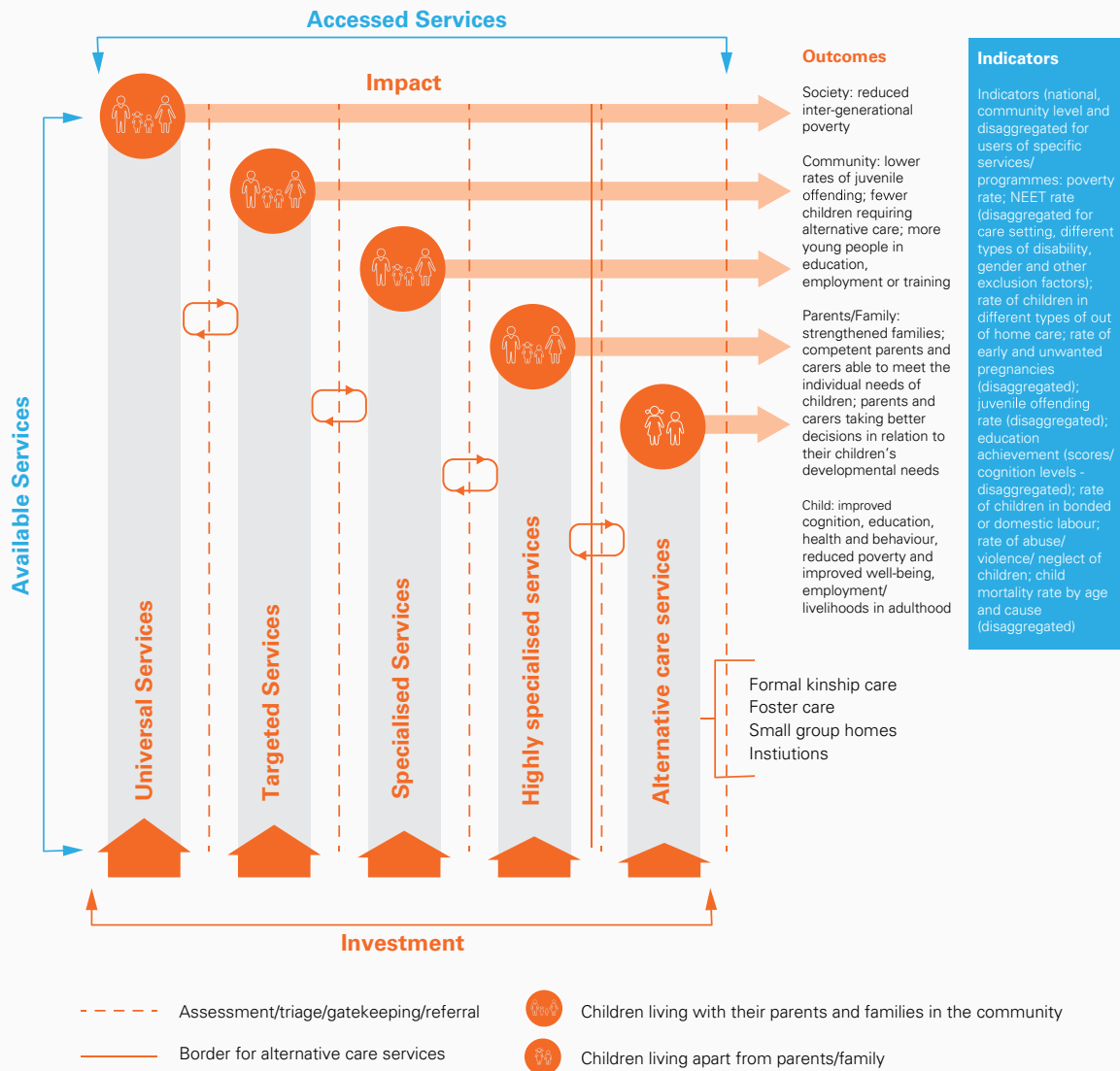
An understanding of the kind of data that are useful to measure progress in the implementation of policies concerning children in alternative care requires an understanding of how alternative care actually works and where it sits among, and interacts with, other systems. Systems that are closely related to alternative care include, for example, the wider child-welfare system, social protection, family strengthening to support prevention, reintegration, and aftercare support, as well as health, education, and justice, among others. Quality data on children in alternative care can, therefore, inform our broader understanding of the efficacy of social welfare and child protection systems and services in preventing unnecessary family separation and providing equal opportunities for every child. It can show us, therefore, how well a country supports its children in need of care and support, particularly those who are socially excluded.

Eurochild has pioneered a model that aims to capture such a systems-wide understanding of public investment in children and families, as illustrated in Figure 5. The conceptual framework developed through Childonomics encourages analysis across the whole landscape of policies, programmes and services that have an impact on children and families. It proposes a way to map services and programmes, not to create a rigid classification or typology, but rather to help understand how different investments are interconnected and can combine to contribute to different outcomes.

Correct implementation of the Childonomics methodology requires horizontal and vertical collaboration among policy departments, and across different levels of government. It provides a framework to bring policymakers together with other stakeholders, such as NGOs and academia, to work towards the shared goal of improving outcomes for children and families. The methodology also requires consultation with children and families. The measurement of outcomes can, however, be constrained by a lack of data – in particular longitudinal data – and the need to give due weight to qualitative outcomes.¹⁸⁶



FIGURE 5. Eurochild’s Childonomics Framework, showing where alternative care is positioned among other services.¹⁸⁷



Universal Services:
Birth registration, education, health, housing, social welfare, family oriented policies

Targeted Services:
Early childhood development services, social assistance and conditional cash transfer programmes for families with children, employment and livelihoods for parents/families

Specialised Services:
Family strengthening services (parent training, counselling), day care, mediation and conciliation services, multi-disciplinary advice, habilitation and rehabilitation for children with disabilities, community based rehabilitation, short breaks foster care (family-based respite care)

Highly specialised services:
Child protection, family preservation, crisis intervention, therapeutic services, family group conferencing, substance abuse treatment for parents, infant abandonment









and relinquishment prevention in maternity hospitals, gate-keeping mechanism including competent strengths-based assessment of family ability to provide adequate care

Alternative care services:
Kinship care, emergency foster care, adoption, long-term foster care, family type residential care, reintegration services, supported independent living services for young people, transitioning out of care services

Figure 6 shows the specific elements that are involved in the effective running of alternative care systems, and what each of these elements can contribute to the desired outcomes through their output. It underlines the need to ensure that the production and use of quality data – through the monitoring and evaluation system – are integral parts of the system. Without quality data and its effective use, key outcomes are undermined, including cost-effective budgeting, the impact of improved quality of care for children who are more likely to thrive as a result, with clear benefits for their wider well-being. The discussion in this Section sets out what is needed to produce quality data on children in alternative care, and what can stand in its way.



FIGURE 6. The mechanism of alternative care

Element	Output	Intermediate outcome	Outcomes	Impact
 Gatekeeping	Prevention of unnecessary separation and placements	Effective continuum of care, support services, case management, and gatekeeping	More children growing up in their own family	Children are nurtured, active in the community, developing responsibility, included, safe, healthy, achieving, happy, and heard With better long-term outcomes involving multidimensional well-being
 Governance	Evidence-based policies and standards	Appropriate and high-quality alternative care delivered	Children for whom alternative care is necessary are placed in appropriate, high quality, family-base alternative care or adoption	
 Finance	Adequate resourcing			
 Workforce	Skilled workforce	Preference for family-based care over institutional care for children without parental care	When possible, those in alternative care are safely reintegrated into their family, or supported in the transition towards independent living	
 Service delivery	Range of services available, decided on the basis of individual suitability and best interest assessment			
 Norms and Values	Awareness-raising and advocacy for prevention of unnecessary placement and moving towards family-based care			
 Participation	Children and families given a voice in decision making	Placement decisions more suitable and more insight into quality of care		
 Monitoring and Evaluation	Quality data collected and used for decision making and reporting	Effective decision-making and policies	Cost-effective budgeting and impactful improvement of quality of care	

Source: The DataCare project, 2021. Based on the following models: Cannon, Molly, Ismael Ddumba-Nyanzi, Sonja Schmidt, Supporting countries to measure progress and outcomes of national care reforms, Data for Impact Presentation, March 9, 2021; Scotland – SHANARRI, Getting it right for every child (GIRFEC) resources relating to wellbeing, Scottish Government, Edinburgh, 2017 (<https://www.gov.scot/publications/shanarri/>); UNAIDS organizing framework for a functional national M&E system, 2008.

The concept of alternative care

Findings show that the term ‘alternative care’, or a close equivalent, is not widely used at the national level in the 28 countries surveyed. Most National Correspondents reported that terms for residential and foster care are used in policy discussions and legislation in their countries instead. However, if these terms are clearly defined at national level (including their scope) and if legislation regulates the care provisions and the data system is in place, the use of an overarching term like alternative care may not be essential.

Findings show that the term ‘alternative care’, or a close equivalent, is not widely used at the national level in the 28 countries surveyed.

The Manual by the European system of integrated social protection statistics (ESSPROS) states:

“There is no universally accepted definition of the scope of social protection, nor does there exist one that suits all purposes (including the compilation of statistics). It is therefore necessary to formulate a conventional definition of the scope of social protection which meets as well as possible the needs of social policy analysis and data collection on an international level.”¹⁸⁸

This same holds true for alternative care and for the different types of provisions that fall under it. Where there are definitions of alternative care, the DataCare survey found that they vary between countries, and they may have different uses or purposes, making this a complex issue.

The explanation on the scope of alternative care in the UN Guidelines on Alternative Care for Children (UN Guidelines) provides something like a definition. However, even this has not garnered universal agreement. The explanation is as follows.

“The present Guidelines apply to the appropriate use and conditions of alternative formal care for all persons under the age of 18 years, unless, under the law applicable to the child, majority is attained earlier. Only where indicated do the Guidelines also apply to informal care settings, having due regard for both the important role played by the extended family and the community and the obligations of States for all children not in the care of their parents or legal and customary caregivers, as set out in the Convention on the Rights of the Child. Principles in the present Guidelines are also applicable, as appropriate to young persons already in alternative care and who need continuing care or support for a transitional period after reaching the age of majority under applicable law. For the purposes of the present Guidelines [...] the following definitions shall apply:

- 1 Children without parental care:** all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. Children without parental care who are outside their country of habitual residence or victims of emergency situations may be designated as: (i) “Unaccompanied” if they are not cared for by another relative or an adult who by law or custom is responsible for doing so; or (ii) “Separated” if they are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative;
- 2 Alternative care may take the form of:**
 - Informal care: 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: all care provided in a family environment which 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;
- 3 With respect to the environment where it is provided, alternative care may be:**
 - Kinship care: family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature;
 - Foster care: 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, approved and supervised for providing such care;
 - Other forms of family-based care placements;
 - Residential care: care provided in any 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 care facilities, including group homes;
 - Supervised independent living arrangements for children;
- 4 With respect to those responsible for alternative care:** (i) Agencies are the public or private bodies and services that organize alternative care for children; (ii) Facilities are the individual public or private establishments that provide residential care for children. The scope of alternative care as foreseen in the present Guidelines does not extend, however, to:

- Persons under the age of 18 years who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognised as having infringed the law, and whose situation is covered by the United Nations Standard Minimum Rules for the Administration of Juvenile Justice and the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty;
- Care by adoptive parents from the moment the child concerned is effectively placed in their custody pursuant to a final adoption order, as of which moment, for the purposes of the present Guidelines, the child is considered to be in parental care. The Guidelines are, however, applicable to pre-adoption or probationary placement of a child with the prospective adoptive parents, as far as they are compatible with requirements governing such placements as stipulated in other relevant international instruments;
- Informal arrangements whereby a child voluntarily stays with relatives or friends for recreational purposes and reasons not connected with the parents' general inability or unwillingness to provide adequate care.³¹ Competent authorities and others concerned are also encouraged to make use of the present Guidelines, as applicable, at boarding schools, hospitals, centres for children with mental and physical disabilities or other special needs, camps, the workplace and other places which may be responsible for the care of children."

The UN Guidelines also indicate when alternative care should be used:

"Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorised civil society organisations."

It must be noted that the UN Guidelines were never intended to provide a rigid statistical definition of what alternative care is or to guide the collection or production of data on children in alternative care.

It must be noted that the UN Guidelines were never intended to provide a rigid statistical definition of what alternative care is or to guide the collection or production of data on children in alternative care.¹⁸⁹ Indeed, the definition of alternative care is part of an ongoing discussion. The UN Day of General Discussion (DGD) on Children in Alternative Care, held in September 2021, noted the many challenges related to data collection on children in alternative care. These include definitions and good standards, as well as data disaggregation, monitoring and evaluation. The outcomes of this event could help to strengthen and adjust the course set by the UN Guidelines. They can also inform other work on data and statistics on children in alternative care, including the CES Task Force on Statistics on Children, Adolescents, and Youth.¹⁹⁰ The outcomes of this work are not included in this report because it is still ongoing at time of publication.

4.3 The scope of alternative care and the definition of types of care to guide data collection

The scope of alternative care and its population

The findings show variations from country to country in the care provisions that are (and are not) included under the heading of alternative care. As mentioned, there is no universal agreement on the exact definition of alternative care and what it includes. The evidence shows that this is particularly true for correctional facilities, respite care, temporary or crisis centres, and residential care facilities that provide education, medical care or therapy for children who are not at risk in their own family. As a result, there are also major variations on whether this group of children is considered to be in alternative from country to country. The inclusion or lack of inclusion of these groups in the data on children in alternative care has a significant impact on comparability.

The definition of alternative care in the UN Guidelines encompasses both formal and informal alternative care. As noted in the limitations, however, the analysis shows that only three countries (Czechia, Romania and the UK) gather some information on children in informal kinship care and that none of them do so within the data system on alternative care. None of the countries surveyed treat informal kinship care as part of the alternative care system.

Not all children in the surveyed countries are currently in alternative care because their parents are unable to care for them, despite appropriate support. Some children are there because no appropriate support is available or offered to their parents.

The analysis of the data gathered by countries on the reason for children entering care demonstrates the variety in scope of the alternative care population. For example, not all children in the surveyed countries are currently in alternative care because their parents are unable to care for them, despite appropriate support.¹⁹¹ Some children are there because no appropriate support is available or offered to their parents. The UN Guidelines state that no child should ever be removed from their family for the sole reason of poverty: instead their family should receive support. The findings however, confirm that children are still removed because of poverty. Some countries¹⁹² do gather data systematically on poverty as a reason for entering care. Those that do not are unable to monitor whether poverty remains a key factor pushing children into alternative care, particularly children from disadvantaged backgrounds. It also makes it hard to monitor whether policies to address child poverty and the social exclusion of children are effective.

These differences in the scope of alternative care and its population complicate comparability of the data on children in care. However, as explained in Box 3, this should not stand in the way of collecting and publishing the data together with notes on the limitations of their comparability.

Residential care

The DataCare project found that all countries collect data on children in residential care, but many do not report separately on the different types of care provisions that they include under this heading. In particular, no visible distinction is made between small group homes and large-scale institutional care in the data on children in alternative care in most countries. In addition, many countries do not have official definitions of size (see Box 8) or other characteristics to distinguish the different residential care provisions from one another. Of the countries that do, not all collect or publish data disaggregated by facility size.

This raises challenges because the scale can be an issue in itself. UNICEF's white paper on *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* states:

“While the experts interviewed for this White Paper state that the size of the residential care facility is not its most important characteristic, they note a strong correlation between its size, the quality of the individualised care provided to children and young people, and the probability of recreating an institutional culture. They also argue that every SSRC [small-scale residential care] facility should provide high-quality care, which tends to be more feasible in smaller settings that resemble family homes, with a stable and caring figure in the life of the child, than in larger residential-care facilities.”¹⁹³

To arrive at a clear definition of what constitutes small group homes and institutions, experts need to agree on a list of characteristics that can be used to make a clear distinction between the two.

To arrive at a clear definition of what constitutes small group homes and institutions, experts need to agree on a list of characteristics that can be used to make a clear distinction between the two.¹⁹⁴ Collecting data and reporting on residential care provision separately – including small group homes, institutions and any other type of residential care provided – is useful for effective monitoring. It can help countries, regions, and sub-regions monitor their progress on deinstitutionalisation and the wider reform of their child welfare and alternative care systems. It can also enable the EU to monitor and ensure that none of its funding is spent on the institutional care of children, a requirement for the allocation of EU funding.¹⁹⁵

Formal family-based care

The findings show that formal family-based care shows a great variety of subdivision of types of foster care at the disaggregate level, and there are also variations in whether or not formal kinship care is seen as a form of foster care at the national level. Even when the same or similar terms are used, such as, for example, ‘professional foster care’, there is great variation in what this includes. The analysis shows that the meaning of professional foster care can range from a regular foster carer who cares for children without special needs and receives a salary and training, to specialised foster care for children with complex needs or a caregiver in small-scale residential care. This is why it was only possible to establish meaningful comparability at the higher aggregate level of formal family-based care for the 28 countries surveyed at this time.

General barriers to comparable data

When it comes to comparable definitions of alternative care at the disaggregated level, the findings reveal great variation at the national level, which reflects local culture and traditions. There are, for example, complex categories where it is not entirely clear whether the care provided falls under residential or family-based care and there are provisions that some countries see as alternative care and others as preventive care. For these, more detailed information from countries is needed to enable decisions on how they could be included in an international comparison. This includes information such as whether children are placed alone or with their parent(s), the amount of time they spend in the placement – particularly for a temporary placement in a crisis centre, or a part-time placement in respite care – and whether children are deprived of liberty.¹⁹⁶

The findings also show linguistic obstacles to alignment and comparability. When new concepts are introduced into a national context the interpretation (or even simple translation) can cause misunderstandings, such as the use of 'foster care' for care that is not family-based. Similarly, there can be misunderstandings and incorrect translations when national terms, categories and definitions are translated from the national language, leading to miscommunication and incomparability.

Overcoming these barriers requires a detailed study that dives deep into the details of what is described and what it is called, as well as cross-verification and validation by multiple experts and stakeholders.

Box 12 summarises key points for discussion that have been reaffirmed as a result of the mapping by the DataCare project.

It may take a long time for gradual changes in definitions to allow the full comparability of data on children in alternative care. Indeed, full comparability may not be achievable, given the differences in child welfare and alternative care systems, and in cultures and traditions, among others. If broadly comparable data can be identified, they should be published and used to inform decision-making at national and EU-level, with notes on the limitations of their comparability.

Regional and global level indicators and data are never perfect and must always deal with variations in systems, services, concepts, and more. What matters is to ensure that whenever a country deviates from the standard definition provided by the statistical authority that collects and aggregates the data across countries, this is noted clearly and the notes are published alongside the data aggregates.



BOX 12. Discussion points raised by the DataCare project

The DataCare project has brought issues to the foreground that need urgent discussion and clarification. Lack of attention for these issues will hamper progress towards comparability and comprehensive data on children in alternative care.

- Definition of what child welfare, child protection, and alternative care are, and the connections and differences between them.
- Definition of residential care, institutions, small group homes and their different sub-categories, such as infant homes, homes for children with disabilities, special homes, etc. and the presence of institutional care in small group homes.
- Definition of different forms of kinship care and foster care, and cross-over forms, and whether data on informal kinship care can and should be collected (and if so, how).
- Definition of temporary provisions, like shelters for children and for survivors of domestic violence – are they to be considered as basic, community-based or alternative care?
- Definition and translation of the variables and indicators discussed in this report, including defining neglect and its link to deprivation, and sex, gender, binary and non-binary options.
- Is the number of children in care an indicator of how well the system functions? Do falling numbers of referrals and placements indicate of the improvement of the child welfare and protection system? If not, what should we measure, and how?
- Forms and content of review procedures to determine who is doing what and the roles of children, parents, caregivers, professionals, service providers – and measuring what matters. Is a long, permanent placement an indicator of child well-being and quality care?
- Data collection on the involvement of children and parents in decision making, placement options, appeal, reintegration, etc., and on the complaints mechanisms available to them.
- The role of census and household/school-based survey data in the collection of data on children in alternative care.
- Published and unpublished data – access, transparency, and the reasons for not making some of it public and accessible for all.

Source: The DataCare project, 2021.

4.4 Developing a core set of national indicators on children in alternative care

The findings show that all countries surveyed have published some data on children in alternative care, with the exception of Slovenia since 2014, and that formal family-based and residential care can, by and large, be distinguished in these data. Most countries publish data annually or more frequently in national statistical reports or on websites. In addition, some countries use an agreed set of indicators on which they have published data for several years, which allows longitudinal analysis. The fact that all surveyed countries collect and publish some information on children in alternative care indicates that the foundation to attain the vision set out in the DataCare Research Protocol is in place (see Annex 1).

There are variations in some of the concepts, definitions, and other metadata¹⁹⁷ that the surveyed countries use to produce statistics on children in alternative care. Despite this, it is possible to broadly match national data that are available according to national terminology and definitions, based on five categories of alternative care that are widely used internationally: alternative care, formal family-based care, foster care, formal kinship care, and residential care (see Table 9).¹⁹⁸

TABLE 9. International glossary of five alternative care categories

Country/ Region	Alternative care	Formal family- based care	Foster care	Formal kinship care	Residential care
Definitions	Authorised care away from the child's parents, incl. all residential care	Authorised care away from the child's parents, in a family	Authorised care with person/family unknown to the child	Authorised care with family members/friends	Collective non-family setting with children cared for by paid adults
Austria	Volle Erziehung		Pflege familie		Sozialpädagogische Einrichtungen
Belgium: Flanders	Uithuisplaatsing in het kader van Jeugdhulp	Pleegzorg	Bestandspleegzorg	Netwerkpleegzorg	Residentiële opvang/zorg
Belgium: German- speaking Community	Stationäre Unterbringung	Pflegefamilien	Pflegschaft	Verwandtschaftspflege	Einrichtung
Belgium: Wallonia- Brussels	Du placement d'enfants; Mesure d'éloignement du milieu de vie	Accueil familial	Accueil familial	Accueillant familial-famille ou familial (famille élargie)	De prise en charge résidentielle ou hébergement
Bulgaria	Настапяване извън семейството		приемна грижа	Настапяване при близки и роднини	Резидентна грижа

Country/ Region	Alternative care	Formal family- based care	Foster care	Formal kinship care	Residential care
Croatia	Domovi socijalne skrbi za djecu		Udomiteljstvo	Srodničko udomiteljstvo	Institucionalne socijalne usluge (or domovi za zbrinjavanje djece)
Cyprus			Ανάδοχος Οικογένειες		ίδρυμα παιδικής / εφηβικής προστασίας
Czechia		Náhradní rodinná péče	Pěstounské péče	Příbuzenecká pěstounská péče	Ústavní výchova
Denmark	Anbringelse af børn og unge uden for hjemmet	Familiepleje	Almene plejefamilie	Netværksplejefamilier	Døgninstitution; socialpædagogisk opholdssted
Estonia	Asendushooldus		Hoolduspere	Eestkoste	Asenduskoodu
Finland	Sijaishuolto		Perhehoito		Laitoishoito
France			Famille d'accueil	Placement a un autre membre de la famille ou à un tiers digne de confiance	Maisons d'enfants à caractère social; Hébergement éclaté; foyer de l'enfance
Germany	Stationäre Hilfe zur Erziehung Vollzeitpflege	Vollzeitpflege			Heimerziehung
Greece	Εναλλακτική φροντίδα	Οικογενειακού τύπου φροντίδα	Αναδοχή	Συγγενική Αναδοχή	ίδρυμα παιδικής προστασίας
Hungary	Szakellátás		Nevelőszülő	Családba fogadás	Gyermekotthon
Ireland	Children in care		Foster care general	Foster care with relatives	Children's residential centres
Italy	Protezione e tutela minori (allontanamento dei bambini)	Affidamento familiare	Affidamento eterofamiliare	Affidamento intrafamiliare	Accoglienza in comunità residenziale
Latvia	Ārpusģimenes aprūpē esošie bērni		Audzūģimenēm		Aprūpes institūcijās ievietoto bērnu
Lithuania		Laikina arba nuolatinė globa šeimoje			Šeimynos ir bendruomeniniai vaikų globos namai
Luxembourg	Les aides en dehors du cadre familial		Famille d'accueil / placements en familles		Institutions de protection de remplacement / Les Maisons d'enfants de l'État
Malta	Alternative care		Fostering		Community homes
Netherlands	Jeugdhulp met verblijf		Pleegzorg	Netwerk-pleegzorg	Residentiële jeugdhulp
Poland	Opieka zastępcza	Rodzinną piecżą zastępczą	Rodzinną piecżą zastępczą	Rodzina zastępczą spokrewnioną	Instytucjonalna piecżą zastępczą
Portugal	Cuidado alternativo	Acolhimento Familiar	Acolhimento Familiar		Acolhimento Residencial Generalista

Country/ Region	Alternative care	Formal family- based care	Foster care	Formal kinship care	Residential care
Romania	Protecția specială a copilului	Servicii de tip familial	Plasament la o familie au persoană	Plasament familial la rude pana la gradul IV	Instituțiilor rezidențiale
Slovakia	Náhradná osobná starostlivosť		Pestúnska starostlivosť		X*
Slovenia	Nadomestno varstvo; Ukrepi za varstvo koristi otroka		Rejništvo		Centri za usposabljanje, delo in varstvo; vzgojni zavodi; Stanovanjske skupine
Spain	Medidas de protección con separación familiar	Acogimiento familiar	Acogimiento en familia ajena	Acogimiento en familia extensa	Acogimiento residencial
Sweden	Placering utanför det egna hemmet	Familjehem	Familjehem	Nätverkshem	Institutionsvård
UK- England	Looked after children		Placement with approved foster carers not family or friends	Placement foster carers who are a relative or a family friend	Children's homes
UK- Northern Ireland	Children in care		Non-kinship foster care	Kinship foster care	Residential children's homes
UK- Scotland	Looked after away from home		Looked after with foster carers	Looked after away from home with friends/relatives	Looked after in residential accommodation
UK-Wales	Looked after children		Foster care	Foster care with relative or friend	Residential homes

* An English term or definition was provided that fits with the international definition, but no term in the national language was given.
Source: DataCare Project ,2021

The mapping is imperfect and some countries have gaps. However, considering the findings, it is – as noted earlier in this report – perfectly feasible to calculate and publish regularly at national and EU level on the following four indicators:

Calculating the data as a rate allows for a more accurate picture of trends in terms of the general population aged 0-17 and enables comparison both within the country, regionally and internationally.

