The prevalence of children in alternative care and institutions in the Baltic Sea region and findings from the DataCare project

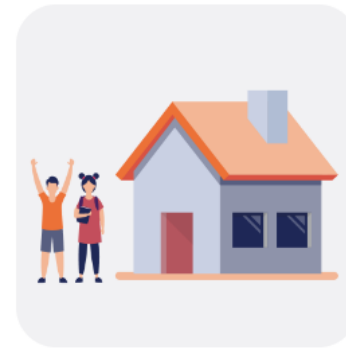*Francesca Pisanu, EU Advocacy Officer*

10/06/2024

Eurochild

With 211 organisations active in 42 European countries, Eurochild is the largest network of children's rights organisations in Europe, striving for a society that promotes, respects and upholds children's rights.

Children's rights are better understood in political and public life

End to child poverty & social exclusion

End to institutional care for all children

Comprehensive early childhood development policies

Data Care Project

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

Data is the bloodstream of public policy and support evidence policy-making.

Comparable statistics on children in alternative care are essential to address data gaps and enhance reporting.

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data availability (gaps), **comparability** (methodological work needed), **quality** (data systems strengthening) also due to centralization of data collections

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

---

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data availability (gaps), **comparability** (methodological work needed), **quality** (data systems strengthening) also due to centralization of data collections

---

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data availability (gaps), comparability (methodological work needed), quality (data systems strengthening) also due to centralization of data collections

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data availability (gaps), comparability (methodological work needed), quality (data systems strengthening) also due to centralization of data collections

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data availability (gaps), **comparability** (methodological work needed), **quality** (data systems strengthening) also due to centralization of data collections

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

---

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data availability (gaps), comparability (methodological work needed), quality (data systems strengthening) also due to centralization of data collections

---

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Key Findings

National definitions and classifications vary and reflect diversity of systems

No internationally accepted standard definitions

The population of children in alternative care is not fully captured in all countries – exclusion of groups of children and specific types of care

Disaggregation variables are not standardized

Commonly used variables: age, sex, disability status

Some statistics on children in alternative care are available in most countries (Residential and Family-based)

Issues concerning data **availability** (gaps), **comparability** (methodological work needed), **quality** (data systems strengthening) also due to centralization of data collections

Issues are recognized at national level – high interest in improving data

Good practices exist

International work required

Data gaps

Why has the child entered alternative care?

How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation?

Is institutional care being replaced progressively by other forms of residential and family-based care?

What is the quality of care and what are its outcomes in terms of development, health, education and wellbeing?

Data gaps

Why has the child entered alternative care?

How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation?

Is institutional care being replaced progressively by other forms of residential and family-based care?

What is the quality of care and what are its outcomes in terms of development, health, education and wellbeing?

Data gaps

Why has the child entered alternative care?

How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation?

Is institutional care being replaced progressively by other forms of residential and family-based care?

What is the quality of care and what are its outcomes in terms of development, health, education and wellbeing?

Data gaps

Why has the child entered alternative care?

How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation?

Is institutional care being replaced progressively by other forms of residential and family-based care?

What is the quality of care and what are its outcomes in terms of development, health, education and wellbeing?

Data gaps

Why has the child entered alternative care?

How effective are prevention, family support and gatekeeping systems and services in preventing unnecessary family separation?

Is institutional care being replaced progressively by other forms of residential and family-based care?

What is the quality of care and what are its outcomes in terms of development, health, education and wellbeing?

Key data

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
Total number of children in residential care	302,979
Total number of children in formal family-based care	421,810
Total number of children in 'other' alternative care[65]	33,229
Total number of children in alternative care	**758,018**

Source: The DataCare project, 2021.

Eurochild

Key data

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
Total number of children in residential care	302,979
Total number of children in formal family-based care	421,810
Total number of children in 'other' alternative care[65]	33,229
Total number of children in alternative care	**758,018**

Source: The DataCare project, 2021.

Key data

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
Total number of children in residential care	302,979
Total number of children in formal family-based care	421,810
Total number of children in 'other' alternative care[65]	33,229
Total number of children in alternative care	**758,018**

Source: The DataCare project, 2021.

