

**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

**Improving data availability, quality and comparability on children in alternative care – towards an international statistical classification of alternative care**

Note by UNICEF\*

*Abstract*

This paper synthesises some of the key results and lessons learned from several ground-breaking initiatives that were implemented over the past five years, as well as ongoing work of a regional network of national statistical offices on assessing and improving the availability, quality and comparability of data on children in alternative care. This work has paved the way for the development of an international statistical classification of alternative care for children. The initiatives included the joint [Eurochild-UNICEF DataCare project](#) that mapped alternative data and data systems across the European Union Member States and the United Kingdom, the work of the Task Force on Statistics on Children, Adolescents and Youth of the Conference of European Statisticians, which produced the “[Guidance on Statistics on Children: Spotlight on Children exposed to violence, in alternative care, and with a disability](#)” that was published in 2022, the ongoing work of the [TransMonEE network](#) to build a strong [database](#) that includes quality stock and flow data from administrative sources on children in alternative care covering 1989 to present and serves as a regional good practice example for the production of a set of statistics based on agreed indicators, standard definitions and other harmonized metadata, as well as the work of the European Commission during the preparatory action for a [European Child Guarantee: Feasibility Study for a Child Guarantee Target Group Discussion Paper on Children in Alternative Care](#) and the work of the Social Protection Committee Indicators Sub-Group mandated by the European Commission to develop an [EU-wide monitoring framework for the European Child Guarantee](#).

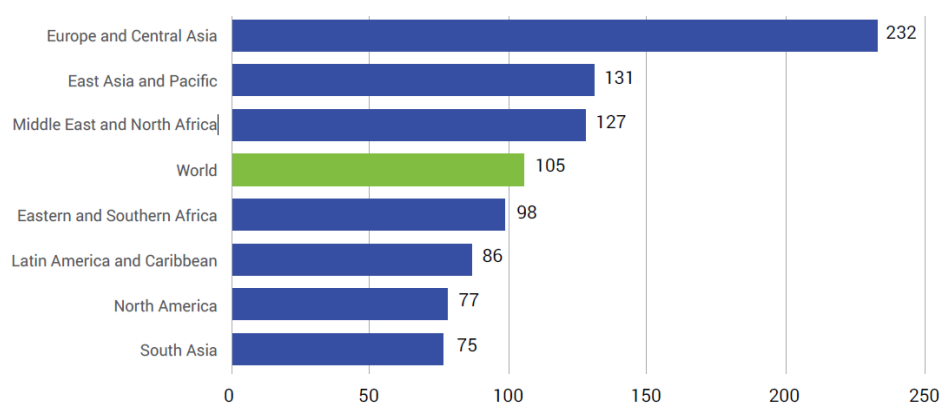
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## I. Introduction

1. The [United Nations Convention on the Rights of the Child \(CRC\)](#) calls on governments and other stakeholders to ensure the development of every child to the maximum extent possible and recognizes that every child should grow up in a family environment. To enhance the implementation of the CRC, the United Nations General Assembly adopted the Resolution on [Guidelines for the Alternative Care of Children](#) in 2009. The 2009 Alternative Care Guidelines set out the following main goals and objectives for child welfare and protection policies:
2. Prevention of unnecessary separation of children from their families and family networks.
3. If a child needs to be placed in alternative care: provision of supportive and protective care settings in a family-like environment, or in limited circumstances, a residential setting if ‘appropriate, necessary and constructive’ and ‘in the child’s best interests’.
4. For children in alternative care: work on safely reuniting and reintegrating the children with their families or family networks.
5. The Committee on the Rights of Persons with Disabilities has also issued [Guidelines on deinstitutionalization](#), including in emergencies in 2022 stating that “Institutionalization can never be considered as a form of protection of children with disabilities...Children with disabilities, like all children, have the right to family life and a need to live and to grow up with a family in the community”. The [United Nations Convention on the Rights of Persons with Disabilities \(CRPD\)](#) further stresses that ‘in no case should a child be separated from parents on the basis of a disability of either child or one of both of the parents, and that every effort should be undertaken to provide alternative care for children with disabilities within the wider family, and failing that, within the community in a family setting’.
6. These goals and objectives are based on the ample [evidence](#) and wide recognition of the immediate and long-term physical, psychological, emotional, and social harm and damage caused by family separation and unsuitable alternative care, especially if care is provided in institutions, i.e., large-scale residential care facilities.
7. Globally, an estimated 105 children per 100,000 population aged 0-17 years were in residential care in 2022. Based on the available data, Europe and Central Asia region has the highest regional rate of children in residential care at 232 children per 100,000 population aged 0-17 years while South Asia has the lowest rate at 75 children per 100,000 population aged 0-17 years (see Figure 1).

