

The DataCare Project

Mapping Data System on Children in Alternative Care: The National Template¹

Version 1.0 – subject to adjustments following its application in Wave 1 of countries

Introduction to the National Template:

This Template helps national correspondents of the Eurochild-UNICEF DataCare Project to compile a *National Report* on what data are collected on children in alternative care. The Reports will contribute to a Discussion Report that will summarise findings from the 28 European countries participating in the DataCare Project and provide recommendations.

The research focuses on mapping the data systems on alternative care as they currently exist. The DataCare Project was launched under the assumption that besides confirming data gaps, it will find promising national practices that help identify a way forward across the region towards statistical standards for data collection on alternative care. National correspondents are encouraged to add insights on promising practices and raise issues that are relevant in their country even if these are not brought up in the data request. However, the Reports should keep a sharp focus on the two specific objectives of the research:

1. The *analytical* objective: Review and assess the capacity of the national data systems to report on those dimensions of alternative care that are necessary for informed policy decisions, monitoring the quality of care, and monitoring the progress of alternative care reform. Particularly in terms of safeguarding children’s rights to a family and inclusion in their community, and to support deinstitutionalising care.
2. The *operational* objective: Develop recommendations for practical guidance and tools for the collection and management of comparable and quality data on children in alternative care in Europe. This involves building nationally viable concepts that correspond to the international concepts of “alternative care”, ‘formal’ and ‘informal care’, and ‘family-based’ and “residential care” (see Glossary).

These twin foci – testing data comparability and the assessment of surveys’ analytical capacity meet in the eventual objective of the project of proposing - and checking the viability of – a forward-looking statistical *standard* for reporting on alternative care in Europe.

¹ Suggested reference: Eurochild (2020). *The DataCare Project. Mapping Data Systems on Children in Alternative Care: The National Template*. Eurochild, Brussels. For further information on the contents of this document, please contact Ciaran O’Donnell from the Eurochild Secretariat at Ciaran.odonnell@eurochild.org.

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Notes

- The DataCare Project is ambitious. The more information national correspondents provide, the more complete an overview and understanding can be created, but we understand information is not always readily available – please provide as much or as little as possible.
- Please prioritise sending links for or copies of questionnaires, surveys and their instructions to the DataCare team. If English translations are available, please include these as well as the originals in the national language.
- For all national concepts and agencies, please provide a translation of the national name or term, its definition and boundaries, and where it fits within the national legal framework. When providing English translations, please ensure accuracy – double-check with other experts with in-depth knowledge of the national child protection system and internationally used categories if needed.
- If there is no national standard definition and/or different definitions are used in different jurisdictions, mention the different definitions and the jurisdiction where they apply.
- Rather than a full review of the alternative care or child protection system, the research focuses only on those details and arrangements that are essential for understanding *the data system* that collects, analyses and publishes information on children in alternative care.
- The National Reports serves to describe the data system on alternative care. To help gain a full insight into the system it is helpful if data is provided where requested in this Template.
- The data provided should be from 2010 or later. The reference year/period should be as recent as possible and for a period from which data are extensively available/published.
- Much of the information requested can be entered into a table format (Table A, B, etc.). It is expected that rows will be added (i.e. when your country has more options than space is provided for). Additional columns are not likely to be needed but can be added if necessary.
- National correspondents are encouraged to provide data on the data collection, analysis, and publication on children in alternative care relevant to their country, even

if it does not fit exactly with one of the questions or descriptions given. This will help provide a deeper insight into national practices and international differences.

- National correspondents are requested to keep their answers as concise as possible while making sure that all relevant points are addressed.
- Please make use of the Glossary document provided to ensure understanding of definitions and concepts as they are used in this research project.
- If national correspondents are unable to answer certain parts of the National Template, they are encouraged to provide contact information for persons they feel are better positioned to provide the information, or they can contact them themselves to collaborate on the National Report.
- Eurochild’s DataCare Team will be available if national correspondents require clarification or assistance, they can be contacted at any point in the process of data gathering. The team will also facilitate horizontal contacts between correspondents to help build a community of practice.

Section I. Understanding Data Systems on Child Protection in the Country

1 Data collection tools

1.1 Please give the names of and links for the questionnaires and instructions used for official data collection of administrative data on alternative care, using Table A. Please include links for the questionnaires and instructions in Table A or send copies of them – and their English translations where available – together with the National Report.

Table A. List of statistical questionnaires and instructions of the data collection systems on children in alternative care

List of relevant statistical questionnaire(s) and instructions ²	Overall purpose, local agency that enters data, and list of the types of alternative care provisions the questionnaire reports about	Please enter internet link or publication reference of the questionnaire forms and the instructions for entering data with the name of the issuing agency
Comments: [Enter further notes and details here as needed]		

1.2 How are statistical results disseminated to and used by policymakers, the administration, and other stakeholders? (Max. 500 words)

2 Data management agency/agencies

² With survey name and questionnaire number/code and issuing agency indicated

2.1 Which agency(ies) are responsible for the collection and dissemination of data on children in alternative care in your country? What survey tools do they use? How frequently do they publish results? Please enter the information in Table B. below.