PERCENTAGE OF CHILDREN IN RESIDENTIAL CARE OF THE TOTAL NUMBER OF CHILDREN IN ALTERNATIVE CARE AT A SPECIFIC POINT IN TIME (EU Member States in the Baltic Sea region)
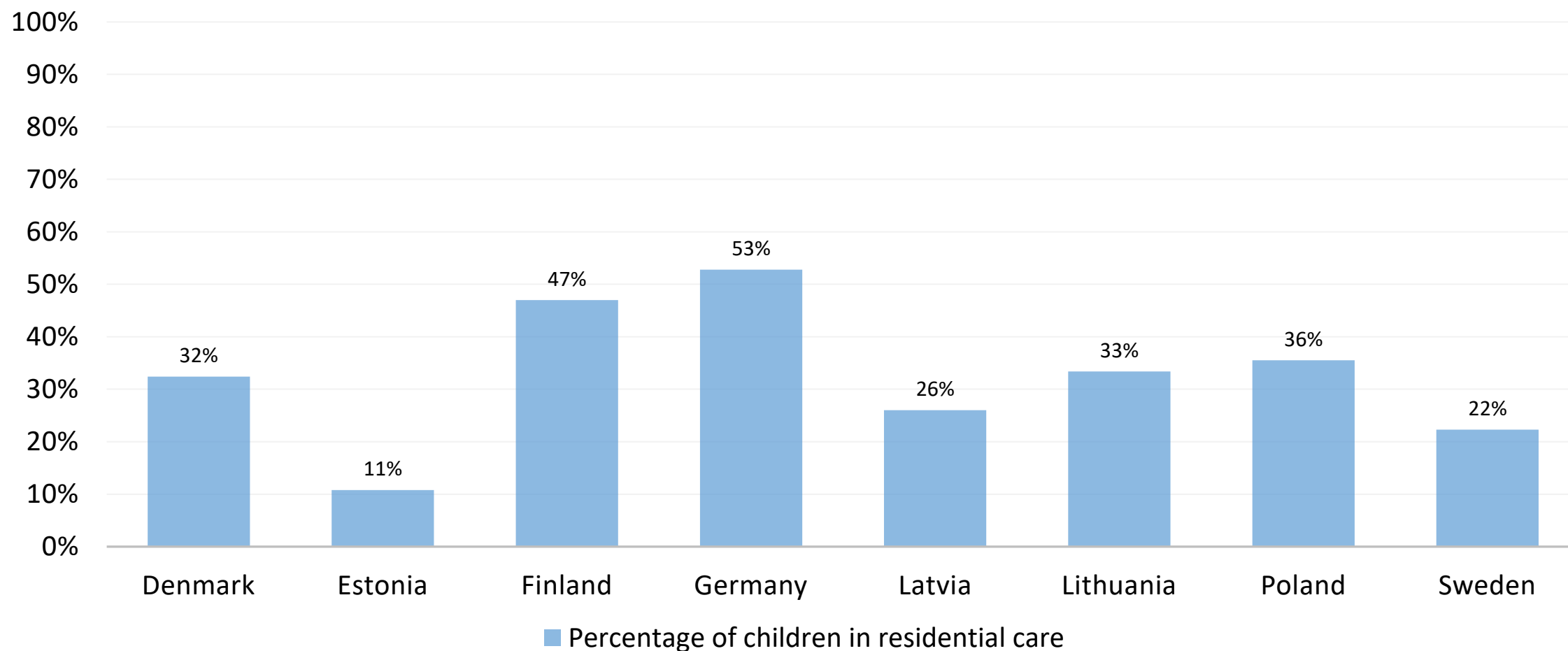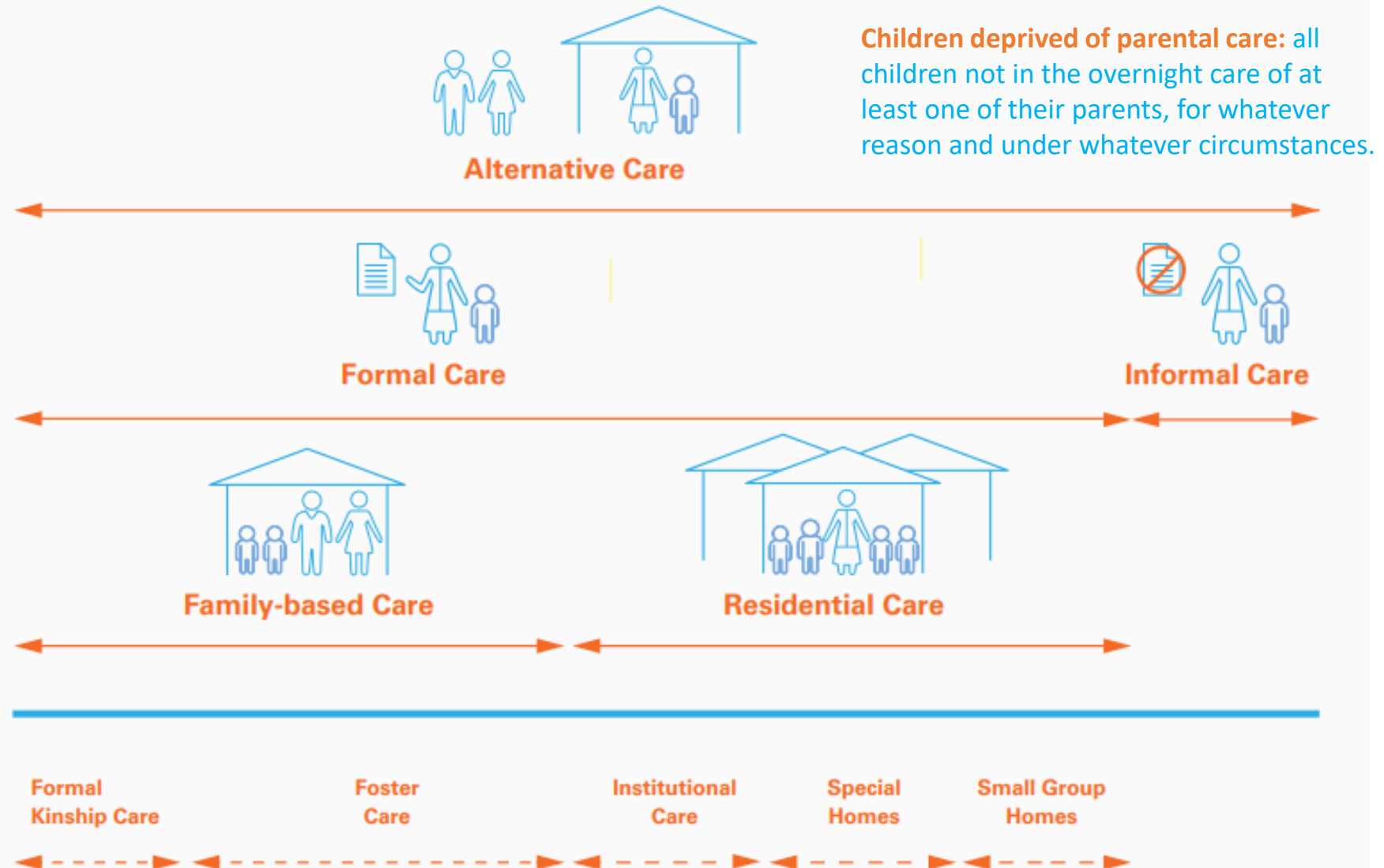
Country	Percentage of children in residential care
Denmark	32%
Estonia	11%
Finland	47%
Germany	53%
Latvia	26%
Lithuania	33%
Poland	36%
Sweden	22%