Figure 1  
Rate of children in residential care in different regions and the world, data from 2010 to 2022  
(per 100,000 population aged 0-17 years)<sup>1</sup>



Source: UNICEF global database, July 2023, accessed [here](#).

8. Today, most children without parental care are living in family-based alternative care, such as kinship care, foster care, or other forms of family-based or family-type care. However, there are still hundreds of thousands of children in non-family settings such as residential care institutions. In Europe and Central Asia alone, there are an estimated 456,000 children living in residential care facilities. In certain countries, children in institutional care remain under parental care, or they may find themselves in residential care institutions that are not part of the country's formal alternative care system. Some sub-groups of the population of children in alternative care are also more likely to be in residential care than others. A [recent report](#) analysing the situation of children in alternative care and adoption in Europe and Centrals Asia found that children with disabilities are over-represented in formal residential care in this region.

## II. Statistics on children in alternative care

9. In line with the CRC, CRPD, corresponding United Nations (UN) Guidelines and policy commitments, many countries are making efforts to prevent family separation (where possible) and the institutionalization of children, reduce the number of children living in residential care or to reunite children with their families (if in the child's best interests). Despite the existing obligations, policies and reform efforts, children in alternative care are frequently missing in official statistics and national and international indicator

<sup>1</sup> Figures in the table have been rounded and are based on national surveys and social service administrative records. The world estimate is based on 131 countries with 76 per cent of the world's population aged 0-17 years; East Asia and Pacific based on 13 countries with 91 per cent of the regional population aged 0-17 years; Europe and Central Asia based on 36 countries with 77 per cent of the relevant population of children; Latin America and Caribbean – 36 countries / 100 per cent; Middle East and North Africa – 9 countries / 65 per cent; North America – 1 country / 91 per cent; South Asia – 7 countries / 84 per cent; Eastern and Southern Africa – 14 countries / 61 per cent.

frameworks, such as the [Global Indicator Framework for the 2030 Global Agenda for Sustainable Development](#), nor do such frameworks suggest disaggregation of indicators for children in alternative care.

10. The availability, quality, and comparability of data and indicators on children in alternative care have been studied in recent years:
  - By the Conference of European Statisticians (CES): [2022 Guidance on Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with disabilities](#) (hereafter: CES guidelines)
  - By Eurochild and UNICEF in their joint [DataCare initiative](#)
  - By the European Commission (EC) during the preparatory action for a [European Child Guarantee: Feasibility Study for a Child Guarantee Target Group Discussion Paper on Children in Alternative Care](#) and by the Social Protection Committee Indicators Sub-Group mandated by the European Commission to develop an [EU-wide monitoring framework for the European Child Guarantee](#)
  - By the ongoing efforts of the [TransMonEE network](#) of thirty national statistical offices (NSOs) in Europe and Central Asia to produce [comparable quality data on children in alternative care](#) including [analytical reports](#).
  - By the United States Agency for International Development (USAID)-funded [Data for Impact \(D4I\) project](#), which developed and published a [care system reform logic model and mapped available indicators](#) in 2021
  - By the Task Force on Measurement, which is a sub-group of the Evidence for Impact Working Group under the [Transforming Children's Care Global Collaborative Platform](#), and aims to review existing efforts and approaches to measure progress and outcomes of national care reforms and to provide a more coherent and comprehensive framework and approach to measurement that can be adapted to specific country contexts.
11. The results of these initiatives show that most countries collect some data on children in alternative care, largely statistics on stock and flow disaggregated by type of alternative care (residential, family-based) and by sex and age. However, the findings also clearly demonstrate that while some efforts have been made to standardize the measurement of alternative care for children across countries, different definitions and categorizations are used by many countries in administrative data systems and in surveys, which hampers the international consistency and comparability of statistics on this group of the population of children. The main reason for this is the lack of internationally accepted standard definitions or classifications for statistics on children in alternative care. The definition of alternative care and of the different types of care (e.g., residential care and family-based care) provided in the 2009 Alternative Care Guidelines do not serve the purpose of a statistical definition or classification.
12. Among the difficulties confronted in measuring alternative care for children are differences in acceptance of different types of care facilities as residential care at the country level, the distinction between residential institutional care and residential care provided in small-group homes, as well as the distinction between different categories of family-based care, and the lack of data collection and monitoring of children in informal alternative care arrangements by the formal alternative care system.