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

The DataCare project was able to calculate these indicators for 27 of the 28 countries (with Austria the only exception, where stock data could not be found by the research team in the officially published statistics). Table 10 gives an overview of the calculations for each of these indicators for the 27 countries.

TABLE 10. The four indicators calculated for each country

Four indicators on children in alternative care calculated for 27 of the countries surveyed

Indicators for specific point in time ¹⁹⁹	Rate of children in alternative care (per 100,000)	Rate of children in residential care (per 100,000)	Rate of children in formal family-based care (per 100,000)	Percentage of children in residential care as a share of the total number of children in alternative care
Belgium ²⁰⁰	863 ²⁰¹	364 ²⁰²	500	42.1%
Bulgaria ²⁰³	828	294	534	35.5%
Croatia ²⁰⁴	505	128	313	25.4%
Cyprus ²⁰⁵	250 ²⁰⁶	164	86	65.5%
Czechia ²⁰⁷	1,429	399	1,030 ²⁰⁸	27.9%
Denmark ²⁰⁹	982	319	650	32.4%
Estonia ²¹⁰	680	73	567	10.8%
Finland ²¹¹	1,141	536	593	47%
France ²¹²	1,123 ²¹³	366 ²¹⁴	604	32.6%
Germany ²¹⁵	1,080	570	510	52.8%
Greece ²¹⁶	114 ²¹⁷	96	18	84.5%

Four indicators on children in alternative care calculated for 27 of the countries surveyed

Indicators for specific point in time ¹⁹⁹	Rate of children in alternative care (per 100,000)	Rate of children in residential care (per 100,000)	Rate of children in formal family-based care (per 100,000)	Percentage of children in residential care as a share of the total number of children in alternative care
Hungary ²¹⁸	1,212 ²¹⁹	364	848	30.1%
Ireland ²²⁰	492 ²²¹	43	448	8.8%
Italy ²²²	274 ²²³	130	144	47.6%
Latvia ²²⁴	2,119	550	1,569	26%
Lithuania ²²⁵	2,091 ²²⁶	697	981	33.4%
Luxembourg ²²⁷	1,099	625	474	56.8%
Malta ²²⁸	847 ²²⁹	46	800	5.5%
Netherlands ²³⁰	880	421 ²³¹	459	47.8%
Poland ²³²	1,788 ²³³	635	1,044	35.5%
Portugal ²³⁴	356 ²³⁵	337	9	94.7%
Romania ²³⁶	1,583	583 ²³⁷	990	36.8%
Slovakia ²³⁸	1,318	507	811	38.4%
Slovenia ²³⁹	324 ²⁴⁰	135	188	41.8%
Spain ²⁴¹	500	261	239	52.1%
Sweden ²⁴²	872	195	644	22.3%
United Kingdom ²⁴³	741 ²⁴⁴	108 ²⁴⁵	553 ²⁴⁶	14.6%

Source: The DataCare project, 2021.

As shown in Box 13, Italy also provided a comparison of data with various other countries in its annual report on the national alternative care statistics in 2017, using some indicators that are close to the four that are proposed in this report.



BOX 13. Indicators similar to the four proposed have been used

A comparison of data for 2014* that compared data from Italy to data from England, France, Germany, and Spain covered:

- the number of children in foster care
- the number of children in residential care
- the number of children in care away from their family
- the rate of children aged 0-17 in care away from their family per 1,000 residents
- the ratio of children in foster care to children in residential care.

For a further 17 European countries, for the year 2013, the report compared:

- the number of children in foster care or under guardianship
- the number of children in residential care
- the rate of children aged 0-17 in foster care or under guardianship per 1000 residents
- the rate of children aged 0-17 in residential care per 1,000 residents for the year.

*For France the data were for 2013 and for England 2015.

Source: Quaderni della ricerca sociale 40. Affidamenti familiari e collocamenti in comunità by the Istituto degli innocenti di Firenze (2017).

Making comparable data available and looking at how their country compares to others gives national stakeholders a starting point for informed discussion on the progress made on alternative care reform. It also provides insights into which countries have the most useful combination of comparable background and which ones can demonstrate greater progress in certain areas – a valuable foundation for learning and cooperation. In addition, comparable data can help identify support that might be needed or available from the EU to enable further progress.

Several countries also collect data on other indicators that are critical for measuring changes in alternative care system performance and outcomes for children, but the findings of the DataCare survey suggest that more work is needed to enable cross-country comparability.

4.5 Data on the flow of children into and out of the alternative care system

Entering care and the reasons for entry

The DataCare project received less data on the number of children entering alternative care during a year than on children in alternative care at a specific point in time. However, the research team cannot state with any certainty that this is because these data are not collected in the countries, as explained in the findings. Having data on children entering alternative care is essential, as it helps to determine whether gatekeeping efforts and measures to prevent separation from families are effective. If these data are also disaggregated by residential and family-based care, they enable countries to monitor whether particular efforts are being made to ensure that children grow up in a family, if that is in their best interests. The data are also useful for the planning and budgeting of intake services based on the numbers of children who are in (or are expected to enter) alternative care.²⁴⁷

Readmissions into care

Information on readmission is useful for the effective monitoring of the alternative care system, but some National Correspondents mentioned double counting in the data on children in alternative care, with readmissions counted as new entries. In some instances, annual national statistical reports provide separate data on the total number of admissions into alternative care over the year and the number of individual children who were placed in alternative care during the year. A comparison of the two numbers makes it possible to estimate how many readmissions took place. If the number of children re-entering the alternative care system is high, this can be an important red flag, signalling that children and their families are not receiving the support they need for their successful reintegration.

Unique identifier codes for each child are needed and are useful for more accurate monitoring of children re-entering the alternative care system. They make it possible to link a child's data at the case-management level to various databases. However, this is only effective if action is taken to do so. One National Correspondent²⁴⁸ mentioned that personal identification numbers were used and were linked to certain databases, but the full potential of having personal identification numbers was not reached because some databases are not being (or cannot be) linked.

Leaving care

Information on when, where, and how children leave alternative care strengthens decision-making. It can support family reintegration, other permanent family placements, or support children as they make their way towards independence – as recommended in the UN Guidelines. It can also indicate whether these aims are being pursued and met.

The DataCare project did not ask for flow data on children leaving alternative care. However, these flow data were visible at times in the national statistical reports that were reviewed for this analysis. The project did look specifically at whether statistical surveys include information on where children go after leaving care, and whether this is because they have turned 18, or because they have moved out of the alternative care system at an earlier age (see Table 6).

In 24 countries,²⁴⁹ data are collected on whether children go back to their family after leaving care. This shows that it is possible to collect data on this group and that the countries that are not yet doing so can draw on many helpful examples on how this could be done. Most countries also collect some data on other options of where children go when they leave care, although there is great variety in terms of how many options are available and what they are.

Stability of placement and quality of care

In the UK, England and Wales report on stability of care, and National Correspondents from Belgium-Flanders, Denmark, Hungary, Sweden indicated that there are no data that tie children to specific placements or show changes in placement.

In the UK, England and Wales report on stability of care, and National Correspondents from four countries (Belgium-Flanders, Denmark, Hungary, Sweden) indicated that there are no data that tie children to specific placements or show changes in placement. Yet having data on placement changes can provide useful information on the effectiveness of individual care plans and review procedures and it can also be used as a proxy indicator on the quality of care. Frequent placement breakdowns and changes signal the lack of stability of care, suggesting that the child's placement may not have been suitable and that the child was not provided with the quality of care needed to make that placement sustainable.

The DataCare findings show that many countries do not collect data on quality of care or outcomes for children. Without this information, it is not possible to determine the suitability of placement in an informed way. The views of children and their families about their experiences and their subjective well-being are also important for full information about the quality of care and its outcomes.²⁵⁰

4.6 Counting individual children and disaggregating data by a core set of variables

Not all countries²⁵¹ surveyed treat the individual child as the statistical unit for data collection on children in alternative care. Countries that collect data on individual children, rather than on facilities, groups of facilities, or regions end up with more accurate data that provide a deeper insight and offer more relevant information to policymakers. Information that positions the child as a unit also allows meaningful longitudinal tracking, which can enable a longer-term understanding of the needs of and outcomes for children in alternative care.

In several countries, the published data do not separate children from young adults over 18.

Age

In several countries, the published data do not separate children from young adults over 18.²⁵² Similarly, published data often do not allow for disaggregated information on children aged 0-3 – the group of children for whom the harmful impact of institutional care has been shown to be much greater than for older children.²⁵³ It is important, therefore, to be able to see in the data whether children aged 0-3 are accommodated in institutional settings or not.

Analysis shows that all countries surveyed collect data on children's actual age, mostly by date of birth or through the use of their personal identification number, which contains that information. This means that it is possible to publish data on the age groups 0-3 and 0-17, instead of using larger age ranges: it would only require an adjustment in publication standards, without any additional data collection.

Disability

There is some data gathering on the disability status of children in alternative care in most countries where this is not prohibited by law (for reasons of equality).²⁵⁴ Children with disabilities are still overrepresented in alternative care and are the most likely to be left behind by deinstitutionalisation efforts.²⁵⁵ The segregation of children with disabilities is a matter of policy in some places, such as Belgium-Wallonia Brussels²⁵⁶ and Slovakia,²⁵⁷ where placing children with intellectual disabilities in public residential care is seen as being in their best interests.

As this shows, gathering data on children with disabilities in alternative care is a complex issue. The World Health Organisation has developed an international classification for disability, but its use was not observed in the countries surveyed.²⁵⁸ The CES Taskforce is currently reviewing statistical definitions and indicators on children with disabilities.

Citizenship

Migrant and refugee children are a fast-growing category of children in alternative care, across Europe,²⁵⁹ yet there is a great deal of variation in data collection on the citizenship or country of origin of children in alternative care in terms of what is collected and how many variables are used. Czechia, Poland, Slovenia and UK-Scotland collect no data at all on this, and five countries – Belgium-Brussels-Wallonia, Denmark, Ireland, Sweden, UK-England and Wales – report on citizenship of children in alternative care only through identifying whether or not they are unaccompanied.

This risks overlooking children with a migrant background who are not unaccompanied. In several countries,²⁶⁰ unaccompanied minors are excluded from the data on children in alternative care, or are invisible in the data. Most countries surveyed do not collect data on the statelessness of children in alternative care – a problem that usually affects migrant and refugee children.²⁶¹ This risks making children who are already in an extremely vulnerable situation less visible and, therefore, less likely to receive the support and protection they need.

Ethnicity

Five of the countries surveyed collect data on the ethnicity of children in alternative care.²⁶² Five others prohibit the collection of data on ethnicity,²⁶³ sometimes to prevent a repeat of the historical abuse of this information and sometimes to promote equality. In 2020, the EU Commission launched its 10-year plan to support Roma in the EU.²⁶⁴ This plan includes goals to decrease discrimination and poverty, and to increase participation, access to health care, education, employment, and housing, with specific targets set for percentages to be reached over those 10 years. In addition, a portfolio of indicators has been developed on how this progress can and should be monitored.²⁶⁵ To ensure the effective monitoring of this plan, it is necessary to be able to identify its target group: Roma families. In other words, data on ethnicity are vital for its success.

Failing to collect data on the ethnicity of children in alternative care or at risk of entering care – even if this is done to promote equality – risks hiding key issues, particularly overrepresentation.

There are serious risks attached to registering information about ethnicity, with constant changes of government that may involve changes in ideology, and data gathering on ethnicity is, therefore, a very sensitive issue. However, knowing the ethnicity of children makes it possible to recognise (and therefore address) specific vulnerabilities that could lead to placement in alternative care. This information can help policymakers assess the types of community or family strengthening support that would make it less likely that children are separated from their families on the basis of ethnic discrimination or segregation. Failing to collect data on the ethnicity of children in alternative care or at risk of entering care – even if this is done to promote equality – risks hiding key issues, particularly overrepresentation. The CRC has suggested changing this practice in several concluding observations.²⁶⁶ If these data are collected, a strong legal framework will be needed to prevent any abuse of the data. And there will always be countries that will not allow its collection, which means that certain gaps in comparability will have to be accepted.

Location

The national response for UK-Scotland notes that “locality (e.g. postcode) data is not collected, yet this would enable analysis with local socio-economic/deprivation/poverty data.”

Gathering data on geographical location can sometimes be a proxy for gathering information on other variables. This is particularly true when these are data that legislation does not allow to be gathered (such as data on ethnicity), or that are politically sensitive (such as poverty as a reason for entering alternative care). If there are geographical areas where many children enter alternative care and these areas have a high proportion of populations with specific backgrounds, data collection can provide give valuable information about the higher likelihood of ending up in alternative care and how this could be prevented.

4.7 Closing data gaps on children in alternative care

National correspondents from 11 countries²⁶⁷ mentioned that, in their opinion, either too few indicators or variables are used in collection of data on children in alternative care, or that disaggregated data are not publicly available to allow a good insight into the situation of this group of children.

The main gaps in data and indicators identified by the DataCare survey include the lack of data and indicators to answer the following questions.

- Is the alternative care provided ‘genuinely necessary and suitable’?
- How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation and providing timely and effective support for family reintegration at any phase of the child-care pathway?
- How many children who leave the alternative care system are safely reintegrated with their families (if that is in their best interests) and how many young people are supported to transition to adulthood and provided with aftercare?
- Is institutional/residential care being progressively replaced by other forms of residential and family-based care?
- What is the quality of care, and what are its outcomes for the development, health, education, and well-being of children who have been in alternative care?

4.8 The effective dissemination and use of data on children in alternative care

Cyprus, Malta, Ireland and the UK (except Scotland) use data at different levels to inform a wide variety of activities and decisions, including developing policies for improved outcomes for children, budgeting, and awareness-raising campaigns.

Cyprus, Malta, Ireland and the UK (except Scotland) use data at different levels to inform a wide variety of activities and decisions, including developing policies for improved outcomes for children, budgeting, and awareness-raising campaigns. Data on outcomes and disaggregated data on the background of the children and families in need of support can help to shape these decisions, signalling the action that is likely to lead to better outcomes.

The examples of Belgium-Flanders, Ireland, Malta, and UK-England and Northern Ireland show that cooperation and communication between different organisations and line ministries helps to get more out of the data that are gathered. Such cooperation helps to avoid the dangers of producing fragmented and incomplete data, and the duplication of work caused by overlapping data collection. The benefits would be greater if such cooperation and communication was extended beyond a limited circle. Enabling exchanges with other line ministries, such as those in charge of health and education – sectors with good track records on data gathering and management – could provide greater cross-sectoral learning to benefit all of those. Similarly, such exchange and mutual learning can extend across borders.²⁶⁸

Most countries publish annual reports that keep the public and most stakeholders informed of developments in the alternative care sector. However, those in charge of ordering supplies for the daily living for children in residential care are among those who require far more up-to-date information on the number of children they need to support. In addition, whenever there is a crisis situation – such as the COVID-19 pandemic – data on the current situation are needed at very short notice for informed decision making by authorities. In these situations, high quality data is less of a priority than the speed at which adequate data can be made available. This indicates that the definition of ‘providing data in a timely manner’ depends on the immediate context. When making decisions on the data that should be made available and when, the context and who needs the data must be taken into account.

Feedback loops on the data gathered and analysed at national level to regional and local authorities, service providers and users, and local communities and community-based organisations are also important. Authorities and service providers at all levels require data for informed decision-making, while service users need to see the purpose of the data provided, and local communities and community organisations need information for advocacy, accountability and more.

4.9 Data system reform

The mapping exercise found that many countries are currently reforming, or have recently reformed, their data system on alternative care.

The mapping exercise found that many countries are currently reforming, or have recently reformed, their data system on alternative care.²⁶⁹ There was a great deal of interest in the DataCare project, not just among National Correspondents, but also from national governments, National Statistical Offices, and EU officials. This shows a clear awareness of the need for better data on children in alternative care across Europe, as well as a growing understanding of the need to strengthen existing data systems to produce good quality data.

Experience from different countries across the world also shows that strengthening data systems takes time and can require a step-by-step approach,²⁷⁰ given the challenges of reforming data systems. In Europe, Cyprus initiated reform in 2017, but this was abandoned when the new software was found to contain too many bugs. As noted throughout this report, many countries collect more data on children in alternative care than they publish, so a logical first step in the reform of their data system on alternative care would be to review what they already have and consult other key stakeholders about the additional data that would be useful to publish. This aim would be to increase data availability and accessibility, and to report more expansively on progress on policy implementation.

National Statistical Offices in the EU Member States are key producers of national social statistics and comparable EU social statistics. They are part of the European Statistical System, and are involved directly in many national as well as EU-wide surveys, such as the EU Statistics on Income and Living Conditions (EU-SILC). This means that they are uniquely placed to play a crucial role in the reform of data systems on children in alternative care that use administrative data. Their influence also extends to other data sources, such as national population surveys and censuses. The work of National Statistical Offices might be “more likely to be fed directly into policy discussions”; as pointed out in a 2014 evaluation of international surveys of children.²⁷¹ National Statistical Offices reach agreements with relevant line ministries on the statistics to be produced on children in alternative care: they may also provide technical support to those ministries on data-quality management to ensure the provision of good quality data to produce the agreed national statistics.

The DataCare project provides insights and helpful examples of how countries in the EU and the UK are collecting and using data on children in alternative care. The findings indicate that while there is room for improvement and strengthening of the data systems, there is already something in place to build on in every country, and there are plenty of practices that are worth sharing. As shown in the previous Section, there are examples such as Spain (see Box 5) that can inform the reform efforts of European countries with similar decentralised governance structures. These findings, conclusions and recommendations can inform the efforts of countries to strengthen their alternative care data collection systems and can help them to avoid the pitfalls that other countries have encountered.



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Recommendations

There is a firm commitment to deinstitutionalisation and the transition to family and community-based care at both EU and national level across Europe. Children in alternative, and particularly those in residential care, are recognised as children in need who are at a disadvantage compared to children in the general population. However, the EU has no indicator at present to monitor whether the numbers and rates of children in residential care are rising or falling. Such an indicator would shed light on the effectiveness of deinstitutionalisation reforms.

The DataCare project shows that the surveyed countries in Europe already collect data for four interlinked indicators for children in alternative care. The data for these indicators demonstrate that progress in deinstitutionalisation is uneven across the EU.

The DataCare project shows that the surveyed countries in Europe already collect data for this particular indicator and for the three other relevant and interlinked indicators that are proposed as a result of this research: the rate of children in alternative care; the rate of children in formal family-based care; and the percentage of children in residential care (of the total number of children in alternative care). The data for these four indicators presented in this report (see Table 10) demonstrate that progress in deinstitutionalisation is uneven across the EU. This underlines the need for indicators in this area at both national and EU level and for regular data collection to report on these indicators.

Having comparable data across the EU would enable both the EU and its Member States to improve their knowledge of good practices across Europe. It would provide insights into the conditions that enable effective policy implementation, the factors that hamper progress, and the support and investments required to accelerate change processes. At present, however, there is no obligation for EU Member States to collect and report data to the EU on agreed indicators to measure the state of play of deinstitutionalisation and the transition to family and community-based care. The EU Social Scoreboard does not include an indicator to measure progress in these areas.

Given this situation, this report offers a starting point for the EU and Member States to discuss, and agree on, the steps needed to close this data and indicator gap and increase the visibility of this particular group of socially excluded children. The following recommendations can inform this process. The first set of recommendations is directed at the European Commission and its advisory Social Protection Committee (SPC) including the Committee's Indicator sub-group (ISG), as well as other stakeholders at EU-level. The second set of recommendations is directed at decision-makers at the national level.

EU level

- 1 The European Commission and the SPC/ISG are developing a common monitoring framework to measure progress in the implementation of the European Child Guarantee. This provides an opportunity to adopt indicators that measure Member States' progress towards deinstitutionalisation and the transition to family and community-based care. They can integrate these indicators into the existing set of EU indicators on social protection and social inclusion.

There are four relevant and interlinked indicators for which countries across Europe already collect data that are largely comparable, as the DataCare project shows. These indicators can form the basis for the process of indicator development and definition led by the ISG. The indicators are as follows:

- The rate²⁷² of children aged 0-17 in alternative care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)
- The percentage of children aged 0-17 in residential care (of the total number of children aged 0-17 in alternative care) at a specific point in time

As these indicators are adopted, work with EU Member States needs to continue to improve data comparability and quality with a view to arrive at a common definition and harmonise other metadata across the EU. The process can build on the work and findings of the DataCare project as well as other at EU and global level.

2

The European Commission – through its European Statistical System²⁷³ – can provide EU Member States with the guidance and support needed to assess the maturity of their data systems on alternative care.²⁷⁴ This will help Member States examine their ability to collect, analyse and report comparable data of good quality on children in alternative care, and to plan and budget actions to strengthen those components of the data systems that need improvement. The European Commission can further provide national authorities with the space for mutual learning and exchange in this area. This can include exchange on good practices and exchange with other sectors with more established data systems, like health and education. These spaces can be created, for instance, through the European Social Policy Network, the SPC, and/or the framework of a Peer Review on Social Inclusion of Children in Alternative Care.

National level

There is a high level of interest across the EU Member States and the UK in data on children in alternative care, as well as the efforts to strengthen their data systems on this group of children. The fact that all countries surveyed by the DataCare project already gather some administrative data on alternative care provides a foundation on which to build. Investing in improving the data systems on children in alternative care is an important step in enabling informed and effective decision making. It can also lead to greater transparency and, therefore, to increased public confidence and support. The analysis of the data systems across the 28 countries has indicated a great variety of systems with all countries showing a

combination of strengths and areas for improvement. Therefore, not all the recommendations that follow will be relevant to all countries. Stakeholders in each national context can determine the recommendations that are appropriate in their setting.

1 Governments can assess the maturity of their data systems on children in alternative care, identify the components that need strengthening, and include system-strengthening actions in relevant national action plans that are costed and funded.²⁷⁵ Within the EU context, Governments can include actions to strengthen their data systems on children in alternative care in the national action plans that they are developing for the implementation of the European Child Guarantee. Governments can include the indicators listed above in the monitoring and evaluation frameworks for their national action plans to ensure a common approach across EU countries to tracking progress on social protection and social inclusion of children in alternative care.

2 Governments can pay particular attention to the following points during their assessment and planning processes to strengthen their national data systems on children in alternative care, which reflect the main findings of the DataCare project:

- A sound legislative basis for collection, analysis and publication of data on children in alternative care.
- A central agency with a clear mandate to:
 - develop and define country-specific and internationally comparable indicators (see the four indicators listed above) to measure progress in deinstitutionalisation and transition to family and community-based care.
 - collect and manage data from across all regions and all relevant sectors to produce the agreed set of statistics on children in alternative care and assure data quality.
- All children in residential and in formal family-based care are counted and included in the statistics. This may require a mapping or census of children in residential care and a count of children in family-based care, for instance, through the population census or other methods.
- The individual child is the unit of statistical data collection to enable longitudinal tracking and to make issues like children included in multiple provisions at once and readmission visible in the data.
- Data on children in residential care are disaggregated by children in small group homes, in institutional facilities, and in other types of residential care, with clear definitions that distinguish each type from the others.
- Data on children in alternative care are systematically disaggregated with a view to “leave no one behind” and enable Governments to analyse, for example, trends across different population groups and residential inequalities.²⁷⁶ Disaggregation variables to consider include: sex/gender, age, geographical location, and where possible disability (disaggregated by type of disability) and citizenship.

- Statistics produced on children in alternative care, including the data used to produce the statistics, are made accessible to researchers and other key stakeholders for secondary analysis and research. They are also used for monitoring, evaluation, and decision-making in line with national laws and the European Statistics Code of Practice.²⁷⁷

Recommendations for further research

- A comparative study to establish a clear and multilingual dictionary or glossary on the terms used in European countries on child protection and alternative care.
- A mapping of the data system on family strengthening, prevention, and gatekeeping.
- Further research is needed on the outcomes for children who are – or who have been – in alternative care, and on the factors that determine these outcomes.
- A mapping of how data on alternative care are used by stakeholders, and who those stakeholders are.



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Annex 1

The vision of the DataCare project on European data systems on alternative care

The DataCare project has a broad Vision for European data systems on alternative care based on insights from professionals – statisticians, child protection experts, researchers, and practitioners – Eurochild members among them. The Vision charts a change-agenda that is ambitious but achievable if political, technical, and financial support are mobilised. The DataCare project aims to contribute to the realisation of this Vision, though its achievement will take years and will require the engagement of many partners.