Percentage of children in residential care

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

Alternative Care

Children deprived of parental care: all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.

Formal Care

Informal Care

Family-based Care

Residential Care

| Formal Kinship Care | Foster Care | Institutional Care | Special Homes | Small Group Homes |

Risk factors of child institutionalisation

Poverty	Discrimination	Lack of access to services
Disability	Migration	Humanitarian crises

Eurochild

The indicators of the Data Care Project are supporting the implementation of the European Child Guarantee

European
Child
Guarantee

#EUChildGuarantee   #EUChildRights

European
Commission

For the first time ever, the Member States are being asked to report on the number of children in alternative care, broken down by care type, in line with data and metadata of the DataCare Project.

Objectives of the European Child Guarantee

Prevent and combat social exclusion by guaranteeing effective access of children in need to a set of key services:

- free early childhood education and care

- free education (including school-based activities and at least one healthy meal each school day)

- free healthcare

- healthy nutrition, and

- adequate housing

Eurochild

Thank you for your attention
Happy to answer question

Francesca.pisanu@Eurochild.org

@Eurochild

@Eurochild_org

@Eurochild_org

Eurochild

THE NEXUS BETWEEN CHILD INSTITUTIONALIZATION AND TRAFFICKING

UNDERSTANDING THE CONNECTION

Dr Kate van Doore
Griffith University
k.vandoore@griffith.edu.au

INSTITUTION RELATED TRAFFICKING

CHILDREN ARE RECRUITED AND TRAFFICKED INTO INSTITUTIONS FOR THE PURPOSE OF FINANCIAL PROFIT AND OTHER FORMS OF EXPLOITATION – ALSO KNOWN AS 'ORPHANAGE TRAFFICKING'.

CARE LEAVERS ARE MORE AT RISK OF EXPLOITATION AND TRAFFICKING.