13. The CES guidelines conclude with a recommendation for countries to adopt standardized definitions and classifications for alternative care, for the two main types of alternative care (residential and family-based care), and for sub-types of family-based care and of residential care (e.g., institutional care). The CES guidelines also recognize the need to develop and adopt standardized international definitions and classifications for alternative care that can be integrated into national data and statistical systems to promote international comparability.

### **III. Towards an International Classification of Alternative Care for Children and improving national statistics on children in alternative care**

#### **A. An International Classification of Alternative Care for Children**

14. Following on the CES recommendation, UNICEF presented a proposal to develop an international classification of alternative care for children to the [UN Committee of Experts on International Statistical Classifications](#) which is the central coordinating UN body for all work and review of proposed new international statistical classifications. The Committee gave UNICEF green light to initiate work on the international classification. An official report will be submitted by the Committee to the UN Statistical Commission in March 2024 announcing this decision and the approval for UNICEF to lead this effort and prepare a first draft within a year.
15. An International Classification of Alternative Care for Children would address the differences in the way that the two main types of alternative care for children, namely residential and family-based care, are defined through the introduction of standard elements of residential care and family-based care – irrespective of differences in legislation across countries and of the sector (e.g., social welfare, health and education) collecting and reporting alternative care data. The development would respond to a fundamental need for internationally agreed operational concepts, definitions and principles to ensure a standardized and consistent approach to collecting and classifying statistical data on alternative care for children. It would thus enhance comparability of statistics among countries.
16. The classification would also include an illustrative list of the types of facilities providing residential care for children, and of the various types of arrangements constituting family-based and family-type care. This list would aim to be as comprehensive as possible, while remaining open to including categories that may emerge in the future. It would further help to quickly characterize a facility and care arrangement, can be used in research for sampling, data analysis, or both, and be incorporated in policy for purposes of resource allocation and system differentiation. The classification would also provide the basis for disaggregating data on alternative care for children, including the minimum set of variables to be collected across data sources.

17. The classification would be used as a model to provide structures and organize statistical data on alternative care for children across different data sources. It would be applicable to all types of data on alternative care for children, including administrative records as well as data collected in dedicated surveys on children in alternative care or specifically on children in institutions, or household surveys or censuses gathering demographic data on children living in formal or informal family-based care arrangements (e.g., foster care, kinship care).
18. The classification can help raise the capacities of NSOs and line ministries to improve data quality on alternative care for children. High quality data that consider issues of child rights will in turn inform policy making, planning and programming and contribute to enhancing the capacity of national governments to develop, implement, monitor and evaluate better public policies and programmes to prevent unnecessary family separation and, if needed, provide suitable temporary alternative care for children, including for those who are more likely than other children to end up in institutions, deinstitutionalize children in institutions, and ensure safe transitions for all care leavers.
19. To draft this classification, UNICEF will form a task force composed of representatives from national statistical offices and government entities, as well as academia, civil society organizations and international organizations in 2024. The task force will produce a first draft that will then be shared for technical review among key experts and revised accordingly. The advanced draft will then undergo further review through expert meetings, an online country consultation process and a multi-country testing. The final draft will then be submitted to the Expert Group on International Statistical Classifications for review. The process is expected to be completed in late 2025.