1. All European countries are committed to measuring the outcomes and impact of their reforms to transition from institutional to family and community-based care and report quality data on the total number of children entering, remaining in, and leaving alternative care using common definitions and methodology to ensure comparability within and across countries.
2. The data are disaggregated by type of care: to see whether deinstitutionalisation reforms are having an impact and gatekeeping is effective; by sex, age, disability status and country of origin to understand the characteristics of children in alternative care with a view to better target community-based prevention and support services; and to see whether the reforms are having an impact on children who are particularly vulnerable.
3. Reasons for entry into care and destination when leaving care are reported using common, comparable definitions and methodology to see whether family support and gatekeeping mechanisms are functioning, and how many of the children leaving care were reunited with their families, were permanently placed, or started independent life.
4. Systems enable the longitudinal tracking of the child's development and well-being, and the monitoring and evaluation of the alternative care system's performance, including the quality of care provided.
5. Responsible authorities are including the consideration of official statistics on children in policy decision-making on formal and informal care arrangements and demanding comprehensive data requests on this in population censuses and household surveys, linking microdata registers, research outcomes or other sources.
6. Qualitative information on the experiences of children, parents, and carers, is regularly generated and used to validate quantitative information and refine the understanding of the system's performance.
7. Statistical data, analyses, survey results and evaluations on alternative care are regularly published and made accessible to all relevant stakeholders.
8. Statisticians, academia and child protection professionals work closely together to assure quality data on alternative care and to integrate corresponding data and reporting systems with a view to increasing demand for and use of the data.
9. Countries in Europe continuously develop and strengthen statistical capacity across the national statistical system on child protection. The EU develops common standards for producing and disseminating comparable statistics and for the protection of personal data and statistical confidentiality.



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Annex 2

Overview of variables covered
in survey questionnaires

For some countries the variables indicated as covered only appear in one of multiple questionnaires used for administrative data gathering. They may, therefore, only be applied to certain groups of children in alternative care. However, the decision was made to include these, because they are important point on which to build. In addition, the fact that data are collected on these variables, does not necessarily mean that the disaggregated data are also made publicly available, as explained in the findings.

Are the datapoints listed below covered in questionnaires?	Austria	Belgium-F	Belgium-Gsc	Belgium-W.B.	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	UK-England	UK-NI	UK-Scotland	UK-Wales		
Core data																																			
1. Children		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2. Age	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
In individual years		X	X	X	X		X		X		X	X	X	X	X	X	X				X	X				X	X			X	X	X	X		
In age groups	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	
Other (specify)																					X	X								X	X	X			
3. Gender	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Male	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Female	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other (specify)													X								X	X													
4. Country of origin	X	X		X	X	X				X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Current citizenship	X	X		X	X	X				X		X		X		X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Children in migration situations	X		X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Statelessness	X					X															X	X													
Other (specify)						X				X	X				X		X							X	X		X								
5. Ethnicity	X					X								X											X				X	X	X	X	X	X	
6. Religion						X																									X	X			
7. Disability status	X	X		X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
No disability		X		X	X	X			X		X		X		X		X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Physical disability				X	X	X			X		X	X	X		X		X							X	X				X	X					
Intellectual disability				X	X	X			X		X	X	X		X		X							X	X										
Learning disability						X			X		X		X		X		X							X	X				X	X					
Chronic illness						X	X		X		X	X	X		X		X							X	X	X				X					
Mental health problems				X	X	X			X		X	X	X		X		X				X		X	X	X			X	X					X	
Other (specify)						X			X		X		X		X		X												X	X				X	

Are the datapoints listed below covered in questionnaires?	Austria	Belgium-F	Belgium-Gsc	Belgium-W.B.	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	UK-England	UK-NI	UK-Scotland	UK-Wales				
8. Parental status	X	X	X	X	X	X							X	X	X		X	X	X			X	X	X	X	X	X										
Both parents living	X	X	X	X	X	X									X		X		X			X		X													
One parent dead	X	X	X	X	X	X									X				X			X	X	X	X	X											
Two parents dead	X	X	X	X	X	X							X		X		X		X			X	X	X	X	X											
Parents absent, location known					X	X									X							X		X													
Parents absent, location unknown					X	X													X			X		X													
Parents unknown					X	X							X		X				X			X		X													
Other (specify)	X												X		X				X					X													
Analytical data																																					
9. Reason for entry		X	X	X	X	X	X	X				X	X	X		X	X	X	X				X	X	X	X	X		X	X			X				
No parents					X	X	X	X						X			X	X	X			X	X	X					X								
Abuse			X	X	X	X	X	X				X	X	X		X	X	X				X	X	X					X				X				
Neglect			X	X	X	X	X	X				X	X	X		X	X	X				X	X	X					X				X				
Substance abuse parents			X	X		X		X				X		X					X				X		X				X				X				
Substance abuse child			X		X	X		X				X	X			X								X					X				X				
Behavioural problems			X		X	X	X	X				X	X										X	X					X	X			X				
Poverty			X		X	X							X			X							X		X				X								
Homelessness			X	X		X		X				X	X												X				X								
Access to education or other services				X		X		X				X				X							X	X													
Disability				X	X	X		X					X									X		X					X				X				
Unknown				X		X																															
Other (specify)					X	X	X					X			X	X	X	X				X	X	X				X									
10. Entry into alternative care through a decision by ...	X	X	X	X	X	X	X	X				X	X	X		X	X	X				X	X	X	X	X	X	X	X	X	X	X	X				
Judicial system	X	X	X	X	X	X	X	X				X	X	X		X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X			
Social worker	X	X	X	X	X	X	X	X				X			X	X									X		X										
Medical professional	X	X	X									X				X						X															
Parents	X	X	X									X	X		X	X							X				X	X	X	X	X	X	X				
Child	X	X	X					X				X			X								X				X										



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Annex 3

Country overviews

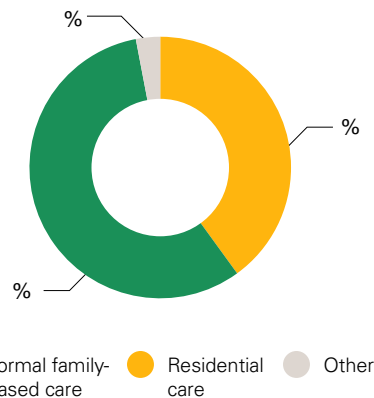
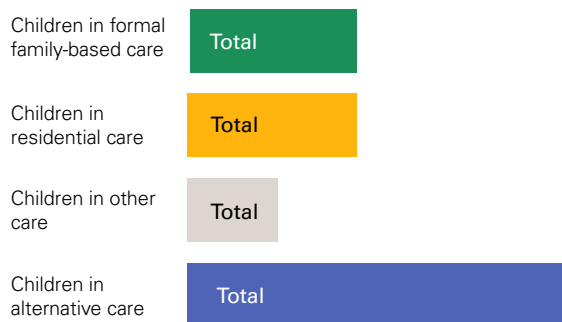
Country name

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
--	---	--

Total number of children in alternative care

All children in alternative care covered – Are all children in alternative care covered by the data on alternative care?

Groups of children excluded – If not all children in alternative care are covered, which groups are excluded?



Number of children in alternative care

Total number of children in formal family-based care

Total number of children in residential care

Total number of children in other care – ‘other’ care covers provisions that are considered alternative care in some countries and not in others and provisions where it is not possible to be certain whether it refers to residential or formal family-based care.

Total number of children in alternative care

Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)

The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)

The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)

The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time

Country system

Decentralised alternative care and data system – Are the alternative care and data systems decentralised in this country?

Data on alternative care published – Are data on alternative care being published?

Is the data system on children in alternative care covered in legislation – Is the data system on children in alternative care mentioned in law, including a mention of requirements and restrictions?

Is the overarching term, in line with 'alternative care', used in legislation – In the national language, is there a term like 'alternative care' covering all forms of alternative care provisions and nothing outside that scope, which is used in legislation?

Formal kinship care is a subdivision of foster care – Does formal kinship care fall under foster care in the hierarchy of care provisions?

Data system

Recent or current reform of data system on children in alternative care – Is the country reforming- or has it recently reformed- the data system on children in alternative care?

Data collected per individual child – Is the child the statistical unit of the data collected on alternative care?

Personal identification numbers used – Are personal identification numbers used to track children in alternative care?

More than one agency mandated to collect data – Are data on children in alternative care collected by more than one agency or government department?

Data collected on quality of care and outcomes – Are data collected on quality of care and outcomes for children?

Variables collected on

Age – Individual age of the child

Sex

Unaccompanied minor status – Whether the child is an unaccompanied minor

Statelessness

Disability status – Whether the child has a disability

Parental status – Whether one or both parents are still living, known and available.

Residential care

- ● Official maximum number of places in a small group home – If there is an official maximum number of children that can be accommodated together in a small group home? If so, the number is shown.

- ● Official maximum number of places in largest type of residential care facilities – If there is an official maximum number of children that can be accommodated together in any type of residential care. If so, the number is shown.

- ● Data collected separately for small group homes and large institutions – Are data collected separately for small group homes and large institutions?

- ● Data collected on length of stay in residential care – Are data collected on the length of stay in residential care?

- ● Data collected separately for small group homes and large institutions – Are data collected separately for small group homes and large institutions?

- ● Data collected on length of stay in residential care – Are data collected on the length of stay in residential care?

Helpful examples

Strengths of the data system that might be useful for other countries.

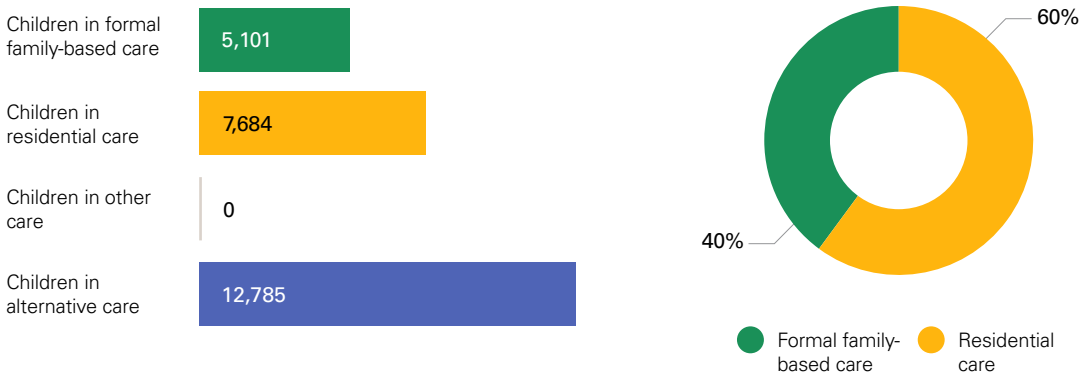
Room for improvement

Points where there is room for improvement of the data system.

Austria²⁷⁸

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
--	---	--

Total number of children in alternative care ²⁷⁹



Country system

- Decentralised alternative care and data system
- Data on alternative care published

Data system

- Recent or current reform of data system on children in alternative care

Variables collected on

- Age
- Sex

Helpful examples

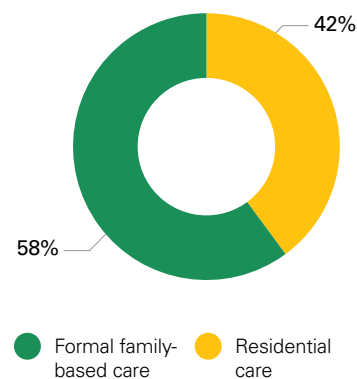
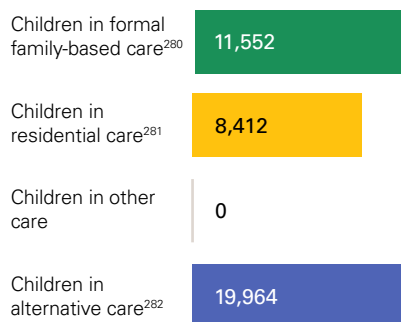
In 2013, a new law on data collection and publication on child welfare was passed, and this has had a visible impact on the statistics since 2015. This change appears to have led to more and better data at the national level, despite a decentralised system. The law states that data must be provided on children in residential care and children in foster care, and that the data must be disaggregated by age and sex.

Belgium

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
--	---	--

Total number of children in alternative care

● All children in alternative care covered	● Groups of children excluded: Children with disabilities in residential care
---	--



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	863
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	364
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	500
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	42.1%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care²⁸³
- Data collected per individual child²⁸⁴
- Personal identification numbers used
- More than one agency mandated to collect data²⁸⁵
- Data collected on quality of care and outcomes²⁸⁶

Variables collected on

● Age	● Reason for entry into care ²⁸⁷
● Sex	● Placement decision maker
● Unaccompanied minor status ²⁸⁸	● Reintegrated with family ²⁸⁹
● Statelessness ²⁹⁰	● Adopted
● Disability status ²⁹¹	● Leaving care due to death ²⁹²
● Parental status ²⁹³	● Age on leaving care ²⁹⁴

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected separately for small group homes and large institutions
● Data collected on length of stay ²⁹⁵
● Data collected on number of staff and their qualifications

Helpful examples

The National Commission on Child Rights published a report in 2016 on the existence of nationally comparable data on indicators connected to child rights, in response to the 2010 recommendations from the CRC (Nationale Kinderrechten Indicatoren, Make Them Count). Although children in alternative care are only mentioned in one section of the report, the recommendations and the intention behind the report could form a good starting point for advocacy for nationally comparable data in Belgium, including data on children in alternative care.

Room for improvement

- The different systems of the three federal regions do not align and are not fully comparable.
- The impression exists that data are collected, but are either not made publicly available or are difficult to find or access.

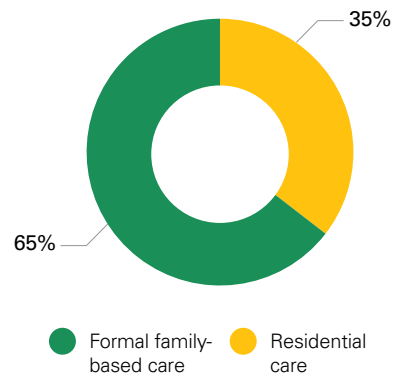
Bulgaria

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered

Children in formal family-based care	6,496
Children in residential care	3,571
Children in other care	0
Children in alternative care	10,067



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	828
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	294
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	534
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	35.5%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used²⁹⁶
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home: 15
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications
<input type="radio"/> All forms of residential child care are recognised as alternative care

Room for improvement

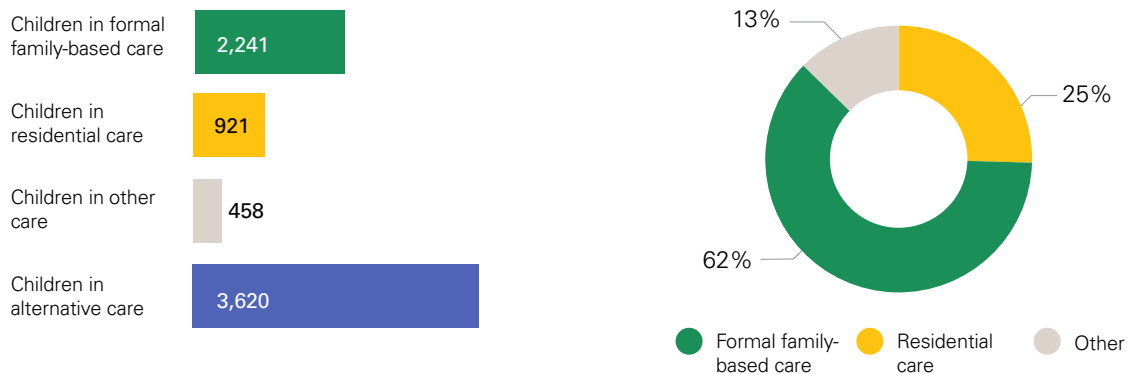
Data on children in alternative care are published as summaries.
Some of the published information provides only a general idea of the capacity of services.

Croatia

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	505
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	128
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	313
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	25.4%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

Helpful examples

The information system allows for the generation of a statistical overview at any time. It also enables individual analysis in real time for the day of the inquiry or for a specific period for which the data are requested.

Room for improvement

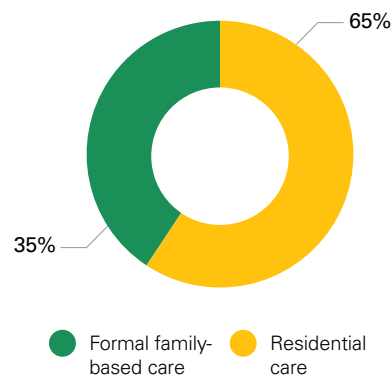
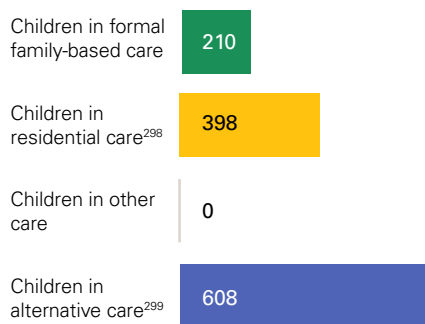
There is no official size limit or definition of what constitutes a large institution.

Cyprus

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

●	All children in alternative care covered ²⁹⁷
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Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	250
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	164
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	86
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	65.5%

Country system

●	Decentralised alternative care and data system
●	Data on alternative care published
●	Is the data system on children in alternative care covered in legislation?
●	Is the overarching term, in line with 'alternative care', used in legislation?
●	Formal kinship care is a subdivision of foster care

Data system

●	Recent or current reform of data system on children in alternative care
●	Data collected per individual child
●	Personal identification numbers used
●	More than one agency mandated to collect data
●	Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected on length of stay
● Data collected on number of staff and their qualifications

Helpful examples

There are meetings between departments of the same or different ministries and jurisdictions where data on children in alternative care are discussed in more detail and decisions are taken related to actions, interventions and policies.

Room for improvement

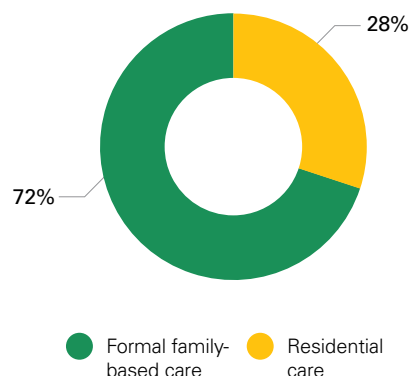
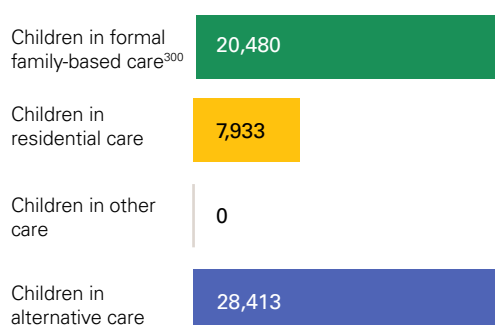
- There is an IT system that connects the five district offices of the Social Welfare Services to the main office in Nicosia where all data are entered for all cases and all types of care. The data entered there are very basic and descriptive and do not include assessment and monitoring information. Most importantly the system is not specific to alternative care.
- No standardised collection tools appear to be used for gathering administrative data on children in alternative care.

Czechia

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,429
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	399
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	1,030
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	27.9%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected separately for small group homes and large institutions
● Data collected on length of stay
● Data collected on number of staff and their qualifications

Helpful examples

The scope of the data monitored and the possibility for longitudinal tracking are strengths of the system.

Room for improvement

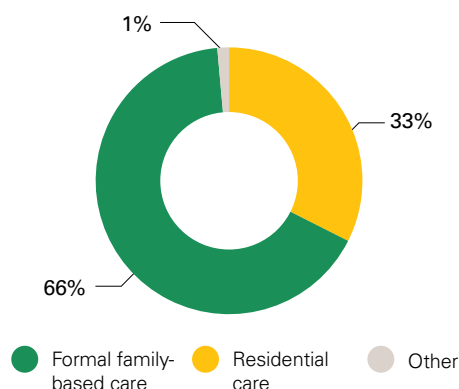
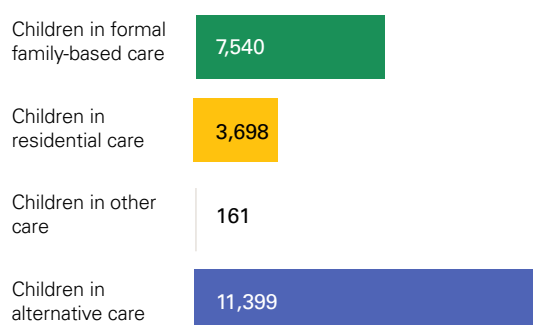
- Lack of transparency of the evaluation procedures. Both the intended audience of the system and people working with it have difficulties understanding the monitoring results.
- Lack of digitisation of public administration and the possibility of linking data components.

Denmark

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	982
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	319
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	650
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	32.4%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected on length of stay
● Data collected on number of staff and their qualifications
● All forms of residential child care are recognised as alternative care

Helpful examples

- The strength of the current system is that it is based on data at individual level. The personal ID-number gives the possibility to link the information on alternative care with all other databases.
- Very detailed legislation on what data have to be collected on children in alternative care.

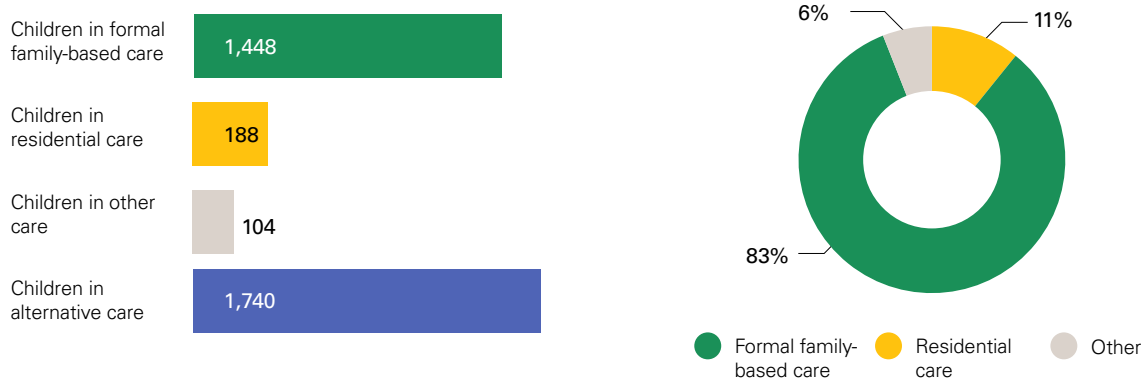
Room for improvement

- The data do not provide insight into exactly where the children are in care, or only in broad terms.
- Lack of data on the quality of the specific units of care.

Estonia³⁰¹

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
--	---	--

Total number of children in alternative care



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	680
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	74
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	566
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	10.8%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?

Data system

- Recent or current reform of data system on children in alternative care
- More than one agency mandated to collect data

Variables collected on

● Age	● Placement decision maker
● Sex	● Reintegrated with family
● Unaccompanied minor status	● Adopted
● Reason for entry into care	● Leaving care due to death

Helpful examples

The social work registration database, used since 2016, is connected to several other databases related to child protection issues. These databases include social protection information, the population register, education information, the court register, the criminal records database, and health statistics.

Room for improvement

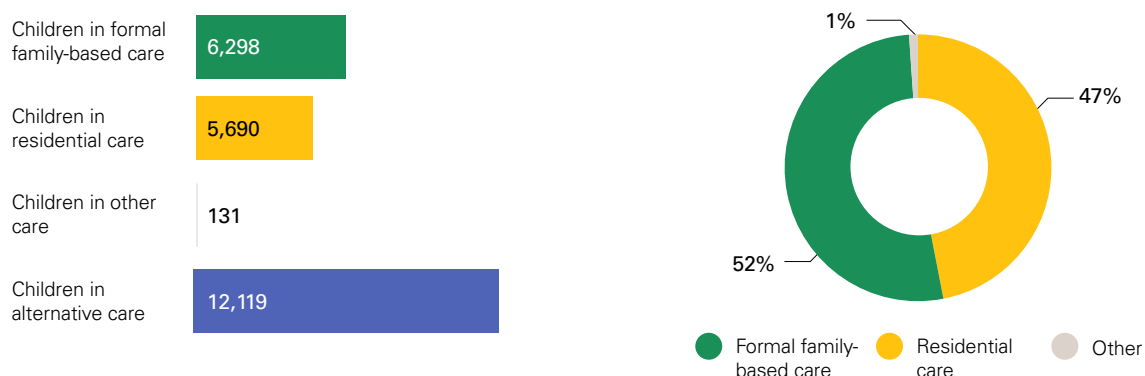
- Only some aggregated data are made available to the public and policy-makers.
- According to the report prepared by the Estonian Union for Child Welfare (2015), statistics collected on children separated from their family do not include information about the background of the families.