Table B. List of agency(ies) and survey tools collecting data and reporting on children in alternative care

Name of agency/ies in English (original name added in brackets)	Survey and dissemination tools involved in reporting on children in alternative care (e.g. administrative data system, population census, annual publications)	Notes on survey coverage, frequency, dissemination. If readily available, add key survey results (e.g. number of children aged 0-17, on 31 December, 20XX)
Comments: [Enter further notes and details here as needed]		

3 Major legislation and government directives guiding data collection on children in alternative care

3.1 Is there an equivalent national concept and unified statistical and monitoring system for the international concept of *children in alternative care* (see Glossary and Box 1 of the Research Protocol) in your country? (Max. 500 words)

3.2 Please list 1) legislative documents and/or 2) policy measures that are associated with the design, coverage, analysis, reporting and dissemination of results of statistical surveys on child protection and alternative care provisions in your country/its jurisdictions, providing a link where possible. Please indicate or name the relevant article numbers relating to data collection on children in alternative care in these documents.

Section II: Operationalising the Concept of Alternative Care in the Country

4 Definitions of alternative care provisions

4.1 Please share how the concept of alternative care is defined by law in your country. If different definitions are used in legislation and by child protection authorities, please give both. (Max 500 words)

4.2 Please give an overview, in Table C, of the various alternative care provisions that exist in your country and indicate whether they are included in surveys by the official statistical system.

Table C. Detailed list of all alternative care provisions available in your country

Please provide a list of the alternative care provisions that exist in your country. Title in English, with the national original in brackets ³	List the surveys /questionnaires covering this alternative care provision	National definition of the concept and/or explanation of its purpose (e.g. short-term/long-term/respite/emergency care). ⁴	Most recent data available on the total number of children living in this type of alternative care provision in the country both at a specific point in the year and entering during the period indicated (please note year/period)	
			Point in time [... ..]	Period [... ..]
C1.				
C2.				
C3.				
Etc.				
Put "N/A" to table cells when data are known to exist but are not available and "-" when the data do not exist				
Comments: [Enter further notes and details here as needed]				

4.3 What key alternative care concepts/main indicators are used in national statistics to report on children in alternative care? Please highlight what aggregates these concepts refer to using Table D adding further comments to the bottom of the table if necessary.

Table D. National data aggregates of alternative care provisions and key indicators on children in alternative care surveyed/monitored by the official statistics

A shortlist of key alternative care and national data aggregates published regularly on children in alternative care (e.g. children in residential care, children in small-group homes, children in foster care, children leaving care etc.) - Please start the list with the most aggregated concepts/data and then cover progressively the less aggregated concepts/data.	National definition of the indicator based on national legislation (please show using a simple formula how granular data on Table C add up to the more aggregated concepts here (e.g. D2=C1 or D2=C1+C3, etc.)	Most recent data available on the total number of children counted under this indicator in the country both at a specific point in the year and added during the period indicated (please note year/period)	
		Point in time [... ..]	Period [... ..]
D1.			
D2.			
D3 etc.			

³ If there is no national standard definition and/or different definitions in jurisdictions, mention the jurisdiction it refers to, in the Comments row

⁴ Provide information on limiting factors as part of the definition, such as age range or size

Put "N/A" to table cells when data are known to exist but are not available and "-" when the data do not exist

[Please enter notes on sources here]

Comments:

[Enter further notes and details here as needed]

4.4 Please indicate, in Table E where the national definitions of alternative care provisions given in Table C fit with the internationally used categories. Please make sure that every alternative care provision mentioned in Table C is placed under one of the categories in Table E.⁵

Table E: Operationalising the International Concepts of Alternative Care in the Country

Categorisation under international definitions of alternative care provisions for children as follows:

(E1) Alternative care

(E1.1) Formal (alternative) care

(E1.1.1) Residential care

(E1.1.2) Family-based care (Formal)

(E1.2) Informal care

(EX) Other formal care and atypical cases

For the definition of the five international aggregates noted under E1, E1.1 etc. see *Glossary of the DataCare project*. EX is a working category collecting items which require further investigation.

Instructions and results

Please go back to your list of national care provisions (C1, C2 etc.) in Table C and consider – provision by provision – under which of the five categories above could you situate the national provision in question.

Follow the set of instructions below until you have considered each of the national provisions in Table C.

1. Do children in this care provision fall under the international definition of *alternative care*?

NO → Drop this provision from your list and go to next national provision on Table C.

