United Nations Economic Commission for Europe

United Nations Children's Fund

Expert meeting on statistics on children

Geneva, Switzerland, 4–6 March 2024
Item 4 of the provisional agenda

Census for children – Data on children in alternative care

Note by UNICEF North Macedonia*

Abstract

After almost 20 years, in 2021 North Macedonia has successfully conducted a Census. According to the Census results, 20.3% of the resident population in the country are children aged 0-17 years. To use this momentum, in 2023, the UNICEF office in the Republic of North Macedonia in cooperation with the State Statistical Office and national partners, started establishing a database for children in the country with the aim of developing a demographic profile of the child population in North Macedonia. The report titled Census for children is the result of the analysis of the database in different areas. The analysis was aimed to provide better understanding of the children dynamics in the country and assist the relevant stakeholders in developing new policies and revising the current ones to address the needs of children in the country.

This paper has used the insights and recommendations of that report, focusing on data for children in alternative care. It provides a review of available data on children in alternative care, with an aim to identify the bottlenecks, opportunities and need for the introduction of new indicators that will better inform policy development in the area of alternative care for children.

*Prepared by Aleksandra Ivanovska, Marija Nashoku

I. Data limitations – what in terms of methodology has been limiting us on the path to securing sound data for children in alternative care

1. Several data limitations affect the scope of this paper. First, there are limitations in terms of data availability. This is relevant especially with regard to the use of secondary data that do not come from the Census, that is, administrative data collected by competent institutions in different areas. Due to the different methodological approaches, it is essential to have a methodological reserve when interpreting and comparing these data. The absence of multi-year data from certain areas also limited the capacity for trend analysis.

2. Currently, there is no software that will be used by all instances in the system of alternative care and that will contribute to having unified data that will use the same methodology, nor there are unified forms used by all data providers. Each institution in the system uses its own methods for data collection, with different frequencies, which results in variety of data with questionable validity. At the moment, the Ministry of Labour and Social Policy (MoLSP) is in the process of developing an integrated IT system for social protection. The plan is for the data related to alternative care to also be integrated in this system.

3. Another limitation with regards to available data was that disaggregation was either not existing or was not unified. For instance, there was data without age disaggregation, or the disaggregation was in age-groups. Since 2022, age disaggregation for children in alternative care is available, following the technical support provided by UNICEF North Macedonia. However, disaggregation related to disability is almost non-existent. This situation prevents analysis and comparison of data collected from different government institutions.

4. One of the main challenges when it comes to data collection for children in alternative care is the fact that mandates around data collection have changed with the new Law on Social Protection in 2019, without proper follow up in practice. More specifically, until 2019, the Institute for Social Activities (ISA) had the responsibility to collect data for social protection and welfare, and to share them with the Ministry of MoLSP. Since 2019, article 10 of the Law on Social Protection has been changed, and the responsibility for data collection was transferred from ISA to the MoLSP. These legislative changes were not reflected in practice. The Ministry did not equip the existing departments that cover monitoring and evaluation, did not establish a separate department for data collection, nor appointed a focal point to coordinate the data collection in the Ministry. At the same time, while the ISA still collects data, this is not their formal obligation, and it is not published.

5. To this end, the data on alternative care that has been collected for TransMonEE database and for the Census for children report has been requested from the ISA and the MoLSP and obtained on an ad hoc basis – rather than taken from official reports.

# II. Availability of data for children in alternative care

6. From the data, it can be concluded that the **number of children under alternative care** varies significantly over the years, but also that there is a downward trend in this number (Graph 1). If the data for children under alternative care are analyzed according to gender, it can be concluded that while in the period 2015-2018 there is a significant difference according to gender, these differences decrease significantly in the period 2019-2022. In addition, there is a continuous trend of decreasing the number of children who entered formal residential care during the year, from 119 in 2015 to only 4 in 2022.