Finland

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered	● Groups of children excluded: Children with disabilities and unaccompanied minors
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Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,141
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	536
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	593
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	47%

Country system

● Decentralised alternative care and data system
● Data on alternative care published
● Is the data system on children in alternative care covered in legislation?
● Is the overarching term, in line with 'alternative care', used in legislation?
● Formal kinship care is a subdivision of foster care

Data system

● Recent or current reform of data system on children in alternative care
● Data collected per individual child
● Personal identification numbers used
● More than one agency mandated to collect data
● Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home: 7
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

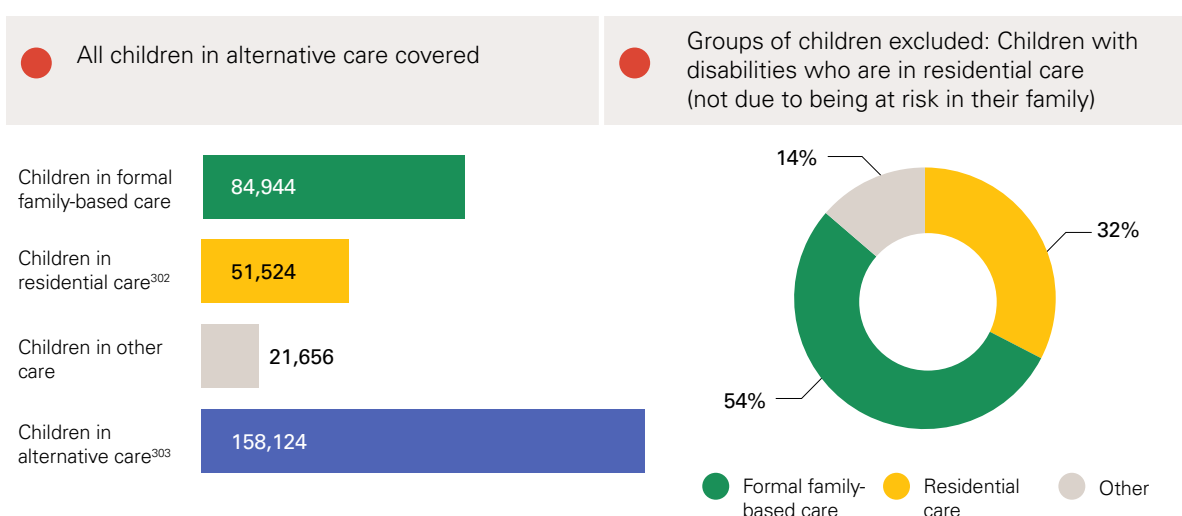
Room for improvement

The data collected are insufficient. For example, data on the reason for entering alternative care are not gathered.

France

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,124
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	366
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	604
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	32.6%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care ³⁰⁴
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status ³⁰⁵	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected separately for small group homes and large institutions
● Data collected on length of stay
● Data collected on number of staff and their qualifications
● All forms of residential child care are recognised as alternative care

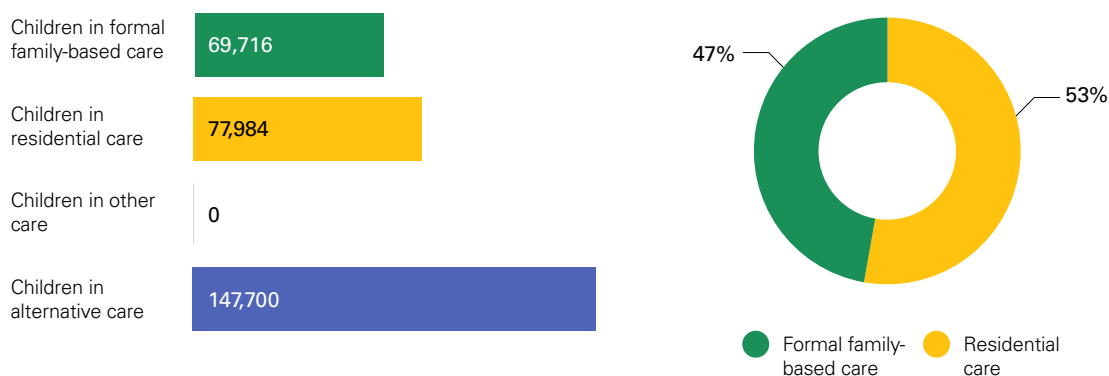
Room for improvement

Public data do not distinguish between 0-17 year olds and 18-20 year olds. Separate data on children aged 0-17 had to be requested.

Germany

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,080
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	570
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	510
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	52.8%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

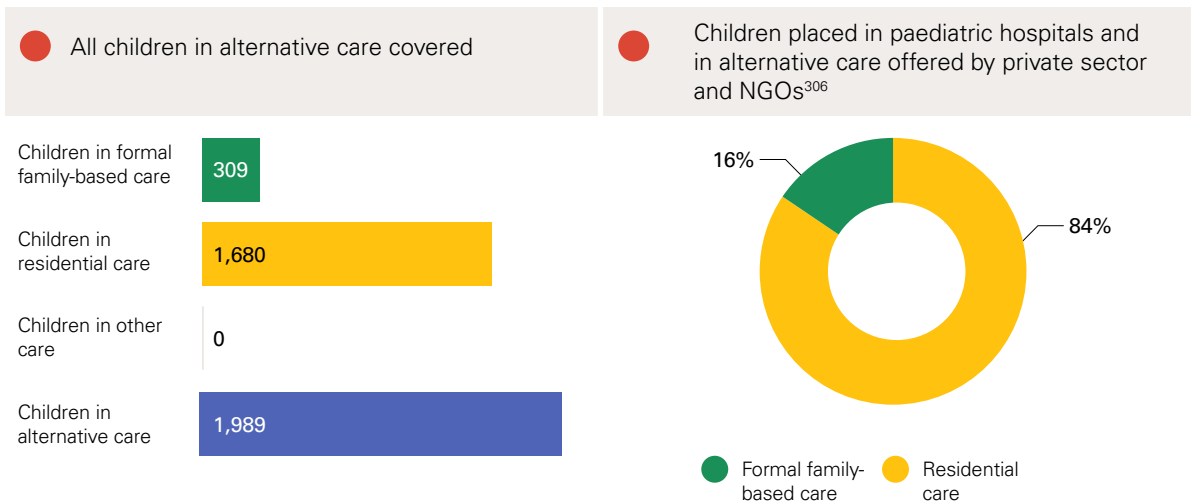
Residential care

<input type="radio"/> Official maximum number of places in a small group home
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

Greece

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	114
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	96
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	18
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	84.5%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

- | |
|--|
| ● Official maximum number of places in a small group home |
| ● Official maximum number of places in largest type of residential care facilities |
| ● Data collected separately for small group homes and large institutions |
| ● Data collected on length of stay |
| ● Data collected on number of staff and their qualifications |

Helpful examples

Since the start of the deinstitutionalisation programme in 2018 both the alternative care system and its data system have reformed significantly. More data are being collected on children in alternative care in a systematic way. This brings greater transparency to the situation of children in alternative care.

Room for improvement

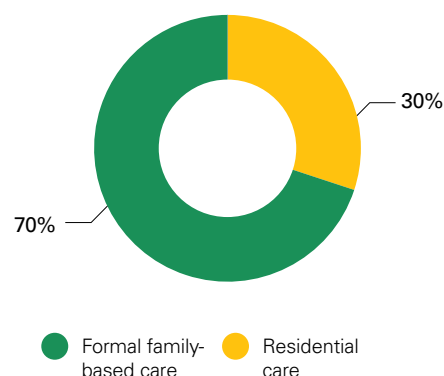
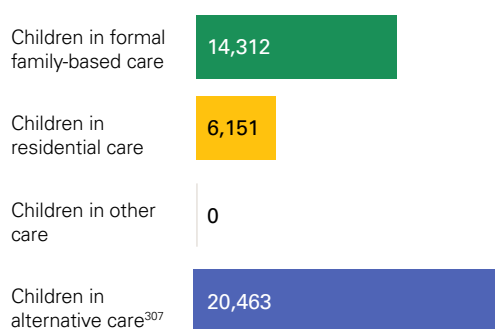
It is very difficult to find data and gain a global picture on the alternative care for children in Greece, both in the public and private sector.

Hungary

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,212
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	364
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	848
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	30.1%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

- Official maximum number of places in a small group home: 12
- Official maximum number of places in largest type of residential care facilities: 48
- Data collected separately for small group homes and large institutions
- Data collected on length of stay
- Data collected on number of staff and their qualifications
- All forms of residential child care are recognised as alternative care

Helpful examples

In 2020, the Treasury Department started preparations to develop a fully digitalized and real-time database for child-related social welfare and child protection services.

Room for improvement

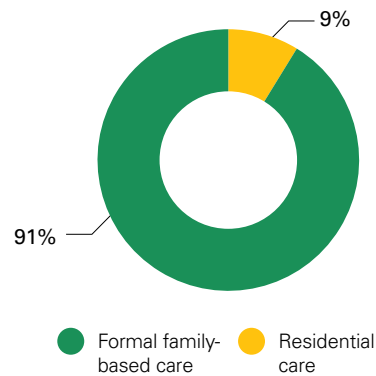
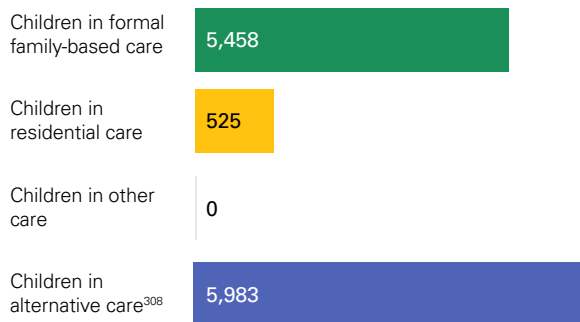
- Statistical reporting is facilities-centred rather than child-centred.
- The 1997 Act on Child Protection shows a more holistic approach to child welfare and protection than the data collection achieves in practice

Ireland

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered	● Groups of children excluded: Children with disabilities
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Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	491
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	43
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	448
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	8.8%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected on length of stay
● Data collected on number of staff and their qualifications
● All forms of residential child care are recognised as alternative care

Helpful examples

Significant improvements have been made to the quality and timeliness of the publicly available data on child protection and alternative care since the establishment of Tusla in 2014. The creation of the Data Hub site enables the user to access, analyse and share information.

Room for improvement

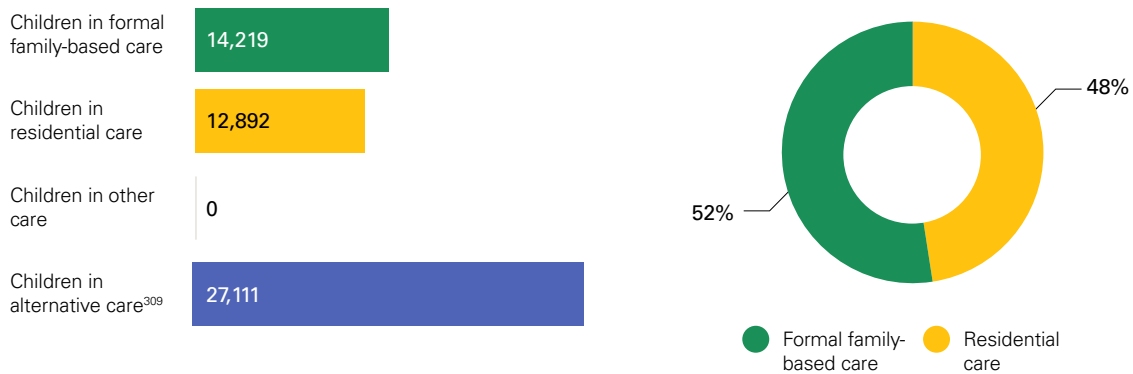
One issue of note is that parliamentary questions often seek data that are publicly available on Tusla's website, which indicates that more could be done to raise awareness of these data sources to politicians and other stakeholders.

Italy

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	274
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	130
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	144
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	47.6%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

Helpful examples

Work is in progress to integrate the different systems that currently exist and enable communication between them. The aim is to build a national information system within the social services system that can follow the pathways for taking charge of children in the services. It also aims to guarantee timely processing data and enabling longitudinal tracking. This is to cover the process and the outcomes of the intervention concerning children in care and children outside the family. It will also contain data on the number and type of reception facilities for children, as well as a database of foster carers.

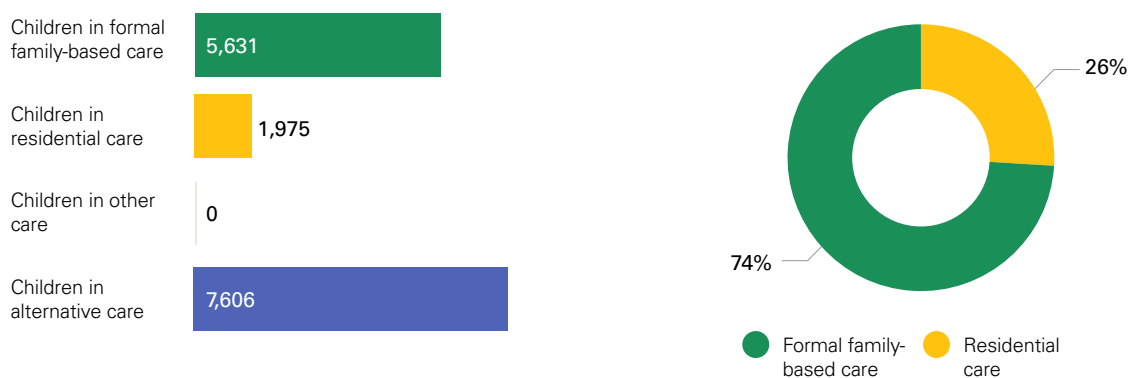
Room for improvement

The regions have full and exclusive legislative power in the field of social services. This regionalization of the welfare system has led to a fragmentation between systems, institutions, and services in the implementation of intervention processes, as well as territorial differentiation and the absence of a unified organised policy at the national level on support to families in vulnerable situations and child protection.

Latvia³¹⁰

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	2,119
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	550
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	1,569
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	26%

Country system

● Data on alternative care published

Data system

● More than one agency mandated to collect data

Variables collected on

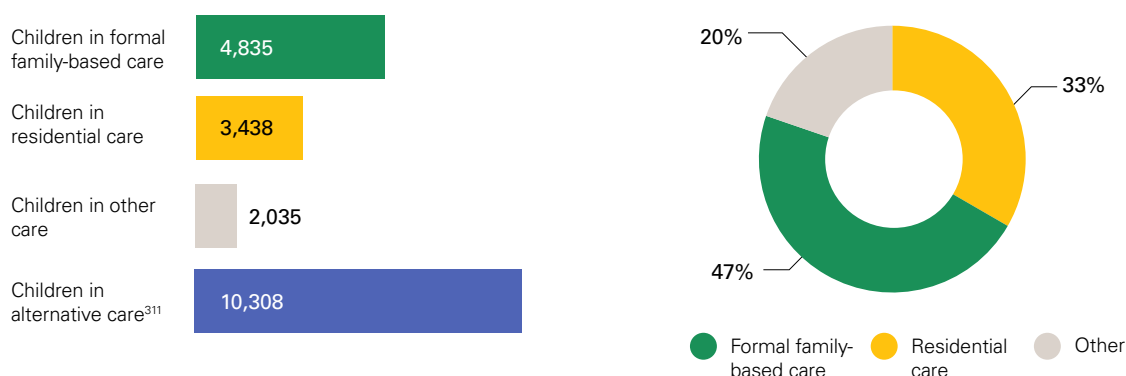
● Age	● Disability status	● Reintegrated with family
● Sex	● Parental status	● Adopted
● Unaccompanied minor status	● Reason for entry into care	● Leaving care due to death
● Statelessness	● Placement decision maker	

Lithuania

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	2,091
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	697
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	981
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	33.4%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home: 6-8
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications
<input type="radio"/> All forms of residential child care are recognised as alternative care

Helpful examples

- The Social Family Support Information System (Socialinės paramos šeimai informacinė Sistema, or SPIS) is not only a statistical database, it is also a working tool for certain institutions. The purpose of SPIS is to register and collect information on social support provided in municipalities in the same way (social benefits and compensations, social support for students, social services, activities in the field of protection of children's rights, etc.) and to enable the analysis of this information by municipalities, types of support and beneficiaries, as well as preventing the receipt of support in several municipalities simultaneously. SPIS as a centralised counting of children in care and persons willing to care for a child was introduced only in 2018, therefore the system is still in the process of continuous improvement in this area.
- There is a review of care, including communication with children. Their opinion about the quality of care is heard.

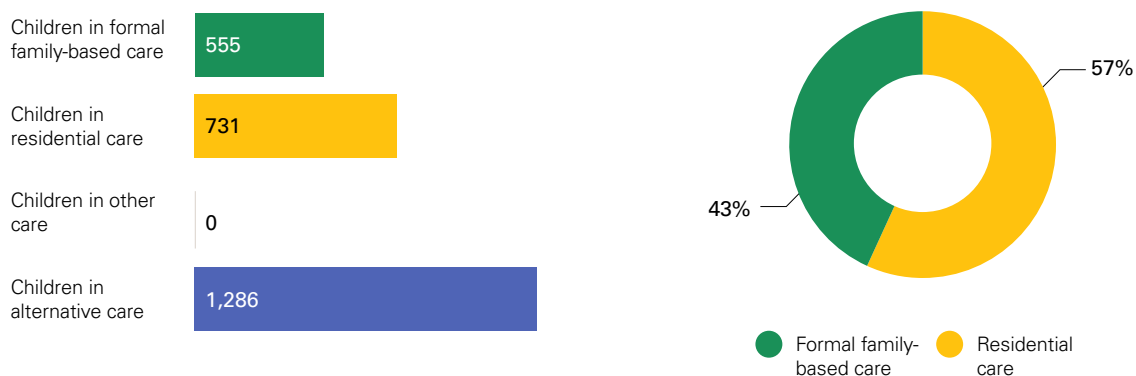
Room for improvement

Not all data are currently disaggregated by age group, gender, rural or urban area, socio-economic status and by groups of children in need of special protection, and for some information (e.g. on ethnic origin) there is no data collection at all.

Luxembourg³¹²

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care



Headline statistics

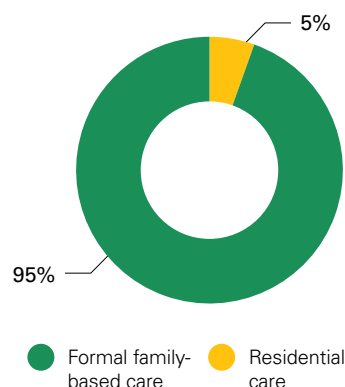
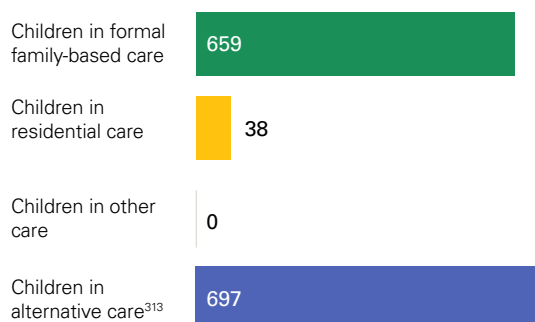
The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,099
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	625
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	474
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	56.8%

Malta

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	847
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	46
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	800
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	5.5%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="checkbox"/> Age	<input type="checkbox"/> Reason for entry into care
<input type="checkbox"/> Sex	<input type="checkbox"/> Placement decision maker
<input type="checkbox"/> Unaccompanied minor status	<input type="checkbox"/> Reintegrated with family
<input type="checkbox"/> Statelessness	<input type="checkbox"/> Adopted
<input type="checkbox"/> Disability status	<input type="checkbox"/> Leaving care due to death
<input type="checkbox"/> Parental status	<input type="checkbox"/> Age on leaving care

Residential care

<input type="checkbox"/> Official maximum number of places in a small group home: 8
<input type="checkbox"/> Official maximum number of places in largest type of residential care facilities: 8
<input type="checkbox"/> Data collected on length of stay
<input type="checkbox"/> Data collected on number of staff and their qualifications
<input type="checkbox"/> All forms of residential child care are recognised as alternative care

Helpful examples

- The Directorate on Alternative Care keeps regular contact with children and communicates with them to help them express any concerns they might have.
- The Case Management Software was introduced in 2016. It has provided a more secure system in which data are stored. Staff receive training on keeping the data and refresher courses.

Room for improvement

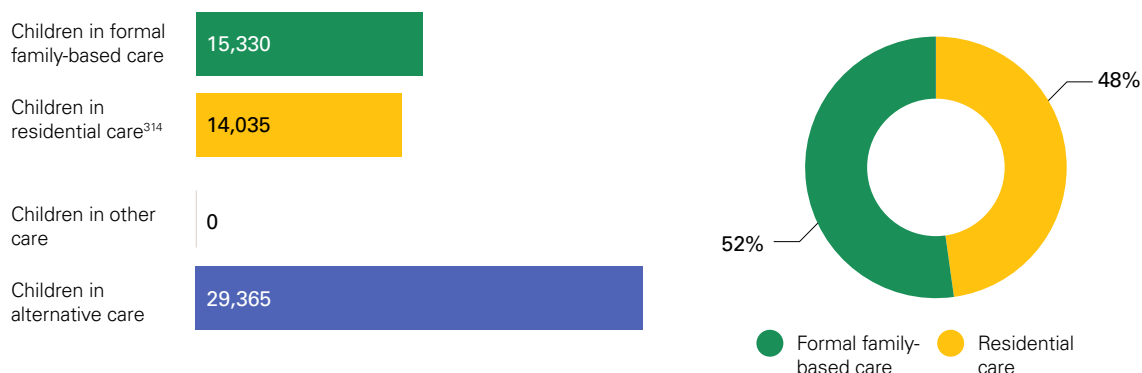
- There is no specific law that regulates statistical and monitoring system for children in alternative care.
- The placement-type categories and residential home addresses are updated regularly, which may change the data and complicate longitudinal tracking.

Netherlands

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	880
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	421
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	459
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	47.8%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

Helpful examples

The Youth Act of 2015 introduced a major change in data collection. Before that, the Dutch provinces (responsible for youth [family] care), the health insurance companies (providing data on mental health care) and judicial system provided aggregated statistics separately. Through the act, data are now stored in individual records, thereby eliminating the overlap between data from respondents.

Room for improvement

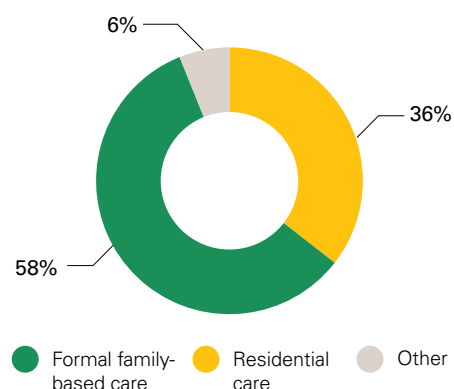
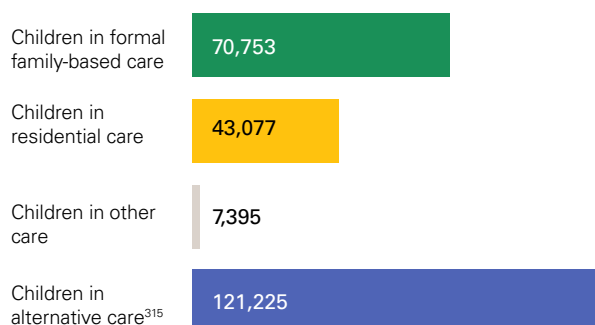
Details about the care provided are currently scarce. Care provider organisations very often provide both youth mental health care (e.g., by a child psychiatrist or psychologist) and family youth care, but cannot specify this in the registration. The rough classification in categories (a requirement to determine one main category) will not deliver information about the results of care per type of specific discipline of care.

Poland

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,788
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	635
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	1,044
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	35.5%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home: 14 ³¹⁶
● Official maximum number of places in largest type of residential care facilities ³¹⁷
● Data collected on length of stay ³¹⁸
● Data collected on number of staff and their qualifications ³¹⁹

Room for improvement

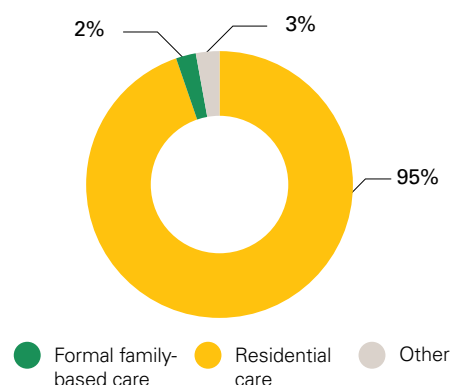
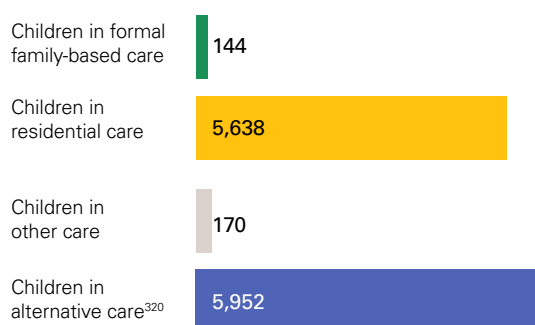
In general, there is very little detailed information about children, e.g. no data on ethnicity or country of origin. Information on the reasons for placement is limited to just one problem in families who are most often suffering from multiple difficulties. There are no detailed data about the child's parents. There are no data on children's readmissions to the system.