## **B. Improving national statistics on children in alternative care**

20. For over two decades has the TransMonEE network of today 30 national statistical offices in Europe and Central Asia worked together with line ministries and UNICEF to improve national statistics on children in alternative care. The [TransMonEE database](#) serves as a centralized repository, consolidating over 800 indicators across all domains and sub-domains of child rights and well-being from a range of international databases. For indicators for which data cannot be extracted from international databases, including the indicators on children in alternative care, data are collected and reported by the TransMonEE NSO members. The TransMonEE database predominantly consists of time-series data, which allows for the analysis of trends and patterns over time. It includes stock and flow data from administrative sources on children in alternative care covering 1989 to present with disaggregated data (by sex, age, and disability status) available since 2005. The CES guidelines highlight TransMonEE as an example for other regions of a practice to produce a set of statistics on children in alternative care from administrative sources based on agreed indicators, standard definitions and other harmonized metadata. Administrative sources are the main source of data to produce key indicators on children in alternative care. The UNECE NSO survey informing the CES guidelines found that 85 per cent of the 35 NSOs providing information on the types of data sources used to produce key indicators on children in alternative care, reported using administrative data sources (including one population register); while 26

per cent reported using survey data, and 17 per cent the use of data from population censuses (CES guidelines, p. 46).

21. TransMonEE data are updated annually, and UNICEF is continuously working with national partners to address issues concerning the comparability, quality, and coverage of the data reported in TransMonEE, as some countries do not report consistently, and others report indicators that deviate from TransMonEE's statistical standards. At the 2022 TransMonEE meeting, a new initiative was started by UNICEF in Europe and Central Asia region with selected countries, to assess the maturity level and functioning of the countries' administrative data systems and to develop and implement national data action plans for the improvement of administrative data on children in alternative care. The initiative started in 2023 in Central Asia with three countries, namely Kazakhstan, Tajikistan and Turkmenistan. Countries were assisted in (a) mapping the existing administrative data system for alternative care for children and in adoption and applying and implementing a global diagnostic toolkit to assess the effectiveness of the current administrative data system to identify where targeted investments are needed to improve performance, and (b) developing a data action plan, informed by the results of the self-assessment, as a roadmap with concrete actions and strategies that need to be undertaken by Government and other stakeholders and partners, including UNICEF, to strengthen and improve the data system for alternative care for children, and as a baseline for monitoring improvements over time.
22. The countries tested a new global toolkit that covers different quality criteria and dimensions often used in data quality frameworks:
  - **Access:** whether certain data may be available, though not currently reported, published and/or used, and whether some data are not collected or even captured in records at all.
  - **Output quality:** whether the data are produced in a timely manner and are accurate and relevant.
  - **Process quality:** whether standardized methods, tools and indicators are used, data protection and privacy are established, data gathering and management is being done cost-efficiently and quality procedures are in place.
  - **Institutional quality:** whether there is legislation in place regulating data collection and management, relevant training is provided to those responsible for data collection and management, and review procedures are in place.

## C. Lessons learned and conclusions

23. While the toolkit is being finalized and the multi-year initiative is ongoing, various lessons were learned during the first year of implementation, and from UNICEF-supported regional initiatives, such as TransMonEE and DataCare:
  - 1) **Commitment and resources:** Both, the NSO and the government, need to be fully committed to assess and take concrete actions to improve data on children in alternative care. They must have a clear mandate for this work; develop, implement

and monitor a fully resourced work plan for data improvement planning; and must be held to account for progress made and results achieved.

- 2) **Leadership and expertise:** The production of comparable indicators of good quality on children in alternative care using administrative data sources is complex and often requires an inter-sectoral effort. The leadership of the NSO (or co-leadership of NSO and line ministry) is crucial in this process to ensure the level of expertise required for the assessment of the existing data system with a view to harmonize alternative care data collection and reporting across governmental (and non-governmental) data providers, and to strengthen process, output, and institutional quality. In countries where line ministries have their own statistical units, a close collaboration between the unit and the NSO can often be mutually beneficial and strengthen capacities of both entities.
- 3) **Creation of a baseline for improvement:** A (self-)assessment of the maturity of the existing administrative data system on alternative care needs to include a deep dive analysis of the components of the system that need improvement and should result in a costed and resourced data improvement action plan (to be approved by government). During the process, consensus needs to be built on the current state of the administrative data system on children in alternative care and needed improvements and priorities for targeted intervention and investment. The data improvement action plan should be an inter-sector working document. There are several examples<sup>2</sup> of data improvement strategies and plans from different sectors and countries. These plans are often developed as stand-alone documents. However, as many governments are implementing broader data reforms including the digitalization of their data systems, it can be useful to integrate the actions into a broader data improvement plan of the government.
24. In countries, where statistics on children in alternative care are produced not only from administrative sources but other sources too, the entity leading the assessment process will need to broaden and adjust the assessment and subsequent action plan to cover all sources. It will also need to assess the level to which data from the different sources is triangulated to establish a holistic view of the situation of children in alternative care.
- 4) **Assessment of data collected along the continuum of care and support for children in need of protection:** the minimum set of indicators for children in alternative care that is currently tested within the alternative care data improvement initiative led by UNICEF includes data measuring efforts of child protection systems to support children and their families with a view to prevent family separation, if possible, but it does not cover indicators measuring the longer-term outcomes of alternative care for care leavers (e.g., outcomes in the areas of education, training and employment, housing, health and subjective wellbeing, and personal relations). Countries that also collect data to produce such outcome indicators, need to ensure that their data improvement assessment covers the survey instruments used to collect these data.

