

The DataCare Project

Mapping Data System on Children in Alternative Care: The Research Protocol¹

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

DataCare Project Summary:

The DataCare Project is a joint initiative of Eurochild and UNICEF. Launched in March 2020, the results are expected in September 2021. The project will map alternative care data systems across the 27 Member States of the European Union (EU) and the UK. It will map the data collection and reporting system on children in alternative care in Europe. However, most importantly, it aims to support progress towards convergence in the type of data and the way that it is collected and published.

Reaching this aim will require collaboration with national partners who are familiar with the different types of alternative care provisions in their country. Having international experts with significant academic and/or programming experience as partners will be essential for assessing promising practices. This is why the DataCare Project will need to mobilise a network of local correspondents as well as international experts, child protection specialists, statisticians and practitioners working in academia, NGOs, INGOs and national statistical institutions, to work together and make this Project possible.

This Protocol provides partners involved in the DataCare Project an overview of its purpose and methodology. It includes a detailed description of the approach and is accompanied by the National Template proposed for mapping national data systems, and a Glossary.

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¹ Suggested reference: Eurochild (2020). *The DataCare Project. Mapping Data Systems on Children in Alternative Care: The Research Protocol*. 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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1. Introduction

The DataCare Project was launched by Eurochild with support from UNICEF in March 2020 to map the data systems on children in alternative care in 28 European countries (27 European Union (EU) Member States and the UK; see Box 1 and the Glossary for the definition of alternative care). It aims to explore how, and to what degree, data systems on alternative care deliver on their dual-purpose: on one hand, to help carers protect children’s rights through adequate care practice and on the other hand, to inform decision-makers and stakeholders on necessary adjustments in institutional arrangements and policy frameworks that underlie alternative care practice – a pivotal part of child protection.

Prior studies have found a dearth of information on children entering, staying in, and leaving alternative care across Europe. While some relevant data are collected, diverse standards, uneven publication practices, challenges around longitudinal analysis, and linking different datasets blur the picture for national policymakers and inhibit regional and international collaboration. Questions on how many children are in alternative care in the EU and the UK, what share of them are placed in residential care, or why they are separated from their families are difficult to answer using available data.

The February 2020 meeting of the European statisticians has noted that “accurate, reliable and comparable estimates of the number of children living in alternative care are difficult to obtain due to divergent cultural views and legislations, as well as due to lack of standard definition and methodologies.”² Cultural and administrative diversity, however, need not prevent countries from adopting broadly comparable reporting systems.

² UNITED NATIONS ECE/CES/BUR/2020/FEB/8, ECONOMIC COMMISSION FOR EUROPE 18 February 2020, CONFERENCE OF EUROPEAN STATISTICIANS, Meeting of the 2019/2020 Bureau, Aguascalientes (Mexico), 25-26 February 2020

Gaps and weaknesses in statistical evidence make it difficult to assess child protection policy and practice and determine whether gatekeeping systems are in place. Moreover, a child in alternative care is more than just a piece in the puzzle of big picture statistics. He or she is an individual with rights that signatory states of the UN Convention on the Rights of the Child (CRC) are responsible for upholding.

The DataCare Project aims to establish a clear picture on *what* data are being collected on children in alternative care, and *how* these data are collected, analysed, published, and used for guiding child protection policy and improving alternative care practice. It is important to note, therefore, that the Project *will not* study the alternative care or child protection system itself. That has been done elsewhere and results are available.³ The DataCare Project will study child protection legislation, agencies, processes, tools and definitions of care provisions insofar as they are relevant to data collection, performance monitoring, analysis of and reporting on children in the alternative care systems.

Data flow and evidence could be seen as “*the bloodstream of public policy*”. Experience suggests that when the implementation of laws and regulations is not monitored, and when there is no evidence-based feedback, policies are less effective. In the context of child protection and alternative care in Europe, accelerating deinstitutionalisation and strengthening family-based care stand out as major policy issues where greater clarity and rigorous and comparable data are needed. It is hoped that the insights gained through the DataCare Project will be useful for compiling *indicators* that could help measure and monitor progress in alternative care reform in Europe. A further hope is that by identifying promising practices in data collection, monitoring and dissemination, other countries will be encouraged to adopt these, thereby moving towards a statistical standard on data on child protection across Europe.

Box 1: The Concept of Alternative Care Brings a Measurement Challenge

The concept of Alternative Care was coined by the 2010 UN *Guidelines for the Alternative Care of Children* (here on ‘the Guidelines’) using the following definition: “Where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorised civil society organisations.”

This definition is useful as it indicates what Alternative Care should be when the *necessity principle* (see Glossary) is fully implemented. A strength of the definition is that while it clearly refers to the need for child protection, it avoids stigmatising parents. However, it is important to note that it is an aspirational definition. Despite a lack of a complete data overview, it is known that currently there are many places where children are in alternative care despite their parents’ willingness to care for them. This may be

³ The 2009 Eurochild survey asked several questions on the child protection system and similar results from the 2016 mapping exercise by the Fundamental Rights Agency are available at the FRA website. <https://fra.europa.eu/en/publication/2016/mapping-child-protection-systems-eu#Overview>

because the ‘appropriate support’ mentioned is not available, or because discrimination and/or stigmatisation leads to circumstances that end in family separation.