Portugal

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	356
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	337
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	9
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	94.7%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

- | |
|--|
| <input type="radio"/> Official maximum number of places in a small group home |
| <input type="radio"/> Official maximum number of places in largest type of residential care facilities |
| <input type="radio"/> Data collected separately for small group homes and large institutions |
| <input type="radio"/> Data collected on length of stay |
| <input type="radio"/> Data collected on number of staff and their qualifications |

Helpful examples

All children and young people in alternative care are included in the census.

Room for improvement

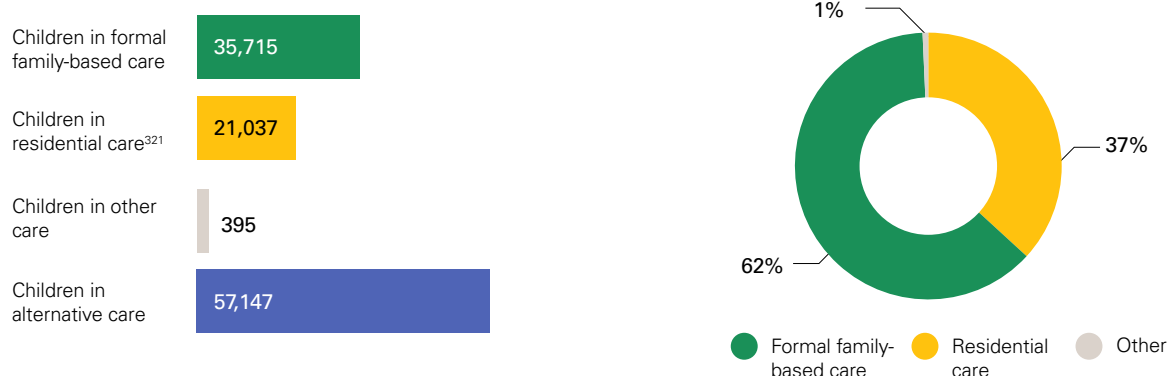
- Children's views on the care they receive are completely absent from the current set of data.
- There is a lack of transparent information on the data system and the use of the data.

Romania

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headlines statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,583
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	583
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	990
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	36.8%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family ³²²
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status ³²³	<input type="radio"/> Age on leaving care

Residential care

<input type="radio"/> Official maximum number of places in a small group home: 12-15
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

Room for improvement

There are quality indicators, but they are not collected and reported at the national level.

Slovakia³²⁴

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
--	---	--

Total number of children in alternative care

● All children in alternative care covered	● Groups of children excluded: Children in facilities run by social services
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Children in formal family-based care

8,695

Children in residential care

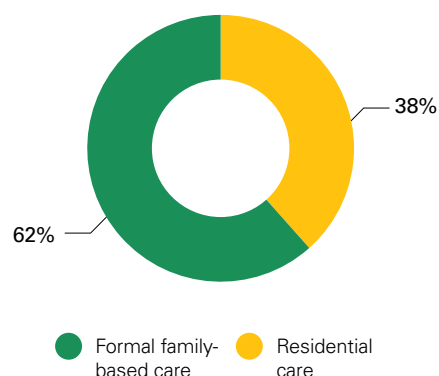
5,428

Children in other care

0

Children in alternative care

14,123



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,318
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	507
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	811
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	38.4%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Reason for entry into care |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Placement decision maker |
| <input type="checkbox"/> Unaccompanied minor status | <input type="checkbox"/> Reintegrated with family |
| <input type="checkbox"/> Statelessness | <input type="checkbox"/> Adopted |
| <input type="checkbox"/> Disability status | <input type="checkbox"/> Leaving care due to death |
| <input type="checkbox"/> Parental status | <input type="checkbox"/> Age on leaving care |

Residential care

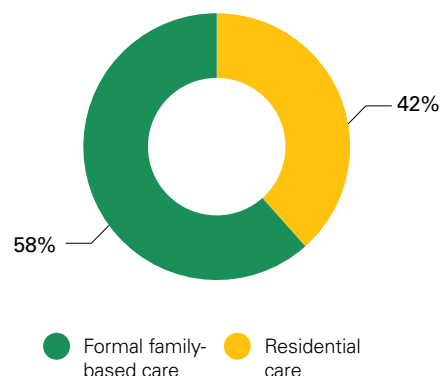
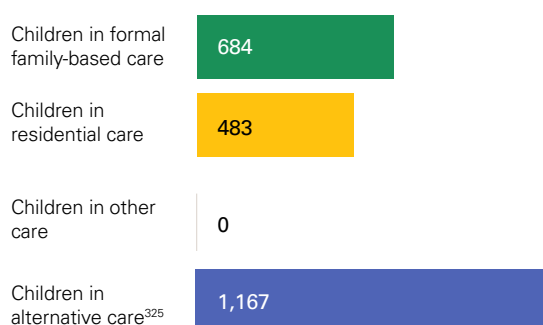
- | |
|--|
| <input type="checkbox"/> Official maximum number of places in a small group home: 8-15 |
| <input type="checkbox"/> Data collected on length of stay |
| <input type="checkbox"/> Data collected on number of staff and their qualifications |

Slovenia

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	324
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	135
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	188
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	41.8%

Country system

- Decentralised alternative care and data system
- Data on alternative care published³²⁶
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected separately for small group homes and large institutions
● Data collected on length of stay
● Data collected on number of staff and their qualifications

Helpful examples

In 2017, the Council of the Republic of Slovenia for Children and the Family was established. It is a permanent consultative body of the Government of the Republic of Slovenia, whose members are representatives of non-governmental Organisations and professional institutions in the field of children and families and representatives of the Government of the Republic of Slovenia. The Council discusses any issue about children's rights and family policy, including statistical results.

Room for improvement

The Statistical Office of the Republic of Slovenia (Statistični urad Republike Slovenije, or SURS) collected and published data on children in institutional care until 2014. From then onwards, the Ministry of Labour, Family, Social Affairs and Equal Opportunities has collected the data from administrative sources but the data are not publicly available.

Spain

- No
- Yes

Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.

- Children in formal family-based care
- Children in residential care
- Children in other care
- Children in alternative care

Total number of children in alternative care

- All children in alternative care covered

Children in formal family-based care

19,545

Children in residential care

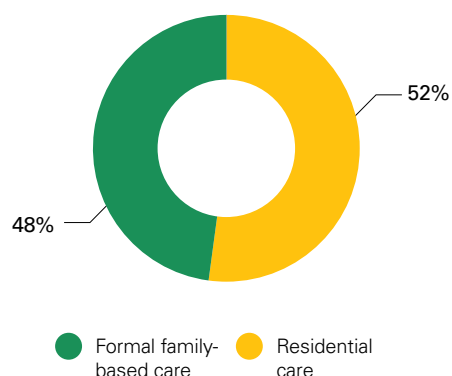
21,283

Children in other care

0

Children in alternative care

40,828



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	500
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	261
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	239
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	52%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

- | |
|--|
| ● Official maximum number of places in a small group home |
| ● Official maximum number of places in largest type of residential care facilities |
| ● Data collected separately for small group homes and large institutions |
| ● Data collected on length of stay |
| ● Data collected on number of staff and their qualifications |

Helpful examples

In the last 5-7 years, Spain has included much more detail in its profiles of children – age, migration status, asylum seekers etc. This has been discussed for 12 years, but implementation only began five years ago.

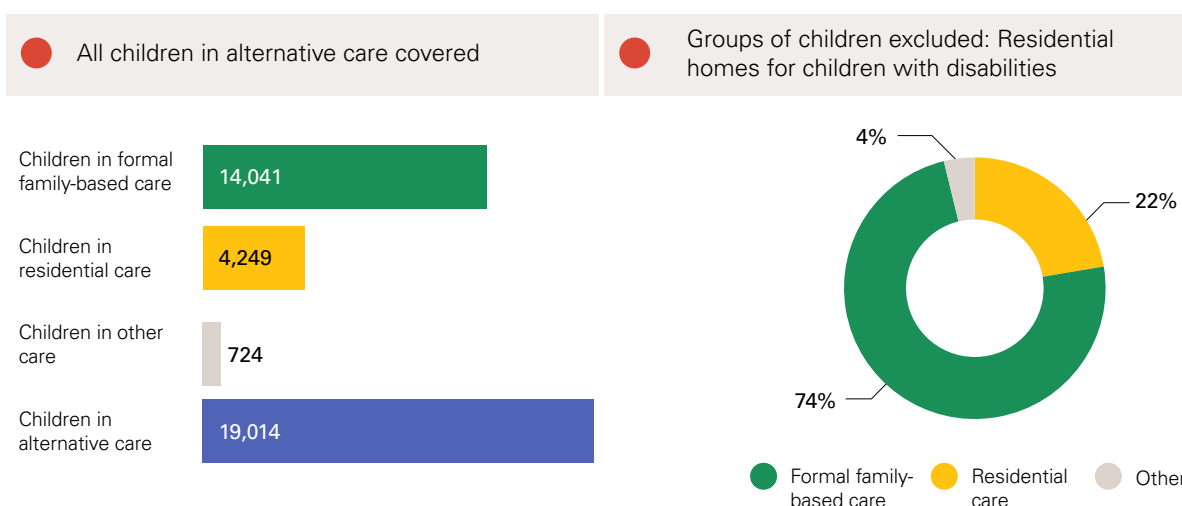
Room for improvement

Additional research is needed to explore the 19 autonomous communities, as some of them have very detailed data and very good systems, while other regions do not have more than the basics.

Sweden

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	872
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	195
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	644
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	22.3%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected on length of stay
● Data collected on number of staff and their qualifications
● All forms of residential child care are recognised as alternative care

Helpful examples

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 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.

Room for improvement

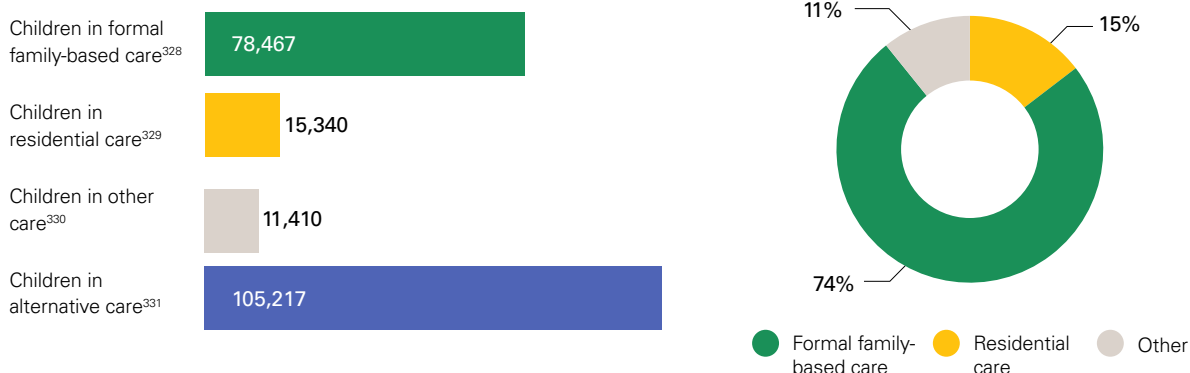
Individuals may be registered under different alternative care provisions, and categories may overlap. Hence, the total number of children in alternative care may differ from the sum of children in the different alternative care provisions listed.

United Kingdom

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care³²⁷

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	741
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	108
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	553
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	14.6%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care³³²
- Data collected per individual child
- Personal identification numbers used³³³
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes³³⁴

Variables collected on

● Age	● Reason for entry into care ³³⁵
● Sex	● Placement decision maker ³³⁶
● Unaccompanied minor status ³³⁷	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care ³³⁸

Residential care

● Official maximum number of places in a small group home (only in Northern Ireland): Up to 8
● Official maximum number of places in largest type of residential care facilities
● Data collected separately for small group homes and large institutions ³³⁹
● Data collected on length of stay ³⁴⁰
● Data collected on number of staff and their qualifications ³⁴¹

Helpful examples

- The ability to observe the placement stability experienced by children in alternative care. Data record a reason for placement change, allowing for planned changes of placements to be identifiable. Repeat re-entries to care are also possible to identify.³⁴²
- Consistent data collection over the last 10 years that enables trends over time in the number, characteristics, and placements of looked after children to be identified.³⁴³
- One proxy measurement of care quality is that of placement stability, measured through the recording the number of placement changes a child or young person experiences in each data collection year. The numbers of children who experience 1, 2, or 3 or more placements in a year is recorded.³⁴⁴

Room for improvement

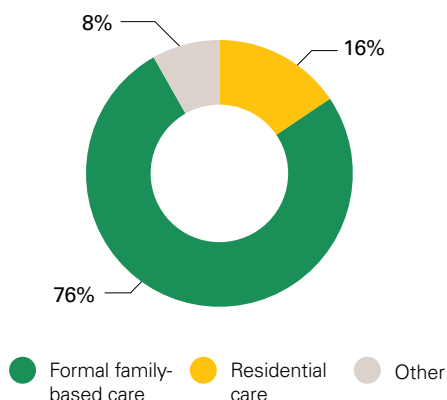
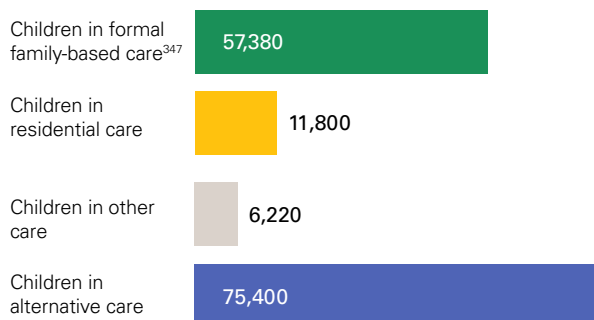
- Scotland's data could be further optimised at national and local government levels with increased access provided to practitioners and managers and increased use made of it by decision makers/leaders regarding service delivery. Data officers may also have limited knowledge of day-to-day care practice, which then impacts on the quality of the data recording systems and the analysis derived from the data.³⁴⁵ All the publicly available aggregate figures quoted are rounded to the nearest five by the Welsh Government prior to publication. Where there are less than five children in any group, the actual number is suppressed and not published.³⁴⁶

UK-England

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	623
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	98
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	474
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	15.6%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

- | |
|--|
| <input type="radio"/> Official maximum number of places in a small group home |
| <input type="radio"/> Official maximum number of places in largest type of residential care facilities |
| <input type="radio"/> Data collected separately for small group homes and large institutions |
| <input type="radio"/> Data collected on length of stay |
| <input type="radio"/> Data collected on number of staff and their qualifications |

Helpful examples

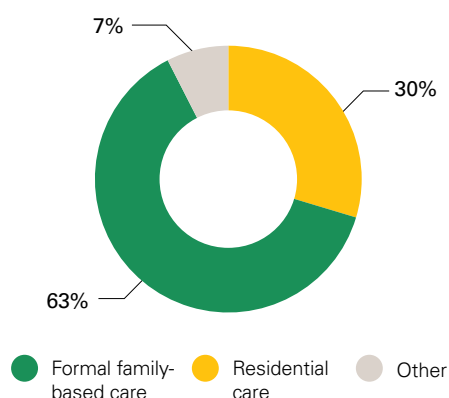
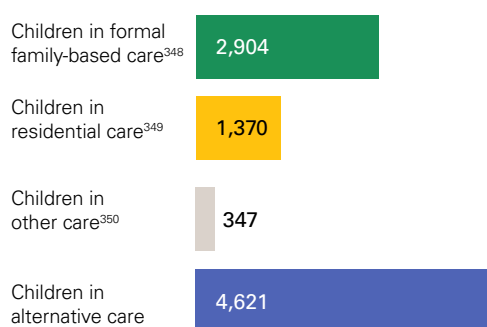
- The ability to observe the placement stability experienced by children in alternative care.
- Data record a reason for placement change, allowing for planned changes of placements to be identifiable. Repeat re-entries to care are also possible to identify.

UK-Northern Ireland

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,048
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	311
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	658
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	29.6%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

<input type="radio"/> Age	<input type="radio"/> Reason for entry into care
<input type="radio"/> Sex	<input type="radio"/> Placement decision maker
<input type="radio"/> Unaccompanied minor status	<input type="radio"/> Reintegrated with family
<input type="radio"/> Statelessness	<input type="radio"/> Adopted
<input type="radio"/> Disability status	<input type="radio"/> Leaving care due to death
<input type="radio"/> Parental status	<input type="radio"/> Age on leaving care

Residential care

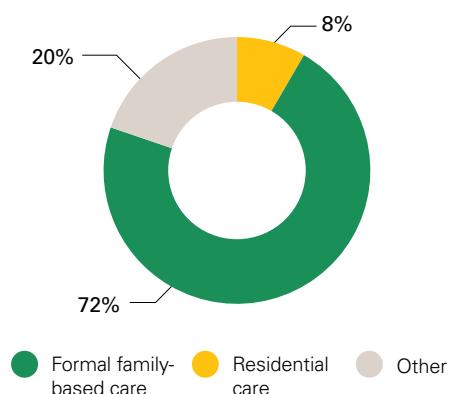
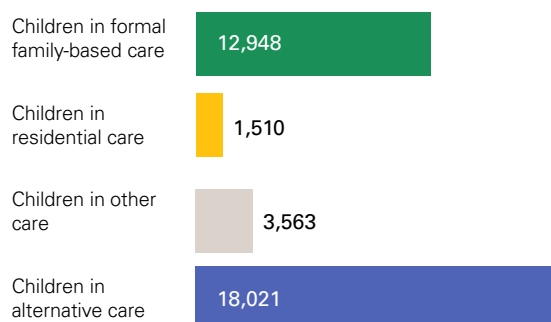
<input type="radio"/> Official maximum number of places in a small group home: 8
<input type="radio"/> Official maximum number of places in largest type of residential care facilities
<input type="radio"/> Data collected separately for small group homes and large institutions
<input type="radio"/> Data collected on length of stay
<input type="radio"/> Data collected on number of staff and their qualifications

UK-Scotland

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
--	---	--

Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,755
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	147
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	1,261
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	8.4%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

● Official maximum number of places in a small group home
● Official maximum number of places in largest type of residential care facilities
● Data collected separately for small group homes and large institutions
● Data collected on length of stay in residential care
● Data collected on number of staff and their qualifications

Helpful examples

Consistent data collection over the last 10 years that enables trends over time in the number, characteristics and placements of looked after children to be identified.

Room for improvement

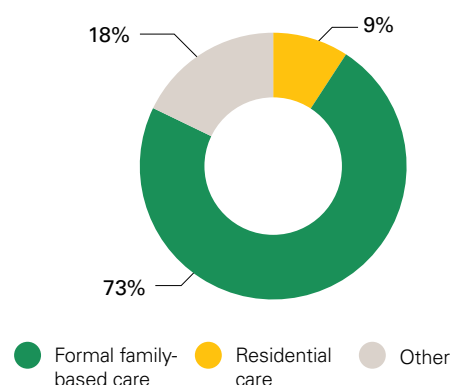
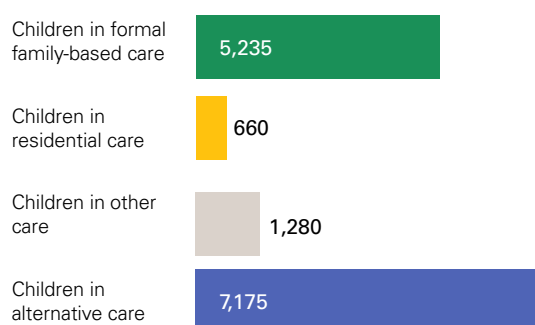
Scotland's data could be further optimised at national and local government levels with increased access provided to practitioners and managers and increased use made of data by decision makers/leaders regarding service delivery. Data officers may also have limited knowledge of day-to-day care practice, which then impacts on the quality of the data recording systems and the analysis derived from the data.

UK-Wales

<p>● No</p> <p>● Yes</p>	<p>Red indicates that the variable is not collected or the statement not true, green that it is. If no information was found about any of the points in the overview for the particular country, the points are removed on the page for that country.</p>	<p>● Children in formal family-based care</p> <p>● Children in residential care</p> <p>● Children in other care</p> <p>● Children in alternative care</p>
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Total number of children in alternative care

● All children in alternative care covered



Headline statistics

The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)	1,139
The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)	105
The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)	831
The percentage of children aged 0-17 in residential care (of the total number of children in alternative care) at a specific point in time	9.2%

Country system

- Decentralised alternative care and data system
- Data on alternative care published
- Is the data system on children in alternative care covered in legislation?
- Is the overarching term, in line with 'alternative care', used in legislation?
- Formal kinship care is a subdivision of foster care

Data system

- Recent or current reform of data system on children in alternative care
- Data collected per individual child
- Personal identification numbers used
- More than one agency mandated to collect data
- Data collected on quality of care and outcomes

Variables collected on

● Age	● Reason for entry into care
● Sex	● Placement decision maker
● Unaccompanied minor status	● Reintegrated with family
● Statelessness	● Adopted
● Disability status	● Leaving care due to death
● Parental status	● Age on leaving care

Residential care

- | |
|--|
| ● Official maximum number of places in a small group home |
| ● Official maximum number of places in largest type of residential care facilities |
| ● Data collected separately for small group homes and large institutions |
| ● Data collected on length of stay in residential care |
| ● Data collected on number of staff and their qualifications |

Helpful examples

One proxy measurement of care quality is that of placement stability, measured through the recording of the number of placement changes a child or young person experiences in each data collection year. The numbers of children who experience 1, 2 or 3 or more placements in a year are recorded.

Room for improvement

All the publicly available aggregate figures quoted are rounded to the nearest five by Welsh Government prior to publication. Where there are less than five children in any group, the actual number is suppressed and not published.



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Annex 4

Questions to help monitor
the Necessity Principle and
Suitability Principle

Flowing from the discussion of findings and conclusions, the lists that follow give some examples of questions that can help monitor whether the Necessity Principle and Suitability Principle (see Figure for explanation of these principles) are being upheld. The lists are in no way exhaustive. The variables given here are based on Eurostat metadata³⁵¹, EU statistical code of practice³⁵², UNECE guidelines³⁵³ and the work of the Taskforce they put together, as well as the Better Care Network's Manual.³⁵⁴ Work is ongoing to determine effective variables and reach consensus about their use.



FIGURE Necessity and Suitability

1



Involve the child and family in decisions concerning them

2



Independent monitoring

Child Welfare

Necessity Principle

1. Provide a range of community and family-strengthening services
2. Poverty alleviation
3. Gatekeeping
4. Awareness-raising to remove pull factor of alternative care
5. Address discrimination /marginalisation
6. Regular review of child and family and of placement
7. Promote and support reintegration

Alternative Care

Suitability Principle

1. Provide a range of care provisions
2. Move away from institutional care
3. Make sure care is adequately resourced
4. Placement based on individual best interest assessment
5. Regular review of placement
6. Promote contact with family and interaction with the community
7. Quality assurance and improvement system in place.

Source: Developed for this report, based on the Necessity and Suitability Model from: <https://www.relaf.org/materiales/Moving-forward-implementing-the-guidelines-ENG.pdf> (accessed July 2021).

The Necessity Principle

- How many children and families are estimated to need alternative care?
- How many children are in alternative care (disaggregated per form of care provision)?
- Number of children disaggregated by sex, age, disability status, citizenship/country of origin, geographical location.
- How many children entered and left alternative care during the year (disaggregated per form of care provision)?

- Is support provided to families before entering care (to prevent unnecessary separation)?
- Main reason for entering alternative care.
- How does the child enter care (who makes that decision, what is the process, are children and parents given a say in decisions, are parents provided with legal support)?
- Do families receive support while the child is in care?
- Is alternative care temporary (length of stay)?
- Are there regular care plan reviews?
- Do children stay in contact with their family while in alternative care?
- Where do children go when they leave alternative care?
- Are children reintegrated into their families (and is this sustainable – do they end up back in care)?
- Are children who cannot go back to their family being adopted?

The Suitability Principle

- Are assessments done before placement?
- Are care plans written and implemented?
- Is a range of alternative care placements available?
- Where is the child placed (family-based, residential)?
- Are siblings kept together when placed?
- Is the placement stable (data on change of placements)?
- Reasons for placement breakdown.
- Outcomes for children in alternative care – including their own views on their care experience.
- What is the quality of care provided?
- Is the alternative care system mostly family-based (or what is the progress in moving towards that)?
- What are the risks to children in alternative care and how are they mitigated?
- Are children in care able to access universal/regular services (early childhood care and education, education, health incl. mental health, legal, other)?
- Are children and their parents satisfied with the care and support they receive?
- To what degree can children and their parents/adult caregivers participate in decision-making affecting them?
- Are children given the opportunity to be involved in their community?
- The number of each different form of residential care facility, with clear definitions of what separates them.
- Length of stay.
- Age distribution of children in particular forms of care provisions.
- How many children die while in alternative care?