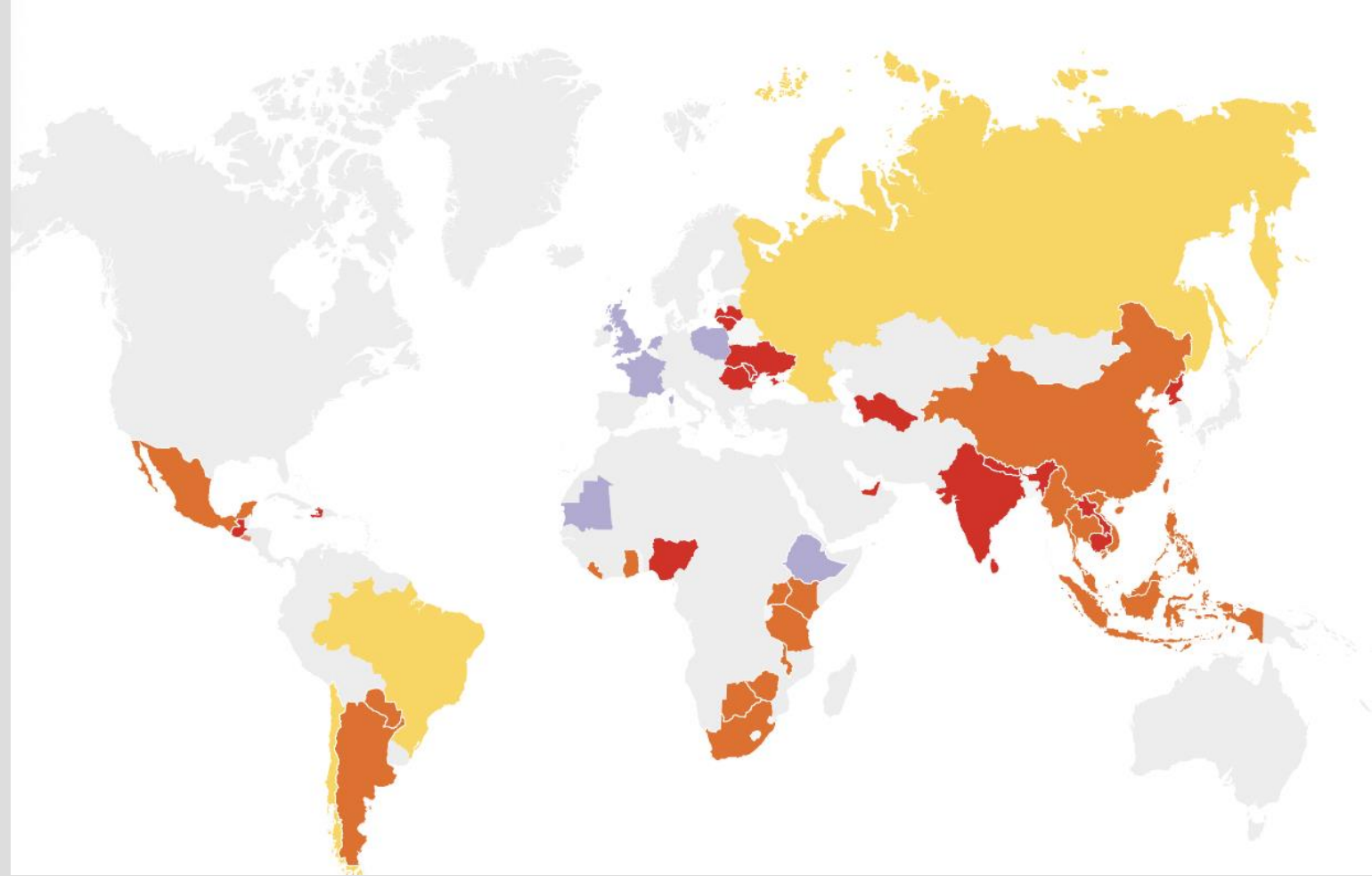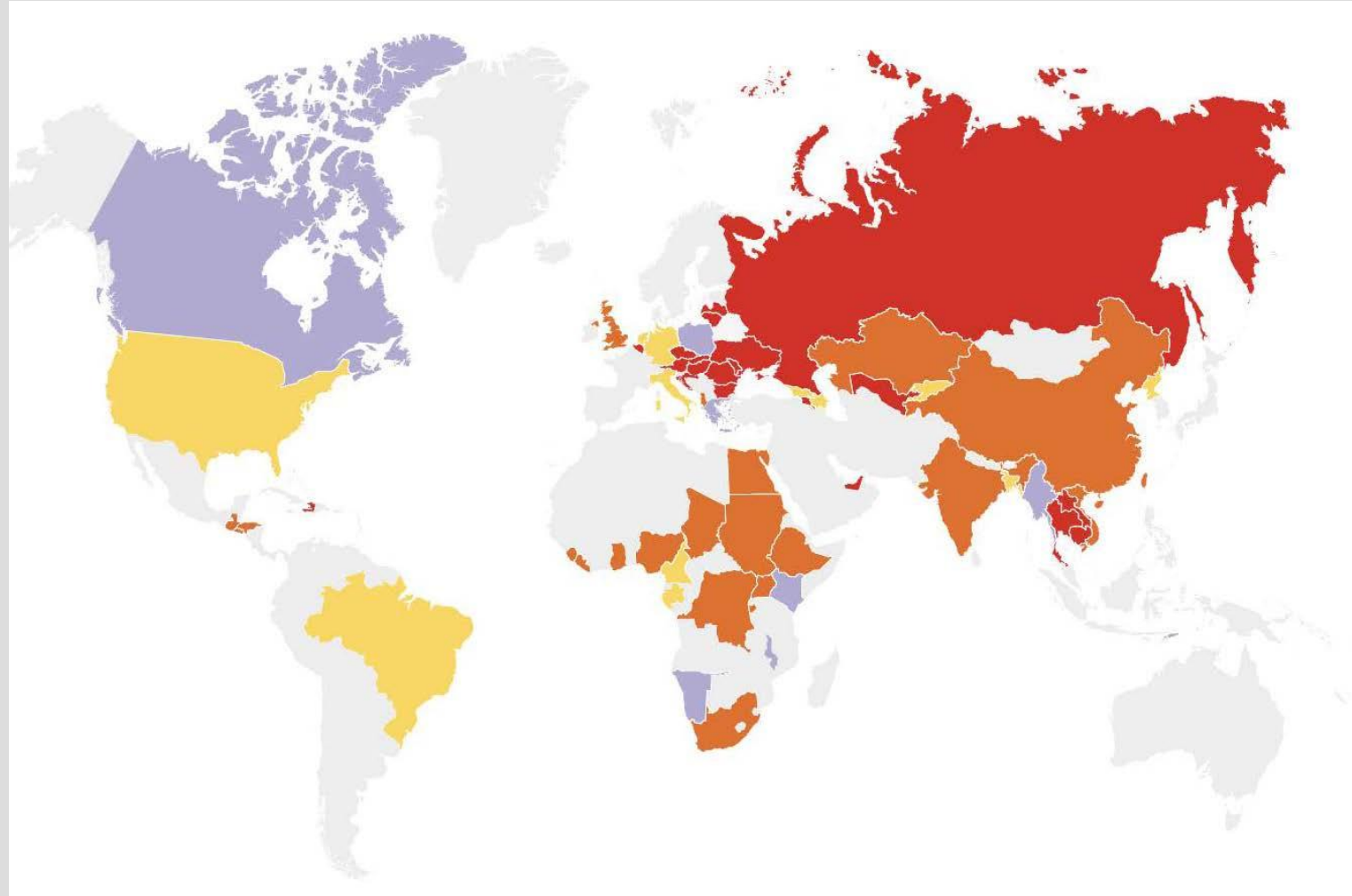CHILDREN ARE TRAFFICKED OUT OF INSTITUTIONS INTO OTHER FORMS OF EXPLOITATION.