Graph 1
Number of children in alternative care, by gender and age

Children in alternative care, 2015-2022
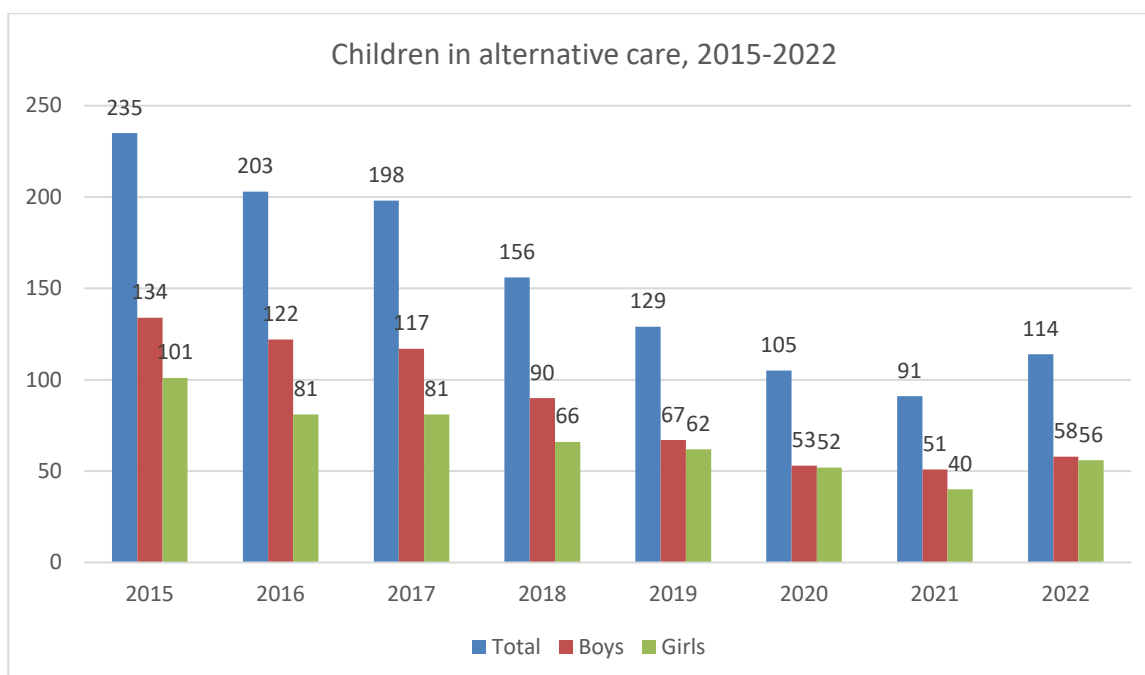
7. This may be accounted to the fact that the country has ended placement of children in large scale institutions in 2019 and are now cared for in foster care, kinship care and small group homes.

8. In accordance with the decrease in the number of children who entered formal residential care, over the years the number of **children who left formal residential care** has also decreased. From the review of the reasons for leaving formal residential care (Graph 2), it can be concluded that in the period 2015-2017 the dominant reason for leaving formal residential care is adoption, followed by family reunification. In the years ahead, especially in 2018 and 2019, placement in family-based care becomes the dominant reason for leaving formal residential care. In the period 2021 and 2022, a high percentage of children left formal residential care due to starting an independent life, as well as other reasons. The portion of "other reasons" needs to be examined, as it amounts to almost one quarter, with every fourth child leaving for "other reasons". From statistical point of view when you put option as other you really expect some outliers here but no more than 3-5%. Unfortunately, according to anecdotal data there have been some cases (1-2 cases per year), of children in small group homes who have been given a sanction and placed in educational correctional facilities, which is also an indication that additional support is needed for the children in alternative care. This is a case where we have certain data, but we lack the story behind it, to be able to see what policies and mechanisms need to be strengthened. Family reunification as a reason for leaving formal residential care tends to decrease from 30% of cases in the period 2015-2017 to 17-19% in the period 2020-2022.