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Annex 5 Glossary

Administrative data	Units and data derived from an administrative source. They are collected for the purposes of registration, transaction and record-keeping, usually during the delivery of a service by the administrative source. They are not collected primarily for research or statistical purposes. ³⁵⁵
Adoption	The legal and permanent transfer of parental rights and responsibilities for a child. Adoption is the establishment of legal ties between two persons who may not be blood-related, one of them usually a child deprived of parental care. Through adoption, one or two persons become legal parents of a child, permanently acquiring all the corresponding rights and responsibilities. Usually, adoption has to be declared by a judicial body. ³⁵⁶
Aggregated data	Data that are the result of combining individual datapoints. ³⁵⁷
Alternative care	Relates to any arrangement, formal or informal, that aims to ensure the protection and well-being of children who are deprived of parental care or who are at risk of this. ³⁵⁸
Assessment	In the context of alternative care: A process that is undertaken and recorded that identifies the physical, intellectual, emotional and social needs of the child ³⁵⁹ and determines his or her best interests on entry into care and at reviews of placement.
Care plan	In the context of alternative care: A written document that outlines how, when and who will meet the child's needs. The child will have been involved in the development of this plan. The care plan is ideally prepared by the service providers or competent authorities after the referral of the child to care to decide, among other things, about the placement of the child based on the best interests principle. ³⁶⁰ In some countries the care plan is written after the best interests assessment has been done and a decision on placement has been made.
Child	Every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier. ³⁶¹ The age group is indicated as 0-17 in this report, signifying all children up to their eighteenth birthday.
Children in migration situations	Covers all third-country national children who migrate from their country of origin to and within the territory of the EU in search of survival, security, improved standards of living, education, economic opportunities, protection from exploitation and abuse, family reunification or a combination of these factors. They may travel with their family or independently (unaccompanied child) or with an extended family or a non-family member (separated child). And they may be 'left behind children'. They may be seeking international protection, family members, dependents of labour migrants, victims of trafficking, and/or undocumented migrants. ³⁶²
Chronic illness	One that lasts for a long period of time and typically cannot be cured. It is, however, sometimes treatable and manageable. ³⁶³
Deinstitutionalisation	Deinstitutionalisation should not be understood as simply the closure institutions for children. It is the process of comprehensively transforming national structures for the protection of children. It includes the introduction of preventive and protective measures to ensure necessary and suitable alternative care solutions are in place for children unable to stay with their biological families. ³⁶⁴
Disability	Disability is conceived as an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors). ³⁶⁵

Disaggregated data	Data that have been broken down by detailed sub-categories, for example by marginalised group, gender, region, or level of education. Disaggregated data can reveal deprivations and inequalities that may not be fully reflected in aggregated data. ³⁶⁶
Ethnicity	Ethnic origins are mutable grounds, comprising nationality, colour, descent, religion, language, culture and traditions. ³⁶⁷
Family strengthening	A research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programmes, and communities in building five key protective factors: Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. ³⁶⁸
Formal alternative care	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. ³⁶⁹
Formal family-based care	A short- or long-term care arrangement agreed with, or ordered by, a competent authority, whereby a child is placed in the domestic environment of a family whose head(s) have been selected and prepared to provide such care, and who are financially and non-financially supported in doing so. ³⁷⁰
Formal kinship care	Provided by relatives or other caregivers close to the family and known to the child. While such arrangements have so far tended to be informal, some countries are now making increased use of formalised placements within the extended family (kinship foster care). ³⁷¹
Foster care	Foster care is provided by authorised couples or individuals in their own homes, within the framework of formal alternative care provision. ³⁷²
Gatekeeping	In the context of alternative care: The prevention of inappropriate placement of a child in alternative care; placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, and matched to whether the placement can meet these needs based on its functions and objectives ³⁷³ - a best interests assessment.
Gender	<p>Gender refers to the roles, behaviours, activities, attributes, and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with, but is different from, the binary categories of biological sex.</p> <p>A person's sex, as determined by his or her biology, does not always correspond with his or her gender. It is a concept that describes how societies determine and manage sex categories; the cultural meanings attached to men and women's roles; and how individuals understand their identities including, but not limited to, being a man, woman, transgender, intersex, gender queer and other gender positions. Gender involves social norms, attitudes, and activities that society deems more appropriate for one sex over another. Gender is also determined by what an individual feel and does.³⁷⁴</p>
Homelessness	<p>All living situations that amount to forms of homelessness across Europe:</p> <ul style="list-style-type: none"> • rooflessness (without a shelter of any kind, sleeping rough) • houselessness (with a place to sleep but temporary in institutions or shelter) • living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence) • living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).³⁷⁵

Indicator	A statistical indicator is the representation of statistical data for a specified time, place or any other relevant characteristic, corrected for at least one dimension (usually size) so as to allow for meaningful comparisons. It is a summary measure related to a key issue or phenomenon and derived from a series of observed facts. Indicators can be used to reveal relative positions or show positive or negative change. Indicators are usually a direct input into EU and global policies. In strategic policy fields, they are important for setting targets and monitoring their achievement. By themselves, indicators do not necessarily contain all aspects of development or change, but they contribute hugely to their explanation. They allow comparisons over time between, for instance, countries and regions, and in this way assist in gathering 'evidence' for decision-making. ³⁷⁶
Informal care	In the context of alternative care: 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 or being overseen by an administrative or judicial authority or a duly accredited body. ³⁷⁷
Institutional care	In the context of alternative care: Residential care where residents are isolated from the broader community and/or compelled to live together; Residents do not have sufficient control over their lives and over decisions that affect them; and the requirements of the organisation itself tend to take precedence over the residents' individualised needs. Size is an important factor when developing new services in the community: smaller and more personalised living arrangements are more likely to ensure opportunities for the choices and self-determination of service users and to provide a needs-led service. ³⁷⁸
Line Ministry	A ministry, autonomous organisation, or any other government agency that has full responsibility in any sector. ³⁷⁹
Mental health	A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. ³⁸⁰
Necessity Principle	Preventing the need for and using as a last resort alternative care through family strengthening and prevention of family separation; and is, as much as possible, a temporary solution until the child can return to his/her family. ³⁸¹
Neglect	When a parent or caregiver who is responsible for caring for a child fails to do so. It can be a result of carelessness, indifference, or unwillingness and abuse. Unintentional neglect is related to the lack of parenting, caring capacities, abilities, or the lack of resources. It may include the failure to provide sufficient supervision, nourishment, or medical care, or the failure to meet other needs that the victim cannot meet themselves. ³⁸²
Placement review	In the context of alternative care: A regular meeting of the child and those responsible for the child's best interests during which the progress, current and future, of the care plan is discussed. ³⁸³
Prevention	In the context of alternative care: Prevention includes a wide range of approaches that support family life and prevent the need for the child to be placed in alternative care, in other words to be separated from his/her immediate or extended family or other carer. ³⁸⁴
Reintegration in the family	The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. ³⁸⁵

Residential care	In the context of alternative care: A collective living arrangement where children are looked after by adults who are paid to undertake this function. Could include a variety of services including homes offering temporary shelter overnight where parents do not stay with the child/children. All forms of residential care are included in the concept of alternative care. ³⁸⁶
Small group home	One or more surrogate parents serve as caregivers, although not in those persons' normal home environment, ³⁸⁷ and a limited number of children live together in one unit.
Statelessness	Individuals who are not considered citizens or nationals under the operation of the laws of any country. A person's citizenship and nationality may be determined based on the laws of a country where an individual is born or where her/his parents were born. A person can also lose citizenship and nationality in a number of ways, including when a country ceases to exist or a country adopts nationality laws that discriminate against certain groups. ³⁸⁸
Substance abuse	The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. ³⁸⁹
Suitability Principle	Determining the most appropriate care form of alternative care placement for the child through a best interests assessment and care plan, as well as monitoring the child's progress, revising care arrangements periodically; and in general providing bonding opportunities, support and services that ensure respect for his/her rights. ³⁹⁰
Unaccompanied minor	A person considered to be an unaccompanied minor is a child (aged less than 18) who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such a person. It includes a minor who is left unaccompanied after he or she has entered the territory of the Member States. ³⁹¹
Variable	A characteristic of a unit being observed that may assume more than one of a set of values to which a numerical measure or a category from a classification can be assigned (e.g. income, age, weight, etc., and 'occupation', 'industry', 'disease', etc.). ³⁹²



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Annex 6

National Correspondents and
Research Advisory Group

An overview of the National Correspondents and Research Advisory Group members involved in the DataCare project.

Terms of Reference for National Correspondents in the DataCare project

Introduction

In the [DataCare project](#), Eurochild and our partners UNICEF envision the development of comparable benchmark indicators to enact progress towards convergence in the type of data and the way that it is collected on children in alternative care (CiAC) across EU Member States. To achieve this goal, we recognise the importance of cooperating with national-based experts who, as National Correspondents, will help us 'map the data collection systems of their respective countries.

This document outlines a Terms of Reference to detail the roles and expectations for National Correspondents to engage with the Eurochild Research Team for the DataCare project.

Background to the DataCare project

The DataCare project is a joint initiative of Eurochild and UNICEF. It is an ambitious and transformative European initiative that will map the data collection systems on alternative care for children in alternative care (CiAC) in the European Union (EU) and the United Kingdom (UK) as they currently exist. Launched in March 2020, the final results will be published by September 2021.

While the mapping exercise is groundbreaking in itself, Eurochild and our partners UNICEF plan to utilize the findings for evidence-based advocacy for systemic reform of how data on CiAC is monitored and published across EU Member States.

The DataCare project therefore comprises three components:

1. Carry out a comprehensive mapping to understand how Member States currently collect, report, and use child protection data. It will identify 'good practice' examples of countries with strong data collection systems, as well as important trends and gaps.
2. Comparatively analyse countries' data collection systems to identify what, if any, comparability exists across countries. This will better equip intergovernmental, governmental, and non-governmental stakeholders to track and compare trends in relation to entry into care (stock and flow), quality of care and leaving care.

3. Develop an advocacy campaign based on the analysis to track and influence the planned EU Council Recommendation for a European Child Guarantee. Our evidence-based recommendations will call for proposals to monitor, through comparable indicators, progress in child protection reforms.

The role of National Correspondents in the DataCare project

To help us achieve our goals to influence child protection reform, Eurochild is looking to cooperate with experts, or emerging experts, in the field of academic research and policy-influencing for CiAC. We wish to cooperate with experts as National Correspondents from each country of the study to support the mapping of CiAC data collection systems in the EU 27 and the UK.

National Correspondents will play an enabling role in this research by completing the National Template designed by the Eurochild Research Team to map the data collection system at national level. Being part of this EU-level development is an opportunity to achieve demonstrable systemic policy change to help improve the lives of children in alternative care, and be clearly recognised for this contribution.

A Research Protocol, outlining the vision and methodological approach will guide the completion of the National Template.

Completion of the National Template will enable an in-depth assessment for alternative care data systems in Europe. Participation is therefore an opportunity for experts to feed into European and national policy change, facilitated through the expertise of Eurochild and the UNICEF European and Central Asian Regional Offices.

What tasks will National Correspondents carry out?

As National Correspondents, participating experts will be tasked with completing the National Template. This will involve:

- verifying sources around national data collection on alternative care in their respective country
- translating of national definitions related to alternative care into an international framework
- providing most recently available data on CiAC in their respective country
- identifying national data collection tools, policies and legislation, research, debates and developments
- communicating on an ongoing basis from October 2020-September 2021 with the Eurochild Research Team, via webinars and calls, to discuss the Research Protocol, the National Template and relevant research updates when necessary.

Profile of the National Correspondents

Candidates interested in becoming National Correspondents should possess the following profile:

- already working in research, or completing early-career research, in the area of child protection reform and data collection analysis across the EU and the UK
- possess an in-depth understanding of national child protection systems and an understanding of international child protection terminology
- possess an understanding of the data infrastructure for CiAC at national level, for example, such as the tools (e.g. statistical questionnaires) and instructions used to collect and evaluate data
- familiarity with data collection tools, policy and legislation relevant to child protection and alternative care systems in their respective countries of the study
- established relationships with national and/or local authorities with responsibilities for child protection and alternative care and national statistical agencies.

How will the Eurochild Research Team support the National Correspondents?

Eurochild will support the contribution of National Correspondents to the DataCare project by:

- providing the National Template and the Research Protocol to National Correspondents, as well as providing an overview of its use through an introductory webinar
- coordinating centrally the national mapping exercise, and supporting National Correspondents to complete the National Template
- providing support through ongoing communication with National Correspondents, from initial engagement through to conclusion of the agreed cooperation, via webinars and calls
- supporting capacity building and facilitating network development for National Correspondents through contact with fellow Correspondents and EU child protection stakeholders.

Conditions of collaboration

The ambition of the DataCare project is transformative in nature, and seeks to harness existing data and national expertise to issue powerful evidence-based recommendations for EU Member States to improve how they collect data on CiAC. In order to achieve this goal under constrained resources, Eurochild is looking to cooperate with experts with the above profile on a voluntary basis.

While this collaboration is to be voluntary, experts who engage in the DataCare project will have the opportunity to contribute to a landmark European comparative study on children in care. As experts engaged in the study, National Correspondents will be recognised clearly for their contribution towards demonstrable and lasting change for children in alternative care.

To apply

Interested experts are invited to submit their expression of interest in the form of a Curriculum Vitae and an accompanying cover letter to Ciaran.odonnell@eurochild.org. An application should clearly set out how the candidate meets the outlined profile for National Correspondents.

Upon a successful application to the role, National Correspondents will sign with Eurochild a Letter of Intent, to formalize their contribution to the DataCare project.

Additional inquiries can be sent to Ciaran.odonnell@eurochild.org.

DataCare project National Correspondents

Eurochild and UNICEF are collaborating with leading national-based experts, across the EU and the UK to map national alternative care data collection systems.

Our 'National Correspondents' are already working in research in the area of child protection reform and data collection analysis across the EU and the UK. They are well-versed with data collection, policy and legislation relevant to alternative care for children in their respective countries. In some cases, they already possess established relationships with national and/or local authorities responsible for alternative care and national statistical agencies.

The 58 DataCare National Correspondents

Country	Name		Organisation
Belgium	Maud	Stiernet	Independent researcher
Belgium	Johan	Vanderfaeillie	Vrije Universiteit Brussel
Bulgaria	Evgeniya	Toneva	Know-how Centre for Alternative Care for Children, New Bulgarian University
Croatia	Andrea	Ćosić	University of Zagreb
Croatia	Snježana	Sekušak-Galešev	University of Zagreb
Croatia	Lucija	Vejmelka	FICE Croatia
Croatia	Petra	Hrvoj	FICE Croatia
Croatia	Ivana	Boric	University of Zagreb
Croatia	Maja	Laklija	University of Zagreb
Cyprus	Marios	Kantaris	Open University of Cyprus
Czechia	Kristýna	Jůzová Kotalová	Ministry of Labour and Social Affairs, Czechia
Czechia	Michal	Šíp	Ministry of Labour and Social Affairs, Czechia
Denmark	Mette	Lausten	Danish Centre for Social Science Research (VIVE)
Finland	Pia	Eriksson	The Finnish Institute for Health and Welfare
Finland	Anna	Tiili	Central Union for Child Welfare Finland
France	Isabelle	Frechon	CNRS – laboratoire Printemps - Université Paris Saclay
Germany	Zoe	Clark	University of Siegen
Germany	Fabian	Fritz	Hamburg University of Applied Sciences
Germany	Tilman	Lutz	Hamburg University of Applied Sciences
Germany	Lotte	Pörksen	Hamburg University of Applied Sciences
Greece	Eleni	Drakopoulou	Independent researcher
Greece	Katerina	Nanou	Independent researcher
Hungary	Maria	Herczog	Family, Child, Youth Association
Hungary	Gaspar	Fajth	Independent researcher
Hungary	Andrea	Racz	University of Eötvös Loránd, Department of Social Work
Ireland	Maria	Corbett	Trinity College Dublin
Ireland	Robbie	Gilligan	Trinity College Dublin
Ireland	Eavan	Brady	Trinity College Dublin
Italy	Enza Roberta	Petrillo	Sr. Independent Researcher & Research Member of the Unesco Chair in Population, Migrations and Development, Sapienza University of Rome
Italy	Paola	Milani	University of Padova

Country	Name		Organisation
Lithuania	Dalija	Snieškienė	Vytautas Magnus University
Lithuania	Vytautas	Kirka	Vytautas Magnus University
Lithuania	Ilona	Tamutienė	Vytautas Magnus University
Lithuania	Laura	Misiukoniene	VŠĮ Auto moto group
Malta	Remenda	Grech	Directorate for Alternative Care (Children & Youths), Foundation for Social Welfare Services
Netherlands	Erik Jan	de Wilde	Netherlands Youth Institute
Poland	Agnieszka	Golczyńska-Grondas	University of Lodz
Poland	Marta	Danecka	The Polish Academy of Sciences
Poland	Agata	Skalec	University of Warsaw
Poland	Magdalena	Błaszczak	University of Lodz
Portugal	Sergio	Araújo	Independent researcher
Portugal	Véronique	Lerch	Independent researcher
Portugal	Vânia	Pinto	University of Oxford
Romania	Daniela	Tarnovschi	Life and Light Foundation
Romania	Gabriela	Dima	University of Transylvania Brasov
Slovenia	Tamara	Narat	Social Protection Institute of the Republic of Slovenia - Child Observatory
Slovenia	Adriana	Aralica	Legal-Informational Centre for NGOs - Slovenia
Slovenia	Urban	Boljka	Social Protection Institute of the Republic of Slovenia - Child Observatory
Spain	Jorge	Fernandez del Valle	Child and Family Research Group, Department of Psychology at University of Oviedo
Sweden	David	Pålsson	Stockholm University
Sweden	Hilma	Forsman	Stockholm University
UK-England	Lisa	Holmes	University of Oxford's Rees Centre
UK-N. Ireland	Claire	McCartan	Queens University Belfast
UK-N. Ireland	Thomas	Doherty	Health and Social Care Board
UK-N. Ireland	Heidi	Rodgers	Department of Health, Government of Northern Ireland
UK-Scotland	Marion	Macleod	Independent researcher
UK-Scotland	Alex	McTier	Centre for Excellence for Children's Care and Protection (CELCIS)
UK-Wales	Martin	Elliot	Cardiff University

Terms of Reference for the Research Advisory Group

Background and main aim of this research project

The need for timely and reliable quantitative and qualitative data on children without or at risk of losing parental care is of crucial importance for the development, implementation, monitoring and evaluation of comprehensive de-institutionalisation strategies. Indeed, the systematic collection of accurate data on the numbers and characteristics of children in care, the root causes of institutionalisation and the function of the child protection system as a whole is crucial and can help ensure better policies, improve the state's ability to protect and promote children's rights and lead to sustainable reforms and better outcomes for children.

Data collection and dissemination in the area of child protection continues to be haphazard and often relies on NGOs and other actors to interpret the available data, analyse disaggregation and bring this to the attention of policy makers. National child protection policies and practices often lack monitoring and evaluation (M&E) frameworks including an agreed set of national child protection indicators, and child protection data system vary greatly in terms of their level of development. It is therefore difficult to trigger EU legislative initiatives without a sound evidence base and strong child protection data systems. With this in mind, *Eurochild will, in partnership with UNICEF, map the child protection data systems across the EU Member States.*

The study will build on the findings of a feasibility phase carried out in 2019, which mapped the data system and corresponding data available in 4 EU countries (Bulgaria, Estonia,³⁹³ France and Ireland). This study aims to achieve a sustainable impact on policy making and strengthening child protection data systems at EU and national level. This study will seek to take advantage of the window of opportunity offered by a new EU legislature, the development of the Child Guarantee in Europe along with the evolution of the TransMonEE database.

The results of the study will inform a discussion paper and policy briefing that will identify recommendations to the EU.

Purpose and composition of the Research Advisory Group

This project is inspired by the [survey](#) Eurochild did in 2010 on Children in Alternative Care, and we will be using this opportunity to better understand what data EU Member States collect in the child protection system & how it is used, & what would be helpful to be able to compare across countries to support policy development- & potentially the child guarantee implementation.

The Research Advisory Group (RAG) is set up to provide overall research guidance and non-binding expert advice to the project in order to maximise the impact of the project results. This group, chaired by Maria Herczog, is serving as an advisory body, a thoughtful sounding board for the project involved in its design, implementation, monitoring and evaluation. The group was selected to ensure that there is a balanced mix of: 1) researchers/ academics with strong analytical experience in comparative and cross-country analyses in the broader & related areas of Children in Alternative Care, particularly European comparatives; and 2) experts in national data collection systems in child protection, including or with close contact to government officials with responsibility for data collection. This composition will assist the research team in advising on the scope of the research based on the draft study protocol that Senior Research Coordinator will develop, but it will also be a helpful 'sound check' for any recommendations that emerge for national level data collection.

Members of the RAG are not representatives of any sector or organisation, but contribute their own experience, knowledge and strategic thinking to the Research Advisory Group. Research advisory group members are held to confidentiality concerning the project. Preliminary project results may not be used for advocacy or any other purposes without prior agreement by Eurochild and UNICEF.

Responsibilities and deliverables

Research Advisory Group members' responsibilities include:

- To advise the project team (comprised of Eurochild & UNICEF representatives, the Senior Research Coordinator and the chair of the RAG) on the structure, content, concepts and methodology of the agreed research outputs (including a study protocol, mapping of data collection in child protection systems across EU Member States, coordinating fieldwork at national level to fill gaps in data provision and write up of agreed reports) in order for the study to achieve its overall objectives;
- To act as a critical friend in relation to the overall shape, academic direction, methodology and policy relevance of the research;
- To support the project in its awareness raising activities – including offering advice on the development of the theory of change and advocacy strategy, and supporting through consultation and review of the country research reports and relevant outputs;
- To support the dissemination of the project outputs to key audiences and potential users.

The Research Advisory Group will have contributed to the following results (individual contributions may vary):

- A research protocol and tools to map data collection across EU Member States child protection systems;
- An evidence-based advocacy strategy and toolkit;
- Selection of key stakeholders at national and sub-national level to be consulted at the fieldwork phase;
- Review of the country reports, discussion paper and policy brief that together will encompass a final report for the research study;
- Two face-to-face (on-line) consultations that will review the research study's components at the start (March) and towards the end of the project (November). More than two meetings over the year might be proposed due to the current extraordinary circumstances related to Covid-19 crisis.

Working methods and meetings

The work of the Research Advisory Group is based to some extent upon virtual communication and consultation. However, two face-to-face (currently online) meetings are also held to coincide with key milestones along the project's timeline, including presentation of the draft research protocol by the Senior Research Coordinator, and review of the country reports. RAG members are expected to ideally attend these meetings in person if possible (normally 2 meetings).

When feedback and input is required in between meetings, members of the RAG will be expected to provide input via email. From time to time individuals may be asked to provide specific advice and expertise as required.

Meetings of the RAG are convened by Eurochild staff involved in the project. Minutes will be circulated to all members and to those in attendance following each meeting. Minutes and all other documentation are to be considered confidential by members unless expressly indicated otherwise. The Research Advisory Group may propose experts / stakeholders to be invited to attend its meetings where their attendance would facilitate discussion.

Expenditure, travel expenses

Members of the RAG work in an honorary capacity. Members and invited experts / stakeholders are reimbursed for their travel expenses related to the Research Advisory Group meetings.

Members of the Research Advisory Group

Chair: Maria Herczog - Family, Child and Youth Association, Hungary

	Name	Last Name	Organisation
1	Maria	Herczog	Family, Child and Youth Association (Chair)
2	Sérgio Hugo	Costa Araújo	Independent Researcher
3	Lacy	Dicharry	International Foster Care Organisation
4	Donna	Easterlow	Directorate for Education Analytical Services, Scottish Government
5	Aaron	Greenberg	UNICEF Europe and Central Asia Regional Office (ECARO)
6	Judith	Harwin	University of Lancaster
7	Florence	Koenderink	Family Based Solutions
8	Astrid	Podsiadlowski	The European Union Fundamental Rights Agency (FRA)
9	Dominic	Richardson	UNICEF Office of Research Innocenti
10	Anja	Teltschik	UNICEF Europe and Central Asia Regional Office (ECARO)
11	Harriet	Ward	University of Oxford

Endnotes

- 1 Eurochild, National Surveys on Children in Alternative Care – 2nd edition, Eurochild, Brussels, 2010 (<https://www.eurochild.org/resource/national-surveys-on-children-in-alternative-care-2nd-edition/>) accessed July 2021.
- 2 Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community, signed at Lisbon, 13 December 2007 (<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12007L%2FTXT>) accessed July 2021.
- 3 Porto Social Summit, 7-8 May 2021 (<https://www.2021portugal.eu/en/porto-social-summit/>) accessed July 2021.
- 4 European Commission, 'The European Pillar of Social Rights Action Plan', European Commission, Brussels, 2021 (https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-action-plan_en) accessed July 2021.
- 5 European Commission, 'The EU Strategy on the Rights of the Child and the European Child Guarantee' (https://ec.europa.eu/info/policies/justice-and-fundamental-rights/rights-child/eu-strategy-rights-child-and-european-child-guarantee_en), European Commission, 2021; and Council of the European Union, 'Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee', ST/9106/2021/INIT OJ L 223, 22.6.2021, p. 14–23, Council of the European Union, Brussels, 2021 (https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2021.223.01.0014.01.ENG) accessed July 2021.
- 6 European Commission, 'Union of equality: Strategy for the rights of persons with disabilities 2021-2030', European Commission, Brussels, (<https://ec.europa.eu/social/main.jsp?catId=1484&langId=en>) accessed July 2021.
- 7 Council of the European Union, 'Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee', 2021.
- 8 Austria (source: Bundesministerium Arbeit, Familie und Jugend, 2019; Kinder und Jugendhilfestatistik, 2019), Belgium Wallonia-Brussels, Bulgaria, Czechia, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care (2019, unpublished), Finland, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Poland, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie [The Concept of Ensuring the Implementation of Measures in Social Protection Facilities and Social Guardianship for the period of 2021 – 2025 Deinstitutionalisation plan] (https://www.upsvr.gov.sk/zariadenia-socialnopravnej-ochrany-deti-a-socialnej-kurately/detske-domovy/dokumenty.html?page_id=143942) accessed August 2021, Spain, UK-Northern Ireland, Scotland, Wales.
- 9 Belgium Flanders, Bulgaria, Croatia, Czechia, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia (source: <http://transmonee.org/country/latvia/> accessed August 2021), Lithuania, Malta, Poland, Portugal, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Slovenia, Spain, Sweden, UK.
- 10 Concepts and definitions refer here to, for example, the types of care arrangements countries include under alternative care and how countries define the different types of residential and family-based care arrangements. In line with Eurostat's Glossary: "metadata can be defined as information that is needed to be able to use and interpret statistics. Metadata describe data by giving definitions of populations, objects, variables, the methodology and quality" (accessed June 2021 at: <https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Metadata#:~:text=Metadata%20can%20be%20defined%20as,between%20structural%20and%20reference%20metadata>).
- 11 Calculating these data as a rate allows for a more accurate picture of trends related to the general population aged 0-17 and enables comparison within the country, regionally and internationally.
- 12 Although stock data are for a specific point in time, different countries use different indicator dates. This is often 31 December, but 31 March, 1 May, 31 July, and 1 November have also been seen. In addition, not all data provided were for the same year. For most countries, the data were from 2018, 2019 or 2020; for three countries it was 2017. This means that the data are not for one point in time for all countries. Some of the data that were classed as 'other' because of lack of clarity on whether or not the provision should be classed as alternative care, or whether it was residential or family-based care, may include residential care and are not included in the total for residential care shown here. No stock data were available for Austria, so the total number of children who were in alternative care/residential care at any point in 2019 was used. The data for Slovenia on children with disabilities are from 2014, while the remaining data are from 2017. The data for 13 countries include care provisions that are not considered to be alternative care in all countries. Several National Correspondents have expressed doubts about whether all children in alternative care are covered by the data or certainty that they are not. There are also other issues with comparability, as detailed in Sections 3 and 4 of this report. As a result, the calculation does not give us the exact numbers of children in alternative care and in residential care.