The Guidelines offer further definitions (see Glossary) but, overall, stop short of offering operational instructions on how to measure the notions covered in its concept and use them operationally. Statistical investigations since 2010 on the aggregate number of children in alternative care have, indeed, either simplified the concept by adding the numbers in residential and foster care together as reported by authorities or avoided using the concept altogether.⁴ Currently, very few national statistical systems report on the total number of children in alternative care.⁵

It is not known to what extent the definitions of alternative care provisions in Europe align with the definitions from the Guidelines. Therefore, the research proposed in this Protocol will represent a pioneering effort to compile existing pieces of relevant information into a coherent operational concept on children in alternative care across different countries. The research will consider ‘children in alternative care’ those who are in an alternative care provision without questioning their parents’ ability or willingness to care for them.

2. Rationale

The Guidelines (Box 1), which were endorsed in 2010, were drafted to assist the interpretation and implementation of the 1989 CRC and the 2006 UN *Convention on the Rights of Persons with Disabilities* (CRPD), to which all European countries are signatories. In 2010, the CRPD was also ratified by the EU. The European Commission has a strong commitment to promoting and protecting children's rights in all relevant EU policies.⁶ Its Cohesion Policy explicitly supports deinstitutionalisation and social inclusion.⁷ Indeed, EU policies were found to be instrumental in deinstitutionalising alternative care in a number of EU accession countries, by an independent evaluation commissioned by UNICEF.⁸

⁴ See for example, Petrowski, N., Cappa, C., and Gross, P.: Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse & Neglect* 0145-2134/© 2017, Elsevier Ltd. <http://dx.doi.org/10.1016/j.chiabu.2016.11.026>, or Furey, E and Canavan, J.: A review on the availability and comparability of statistics on child protection and welfare, including children in care, collated by Tusla: Child and Family Agency with statistics published in other jurisdictions. UNESCO Child and Family Research Centre, NUI Galway.

⁵ To understand the difference between results from administrative and survey statistics it is useful to think of the difference between ‘registered unemployment’ and unemployment as measured by Labour Force Surveys. The latter uses a set of questions – constituting an international statistical standard – that are put to the adult members of households surveyed about the circumstances that underlie their employment status - rather than just clarifying whether they receive unemployment benefit and consider service provision as proof of status and need.

⁶ *Children's rights in the EU Marking 30 years of the UN Convention on the Rights of the Child*. European Council Parliamentary Briefings, November 2019.

⁷ https://ec.europa.eu/regional_policy/en/policy/themes/social-inclusion/desinsti/

⁸ Independent Multi-Country Evaluation of Result Area 1 – A Child’s Right to Supportive and Caring Family Environment. UNICEF and Pluriconsult Romania, May 2015

However, from a broader perspective, important gaps remain. The European Commission Feasibility Study for a Child Guarantee (FSCG)'s 2019 Target Group Discussion Paper on Alternative Care found that "translation into national legislation and policies and the implementation of [human rights] obligations nationally still lag behind."

Phasing out institutionalisation and strengthening family and community care practices still require major work in Europe, as shown in Box 2.⁹ Box 3 underlines the urgency of these reforms.

Box 2: A League Table of Critical Issues on Alternative Care for Children's Rights in Europe

What issues have frequently been raised in the Concluding Observations of the Committee on the Convention of the Rights of the Child on alternative care over the last 10 years? A Eurochild review of publicly available information has found the following, listed in descending order, for Europe:

- The need for improvements for alternative care, including incorporating best interests of the child, phasing out institutionalisation of children towards family- and community-based care, and/or ensuring poverty is not the sole justification for alternative care - 25 Member States.¹⁰
- The need for improved comprehensive data collection on vulnerable children – 24 Member States.¹¹
- The need for better monitoring and quality standards related to placement in and provision of alternative care – 18 Member States.¹²
- Strengthening foster care systems – 18 Member States.¹³
- Improving preventative measures – 12 Member States.¹⁴
- Specific gaps related to the collection of data on children in alternative care – 11 Member States.¹⁵

⁹ Evidence is presented according to the national reports; however, problems in practice could be more extensive.

¹⁰ Austria 2018, Belgium 2010 & 2019, Bulgaria 2016, Croatia 2014, Czechia 2011, Denmark 2011 & 2017, Estonia 2017, Finland 2011, France 2016, Germany 2014, Greece 2012, Hungary 2014 & 2020 - includes calls for child participation in care decisions, Ireland 2016, Italy 2019, Latvia 2015, Lithuania 2013, Luxembourg 2013, Malta 2013 & 2019, Netherlands 2015, Poland 2015, Portugal 2014 & 2019, Romania 2017, Slovakia 2016, Spain 2011 & 2018, UK 2016.

¹¹ Belgium 2010 & 2019, Bulgaria 2016, Croatia 2014, Cyprus 2012, Czechia 2011 - highlighted Roma, Denmark 2017, 2011 - both highlight Greenland/Faroe Island, Estonia 2017, Finland 2011, Germany 2014, Greece 2012, Hungary 2020 – highlighted a new ethnic marker by self-identification, Ireland 2016, Italy 2011 & 2019, Latvia 2015, Luxembourg 2013, Malta 2019, Netherlands 2015, Poland 2015, Portugal 2014 & 2019, Romania 2017, Slovakia 2016, Slovenia 2013, Spain 2011 & 2018, UK 2016.