Graph 2
Number of children who left formal residential care by reason, by year
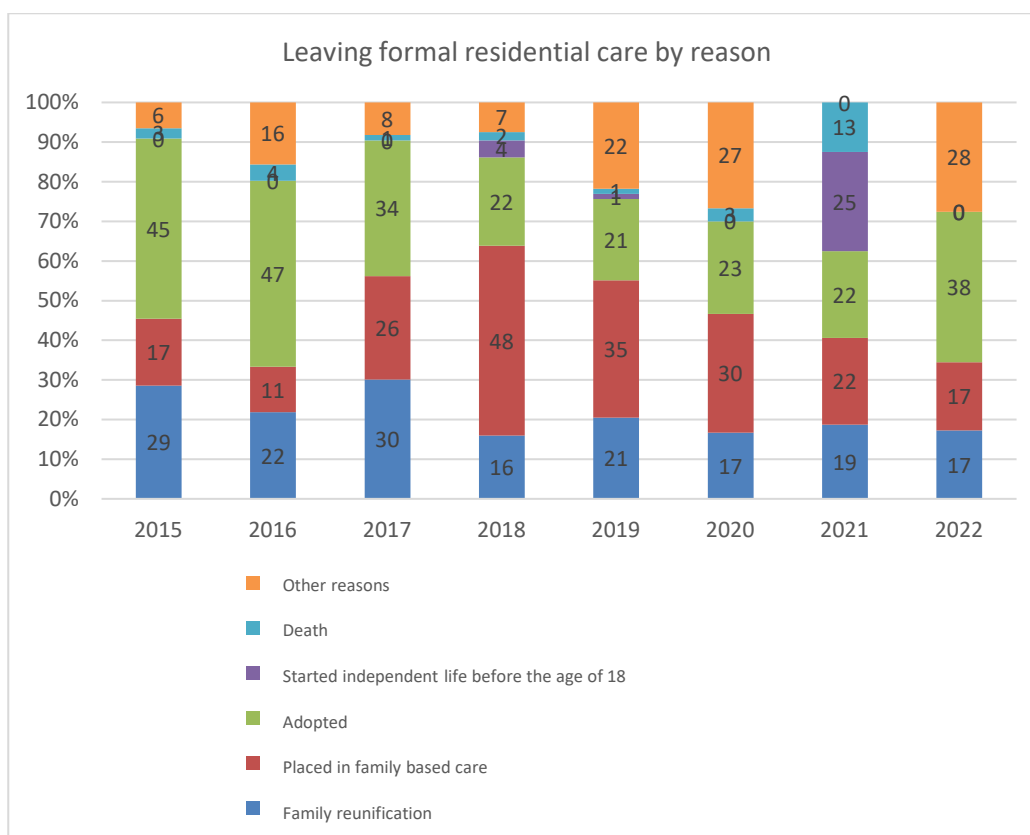
9. The number of **children with disabilities in formal residential care** also varied significantly over the period 2015-2022, from more than 50 in 2015 and 2016, to 28 in 2022. The analysis of data by gender shows that gender differences are decreasing and if in 2015 the number of boys with disabilities in formal residential care was more than twice the number of girls, there is a tendency to equalize in 2020 and 2021 (the exception is 2022).

10. The number of **children in family-based formal care** (**foster care and kinship care**) is also declining. The data (available for the period 2020-2022) shows a decrease from 436 (2020) to 369 children in family-based formal care. No significant differences are observed according to the gender of the children. On the other hand, there is an increase in the number of **children with disabilities placed in family-based formal care** from 34 in 2015 to 78 in 2022 (the most children with disabilities under this type of care were registered in 2021 - 97).

11. The number of **children in foster care** varies over the years. Although there is an increase in the number of children placed in foster families in the period 2018-2021, in 2022 the number of children under this type of care decreases to 256, which is closer to the period 2015-2017. At the same time, there is a continuous trend of growth in the number of **children with disabilities who are placed in foster families** in the period 2015-2022 (Table 1).

12. Data on **children who left foster families** exist only for 2022. Namely, in 2002, 49 children, of which 11 children with disabilities, left formal foster care. The analysis of the reasons for

leaving this type of care shows that 55% of them left it due to family reunification, 20% were placed under formal residential care, 12% were adopted, 10% started living independently, while in 1 case the formal foster care was terminated due to the death of the child.

Table 1
Number of children aged 0-17 placed in foster care, by gender and disability, at the end of the year, by year

Year	2015	2016	2017	2018	2019	2020	2021	2022
Total number of children aged 0-17 in foster families, at the end of the year	238	247	274	302	317	332	346	256
Of which children with disabilities	34	35	39	38	39	41	91	75
By gender								
Boys	108	121	139	156	174	173	166	129
Girls	130	126	135	146	143	159	180	127

13. Data on the number of **children in formal kinship care** exist for the period 2020-2022, with the number of children under this type of care ranging from 70 to over 100 children. No significant gender differences were found. Compared to children placed in foster families, the percentage of **children with disabilities placed in formal kinship care** is significantly lower (from 6 children in 2020 to 3 in 2021 and 2022 of the children with disabilities are placed in formal kinship care).