CHILD TRAFFICKING VICTIMS AND UNACCOMPANIED CHILDREN ARE PLACED IN INSTITUTIONS FOR THEIR 'PROTECTION', WHICH CAN PUT THEM AT RISK OF TRAFFICKING AND RE-TRAFFICKING.

TRAFFICKING INTO INSTITUTIONS

CHILDREN ARE RECRUITED AND TRAFFICKED **INTO** INSTITUTIONS FOR THE PURPOSE OF FINANCIAL PROFIT AND OTHER FORMS OF EXPLOITATION – ALSO KNOWN AS 'ORPHANAGE TRAFFICKING'.

TRAFFICKING OUT OF INSTITUTIONS

CHILDREN ARE TRAFFICKED **OUT** OF INSTITUTIONS INTO OTHER FORMS OF EXPLOITATION.

VULNERABILITIES OF CARE LEAVERS

CARE LEAVERS ARE MORE AT RISK OF EXPLOITATION AND TRAFFICKING.

- Aging out
- Reintegration
- Social networks
- 'Qualifying' for support

PROTECTION OR HARM?

CHILD TRAFFICKING VICTIMS AND UNACCOMPANIED CHILDREN ARE PLACED IN INSTITUTIONS FOR THEIR 'PROTECTION', WHICH CAN PUT THEM AT RISK OF TRAFFICKING AND RE-TRAFFICKING.

- Child protection & justice response
- Compounding harms

- Viewed as a child protection intervention

- Gatekeeping

- Lack of awareness

- Overlooked, misinterpreted or incorrectly categorised

WAY FORWARD

- Prevention through strengthening gatekeeping, guardianship and intercountry adoption

- Appropriate protection through enhancing legal and justice responses
  - Knowledge of institution-related trafficking
  - Victim identification
  - Appropriate Referral mechanisms

CHILDHOOD

WORLD CHILDHOOD FOUNDATION

FOUNDED BY H.M. QUEEN SILVIA OF SWEDEN

Childhood

- Works to prevent violence and sexual abuse against children through concrete solutions, increased awareness, improved policies and changed behaviours.