¹² Austria 2018, Bulgaria 2016 - including voice of children, Croatia 2014, Czechia 2011 - referred to benchmarks, Denmark 2017, Estonia 2017, Finland 2011, France 2016, Hungary 2014 – highlighted under-reporting of abuse and neglect, Italy 2011 & 2019, Latvia 2015, Lithuania 2013, Luxembourg 2013, Portugal 2014 & 2019, Romania 2017, Slovakia 2016, Spain 2011 & 2018, Sweden 2015.

¹³ Croatia 2014, Cyprus 2012, Czechia 2011, Denmark 2017, Estonia 2017, Finland 2011, Greece 2012, Hungary 2014 & 2020, Italy 2011 & 2019, Latvia 2015, Lithuania 2013, Malta 2013 & 2019, Netherlands 2015, Poland 2015, Portugal 2019, Slovakia 2016, Slovenia 2013, Spain 2018.

¹⁴ Czechia 2011, Denmark 2011 & 2017, Germany 2014, Greece 2012, Hungary 2020, Luxembourg 2013, Malta 2013 & 2019, Poland 2015, Portugal 2014 & 2019, Slovakia 2016, Spain 2011 & 2018, UK 2016.

¹⁵ Austria 2012 & 2018, Belgium 2019, Croatia 2014, Czechia 2011, Finland 2011, France 2016, Hungary 2020, Italy 2011 & 2019, Luxembourg 2013, Netherlands 2015, Portugal 2014.

- The need for improved support for care leavers, aftercare and reintegration – 10 Member States.¹⁶
- Challenges related to the decentralisation of authority for the care of children – 7 Member States.¹⁷
- The prevalence of children under 3 years old in institutional care – 5 Member States.¹⁸
- The punishment or abuse of children in alternative care – 5 Member States.¹⁹

Source: *Summative analysis of UN CRC concluding observations 2010-2020 for children in alternative care*. Ciaran O’Donnell, DataCare Project.

Box 3: Why greater effort on deinstitutionalisation is needed?

Evidence has repeatedly shown that institutions are damaging to children. Scientific research into children’s early development shows that, when it comes to very young children, even a relatively short institutional placement can negatively affect brain development and have life-long consequences on emotional well-being and behaviour.²⁰ On leaving care, young people who have lived in institutions are more likely to experience unemployment, social isolation, homelessness and depression. For these reasons, and with the support of the adoption of the CRC, CRPD and other human rights instruments, institutionalisation is increasingly acknowledged as poor policy and a violation of human rights.

In several countries with high numbers of children in institutions, e.g. Belgium, France, Portugal, Spain, and Hungary, a comprehensive deinstitutionalisation strategy promoting family- and community-based care still needs to be put in place. Available estimates suggest several hundreds of thousands of children live in institutions in Europe today.²¹

The fact that observations of the UN Committee on the Rights of the Child have been critical of one or more aspects of the data systems on alternative care – for every country included in the

¹⁶ Bulgaria 2016, Denmark 2017, Estonia 2017, Finland 2011, France 2016, Ireland 2016, Malta 2013 & 2019, Poland 2015, Romania 2017, Slovakia 2016.

¹⁷ Austria 2012 & 2018, Denmark 2011, Estonia 2017, Germany 2014, Italy 2019, Netherlands 2015, UK 2016.

¹⁸ Belgium 2010 - Walloon region, Bulgaria 2016, Estonia 2017, Lithuania 2013, Poland 2015.

¹⁹ France 2016, Romania 2017, Slovenia 2013, Spain 2018, Sweden 2015.

²⁰ Van Ijzendoorn, M. et al: Institutionalisation and deinstitutionalisation of children 1: A systematic and integrative review of evidence regarding effects on development. Lancet Group Commission, 2020.

[https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2); see also See *Common European Guidelines on the Transition from Institutional to Community-based Care*. European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

<https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf>

²¹ https://ec.europa.eu/commission/commissioners/2019-2024/dalli/announcements/speech-commissioner-dalli-towards-inclusion-2020-what-vision-future-deinstitutionalisation-and-role_en

DataCare Project – suggests *a need for a major overhaul of data systems on alternative care* and related reporting and evaluation practices in Europe.²²

Similar conclusions emerged from the FSCG *Target Group Discussion Paper on Children in Alternative Care* (Box 4). These recent findings on gaps and weaknesses in evidence are in line with findings of an earlier Eurochild survey,²³ in 2009, suggesting that little progress has been made in terms of availability of data on children in alternative care over the last decade. Moreover, the fact that European statistical manuals, such as the European system of integrated social protection statistics (ESSPROS), still do not consider alternative care part of social protection, or that indicators on alternative care (e.g. aggregate number of children, trends, rates and ratios) are largely missing from Eurostat’s data collection and publications²⁴ confirms the urgent need for attention on statistics on alternative care. The challenge of measuring and reporting better on children left without parental care has recently been acknowledged by the Conference of European Statisticians.²⁵

Box 4: Highlights on Data Issues from the EU Child Guarantee Report on Alternative Care

The 2019 *Target Group Discussion Paper on Children in Alternative Care*²⁶, written as part of the European Commission’s 2017 preparation for establishing a European Child Guarantee, shows a range of issues with the way quantitative and qualitative data on children in alternative care are being collected, published, and used across the 28 EU Member States (including the UK):

- Data related to children in alternative care are incomplete and unreliable in most countries. This makes it impossible to estimate, let alone know, the number of children in alternative care, and more specifically of children in institutional care, in the EU.