14. During 2022, 20 **children left formal kinship care**. The analysis of the reasons for leaving this type of care shows that in 45% of cases the care was interrupted due to family reunification, in 15% of the children were adopted, 20% started an independent life and in 20% (or a total of 4 cases) the care was interrupted due to death of the child.

15. When it comes to **adoptions**, their number in the period 2015-2022 varies significantly, from a low number of 17 in 2020, to 102 children in 2016. However, the data on adoption are not really comparable between 2020 and before due to different methodology of counting. Until 2020, all open cases for adoption were counted. As of 2020, only the completed adoptions are counted. From the available data on the gender of adopted children in the period 2020-2022, no significant differences have been determined. The analysis of data by individual years of the age of adopted children, which is available only for 2020-2022, shows that younger children are more often adopted, that is, that 17 of the 19 adopted children in 2022 were aged 0-6 years. More than a third of adopted children in 2022 were aged one year or younger. In this context, it would be valuable to have information as to how long the process of adoption lasts, because while it is ongoing, children are in state care. Out of 19 children adopted in 2022, 2 were with disabilities. There are no data on the share of children with disabilities in the number of adopted children in previous years. A large majority of adoptions are within the state. The number of cases of adoption of children from North Macedonia by families from abroad is extremely small (0 in the last two years, and one in 2020).

16. It should be underlined that determining the number and conditions of **children with disabilities** is a continuous challenge both for those in the system for alternative care and

outside of it. Census data with the inclusion of the Washington Question Group provide only a partial overview of disability in the child population. More data is provided within the framework of administrative statistics, but it should be taken into account that these data do not include children who are not registered by the institutions of the system for any reason (use of help and services). From the data with the results of the Census, it can be determined that in 2255 children or a low 0.6% of the child population aged 0-17 years, some kind of impediment to perform a certain function was reported. Among the children for whom the existence of a certain type of disability is reported, 1357 or 60% are male, while 898 or 40% are female. If we compare this number with the number of children who used disability-related social services in 2021 (more than 5000 children), it can be concluded that the statement on the questions of the Washington Group can only give a partial insight into the existence of disabilities in frames of the child population in the country.

III.   What is the story behind the data for children in alternative care telling us?

"Effective use of data can help us not just track results for children, but also shape those results with better insights about what's working, what's not, which children are thriving, and which are being left behind. Data hold more potential than ever before to shape the lives and living conditions of children."[1]

17. As underlined in the quote above from the Strategic Framework on data for children, data is supposed to provide us with trends and tell us a story, as realities of children are within the data. Based on the data, it can be seen what has been bringing results, what has been maybe causing harm, which policies need to be strengthened, and where tightened supervision needs to be introduced. From the data available and provided in the previous section, it can be determined how many children have entered alternative care and how many have left, and what type of alternative care is most used in the country. However, it does not provide us with information on what is the quality of the care and decision making. Below is a short case study of a child in alternative care:

> *Maja[2] has lost her parents when she was 7 years old. She was the oldest of four siblings, having two younger brothers and one sister. After she lost her parents, she was placed in one foster family. She was beaten and forced to clean, often missing out on school. She was then transferred to another foster family, now separated from two of her siblings, which remained in the previous family. In this family, she was forced to beg on the streets. She was then relocated to a small group home and separated from her last sibling which was placed in another group home. Despite her strong will to be together with her siblings, she was not even allowed to contact with two of her siblings which remained in the first foster home. She reacted to the social work services, but to no avail.*

18. Maja's story cannot be seen from the data that has been collected. In the data, we will only see that she has been in foster care – not how many times she changed it, then that she has been in a small group home – not that she has been transferred because she was maltreated. From the data, we cannot see that she has brothers and sisters from whom she has been separated, nor whether any efforts have been invested to connect her with any wider family. We also cannot see that she has been waiting for six months for the financial support that she

---

[1] https://data.unicef.org/wp-content/uploads/2017/04/Data-for-Children-Strategic-Framework-UNICEF.pdf
[2] The name has been changed for privacy and to protect the identity.

is entitled to after leaving state care, and basically left to care for herself, without any guidance after being in state care since the age of seven.