YES → Keep care provision on your list and go to the next question

Please show, using a simple formula, what national alternative care provisions in Table C fall under each of the international definitions above (e.g. E1.1.1=C1 or E1.1.2=C1+C3+C8, etc.)

[Leave this space empty]

⁵ If it is not possible to fit a provision mentioned in Table C under any of the headings in Table E, it should be removed from Table C, as it is not part of alternative care.

<p>2. Do children in this care provision fall under the international definition of <i>formal (alternative) care</i>?</p> <p>NO → Go to question 5 below. YES → Keep care provision on your list and go to the next question</p>	<p>[Leave this space empty]</p>
<p>3. Do children in this care provision fall under the international definition of <i>residential care</i>?</p> <p>NO, OR NOT SURE → Go to next question Yes → Put care provision on the list of Residential care (see column on the right)</p> <p>(Take the next national care provision and go the first question in this column)</p>	<p>List of national provisions which fall under the definition of residential care:</p> <p><i>E1.1.1 = [enter formula here]</i></p>
<p>4. Do children in this care provision fall under the international definition of <i>formal family-based care</i>?</p> <p>NO, OR NOT SURE → Go to next question YES → Put care provision on the list of Formal family-based care</p> <p>(Take the next national care provision and go the first question in this column)</p>	<p>List of provisions which fall under the definition of formal family-based care:</p> <p><i>E1.1.2 = [enter formula here]</i></p>
<p>5. Do children in this care provision fall under the international definition of <i>informal care</i>?</p> <p>NO → If it was not listed anywhere yet, put the care provision on the list of “<i>Other formal care arrangements and atypical cases</i>” with an explanation. YES → Put provision under the list of informal care but take note: check and explain why this provision is being monitored by official statistics and is still not considered formal care (this is a possibility but uncommon)</p> <p>(Take the next national care provision and go the first question in this column)</p>	<p>List of provisions which fall under the definition of informal care:</p> <p><i>E2 = [enter formula here]</i></p>
<p>6. Do children in this care provision not fall under any of the previously mentioned international definitions and therefore come under <i>Other formal care and atypical cases</i>?</p> <p>YES → Put provision under the list of other formal care and atypical cases</p> <p>(Take the next national care provision and start again from the first question in this column until you have examined all national care provisions on your list in Table C.)</p>	<p>I. List of provisions which could not be placed elsewhere i.e. constitute “other formal care and atypical cases”:</p> <p><i>EX = [enter formula here]</i></p>

Notes and comments:

[Enter further notes and details here as needed]

4.5 Do official surveys and data systems account for all children in alternative care? Are there some alternative care provisions (e.g. children in residential care, foster care, formal kinship care or children cared for by private, or faith-based organisations etc.) that are excluded from routine, administrative survey coverage? Are the children in all forms of alternative care included in population censuses or household surveys? (Max 1000 words)

Section III. Exploring the Capacity of Data Systems on Alternative Care to Report on the Quality of Care

5.1 Table F explores the extent to which national data systems collect disaggregated information on children in alternative care including demographic variables and datapoints that allow assessment of the implementation of the necessity and suitability principles. Please indicate whether the datapoints in Table F are covered in the questionnaires, surveys and censuses that request data on children in alternative care.

Table F. Do national data systems collect demographic and analytical variables on children in alternative care in your country? A 17-Point Checklist

Are the datapoints listed below covered in questionnaires? ⁶	Does the questionnaire survey this dimension? Important: if different for different care provisions please answer for each	Comments - Please explain briefly here national concepts/definitions and/or breakdown of information as used in national surveys - Add further comments as necessary
<i>Core Data</i>		
1. Children (include local definition)	Yes/no	
2. Age	Yes/no	
In individual years	Yes/no	
In age groups	Yes/no	
Other (specify)	Yes/no	
3. Gender (include the local definition of categories used, not necessarily binary)	Yes/no	
Male	Yes/no	
Female	Yes/no	
Other (specify what category/ies available)	Yes/no	
4. Country of origin	Yes/no	

⁶ This checklist should be applied to all the questionnaires that seek to collect data on any of the alternative care provisions listed in Table C.