²² Austria 2018, Belgium 2010 & 2019, Bulgaria 2016, Croatia 2014, Cyprus 2012, Czechia 2011, Denmark 2017, Estonia 2017, Finland 2011, France 2016, Germany 2014, Greece 2012, Hungary 2020, Ireland 2016, Italy 2011 & 2019, Latvia 2015, Lithuania 2013, Luxembourg 2013, Malta 2019, Netherlands 2015, Poland 2015, Portugal 2014 & 2019, Romania 2017, Slovakia 2016, Slovenia 2013, Spain 2011 & 2018, Sweden 2015, UK 2016.

²³ This survey, which covered 30 European countries focusing on published data sources, estimated that about 1% of the child population, approximately 1 million children, were placed in alternative care around 2009. It had to rely on aggregated figures and crude estimates due to data gaps, inconsistent definitions and varied data collection systems across countries. For example, it found that the Netherlands did not have data available on the number of children in alternative care, but instead had data on the number of beds available in institutions. Countries showed differences in what is included in foster care, guardianship, kinship care. Residential settings may, for example, include boarding schools, special schools, infant homes, homes for children with intellectual or physical disabilities, homes for children with behavioural problems, institutions for young offenders, after-care homes. Neither did the review find a common understanding of what constitutes family or community-based care. See https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/FINAL_EXEC_SUMMARY.pdf

²⁴ See <https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/-/KS-GQ-19-014>

²⁵ “There is ... an urgent need to address the lack of comprehensive, accurate and official data on children without parental care, or they will remain in the blind spot of policy and social programs.” UNITED NATIONS ECE/CES/BUR/2020/FEB/8, ECONOMIC COMMISSION FOR EUROPE 18 February 2020, CONFERENCE OF EUROPEAN STATISTICIANS, Meeting of the 2019/2020 Bureau, Aguascalientes (Mexico), 25-26 February 2020

²⁶ See Lerch et al. 2019

- Most countries lack disaggregated data (e.g. gender, age, disability, migration background) for children placed in alternative care.
- Data on the number of children in alternative care, including those entering or leaving care, are not always consistent and comparable (indicating issues with ‘stock’ and ‘flow’ data and with varying definitions used).
- Some data might include duplication (whereby a single child accessing different services or care environments, or entering more than once, is counted repeatedly in annual statistics).
- Some of the statistics include over-18s still supported by child protection services.
- Unaccompanied minors (UAMs) might be counted in statistics of another agency (e.g. Ministry of Interior).
- Children with disabilities might not be included in children in alternative care.
- Different countries and/or different jurisdictions within countries use different reporting periods and criteria for recording data.
- There is a lack of harmonised and agreed terms and definitions regarding types of alternative care placements across the EU.
- In some countries, weak or non-existing monitoring and oversight capacity in case management is seen as a barrier to transition to family- and community-based care for fears of abuse of the system and/or of children.
- Studies and surveys collecting and sharing the experiences of children in alternative care are largely missing (national data collection should collect data on experiences of children).
- Political will and public support for child welfare and protection reform is often weak or non-existing due to a failure to show progress – sustaining a vicious cycle of inertia.

3. Vision and Research Objectives

Over the last two decades, considerable international and European guidance for the reform of alternative care of children and development of family- and community-based care has been produced. However, progress on the ground has been limited. This suggests policy feedback loops do not work efficiently in some countries nor at the level of the EU. *The capacity of data systems on alternative care* has been criticised. This project aims to help bring about improvement by carrying out an in-depth, multi-country investigation to develop recommendations for a statistical standard for indicators and data collection and dissemination practices across Europe.²⁷

Box 5 presents a broad Vision for European data systems on alternative care based on insights from professionals – statisticians, child protection experts, researchers, and practitioners –

²⁷ Existing efforts on care-related data in Europe have, so far, been either a by-product of policy-centred investigations or have been limited to collecting available data without analysing in-depth national statistical methodologies and how data-systems work. See, for example, <https://www.unicef-irc.org/databases/transmonee/>

Eurochild members among them, who assist the DataCare Project. The Vision charts a change-agenda that is ambitious but achievable if political, technical, and financial support are mobilised.

Box 5: The Vision of the DataCare Project on European Data Systems on Alternative Care

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

The DataCare Project aims to contribute to realising this broad Vision, though its achievement will take years and will require the engagement of many partners. These could include national statistical and child protection agencies, NGOs and professional associations, academia, the EU institutions, including Eurostat and the Agency for Fundamental Rights (FRA), intergovernmental organisations like the Organisation for Economic Cooperation and Development (OECD), UN agencies such as UNICEF and the Economic Commission for Europe (UNECE), which hosts the Conference of European Statisticians. The fact that UNECE, with support from UNICEF and the United Nations Population Fund, has recently established a Taskforce for strengthening statistics on vulnerable children, adolescents and youth is a promising development.²⁸

The research in the DataCare Project will focus on a limited number of targets that can lead to results within a relatively short time. It will demonstrate how current data systems could be utilised better, and where further development is needed.

These pivotal targets are as follows:

- 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.
- 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). Having these data is essential for monitoring how many children enter, remain in, and leave the alternative care systems in European countries, and what share of these children are placed in residential care.