- 13 Categories that are not considered alternative care in all countries or categories that cannot be clearly distinguished as residential or family-based.
- 14 Belgium Flanders, Estonia (source: Lerch, Véronique, *Estonia: Mapping of data and data systems regarding children in alternative care*, 2019, unpublished), Finland, Greece, Hungary (where data were once collected on this but are not collected at present), Netherland, Slovenia, Spain, UK-Scotland).
- 15 Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia (source: Lerch, Véronique, *Estonia: Mapping of data and data systems regarding children in alternative care*, 2019, unpublished), France, Germany, Ireland, Italy, Latvia (source: <http://transmonee.org/country/latvia/> accessed August 2021), Malta, Netherlands, Portugal, Slovakia (source: Concept 2021-2025: *Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie*), Slovenia, Spain, UK (except Scotland).
- 16 Bulgaria, Finland, Hungary, Italy, Lithuania, Malta, Poland, Romania, Slovakia (source: Concept 2021-2025: *Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie*), UK-Northern Ireland.
- 17 Belgium-German speaking community, Denmark, Ireland, Spain, Sweden, UK-England, Scotland, Wales. This is recognised by practitioners in these countries, and not necessarily by authorities.
- 18 Belgium Wallonia-Brussels, Croatia, Denmark, Greece, Hungary, Italy, Poland, Portugal, Romania, Slovakia (source: Concept 2021-2025: *Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie*), Slovenia, Spain, Sweden, UK-Northern Ireland.
- 19 Belgium Wallonia-Brussels, Croatia, Cyprus, Greece, Italy, Poland, Romania, UK-England.
- 20 https://ec.europa.eu/eurostat/ramon/other_documents/gen_intro_classifications/UNSD_Brochure_2011.pdf (accessed July 2021).
- 21 As noted, calculating the data as a rate allows for a more accurate picture of trends in terms of the general population aged 0-17 and enables comparison both within the country, regionally and internationally.
- 22 The ESS is the partnership between Eurostat and the national statistical institutes and other national authorities responsible in each EU Member State for the development, production, and dissemination of European statistics. For more information, visit <https://ec.europa.eu/eurostat/web/ess> (accessed July 2021).
- 23 See, for example, the UNICEF tool to assess the maturity of an administrative data system on justice for children (<https://data.unicef.org/resources/gauging-the-maturity-of-an-administrative-data-system-on-justice-for-children/>) accessed September 2021.
- 24 Such actions can vary. One country, for example, may strengthen its legislative basis for the collection and reporting of data on children in alternative care. Another country, however, may see the need to start disaggregating the existing indicators by variables that enhance the identification of the groups of children who are more likely to be placed in alternative care than other children.
- 25 For more on data disaggregation, see, for example, the practical guidebook on data disaggregation for the SDGs and the compilation of tools and resources for data disaggregation (https://unstats.un.org/unsd/statcom/52nd-session/documents/BG-3a-Practical_guidebook_on_data_disaggregation_for_the_SDGs-E.pdf) and (https://unstats.un.org/unsd/statcom/52nd-session/documents/BG-3a-Compilation_of_tools_and_resources_for_data_disaggregation-E.pdf) accessed September 2021.
- 26 Available at: <https://ec.europa.eu/eurostat/web/quality/european-statistics-code-of-practice> (accessed September 2021).
- 27 Including the work of the Global Collaborative Platform on Transforming Children's Care led by the Better Care Network. A Working Group of the Platform is examining evidence, measurement and indicators on children in alternative care. For more information, see: <https://bettercarenetwork.org/bcn-in-action/key-initiatives/global-collaborative-platform-on-transforming-children%E2%80%99s-care> (accessed July 2021).
- 28 Based on Eurochild's internal assessment of all Concluding Observations from the UNCRC Committee between 2010-2020 concerning children in alternative care. For all Concluding Observations from the Committee see: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&TreatyID=10&TreatyID=11&DocTypeID=5 (accessed July 2021).
- 29 United Nations, Guidelines for the Alternative Care of Children, A/RES/64/142, 18 December 2009, United Nations General Assembly, New York (<https://digitalibrary.un.org/record/673583>).
- 30 UNGA, 'Resolution adopted by the General Assembly on 18 December 2019, 74/133, Rights of the child', United Nations General Assembly, New York, 2019 (<https://undocs.org/en/A/RES/74/133>).
- 31 European Expert Group on the Transition from Institutional to Community-based Care, Common European Guidelines on the Transition from Institutional to Community-based Care, European Commission, Brussels, 2012 (<https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf>).

- 32 European Expert Group on the Transition from Institutional to Community-based Care, Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community based services, European Commission, Brussels, 2019 (https://deinstitutionalisationdotcom.files.wordpress.com/2019/11/eeg_checklist_onlineoffice.pdf) accessed July 2021.
- 33 As recently as 2019, “the lack of reliable and disaggregated data makes it more difficult for Member States of the EU to develop adequate and efficient policies to protect and care for the target group (of children).” Lerch, Véronique and Anna Nordenmark Severinsson, Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children in Alternative Care, European Commission Directorate-General for Employment, Social Affairs and Inclusion, Brussels, 2019 (<https://op.europa.eu/en/publication-detail/-/publication/f8373a0f-c7dd-11ea-adf7-01aa75ed71a1/language-en/format-PDF/source-207791077>), accessed July 2021. In its rationale, the DataCare Research Protocol gives an overview of findings indicating that data (and data quality) on children in alternative care are lacking.
- 34 https://ec.europa.eu/eurostat/ramon/other_documents/gen_intro_classifications/UNSD_Brochure_2011.pdf (accessed July 2021).
- 35 European Commission, ‘The EU Strategy on the Rights of the Child and the European Child Guarantee’ 2021; and Council of the European Union, ‘Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee’.
- 36 European Commission, ‘European Child Guarantee’ (web-page), European Commission, Brussels (<https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>) accessed August 2021.
- 37 Eurochild, ‘Eurochild Public Statement in reaction to the adoption of the Council Recommendation on the Child Guarantee’, Eurochild, Brussels, 14 June 2021 (<https://eurochild.org/news/eurochild-public-statement-in-reaction-to-the-adoption-of-the-council-recommendation-on-the-child-guarantee/>) accessed August 2021.
- 38 Lerch, Véronique and Anna Nordenmark Severinsson, Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children in Alternative Care, 2019.
- 39 United Nations Economic Commission for Europe, ECE/CES/BUR/2020/FEB/8, Conference of European Statisticians, Meeting of the 2019/2020 Bureau, Aguascalientes (Mexico), 25-26 February 2020.
- 40 Šiška, Jan and Julie Beadle-Brown, Report on the transition from institutional care to community-based services in 27 EU Member States, European Expert Group on the Transition from Institutional to Community-based Care, European Commission, Brussels (<https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf>) accessed August 2021.
- 41 TransMonEE, Monitoring the Situation of children and women in Europe and Central Asia (database) (<http://transmonee.org/>).
- 42 The EU country members of TransMonEE: Bulgaria, Croatia, Czechia, Estonia, Hungaria, Latvia, Lithuania, Poland, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Slovenia.
- 43 See <http://transmonee.org/database/> or <https://www.eurochild.org/resource/national-surveys-on-children-in-alternative-care-2nd-edition/> accessed July 2021.
- 44 Information was also collected for the remaining five countries: Austria, Estonia, Latvia, Luxembourg and Slovakia (as detailed under ‘Limitations’).
- 45 Eurochild, The DataCare project. Mapping Data Systems on Children in Alternative Care. Eurochild, Brussels, 2020. The three research tools mentioned can be downloaded at <https://eurochild.org/initiative/datacare/>.
- 46 Ibid.
- 47 A statistical survey is any structured inquiry designed to obtain aggregated data. This may be qualitative or quantitative where the individual or corporate identities of the respondents are in themselves of little significance. Statistical surveys in scope are not limited to those conducted by statistics divisions and do not necessarily involve the completion of a form; telephone and personal interview surveys are also included.
- 48 The TransMonEE database established by UNICEF’s MonEE Project in CEE/CIS from the mid-1990s and a major Eurochild survey in 2009 have been the key pioneering efforts seeking to establish a broad quantitative picture in this region. See <http://transmonee.org/database/> or <https://www.eurochild.org/resource/national-surveys-on-children-in-alternative-care-2nd-edition/> (accessed July 2021).
- 49 Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care (2019, unpublished).
- 50 Questionnaires were found to be publicly available for Bulgaria, Denmark, Finland, France, Italy, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and the UK. They were provided upon request for Germany, Hungary, Ireland and Romania.
- 51 Denmark, Hungary, Lithuania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Spain, Sweden.

- 52 Malta, Slovenia.
- 53 Hungary, Poland.
- 54 Austria (source: Bundesministerium Arbeit, Familie und Jugend, 2019; Kinder und Jugendhilfestatistik, 2019), Belgium Wallonia-Brussels, Bulgaria, Czechia, Denmark, Estonia (source: Lerch Véronique, (Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Poland, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie) Spain, UK-Northern Ireland, Scotland.
- 55 Luxembourg. Combined fifth and sixth periodic reports submitted by Luxembourg under article 44 of the Convention, due in 2020, 2020. <https://refugee-rights.eu/>
- 56 Italy, Romania, Spain and the UK.
- 57 In Spain, for example, the annual publication of the Boletín de datos estadísticos, de medidas de protección a la infancia has helped to sustain the clarity and visibility of data on alternative care for the past 21 years. See the latest publication: https://observatoriodelainfancia.vpsocial.gob.es/productos/pdf/Boletin_Proteccion_21_Accesible.pdf (accessed July 2021).
- 58 Belgium-German speaking community, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, France, Hungary, Latvia (source: SDG120, Reasons for placing children in social care institutions, Inumber at the end of the year https://data.stat.gov.lv/pxweb/en/OSP_OD/OSP_OD__sociala_socdr__aprupe/%20SDG120.px/%0D, Lithuania, Netherlands, Poland.
- 59 Croatia, Cyprus, Czechia, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), France, Italy, Latvia (source: <http://transmonee.org/country/latvia/> accessed August 2021), Lithuania, Poland, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Spain, UK.
- 60 Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, Germany, Greece, Ireland, Lithuania, Malta, Netherlands, Portugal, Romania, Sweden, UK.
- 61 Cyprus.
- 62 Belgium-Flanders and Belgium-Wallonia-Brussels, Cyprus, Czechia, France, Italy, Romania, and Slovenia
- 63 The Child and Family Agency responsible for providing social welfare and alternative care services, and for the collection and dissemination of data in Ireland.
- 64 Lerch, Véronique and Anna Nordenmark Severinsson, Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children in Alternative Care, 2019; and The Lancet global study: 'Prevalence and number of children living in institutional care: global, regional, and country estimates' ([https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30022-5/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30022-5/fulltext)) accessed July 2021.
- 65 Categories that are not considered alternative care in all countries or categories that cannot be clearly distinguished as residential or family-based
- 66 The indicator date is 31/12/2019 unless stated otherwise
- 67 Data for Flanders are from 2020, provided on request by the Agentschap Opgroeien. Data from the German speaking community are from 2019 (source: Fachbereich Jugendhilfe. Tätigkeitsbericht, 2019 by the Ministerium der Deutschsprachigen Gemeinschaft Belgiens). Data from Wallonia-Brussels are from 2019, provided on request by the Administration Générale de l'Aide à la Jeunesse.
- 68 Data for Flanders do not include children with disabilities in residential care, children in boarding schools or 'stay for youngsters'.
- 69 As above.
- 70 Source: Отчет за дейността на Агенцията за социално подпомагане за 2019 (<https://asp.government.bg/bg/za-agentsiyata/misiya-i-tseli/otcheti-i-dokladi>) accessed August 2021.
- 71 REPUBLIKA HRVATSKA GODIŠNJE STATISTIČKO IZVJEŠĆE O DRUGIM PRAVNIM OSOBAMA KOJE OBAVLJAJU DJELATNOST SOCIJALNE SKRBI I KORISNICIMA SOCIJALNE SKRBI U REPUBLICI HRVATSKOJ U 2019. GODINI, 2020 (<https://mrosp.gov.hr/UserDocImages/dokumenti/MDOMSP%20dokumenti/Godi%20statisti%20C4%8Dko%20izvje%20C5%A1%20C4%87e%20o%20drugim%20pravnim%20osobama%20koje%20obavljaju%20djelatnost%20socijalne%20skrbi%202019..pdf>) accessed August 2021.
- 72 Provisions under 'other' include: Full-day stay (Cjelodnevni boravak), Half-day stay (Poludnevni boravak), Educational measure of referral of juveniles to a correctional institution.

- 73 Data for 31/12/2018. Source: 2018 annual report of Ministry of Labour, Welfare and Social Insurance of Cyprus.
- 74 Does not include data on semi-independent living.
- 75 Data for 31/12/2020. Source: Data on formal family-based care, and for facilities for children requiring immediate assistance from V 20-01 Annual report on the performance of social and legal protection of children; Data on residential care from Report Z 14-01 Report on facilities for the performance of institutional protective education; Data on residential care for children under 3 from Report A (MZ) 1-01 Annual report on the activities of ZZ – Children’s home for children under 3 years, children’s centers; Data on residential care for children with learning disabilities from the reports of civil society social services.
- 76 Does not include data on pre-adoptive foster care.
- 77 Contains ‘other’ alternative care provisions, which cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Source: <https://www.dst.dk/da/Statistik/nyt/NytHtml?cid=30567> (accessed August 2021).
- 78 Provisions under ‘other’ include boarding schools.
- 79 Source: https://andmed.stat.ee/en/stat/sotsiaalelu__sotsiaalne-kaitse__sotsiaalabi__vanemliku-hoolitsuseta-lapsed/SK031/table/tableViewLayout1 (accessed August 2021).
- 80 Provisions under ‘other’ include: placed back in biological family.
- 81 Source: Official Statistics Finland – Finnish Institute for health and welfare.
- 82 It is not clear in what type of care the 131 children with disabilities are placed
- 83 Data for 31/12/2017. Data provided on request by the Direction de la recherche, des études, de l’évaluation et des statistiques.
- 84 Data from several sources containing both overlaps and gaps.
- 85 Does not include data on children with disabilities who are in residential care and who are not at risk in their family.
- 86 Provisions under ‘other’ include: Others (Boarding school, placement via sustainable and voluntary reception, placement with a third party volunteer, waiting for a place to stay, placement with a future adoptive family, home placement, placement in family of origin, etc.). Source: DataCare National Response for France.
- 87 Source: website of Statistisches Bundesamt.
- 88 Data for 2020, provided on request by Greek Statistical authority (Ελληνική Στατιστική Αρχή).
- 89 Data do not include unaccompanied minor children.
- 90 Data provided on request by the Hungarian Central Statistical Office.
- 91 Does not include data on transitional care.
- 92 Data provided on request by Tüsla.
- 93 Does not include data in a disability care setting or accommodation for homeless children.
- 94 Data for 31/12/2017. Source: Quaderni della ricerca sociale 46. Bambini e ragazzi in affidamento familiare e nei servizi residenziali per minorenni, Esiti della rilevazione coordinata dei dati in possesso delle Regioni e province autonome Anna 2017.
- 95 Does not include data on allocation in reception facilities.
- 96 Data for 2019. Sources: Children in state residential care: https://data.stat.gov.lv/pxweb/en/OSP_OD/OSP_OD__sociala__socdr__ (accessed July 2021); Children in formal family-based and social and rehabilitation residential care <https://www.bti.gov.lv/lv/media/280/download> (accessed July 2021).
- 97 Source: <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=8129a443-c9dd-4839-b828-914f89b9fc3a#/> (accessed August 2021).
- 98 Does not include data on temporary supervision, and may include young people over 18 among the 78 in homes for independent living.
- 99 Provisions under ‘other’ include: Child’s temporary supervision (Vaiko laikinoji priežiūra), and Temporary accommodation of the child.
- 100 Data for 2019. Source: CRC report: Combined fifth and sixth periodic reports submitted by Luxembourg under article 44 of the Convention, due in 2020.
- 101 Data for 31/12/2020, provided on request by the Directorate for Alternative Care.
- 102 It is not clear if NGO- and church-run services are included in the data.
- 103 Data for 31/12/2020. Sources: Website Centraal Bureau for Statistiek data for all children in youth care; website Jeugdzorg Nederland for children in youthcare plus; website pleegzorg Nederland for children in foster care.
- 104 For those aged 0-23.
- 105 The data provided by the ministry and the National Statistical Office are not identical, but they are close. Source: Statistics Poland.
- 106 Most of the data are for those aged 0-24; the data for specialised education upbringing centre are estimates.

- 107 Provisions under 'other' include: Youth Education and correctional Centre (Młodzieżowy Ośrodek Wychowawczy), Health care for chronic conditions facility (Zakład opiekuńczo-leczniczy), Nursing homes (Zakłady pielęgnacyjno-opiekuńcze), Palliative medicine units (Oddziały opieki paliatywnej), Stationary hospices (Hospicjum stacjonarne)
- 108 Data for 01/11/2019. Source: CASA 2019- Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. Instituto da Segurança Social, I.P. Data mostly for children 0-17 except where indicated – due to the CASA 2019 report not disaggregating specific forms of 'residential' and 'other' types of care.
- 109 Here data is split between data for 0-17s and 0-21s+ as reported in the CASA 2019 report. Data for 0-17s includes generic residential care (acolhimento residencial generalista), specialised residential care (lar de infância e juventude especializado) & semi-independent living (apartamento/lar autonomização), totalling for 5,284. Data for 0-21s+ includes residential home (lar residencial), support homes (lar de apoio), insertion community (comunidade de inserção), therapeutic community (comunidade terapêutica) & mental health units for continuous integrated care (Unidades e equipas prestadoras de cuidados continuados integrados de saúde mental; Note no data available), totalling for 354).
- 110 Provisions under 'other' include: Centre for life support (centro de apoio à vida) [for mother and baby placement], Shelter (casa abrigo) [for mother and children who have been exposed to domestic violence], Special education school (colégio de ensino especial).
- 111 Data for 01/06/2019. Source: http://www.mmuncii.ro/j33/images/buletin_statistic/2019/Copil_seml_2019.pdf (accessed August 2021).
- 112 Does not include data on emergency centres for abused, neglected and exploited children.
- 113 Provisions under 'other' include: Mother – baby centers (public), Mother – baby centers (private)
- 114 Data for 2019. Source: Concept 2021-2025: Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie..
- 115 Data on foster care are from December 2017; source <https://www.irsv.si/index.php/baza-podatkov-o-otrocih> (accessed August 2021). The rest are from 2014 (as they are no longer made public), from the website of The Statistical Office of the Republic of Slovenia (Statistični urad Republike Slovenije), and no data are provided for small group homes and crisis centres.
- 116 As above.
- 117 Data for 31/12/2018. Source: Boletín de datos estadísticos de medidas de protección a la infancia Boletín número 21 Datos 2018.
- 118 Data for 01/11/2019. Source: <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/statistik/2020-8-6871.pdf> (accessed August 2021).
- 119 Provisions under 'other' include: Placement in own home.
- 120 The data reference point for Scotland is 31/07/2020. For England, Northern Ireland, and Wales the reference point is 31/03/2020. For Wales the data available are rounded to the nearest 5, and totals below 5 are suppressed. For the total numbers broken down per nation, please see the Country Overviews. Source of for England: <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020>. Source for Northern Ireland: <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-19-20.pdf>. Source for Scotland: https://www.scra.gov.uk/resources_articles_category/official-statistics/. Source for Wales: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-genderage> (all accessed August 2021).
- 121 As noted, the data reference point for Scotland is 31/07/2020, and the data reference point for England, Northern Ireland, and Wales is 31/03/2020.
- 122 Does not include supported accommodation in Northern Ireland.
- 123 Does not include pre-adoptive foster care in England and Northern Ireland, or specialised foster care in Northern Ireland.
- 124 Does not include unregulated placements in Northern Ireland. Provisions under 'other' for England include: Placement with parents, NHS Trust providing medical/nursing care, Family centre or mother and baby unit, Young offenders institution or prison, Residential schools. For Northern Ireland, they include: Placed at home with parents, does not include data on unregulated placements. For Scotland, they include: placement at home with parents, residential school. For Wales, they include: Placed with own parents or others with parental responsibility, Absent from placement or other [These are young people who have placements in the care system but their whereabouts were unknown on the day of the census because they had absconded. Had they been in their placement they would have been counted in the numbers of children in foster care, residential care, etc. dependent on the placement they should have been in.]
- 125 Greece started a new deinstitutionalisation programme in 2018 and, as a result, data are starting to be collected systemically and reported by the Ministry of Labour and Social Affairs, as evident in this recent report released in June 2021: <https://ypergasias.gov.gr/proti-dimosiefsi-dedomenon-gia-tis-yiothesies-kai-tis-anadoches-stin-ellada-1o-trimino-2021/> (accessed July 2021). The data provided for the national response were not those given in this report.

- 126 Belgium-Flanders, Bulgaria, Denmark, Finland, Germany, Ireland, Italy (one of the questionnaires used has the child as unit), Malta, Netherlands, Portugal, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Sweden, UK.
- 127 Denmark, Netherlands, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Sweden, UK-England.
- 128 Great care must be taken, however, to ensure that the use of personal identification numbers does not end up violating children's right to privacy. In some places, such as Hungary, there has been a reluctance to start using personal identification numbers for this reason.
- 129 For example, while almost all countries collect information on the individual ages of children, they only publish the data by age groups, if at all.
- 130 Finland, Portugal, UK-Scotland report lags between nine months and a year between data collection and release, while in Hungary, Italy, Poland, and Spain the delay is 2-3 years.
- 131 Croatia, Finland, UK-Scotland.
- 132 Bulgaria, Cyprus, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Lithuania, Poland, Portugal, Romania.
- 133 Cyprus, Ireland, Malta, UK (except Scotland).
- 134 Bulgaria, Greece, Hungary and Portugal.
- 135 Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), France, Germany, Ireland, Italy, Latvia (source: <http://transmonee.org/country/latvia/> accessed August 2021), Malta, Netherlands, Portugal, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Slovenia, Spain, UK (except Scotland).
- 136 Belgium Wallonia Brussels, Bulgaria, Croatia, Cyprus, Czechia, Denmark, France, Germany, Ireland, Italy, Poland, Portugal, Romania, UK-England and Wales.
- 137 Belgium Wallonia-Brussels, Bulgaria, Croatia, Cyprus, Denmark, France, Germany, Greece, Italy, Lithuania, Poland, Romania, UK-England and Wales.
- 138 Bulgaria, Croatia, Cyprus, Czechia, Italy, Latvia (source: <http://transmonee.org/country/latvia/>, accessed August 2021), Lithuania, Poland, Portugal, Romania, UK-England.
- 139 Belgium Wallonia-Brussels, Croatia, Cyprus, Czechia, Denmark, France, Germany, Portugal, Romania, Sweden (only for children aged 10-20 in coercive care), UK-England and Wales.
- 140 Bulgaria, Croatia, Cyprus, Denmark, Greece, Poland, Romania, UK-England and Wales.
- 141 Belgium Wallonia-Brussels, Bulgaria, Cyprus, Denmark, Germany, Greece, Romania, UK-England.
- 142 Belgium Wallonia-Brussels, Croatia, Cyprus, Greece, Italy, Poland, Romania, UK-England.
- 143 Bulgaria, Cyprus, Denmark, Italy, Portugal, Romania.
- 144 Bulgaria, Cyprus.
- 145 Belgium Flanders, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, Greece, Hungary (where data were collected on this but are no longer collected), Netherland, Slovenia, Spain, UK-Scotland.
- 146 The state of being a beggar or 'mendicant'.
- 147 Belgium Flanders, Bulgaria, Croatia, Czechia, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia (source: <http://transmonee.org/country/latvia/> accessed August 2021), Lithuania, Malta, Poland, Portugal, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Slovenia, Spain, Sweden, UK.
- 148 Belgium Flanders, Bulgaria, Croatia, Czechia, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), France, Greece, Hungary, Italy, Malta, Latvia (source: <http://transmonee.org/country/latvia/>, accessed August 2021), Poland, Romania, Slovenia, Spain, UK-England and Wales.
- 149 Bulgaria, Croatia, Czechia, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Greece, Hungary, Ireland, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Spain, UK.