Current citizenship	Yes/no	
Children in migration situations (specify)	Yes/no	
Statelessness	Yes/no	
Other (specify)	Yes/no	
5. Ethnicity (please specify categories used)	Yes/no	
6. Religion	Yes/no	
7. Disability status (provide national definitions of different categories)	Yes/no	
No disability	Yes/no	
Physical disability	Yes/no	
Intellectual disability	Yes/no	
Learning disability	Yes/no	
Chronic illness	Yes/no	
Mental health problems	Yes/no	
Other (specify)	Yes/no	
8. Parental status	Yes/no	
Both parents living	Yes/no	
One parent dead	Yes/no	
Two parents dead	Yes/no	
Parents absent, location known (specify one or both)	Yes/no	
Parents absent, location unknown (specify one or both)	Yes/no	
Parents unknown	Yes/no	
Other (specify)	Yes/no	
<i>Analytical Data</i>		
9. Reason for entry ⁷	Yes/no	
No parents	Yes/no	
Abuse	Yes/no	
Neglect	Yes/no	
Substance abuse parents	Yes/no	
Substance abuse child	Yes/no	
Behavioural problems	Yes/no	
Poverty	Yes/no	
Homelessness	Yes/no	
Access to education or other services	Yes/no	
Disability	Yes/no	
Unknown	Yes/no	
Other (specify)	Yes/no	
10. Entry into alternative care through a decision by (for each alternative care provision):	Yes/no	
Judicial system	Yes/no	
Social worker	Yes/no	
Medical professional	Yes/no	
Parents	Yes/no	
Child	Yes/no	
Other administrative decision-maker (specify)	Yes/no	

⁷ If yes, please list reasons listed in the national questionnaire not mentioned here if they exist, in the Comments column, on the right

Unknown	Yes/no	
Other (specify)	Yes/no	
11. Children with a record of assessment on entry	Yes/no	
12. Children with documentation on support and/or intervention before referral	Yes/no	
13. Children with a care plan to decide placement	Yes/no	
14. Children whose placement was reviewed in the last 3-12 months (please specify the period, whether within or outside the one given)	Yes/no	
15. Children who have had in-person family contact in the last 3-6 months (please specify the period, whether within or outside the one given)	Yes/no	
16. Leaving care to.... (please list the reasons surveyed in national questionnaire, if not mentioned here, in Comments column on the right)	Yes/no	
Reintegration with family	Yes/no	
Adoption	Yes/no	
Independent living before age 18	Yes/no	
Reaching age 18	Yes/no	
Death	Yes/no	
Change of placement	Yes/no	
Moved to adult facility	Yes/no	
Unknown	Yes/no	
Other (specify)	Yes/no	
17. Age at leaving alternative care	Yes/no	
Comments: [Enter further notes and details here as needed]		

5.2 Please indicate whether the datapoints on quality of care in residential care in Table G are covered in the questionnaires, surveys and censuses.

Table G. Datapoints on residential care in your country

Are the datapoints listed below covered in questionnaires? ⁸	Does the questionnaire survey this dimension?	Please include here definitions of national concepts
<i>All residential care provision</i>		
Number of facilities/units	Yes/no	
Number of children (either on 31 December or over the course of the year, please specify which)	Yes/no	
Length of stay (if yes, specify)	Yes/no	

⁸ Important: This checklist should be applied to every questionnaire that seeks to collect data on any of the residential care provisions. In case national concepts make a distinction between small group homes, family-like residential care units (see Glossary document) and larger residential care units (institutions) the table should be completed separately for each distinction

Total staff number (either on 31 December or over the course of the year, please specify which)	Yes/no	
Of which are care staff	Yes/no	
Of which are qualified/trained staff	Yes/no	
<i>Small group homes, family-like residential care provisions (please answer separately if data requests are not uniform)</i>		
Number of facilities/units	Yes/no	
Number of children (either on 31 December or over the course of the year, please specify which)	Yes/no	
Length of stay (if yes, specify)	Yes/no	
Total staff number (either on 31 December or over the course of the year, please specify which)	Yes/no	
Of which: care staff	Yes/no	
Of which qualified/trained staff	Yes/no	
If the breakdown on small group homes given in the Glossary does not exist in your country but a similar concept exists please use and explain.		
Comments: [Enter further notes and details here as needed]		

5.3 Are data on children in residential care collected and reported separately for small group homes? If yes, what is the size above which residential care facilities are considered large institutions? (Max 500 words)

5.4 Are there any other characteristics that the statistical system measures and/or uses to distinguish family-like care (see Glossary) from institutional care? (Max 1000 words)

Section IV. Commentary on Data Systems on Alternative Care (5 pages maximum)

6.1 To what extent can the data system of your country report on the quality of care children receive? What are the strengths and what are the weaknesses of the current data system? Are there any relevant reforms ongoing?

6.2 What are the main conclusions that emerge? What challenges does the current data system face in terms of capacity, comparability and quality? What key technological direction do routine and census data show? What recommendations could be made so that statistics and data on alternative care inform legal changes and policy feedback loops better?

6.3 Please call attention to any major changes in the above, which may have impacted on data collection and reporting since 2010.

6.4 What problems did you encounter while putting together the National Report?

6.5 Please provide information on who was involved in putting together the National Report and what their area of expertise is. And with their permission provide us with contact details of people involved (in case further clarification is needed).