No guidance exists on what alternative care provisions should be included or excluded for a comprehensive and comparable picture on alternative care in Europe. Therefore, collecting existing data fragments, without establishing a clear methodology, is not effective. However, if the research generates a meaningful conceptual framework on how to determine the number of children in alternative care in each of the countries studied, then existing aggregates or data-

²⁸ The Task Force is set to accomplish the following tasks: a) Review data gaps, sources and collection mechanisms across countries in the UNECE region regarding indicators and disaggregation, in particular in the areas of education, health, violence, care of children without parental care, and persons with disabilities. This review will include the local definitions and use of age-based groups (children, adolescents, youth); b) Conduct a systematic review across countries and per topic of the use of standards and recommendations, definitions and methodologies that are internationally agreed; c) Develop a set of recommendations for a harmonised and rationalised improvement of the availability, quality, and comparability of statistics on children, adolescents and youth, in particular, in the three areas mentioned. See UNITED NATIONS ECE/CES/BUR/2020/FEB/8, ECONOMIC COMMISSION FOR EUROPE 18 February 2020, CONFERENCE OF EUROPEAN STATISTICIANS, Meeting of the 2019/2020 Bureau, Aguascalientes (Mexico), 25-26 February 2020.

fragments could be re-arranged into a conceptually clear aggregate. Results could then become replicable and transparent, as well as comparable at the highest levels of aggregation.

Therefore, a major output of the research will be the formulation of recommendations to inform European efforts to agree on a statistical standard for benchmarks and indicators for monitoring progress on alternative care and broader child protection reforms across Europe.

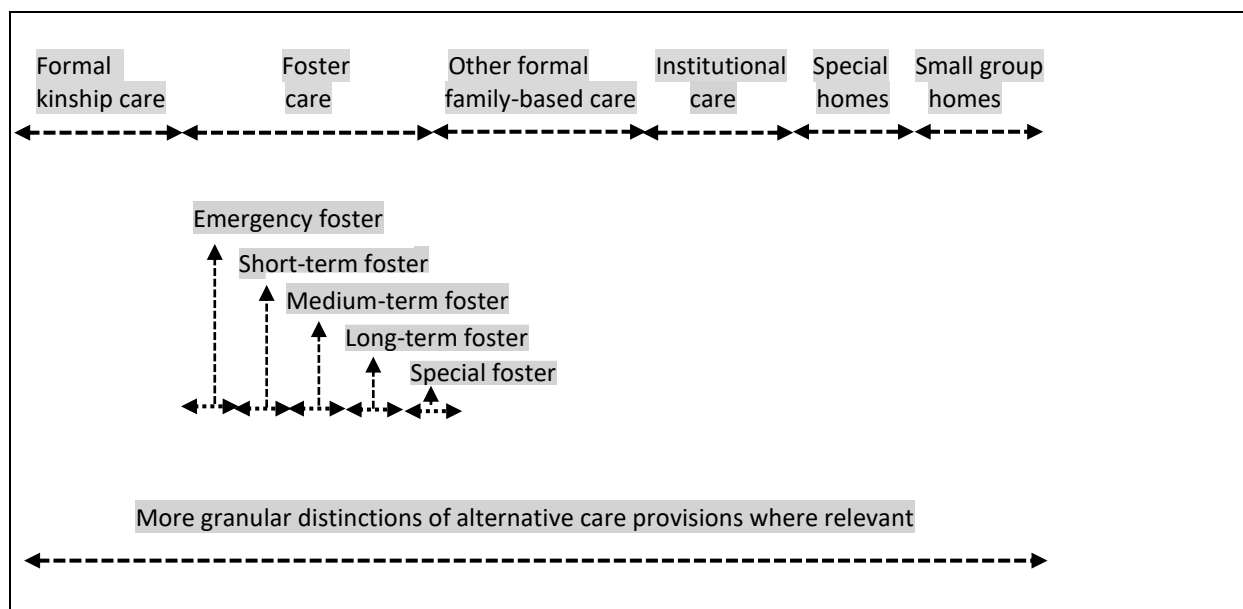
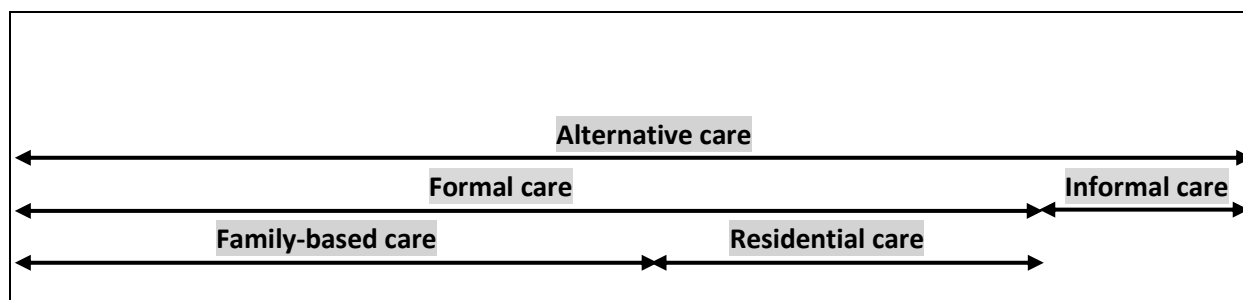
The research will attempt to collect granular level information on care provision in different countries and aggregate these into categories at four different levels, from top to bottom:

- 1) The total number of children in alternative care
- 2) The number of children in alternative care in 'formal' or 'informal' care (as defined in the Guidelines, see Glossary)
- 3) Under the 'formal care' category, how many children are in 'residential' or 'family-based' care
- 4) To the extent possible, further disaggregate the numbers of children in different types of 'residential' and 'family-based' care

Figure 1 provides a schematic overview of the different levels of aggregation of alternative care concepts. It will be helpful if the National Reports can match national alternative care provisions to these internationally defined concepts.