- 150 Belgium Flanders, Bulgaria, Croatia, Czechia, Estonia (only for foster care) (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Greece, Hungary, Latvia (source: <http://transmonee.org/country/latvia/>, accessed August 2021), Lithuania, Malta, Poland, Portugal, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), UK.
- 151 Belgium Flanders, Bulgaria, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Malta, Portugal, Spain, UK (except Scotland).
- 152 Belgium Flanders, Czechia, Denmark, France, Italy, Lithuania, Malta, Sweden, UK (except Wales).
- 153 Belgium Flanders, Bulgaria, France, Greece, Hungary, Malta, Poland, Romania, UK (except Northern Ireland).
- 154 Belgium Flanders, Bulgaria, France, Italy, Spain, UK-England and Scotland.
- 155 Belgium except Flanders, Cyprus, Netherlands.
- 156 Belgium-Wallonia Brussels, Bulgaria, Croatia, France, Netherlands, Poland, Portugal, Sweden.
- 157 Belgium-Flanders, Cyprus, Malta, Netherlands.
- 158 Belgium-Wallonia-Brussels, Denmark, Ireland, Sweden, UK-England and Wales.
- 159 Czechia, Poland, Slovenia, UK-Scotland.
- 160 Eurostat uses the term 'minors', rather than children in technical documents.
- 161 In these data unaccompanied minors are referred to as 'separated children seeking asylum'.
- 162 Belgium German speaking community, Lithuania, Poland, and Spain.
- 163 Denmark, Sweden.
- 164 Belgium Wallonia-Brussels, Croatia, Denmark, Greece, Hungary, Italy, Poland, Portugal, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Slovenia, Spain, Sweden, UK-Northern Ireland.
- 165 Scottish Government, Education Outcomes for Looked After Children – 2019/20, Government of Scotland, Edinburgh (<https://www.gov.scot/publications/education-outcomes-looked-children-2019-20/>).
- 166 Information about whether data are collected on the views of children was not requested in the DataCare National Template, so other Correspondents not reporting that this is not done does not necessarily mean that data on this are collected in other countries.
- 167 This is the case in some countries because there are no residential facilities with more than 15 children in those countries.
- 168 Eurochild, Growing up in lockdown: Europe's children in the age of COVID-19, Eurochild, Brussels, 2020 (<https://eurochild.org/uploads/2020/12/2020-Eurochild-Semester-Report.pdf>) accessed July 2021.
- 169 In some countries, such as Portugal or France, children with disabilities who are not registered as being at risk in their family are not included in official administrative registers on alternative care. In France alone, a survey of establishments and services for children and adults with disabilities found 107,300 children with disabilities in medical facilities on 14 December 2014. One cannot simply add these numbers to data on alternative care. The same survey found that 88% of children with disabilities in France stay with their parents when they are not in the institution. Therefore, they may or may not spend most of their time in institutions (Source: <https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/les-personnes-accueillies-dans-les-etablissements-et-services>). France is not the only country to exclude children with disabilities from its statistics: Finland, Ireland and Sweden do not include all children with disabilities in residential care.
- 170 In 2019 there were 919 children receiving 'transitional care' (átmeneti gondozás) in homes run by local governments.
- 171 In France, DREES (La Direction de la recherche, des études, de l'évaluation et des statistiques) runs a different periodical survey to explore the details of the services received from the MECS (Maisons d'Enfants à caractère social), where some of the details are clearer and could be used to create estimates for the details of this category. However, as seen in the case of residential care for children with disabilities in medical institutions, this survey gives only a periodical review rather than a regular annual breakdown of care data.
- 172 Belgium-Flanders, Cyprus, Hungary, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, UK (except Wales).
- 173 Belgium, Croatia, Czechia, Denmark, Finland, Germany, Greece, Ireland, Lithuania, Malta, Netherlands, Poland, Romania, Spain, Sweden, UK.
- 174 The exceptions are Finland (where the distinction is not made for children with disabilities), Hungary, (where the distinction is not made for data on outcomes), and France (where the distinction is not made for outcomes or in the definition of some care provisions).
- 175 Denmark, Hungary, Lithuania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Spain, Sweden.

- 176 In Italy there is an agreement between the state and the regions that allows the collection of data rather than a law.
- 177 See also the DataCare Country Overviews, for details on the data systems of each of the 28 countries: <https://www.eurochild.org/resource/better-data-for-better-child-protection-systems-in-europe/>
- 178 Lerch, Véronique and Anna Nordenmark Severinsson, Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children in Alternative Care, 2019.
- 179 This survey, which covered 30 European countries and focused on published data sources, estimated that about 1% of the child population (approximately 1 million children), were placed in alternative care in around 2009. It had to rely on aggregated figures and crude estimates as a result of data gaps, inconsistent definitions and varied data collection systems across countries. It found for example, that the Netherlands did not have any data available on the number of children, but did have had data on the number of beds available in institutions. Countries showed differences in what is included in foster care, guardianship and kinship care. Residential settings may, for example, include boarding schools, special schools, infant homes, homes for children with intellectual or physical disabilities, homes for children with behavioural problems, institutions for young offenders and after-care homes. In addition, the the review did not find a common understanding of what constitutes family or community-based care. (https://eurochild.org/uploads/2021/01/FINAL_EXEC_SUMMARY.pdf), accessed July 2021.
- 180 Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community, signed at Lisbon, 13 December 2007.
- 181 Porto Social Summit, 7-8 May 2021.
- 182 European Commission, 'The European Pillar of Social Rights Action Plan', European Commission, Brussels, 2021.
- 183 European Commission, 'The EU Strategy on the Rights of the Child and the European Child Guarantee' 2021; and Council of the European Union, 'Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee'.
- 184 European Commission, 'Union of equality: Strategy for the rights of persons with disabilities 2021-2030'.
- 185 Council of the European Union, 'Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee', 2021.
- 186 Eurochild, Childonomics. Measuring the longterm social and economic value of investing in children. Summary of findings, Eurochild, Brussels, 2018 (<https://www.eurochild.org/initiative/childonomics/>) accessed July 2021.
- 187 Ibid.
- 188 Eurostat, The European System of integrated Social PROtection Statistics (ESSPROS) Manual, <https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/-/KS-RA-07-027> (accessed July 2021).
- 189 Committee on the Rights of the Child, '2021 Day of General Discussion Children's Rights and Alternative Care', (Background Document) September 2021 (<https://bettercarenetwork.org/sites/default/files/2021-09/DGD%20Background%20Document%20English%20FINALC.pdf>).
- 190 <https://unece.org/statistics/networks-of-experts/task-force-statistics-children-adolescents-and-youth> (accessed July 2021).
- 191 Eurochild, National Surveys on Children in Alternative Care, 2nd Edition, 2010; Eurochild and Hope and Homes for Children, De-institutionalisation and quality alternative care for children in Europe, Eurochild, Brussels, 2012.
- 192 Belgium Wallonia-Brussels, Croatia, Cyprus, Greece, Italy, Poland, Romania, UK-England.
- 193 UNICEF, 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, UNICEF Europe and Central Asia Regional Office (ECARO), Geneva, 2020.
- 194 Ibid; and CELCIS, Function, quality and outcomes of residential care: Rapid Evidence Review, Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow, 2020.
- 195 UNICEF, Ending institutionalisation and strengthening family and community based care for children in Europe and beyond, UNICEF Europe and Central Asia Regional Office (ECARO), 2018.
- 196 The UN Secretary-General's Note on Children Deprived of Liberty, 2019, provides useful insights on this area. <https://digitallibrary.un.org/record/3813850#record-files-collapse-header> (accessed July 2021).
- 197 As noted, concepts and definitions refer to, for example, the types of care arrangements countries include under alternative care and how countries define the different types of residential and family-based care arrangements.
- 198 In compiling the indicators, combining foster care and formal kinship care together as the aggregate for formal family-based care was found to be the more effective way to obtain comparable data.
- 199 Indicator date is 31/12/2019 unless stated otherwise. Unless specified, population data drawn from UNICEF Data Warehouse 'Cross-sector indicators: Population under age 18' (https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=DM&ver=1.0&dq=.DM_POP_U18...&startPeriod=2010&endPeriod=2020) accessed September 2021.

- 200 Data for Flanders are from 2020, provided on request by the Agentschap Opgroeien. Data from the German speaking community are from 2019 (source: Fachbereich Jugendhilfe. Tätigkeitsbericht 2019 by the Ministerium der Deutschsprachigen Gemeinschaft Belgiens). Data from Wallonia-Brussels are from 2019, provided on request by the Administration Générale de l'Aide à la Jeunesse.
- 201 Data for Flanders do not include children with disabilities in residential care, children in boarding schools and 'stay for youngsters'.
- 202 As above.
- 203 Source: Отчет за дейността на Агенцията за социално подпомагане за 2019 <https://asp.government.bg/bg/za-agentsiyata/misiya-i-tseli/otcheti-i-dokladi>. Last accessed August 2021.
- 204 Contains 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Source: <https://mrosp.gov.hr/UserDocsImages/dokumenti/MDOMSP%20dokumenti/Godi%C5%A1nje%20statisti%C4%8Dko%20izvje%C5%A1%C4%87e%20o%20drugim%20pravnim%20osobama%20koje%20obavljaju%20djelatnost%20socijalne%20skrbi%202019..pdf> (accessed August 2021).
- 205 Data for 31/12/2018 (source: 2018 annual report of Ministry of Labour, Welfare and Social Insurance of Cyprus).
- 206 Does not include data on semi-independent living.
- 207 Data for 31/12/2020 (sources: data on formal family-based care, and for facilities for children requiring immediate assistance from V 20-01 Annual report on the performance of social and legal protection of children; data on residential care from Report Z 14-01 Report on facilities for the performance of institutional protective education; data on residential care for children under 3 from Report A (MZ) 1-01 Annual report on the activities of ZZ – Children's home for children under 3 years, children's centers; data on residential care for children with learning disabilities from the reports of civil society social services).
- 208 Does not include data on pre-adoptive foster care.
- 209 Contains 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Source: <https://www.dst.dk/da/Statistik/hyt/NytHtml?cid=30567> (accessed August 2021).
- 210 As above. Source: https://andmed.stat.ee/en/stat/sotsiaalelu__sotsiaalne-kaitse__sotsiaalabi__vanemliku-hoolitsuseta-lapsed/SK031/table/tableViewLayout1 (accessed August 2021).
- 211 As above. Source: Official Statistics Finland – Finnish Institute for health and welfare.
- 212 As above, with data for 31/12/2017. Data provided on request by the Direction de la recherche, des études, de l'évaluation et des statistiques.
- 213 Data from several sources containing both overlaps and gaps.
- 214 Does not include data on children with disabilities who are in residential care without being at risk in their family.
- 215 Source: website of Statistisches Bundesamt.
- 216 Data for 2020, provided on request by Greek Statistical authority (Ελληνική Στατιστική Αρχή).
- 217 Data do not include unaccompanied minor children.
- 218 Data provided on request by the Hungarian Central Statistical Office.
- 219 Does not include data on transitional care.
- 220 Data provided on request by Tüsla.
- 221 Does not include data in a disability care setting or accommodation for homeless children.
- 222 Data for 31/12/2017. Source: Quaderni della ricerca sociale 46. Bambini e ragazzi in affidamento familiare e nei servizi residenziali per minorenni, Esiti della rilevazione coordinata dei dati in possesso delle Regioni e province autonome Anna 2017.
- 223 Does not include data on allocation in reception facilities.
- 224 Data for 2019. Sources: Children in state residential care: https://data.stat.gov.lv/pxweb/en/OSP_OD/OSP_OD__sociala__socdr__aprupe/%20SDG120.px/; Children in formal family-based and social and rehabilitation residential care <https://www.bti.gov.lv/lv/media/280/download> (both accessed July 2021).
- 225 Contains 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Source: <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=8129a443-c9dd-4839-b828-914f89b9fc3a#/> (accessed August 2021).
- 226 Does not include data on temporary supervision, and may include young people over 18 among the 78 in homes for independent living.
- 227 Data for 2019. Source: CRC report: Combined fifth and sixth periodic reports submitted by Luxembourg under article 44 of the Convention, due in 2020.
- 228 Data for 31/12/2020, provided on request by the Directorate for Alternative Care.

- 229 It is not clear if NGO- and church-run services are included in the data.
- 230 Data for 31/12/2020. Sources: Website Centraal Bureau for Statistiek data for all children in youth care; website Jeugdzorg Nederland for children in youthcare plus; website pleegzorg Nederland for children in foster care.
- 231 For those aged 0-23.
- 232 The data provided by the ministry and the National Statistical Office are not identical, but they are close. Source: Statistics Poland. Contains 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries.
- 233 Most of the data are for those aged 0-24. The data for specialised education upbringing centres is an estimate.
- 234 Data for 01/11/2019. Source: CASA 2019 Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. Instituto da Segurança Social, I.P. Data mostly for children 0-17 except where indicated – due to the CASA 2019 report not disaggregating specific forms of 'residential' and 'other' types of care.
- 235 Here data is split between data for 0-17s and 0-21s+ as reported in the CASA 2019 report. Data for 0-17s includes generic residential care (acolhimento residencial generalista), specialised residential care (lar de infância e juventude especializado) & semi-independent living (apartamento/lar autonomização), totalling for 5,284. Data for 0-21s+ includes residential home (lar residencial), support homes (lar de apoio), insertion community (comunidade de inserção), therapeutic community (comunidade terapêutica) & mental health units for continuous integrated care (Unidades e equipas prestadoras de cuidados continuados integrados de saúde mental; Note no data available), totalling for 354).
- 236 Data for 01/06/2019, contains 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Source: http://www.mmuncii.ro/j33/images/buletin_statistic/2019/Copil_seml_2019.pdf (accessed August 2021).
- 237 Does not include data on emergency centres for abused, neglected and exploited children.
- 238 Data for 2019. Source: Concept 2021-2025: Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie.
- 239 Foster care data are from December 2017, source <https://www.irssv.si/index.php/baza-podatkov-o-otrocih> (accessed August 2021). The rest are from 2014 (as they are no longer made public), from the website of The Statistical Office of the Republic of Slovenia (Statistični urad Republike Slovenije), and no data are provided for small group homes and crisis centres.
- 240 As above.
- 241 Data for 31/12/2018. Source: Boletín de datos estadísticos de medidas de protección a la infancia Boletín número 21 Datos 2018.
- 242 Data for 01/11/2019 contains 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. Source: <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/statistik/2020-8-6871.pdf> (accessed August 2021).
- 243 The data reference point for Scotland is 31/07/2020. For England, Northern Ireland, and Wales the reference point is 31/03/2020. The data contain 'other' alternative care provisions that cannot be definitely said to be residential care or family-based care, or that are not considered alternative care in all countries. For indicators broken down per nation, please see the Country Overviews. Sources of data for England: <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020>. Source for Northern Ireland: <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-19-20.pdf>. Source for Scotland: https://www.scra.gov.uk/resources_articles_category/official-statistics/. Source for Wales: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age> (all accessed August 2021).
- 244 As noted, the data reference point for Scotland is 31/07/2020. For England, Northern Ireland, and Wales the reference point is 31/03/2020. For Wales, the data available are rounded to the nearest 5, and totals below 5 are suppressed.
- 245 Does not include supported accommodation in Northern Ireland.
- 246 Does not include pre-adoptive foster care in England and Northern Ireland, and specialised foster care in Northern Ireland.
- 247 UNICEF Statistical Child Projection Manual <https://www.unicef.org/eca/statistical-manual-core-set-child-protection-indicators-europe-and-central-asia> (accessed July 2021).
- 248 Sweden.

- 249 Belgium Flanders, Bulgaria, Croatia, Czechia, Denmark, Estonia (source: Lerch, Véronique, Estonia: Mapping of data and data systems regarding children in alternative care, 2019, unpublished), Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia (source: <http://transmonee.org/country/latvia/>, accessed August 2021), Lithuania, Malta, Poland, Portugal, Romania, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Slovenia, Spain, Sweden, UK.
- 250 Better Care Network and IPAN, *International Review of Parent Advocacy in Child Welfare; Strengthening Children's Care and Protection Through Parent Participation*, Better Care Network and International Parent Advocacy Network, New York, 2020 (https://bettercarenetwork.org/sites/default/files/2020-10/BCN_Parent_Advocacy_In_Child_Welfare.pdf).
- 251 Belgium-Flanders, Bulgaria, Denmark, Finland, Germany, Ireland, Italy (one of the questionnaires used has the child as unit), Malta, Netherlands, Portugal, Slovakia (source: Concept 2021-2025: Konceptcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Sweden and the UK use the child as the statistical unit of administrative surveys on children in alternative care.
- 252 Belgium-Wallonia Brussels, Bulgaria, Croatia, France, Netherlands, Poland, Portugal, Sweden.
- 253 Van Ijzendoorn, Marinus H., et al., 'Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development', *Lancet Group Commission*, Vol 7 (8), p.703-720, 2020 ([https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2)) accessed August 2021; and Nelson, Charles A., Nathan A. Fox and Charles H. Zeanah *Romania's Abandoned Children Deprivation, Brain Development, and the Struggle for Recovery*, Harvard University Press, Cambridge, Mass., 2014.
- 254 In Denmark and Sweden collecting data on disability status is not allowed by law.
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- 268 The constituency of the Conference of European Statisticians (CES-UNECE) is an example. Its members are national statistical agencies – central statistical offices or bureaus at the highest administrative level, typically with large degrees of independence from other executive branches of government. CES focuses chiefly on statistical methodologies and tools that improve coherence and comparability in statistics and/or make data collection more efficient.

- 269 Austria (source: Bundesministerium Arbeit, Familie und Jugend, 2019; Kinder und Jugendhilfestatistik 2019), Belgium Wallonia-Brussels, Bulgaria, Czechia, Denmark, Finland, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Poland, Romania, Slovakia (source: Concept 2021-2025: Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie), Spain, UK-Northern Ireland, Scotland.
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- 272 As noted, calculating the data as a rate allows for a more accurate picture of trends in terms of the general population aged 0-17 and enables comparison both within the country, regionally and internationally.
- 273 The ESS is the partnership between Eurostat and the national statistical institutes and other national authorities responsible in each EU Member State for the development, production, and dissemination of European statistics. For more information, visit <https://ec.europa.eu/eurostat/web/ess> (accessed July 2021).
- 274 See, for example, the UNICEF tool to assess the maturity of an administrative data system on justice for children (<https://data.unicef.org/resources/gauging-the-maturity-of-an-administrative-data-system-on-justice-for-children/>) accessed September 2021.
- 275 Such actions can vary. One country, for example, may strengthen its legislative basis for the collection and reporting of data on children in alternative care. Another country, however, may see the need to start disaggregating the existing indicators by variables that enhance the identification of the groups of children who are more likely to be placed in alternative care than other children.
- 276 For more on data disaggregation, see, for example, the practical guidebook on data disaggregation for the SDGs and the compilation of tools and resources for data disaggregation (https://unstats.un.org/unsd/statcom/52nd-session/documents/BG-3a-Practical_guidebook_on_data_disaggregation_for_the_SDGs-E.pdf) and (https://unstats.un.org/unsd/statcom/52nd-session/documents/BG-3a-Compilation_of_tools_and_resources_for_data_disaggregation-E.pdf.) accessed September 2021.
- 277 Available at: <https://ec.europa.eu/eurostat/web/quality/european-statistics-code-of-practice> (accessed September 2021).
- 278 Source: Kinder und Jugendhilfestatistik, 2019.
- 279 These data do not represent the number of children at a specific point in time, but are for all children who were in care at any point during the year. Because stock data are not available, the indicators were not calculated for Austria.
- 280 The data are for 2019 for the German-speaking community and Wallonia-Brussels.
- 281 As above for the German-speaking community and Wallonia-Brussels. Data for Flanders do not include children with disabilities in residential care, children in boarding schools and ‘stay for youngsters’.
- 282 As above.
- 283 Except German-speaking community.
- 284 Only Flanders.
- 285 Except Wallonia Brussels.
- 286 Except Wallonia Brussels.
- 287 Except German-speaking community and Wallonia Brussels.
- 288 Except German-speaking community.
- 289 Except Wallonia Brussels.
- 290 Except German-speaking community and Wallonia Brussels.
- 291 Except Wallonia Brussels.
- 292 Except German-speaking community and Wallonia Brussels.
- 293 Except Wallonia Brussels.
- 294 Except German-speaking community and Wallonia Brussels.
- 295 Except German-speaking community and Wallonia Brussels.
- 296 The children’s citizen identification number is used as a designator, but it is not clear whether this is also used to link to other databases or for longitudinal tracking.
- 297 Not clear because of fragmented data.
- 298 Does not include data on semi-independent living

- 299 As above
- 300 Does not include data on pre-adoptive foster care.
- 301 Information gathered from Lerch, Véronique and Anna Nordenmark Severinsson, Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children in Alternative Care, European Commission Directorate-General for Employment, Social Affairs and Inclusion, Brussels, 2019, and the national statistical database.
- 302 Does not include data on children with disabilities who are in residential care and who are not at risk in their family.
- 303 Data from several sources containing both overlaps and gaps.
- 304 Only present in the Enquête Aide Social. Volet les Bénéficiaires de l'Aide Social à l'Enfance
- 305 As above
- 306 The National Statistical Office has indicated that this has been changed very recently.
- 307 Does not include data on transitional care
- 308 Does not include data in a disability care setting or accommodation for homeless children
- 309 Does not include data on allocation in reception facilities
- 310 Sources: Children in state residential care: https://data.stat.gov.lv/pxweb/en/OSP_OD/OSP_OD__sociala__socdr__aprue/SDG120.px/ (accessed July 2021); children in formal family-based and social and rehabilitation residential care <https://www.bti.gov.lv/lv/media/280/download> (accessed July 2021); and the TransMonEE database.
- 311 Does not include data on temporary supervision, and may include young people over 18 among the 78 in homes for independent living.
- 312 Source: CRC report: Luxembourg, Combined fifth and sixth periodic reports submitted by Luxembourg under article 44 of the Convention, due in 2020.
- 313 It is not clear if NGO- and church-run services are included in the data.
- 314 For those aged 0-23.
- 315 Most of the data are for those aged 0-24, and the data for specialised education upbringing centre are an estimate.
- 316 As a result of the COVID-19 pandemic, this restriction has not yet been enforced and not all institutions adhere to it.
- 317 The cap of 14 for small group homes was set to become the cap for all residential care in 2021, but this has been suspended as a result of the COVID-19 pandemic.
- 318 For some provisions.
- 319 As above.
- 320 Most of the data are for those aged 0-21.
- 321 Does not include data on emergency centres for abused, neglected and exploited children.
- 322 Only in the various Child Assessment Tools.
- 323 As above.
- 324 Concept 2021-2025: Koncepcia zabezpečovania vykonávania opatrení v zariadeniach sociálnoprávnej ochrany a sociálnej kurately na roky 2021 – 2025 Plán deinštitucionalizácie.
- 325 Foster care data are from 2017. The other data are from 2014.
- 326 Some data on children in alternative care were published until 2014. Since then, such data has had to be requested.
- 327 The data reference point for Scotland is 31/07/2020. For England, Northern Ireland, and Wales the reference point is 31/03/2020.
- 328 This does not include pre-adoptive foster care in England and Northern Ireland, and specialised foster care in Northern Ireland. In Wales, numbers are rounded to the nearest 5 and if the total is below 5 the number is suppressed.
- 329 This does not include supported accommodation in Northern Ireland. In Wales numbers are rounded to the nearest 5 and if the total is below 5 the number is suppressed.
- 330 This does not include unregulated placements in Northern Ireland. In Wales numbers are rounded to the nearest 5 and if the total is below 5 the number is suppressed.
- 331 As noted, numbers in Wales are rounded to the nearest 5 and the number is suppressed if the total is below 5.
- 332 Except England.
- 333 Except Scotland.
- 334 Except Northern Ireland.
- 335 Except Scotland.
- 336 As above.

- 337 Except Scotland, which does not cover any part of 'country of origin'.
- 338 Except Wales.
- 339 Except Northern Ireland, which only has small group homes.
- 340 Except Wales.
- 341 Except England.
- 342 UK-England.
- 343 UK-Scotland.
- 344 UK-Wales.
- 345 UK-Scotland.
- 346 UK-Wales.
- 347 Does not include pre-adoptive foster care.
- 348 Does not include pre-adoptive foster care and specialised foster care.
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Eurochild advocates for children's rights and well-being to be at the heart of policymaking. We are a network of organisations working with and for children throughout Europe, striving for a society that respects the rights of children. We influence policies, build internal capacities, facilitate mutual learning and exchange practice and research. The United Nations Convention on the Rights of the Child is the foundation of all our work.

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