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<sup>2</sup> See, e.g.: [Tusla Data Management Strategy 2019-2022.pdf \(sharepoint.com\)](#) and [Australia's Disability Strategy 2021 – 2031 - Data Improvement Plan \(sharepoint.com\)](#).



- 5) **Assessment and elimination of root causes of poor-quality data:** Assessments need to identify root causes for the lack of data and data quality issues, and actions should aim to eliminate those causes. Testing the toolkit shows that one of the root causes is the lack of an understanding among service providers of the critical roles in data quality: the ones generating the data and the ones that are using the data. Teams providing alternative care services often do not see themselves as data provider but solely as service providers. Engaging them in assessments of alternative care data can help to start changing their mind-set, take on the role as data provider, and follow the steps required to address data quality issues that fall into their sphere of influence.
  - 6) **Ethical issues such as consent, privacy and confidentiality and legal framework and cross-sector agreements for data sharing, data use, and linkages:** these came up as issues in all initiatives studying alternative care data or working on improving them. Particular attention should be paid to these in countries conducting a baseline assessment and in the action plans for improving data on children in alternative care, as they can hamper progress in implementing actions, e.g., actions to harmonize and improve data quality across different sectors, collect disaggregated data, and reduce data bias.
25. **To conclude:** this paper shows that there have recently been many initiatives that have studied data and data systems on children in alternative care and have worked on developing a minimum set of core indicators and harmonized metadata. In parallel, governments world-wide are making efforts to deinstitutionalize children and transition their alternative care systems to community- and family-based care. It is time that these initiatives are integrated and actions to improve data on children in alternative care are embedded into national care system reforms and broader efforts made by countries to progressively realize the rights of all children and ‘leave no one behind’. While the development of an international statistical classification for alternative care for children is crucial, such global processes can take several years. In the meantime, countries can assess the maturity of their alternative care data systems to create a baseline for continuous data improvement and develop and implement a road map of the actions that need to be taken to improve alternative care data availability, quality and comparability. Guidance<sup>3</sup>, tools and technical support are available, if needed, e.g., from UNICEF, and so are good practice examples<sup>4</sup>. Wherever possible, these efforts should be integrated with ongoing efforts by donors and other development partners that are supporting countries in strengthening their national child protection data systems or governmental data systems more broadly, to ensure quality data is available for policymaking, planning and programming. They can also be integrated with humanitarian efforts, as the work on strengthening data on unaccompanied and separated refugee children and children evacuated from institutions supported by UNICEF show. Initiatives, such as TransMoNEE and more recently, the European Child Guarantee, pose an opportunity at

<sup>3</sup> See e.g., Health Metrics Network, ‘Strengthening Country Health Information Systems: Assessment and monitoring tool’, 2006, [www.paho.org/hq/dmdocuments/2011/HMN-Assessment-Tool-1.96.pdf](http://www.paho.org/hq/dmdocuments/2011/HMN-Assessment-Tool-1.96.pdf) or World Health Organization, ‘Section 3. Health Information Systems’, in *Monitoring the Building Blocks of Health Systems: A handbook of indicators and their measurement strategies*, WHO, Geneva, 2010, [www.who.int/healthinfo/systems/WHO\\_MBHSS\\_2010\\_full\\_web.pdf](http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf).

<sup>4</sup> See, e.g., the 2023 webinar that showcased good practices across the EU in integrating children in alternative care into national monitoring indicator frameworks and data improvement action plans, and identified key drivers that can facilitate the necessary data reforms and result in stronger data systems and increased data use.

regional level to work with a specific group of countries, on ensuring comparable high-quality data on children in alternative care across the region based on agreed indicators.

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