Figure 1. Collection and aggregation of data on alternative care provision²⁹

²⁹ Information on informal care will often not be available and is not the main concern of the Project, however, if such data is available from periodical statistical censuses or household surveys it would be useful to include them in the National Report.



It will be particularly important to distinguish between different categories of residential care, in order to assess the data system’s capacity to monitor progress in deinstitutionalisation.

The resulting indicators should provide a politically sensitive warning system, and act as valuable advocacy tools for increased attention to and improved funding of alternative care reform, and child welfare and child protection policy.³⁰ Major regional policy initiatives, like the Child Guarantee,³¹ could use the results for allocating resources and setting targets for progress in the same way that the UN Sustainable Development Goals (SDGs) do.³²

³⁰ Bilson, A., Herczog M., Kennedy, J.A., Kuzminskyi, V., and Rogers, J., *Childonomics: A Conceptual Framework*. 2017 shows why alternative care is the least cost-effective way to promote the rights of vulnerable children.

³¹ <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

³² Methodological results could trigger further analysis and sub-regional advocacy. If the research identifies patterns in priorities around alternative care in data collection systems across sub-regions (e.g. Scandinavia or Southern Europe) and/or across different welfare state models in Europe, then it will be easier to put findings in a comparative perspective and stimulate debate on social cohesion and policy convergence across Europe with a focus on children in alternative care. The data will enable comparative analyses on child welfare in Europe, especially when put in context and analysed together with other situational and policy evidence.

Highlighting what care provisions should be included in, or excluded from, a comparative picture on children in alternative care requires in-depth familiarity with the different parts of the alternative care system in each country. Eurochild and UNICEF – through their network of child protection specialists, academic and statistical partners in different countries and their partnerships with EU agencies and intergovernmental organisations – are well-placed to put together nationally-tailored and coherent recommendations that show how pieces of existing statistics could be put together for a broader European perspective on alternative care.

4. Research Questions and Scope

The three overarching research questions of this Project are:

- 1. Is comprehensive data collected on all children in alternative care? Especially, is there data on the number of children in alternative care, disaggregated information about the type of care they are in, their reason for entering alternative care, and on the quality of the care provided?**

The first assumption is that *information is available* on how national data collection on alternative care provisions is organised, on what questionnaires and instructions are used, and on what results these produce – or that such data could readily be made available upon request. The two most important sources of evidence to consider here are the methodological and data files of the regular/administrative data system and the decennial population census.³³

The second assumption is that the existing data collection systems *could be utilised better* for reporting on children in alternative care in a comparative perspective (see Box 6 below). This could be achieved by generating aggregated data that allow for improved comparability among countries (see Figure 1). Importantly, changes in the way data are aggregated, processed, and published are easier to implement than those affecting the legislative background and/or the design (coverage, frequency, focus, tools) of surveys.

The research will need to clarify what part of the data gaps and issues identified by prior investigations (Box 2 and 4) have more to do with data processing, analysis and publishing practices than with the data collection system itself. The third assumption is therefore that quite a lot of data (e.g. age, gender, family background) are collected by existing surveys but remain unpublished in some countries (see Box 6).

Box 6: Unpublished Data

An important research assumption of the DataCare Project is that not all statistical data collected on alternative care gets processed, analysed, published, and eventually disseminated to decision-makers,

³³ The last census year in the EU was 2011; currently preparations are underway for the 2021 census, which will use administrative and geospatial information to a large extent. This could significantly enhance their information content and reduce the traditionally significant time lag between the census date and the publication of the results: <https://ec.europa.eu/eurostat/web/products-catalogues/-/KS-02-14-480>

and other stakeholders. This is why the Project pays special attention to data tools and methodologies: studying what data is requested in the surveys, and how, will give a better understanding of the capacity of existing data systems than only examining the published results.

The DataCare Project will test claims in prior research findings that ‘there is no data’. A comparison between the data collection tools and the data publications might reveal that a significant part of the data collected remains largely invisible.³⁴ The results of this Project could help stimulate the demand for adjustments to existing data collection and management methods to avoid data remaining invisible.

The fourth assumption is that national data systems have widely differing data collection systems. It is not known whether there is collection of at least some data on all children who are in alternative care. This is important because if national data systems cover only some groups of children in alternative care even the broadest aggregates remain incomparable among and within countries.³⁵

2. How are alternative care and its different provisions defined by the different countries, are these definitions in line with internationally used ones, and can common ground be found among the definitions to establish comparable concepts and indicators across the region at the agreed four levels of aggregation?

As noted, in Box 1 and Section 3, an operational definition of alternative care is not yet available, countries tend to publish data using different concepts and definitions. The assumption is that a careful review of existing survey methodologies will lead to recommendations on how data aggregates and core indicators on alternative care and residential care can be built to provide a statistical standard across Europe.