- Partnerships in 10 countries

- Three main focus areas: online abuse, child-friendly response and child supportive relationships and environments

- Supports innovation, grass-root organisations and new models of working with at-risk children and families

- Co-founder of Elevate Children Funders Group

CHILDHOOD
WORLD CHILDHOOD FOUNDATION
FOUNDED BY H.M. QUEEN SILVIA OF SWEDEN

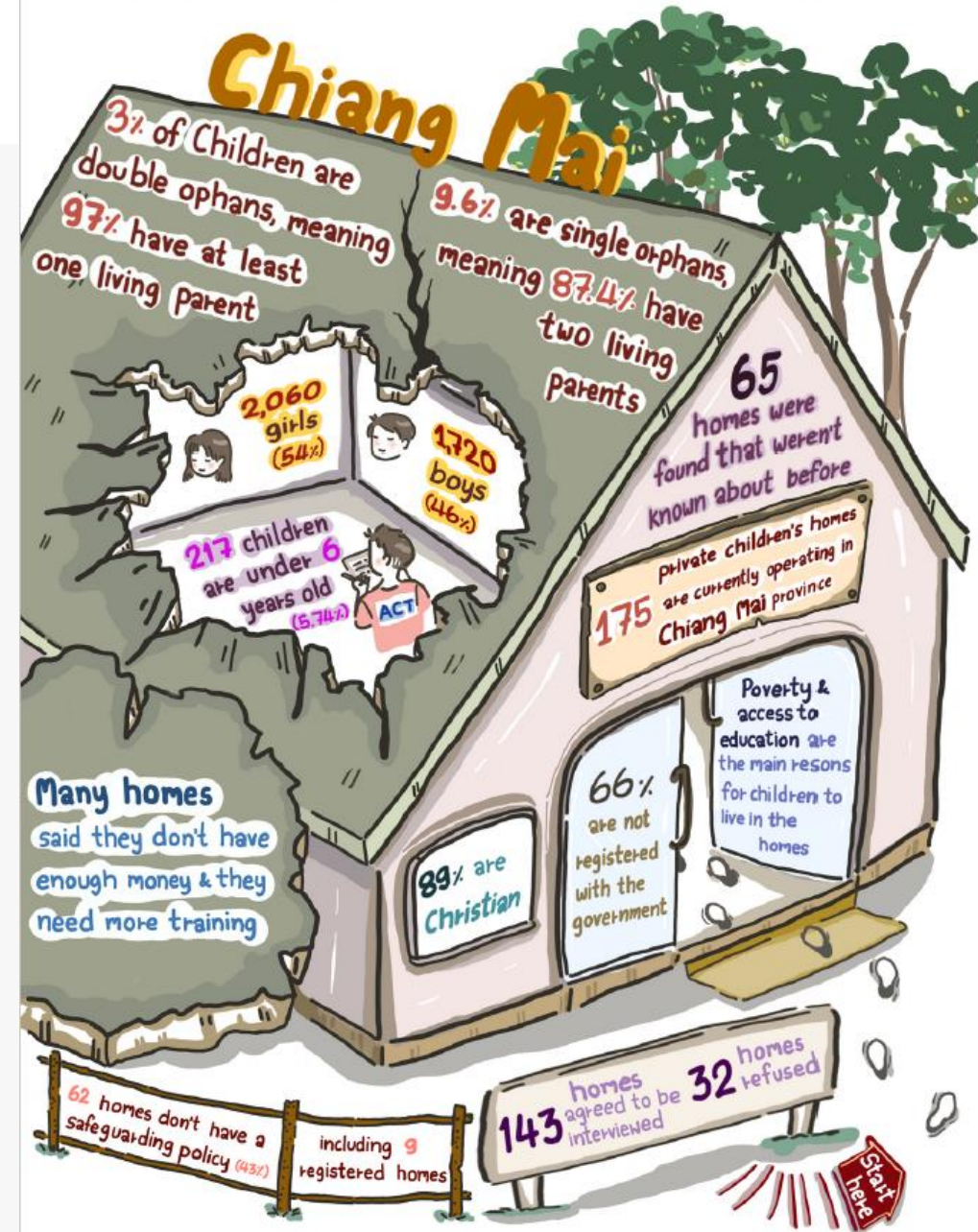# Alternative care and child protection

- **Family support and prevention as first option**
- Around 5 million children in institutional care
- 80-90 percent has at least one caregiver
- Sweden and other western countries phase out institutions while we see strong increase in other parts of the world
- Drivers include funding, volunteers, visitors from other countries
- Short and long-term impacts and unneccessary separation

Country case studies

- Thailand
  - At least 120 000 children in RCIs
  - 90% at least one caregiver, more than half unregistered
  - Vast majority run by Christian orgs in northern parts
- Cambodia, Nepal …
- Ukraine
  - 100 000 children in institutions before full-scale invasion
  - Frequent reports of violence and abuse
- Government enquiries

Chiang Mai province survey of Private Children's Homes 2022

An analysis of sexual abuse in government institutions for children in Sweden

- Commissioned by World Childhood Foundation and Child rights bureau

- Reports about sexual abuse in institutions including government enquiry (2011)

- Part of overall advocacy for care reform

  - How common is sexual abuse in government institutions?