19. The guidelines for the Alternative care of children,[3] are intended to enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so. It points out that it is a responsibility of the State or appropriate level of government to ensure the **development and implementation of coordinated policies** regarding formal and informal care for all children who are without parental care. Such policies should be based on **sound information and statistical data**.

20. The latest CRC recommendations for North Macedonia, have also recommended that the country should:

   a) Establish a comprehensive and reliable data collection mechanism, with indicators on all rights guaranteed by the Convention and its Optional Protocols;

   b) Ensure that data can be disaggregated by age, sex, disability, geographic location, ethnic origin, nationality and socio-economic background **to facilitate analysis of the situation of all children, and in particular younger children, children in alternative care,** child victims of violence, abuse, neglect, including sexual exploitation and trafficking, children with disabilities, refugee and asylum-seeking children, children of unknown nationality, children in conflict with the law, working children, children in street situations and children in other situations of vulnerability.

   c) Introduce a gatekeeping system with regard to alternative care, with the aim to reduce the number of children in out-of-home placement, prevent unsuitable entries into the care system and ensure the suitability of placement.

   d) Having in mind the above, institutions should reevaluate how they collect data, how they read the data, and ensure that data tells us a story of what decisions have been made and should be made in the best interest of the child.

To support these efforts, new indicators should be developed, led by a case management approach and informed by the CRC and the Guidelines on Alternative care for children. The indicators should address the following:Standards for alternative care	Potential indicators
Maintaining the child **as close as possible to his/her habitual place of residence**, in order to facilitate contact and potential reintegration with his/her family and to minimize disruption of his/her educational, cultural and social life.	% of children placed in alternative care close to their habitual place of residence
Decisions regarding children in alternative care, including those in informal care, should have due regard for the importance of ensuring children a stable home and of meeting their basic need for safe and continuous attachment to their caregivers, with **permanency generally being a key goal.**	Number of children having changed more than 2 placements by the time they reach 18 years of age

---

[3] https://bettercarenetwork.org/sites/default/files/2021-03/GuidelinesAlternativeCareofChildrenEnglish.pdf

Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests.	Number of children separated from their siblings when placed in alternative care
States should ensure the right of any child who has been placed in temporary care to **regular and thorough review –preferably at least every three months** –of the appropriateness of his/her care and treatment, taking into account, notably, his/her personal development and any changing needs, developments in his/her family environment, and the adequacy and necessity of the current placement in these circumstances.	Mechanisms for monitoring and review each 3 months in place

IV. Conclusion

21. The sections above aimed to present that the challenges in terms of data collection in alternative care are twofold: 1) the data that is collected is not always sound and some data is missing, especially when it comes to children with disabilities; 2) the data that is being collected is not sufficient to be able to determine the quality of policies and measures implemented for children in alternative care.

22. When it comes to the first challenge, the following steps will be taken, to gradually improve the collection of already collected data:

   ➔ To ensure quality data for each child in alternative care, UNICEF will provide technical support to Centers for social work and professionals working directly with the children, including professionals in small group homes, on how to collect data on a regular basis by implementing the case management. This will provide a solid knowledge and understanding of data collection by the professionals before the finalization of the information data system for social protection.

   ➔ To ensure availability of data for children with disability which at the moment is scattered or missing, UNICEF will foster a process of intersectoral collaboration to gradually introduce a mechanism for data exchange between the National Commission for ICF, the Centers for Social work, the Ministry of Education and Science and the Electronic Health Information system. This will allow for children with disabilities in alternative care to have easy access to all the services they need.

   ➔ Having in mind the big percentage of children being reported as leaving alternative care due to "other reasons", UNICEF will support data providers to adequately report on the reasons to be able to analyze the data trends and propose suitable measures and policies.

23. To address the second challenge, UNICEF will support data providers, specifically the ISA and the Centers for social work to develop new indicators, as mentioned above in the paper, taking into account the case management approach, to determine and analyze the decisions being taken for every child and whether they are in line with his/her best interest.