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

³⁴ There may be various reasons for this: poor data reporting, retrieval, publication and analytical practices, lack of demand from and/or weak awareness due to lack of interest in and political commitment to the most vulnerable children and families by data users, especially at higher decision-making levels. It should, moreover, be noted in this context that not all data collected may be forwarded to central data agencies. As Holmes notes, “research has highlighted that the data submitted to government departments (for example, the Department for Education) as part of national statutory returns, such as the SSDA 903 children looked after data and the Children in Need Census constitute a small proportion of the data held and utilised within local authority children’s services departments”. From Holmes, L. *Use of children’s social care data at the local and regional level*. Nuffield Foundation 2019. Likewise, many NGOs may collect data and carry out analyses; these are, however, beyond the scope of the DataCare Project, but will be noted where encountered.

³⁵ For example, data systems in Country A collect information on an undefined proportion of the children in alternative care while Country Z collects information on all children in alternative care. Neither their totals nor their details will be comparable because we will not know how counting all children in both countries would change the picture.

The assumption is that there are promising practices in Europe on collecting official data on children in alternative care and that careful review and comparison of the data collection tools, processes, data, and analytical publication practices can highlight these. This is a major reason why the research is organised as a *learning experience*. If this assumption is correct, and promising practices in Europe can be identified, they can be shared to promote systems-strengthening and improvements in countries' data availability and quality. As explained in Box 6 the indicative data focus of the DataCare Project includes data currently not made publicly available.

The research described in this Protocol focuses on what data are being collected and how they are collected and made available, rather than on collecting the available data. It will, however, ask for some of the data to assess availability and comparability. While the Project will consider data and its comprehensiveness – or its gaps – for understanding the current performance and capacity of national data systems better, it is not going to collect data on individual children directly; i.e. it will do only secondary data collection.³⁶

The research will focus on children using the CRC definition (persons under 18 years of age) and seeks to create statistical aggregates that exclude older persons for the sake of international comparability. It will take note when young adults in alternative care provisions cannot be separated using current national surveys and make recommendations accordingly.

Besides the datapoints listed in the next section, there are other, important issues to indicate care quality and whether the rights of children placed in alternative care are protected. These include service coverage, the views of children, carers and parents, and child outcomes (e.g. education, mental and physical health).³⁷ Whilst recognising the importance and value of these dimensions (as reflected in the Vision in Box 5), it is outside the scope of the current investigation which is focused on official statistics. However, where information is readily available, this should be included in National Reports.

5. Research Tools

With the help of a National Template (see the accompanying document) and associated National Reports, the Project will investigate how *data on alternative care are produced*, whether the data are published, and if yes, how? Rather than collecting 'available data' from literature and through

³⁶ This will make the research less sensitive to ethical issues. For ethical issues in the context of research on children see UNICEF IRC project "Ethical Research Involving Children" <https://www.unicef-irc.org/publications/706-ethical-research-involving-children.html>

³⁷ The Common European Guidelines on the Transition from Institutional to Community-based Care offer guidance on measuring inputs: <http://enil.eu/wp-content/uploads/2016/09/Guidelines-01-16-2013-printer.pdf>

official publications, and then retrospectively investigating how data systems function, the first step of the DataCare Project will employ a more direct method.

Within official statistics, the research shall focus chiefly on routine, administrative statistics on alternative care arrangements. It will consider the national definitions – and official purpose – of different alternative care provisions and check the statistical questionnaires, and instructions, used by the routine statistical system to establish a clear picture of what relevant data are collected on children and alternative care conditions.

The research will combine an *inductive* approach with a *deductive* research method. The research process brings together clarity on national concepts and data relevance (inductive research approach) with checklists using international concepts (deductive research approach) to create the *main statistical aggregates of alternative care provision* that will inform the DataCare Project's recommendations for indicators on children in alternative care.

As noted in Section 3, compiling statistical aggregates is a major operational objective of the research. However, creating conceptually clear and coherent aggregates is not a straightforward task. When categorising different national types of care provision, attention needs to be paid to:

- Distinguishing small group homes (see Glossary for use of this term in the DataCare Project) from foster families that care for a larger number of children; and
- Noting if and how the national definitions distinguish between small group homes and institutional care.

It is important to note, that the more exhaustive the list of national alternative care provisions, the higher the chance that the aggregate results will be comparable across different countries for the broadest level concepts shown in Figure 1, in Section 3.

The National Template will explore the extent to which national data systems collect *disaggregated information on children in alternative care*, including demographic variables and analytical datapoints that allow for investigating the quality of care; in particular, assessing the implementation of the necessity and suitability principles (see Glossary). The objective is to provide insight into the capacity of the data system to capture policy-relevant information.³⁸ Figure 2 shows these 17 datapoints.

Figure 2. Investigating the disaggregation of data by demographic and analytical datapoints

³⁸ The research of the DataCare Project de-emphasises indicators as they are constructs compiled from absolute data. The absolute data itself lends itself better to data controls, deconstruction, and reconstruction (disaggregation and re-aggregation). Compiling quantitative indicators (rates ratios) assumes that the ingredients: nominators and denominators (e.g. relevant population data) are available; and this is what the Project wants to discover through its open-ended, data tools-oriented methodology.