  - Who is subjected and who is the perpetrator?

  - What types of abuse?

  - Interviews

CHILDHOOD

WORLD CHILDHOOD FOUNDATION

FOUNDED BY H.M. QUEEN SILVIA OF SWEDEN

BARNRÄTTSBYRÅN.

- Commissioned by Childhood and the Child Rights Bureau, completed by Dr Maria Andersson Vogel

- Frequent reports about sexual abuse in institutions including government enquiry (2011)

- Key issues raised include violence, sexual abuse, excessive use of isolation and force by staff etc.

- Lack of data on scale of violence against children in locked institutions

- Locked institutions a risk environment

- Part of overall advocacy for care reform

CHILDHOOD
WORLD CHILDHOOD FOUNDATION
FOUNDED BY H.M. QUEEN SILVIA OF SWEDEN

BARNRÄTTSBYRÅN.

Lina, 14 years old when placed at SiS

There have been staff who wanted to flirt with me in all institutions i have lived in. They would, for example, touch my bottom when they passed. Its everywhere and very common. In several institutions there have been staff who said they want to have sex with me. Several staff have suggested that we meet up after i have been released since there are "too many cameras in the institution".

Material

- Public information from the national board of institutional care and the health and social care inspectorate

- Period of 40 months: (1 jan 2019- 4 maj 2022)

- Court documents

- Interviews

Key findings

- Substantial problem in the government institutions:

  - On average five documented complaints/month

  - Cases documented in all but one institution

  - Five verdicts for rape

- Mainly male staff perpetrators abusing girls (but also boys)

- Pattern that children dont dare report, or when they do, are not believed

- Difference between the number of complaints/reports and what is reported to inspection agencies or to police

- Issue for the whole agency, not individual exceptions

CHILDHOOD
WORLD CHILDHOOD FOUNDATION
FOUNDED BY H.M. QUEEN SILVIA OF SWEDEN

BARNRÄTTSBYRÅN.

Joel Borgström
Thematic lead Alternative Care
Joel.borgstrom@childhood.org

Eurochild
Putting children at
the heart of Europe

The EU commitments linked to end institutionalisation of children

Francesca Pisanu, EU Advocacy Officer

10/06/2024

The commitment to end institutionalisation in the EU funding regulations

Common Provisions Regulation (2021-2027)

The Neighbourhood, Development and International Cooperation Instrument (2021-2027)

The Instrument of Pre-Accession Assistance (2021-2027)

Eurochild

The commitment to end institutionalisation in the EU policies

EU Strategy on the Rights of the Child

EU Strategy on the Rights of Persons with Disabilities (2021-2030)

EU Action Plan on Human Rights and Democracy (2020-2024)

European Child Guarantee

The Commission's Recommendation on integrated child protection systems

Member States should:

- Invest in non-residential services.
- Promote national strategies for deinstitutionalization.
- Ensure adequate support for foster families
- Support care-experienced people.

Poverty should never be the only reason to place children in institutions. It is necessary to develop specific plans to prevent child trafficking.

Eurochild

The EU Anti-Trafficking Directive

- Children in closed-type institutions are particularly vulnerable.

- States are encouraged to ensure plans to prevent trafficking.

- Measures constraining the children's liberty only when strictly necessary, proportionate, and reasonable.

- Illegal adoption is added to the list of exploitations.

Thank you for your attention
Happy to answer question

Francesca.pisanu@Eurochild.org

@Eurochild

@Eurochild_org

@Eurochild_org