1. Children
2. Age
3. Gender
4. Country of origin
5. Ethnicity
6. Religion
7. Disability status
8. Parental status
9. Reason for entry (national categories)
10. Entry into alternative care by decision of what authority (e.g. administrative, judicial)
11. Children with a record of assessment on entry
12. Children with documentation on support and/or intervention before referral
13. Children with a care plan to decide placement
14. Children whose placement was reviewed recently (e.g. in the last 3-12 months)
15. Children who have had in-person family contact recently (e.g. in the last 3-6 months)
16. Destination when leaving alternative care (national categories)
17. Age at leaving alternative care

The National Template will also explore whether national data systems distinguish residential care facilities by size and provide information on children and carers separately for small group homes and institutional care facilities. For all residential care provisions grouped together – and for small group homes separately – the availability of data on the following points is investigated:

- Number of facilities/units
- Number of children
- Length of stay
- Total staff number
- Of which are care staff
- Of which are qualified/trained staff

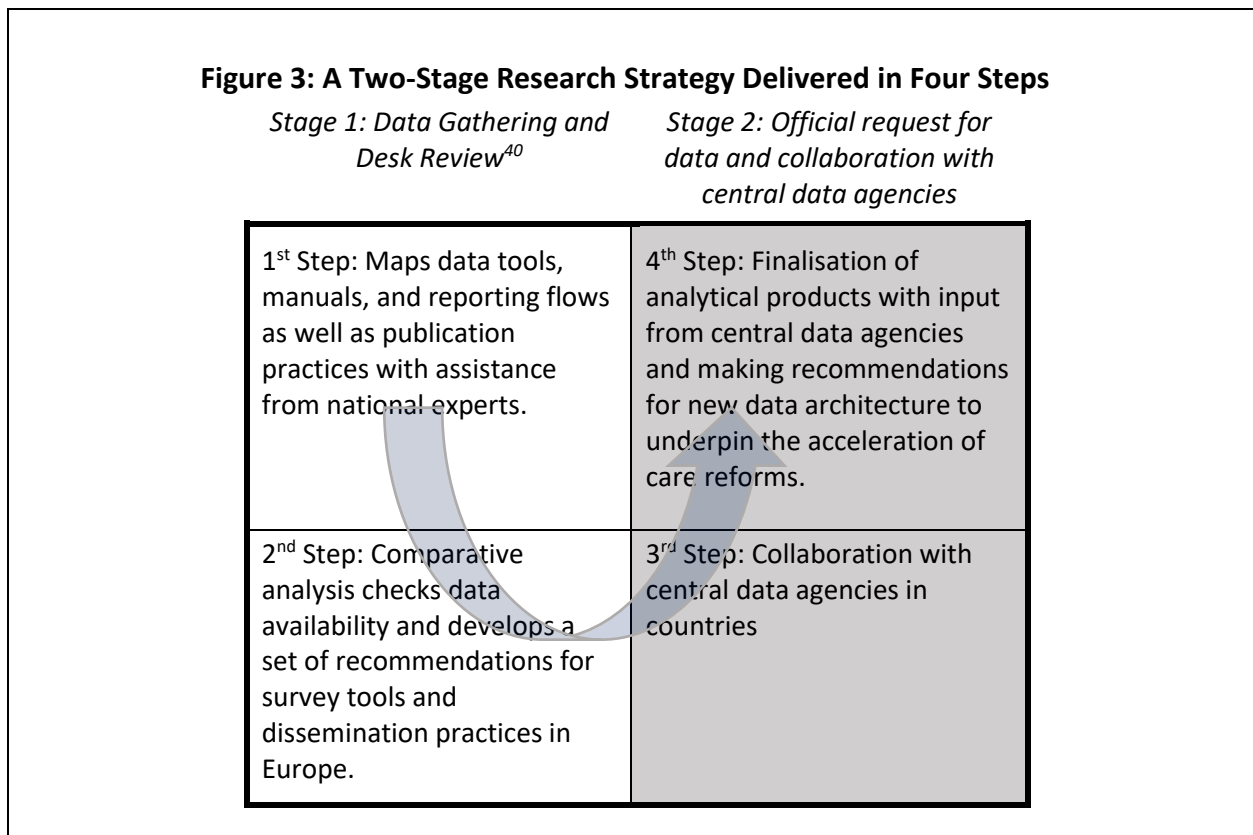
The research results will give a matrix-like overview of what data is collected for various alternative care provisions present in a country, and how these data points and provisions can be combined into statistical aggregates (Figure 1).³⁹ Following the mapping of conceptual aggregates and the data tools, the next step is to see what data are published. The combination of these two tasks should reveal what data agencies leave unpublished or published in ways that

³⁹ The lists of core and analytical datapoints highlighted above has been informed by the UNICEF supported Better Care Network’s 2009 *Manual for the Measurement of Indicators for Children in Formal Care* https://www.unicef.org/protection/Formal_Care20Guide20FINAL.pdf, the experience of UNICEF’s TransMonEE project, UNICEF’s 2020 *Statistical Manual for a Core Set of Child Protection Indicators in Europe and Central Asia*, 18 June 2020, UNICEF Europe and Central Asia Regional Office (ECARO), Geneva, unpublished manuscript; and feedback from academics, statisticians and child protection practitioners advising the DataCare Project.

are less useful (e.g. using aggregation that hides important dimensions such as gender, family background, or a sub-type provision).

6. Research and Partnership Strategies, Deliverables

The research of the DataCare Project will employ a two-stage strategy. The first stage focuses on intelligence gathering: identifying the central data agencies on alternative care, and their tools, instructions, and arrangements for data collection and publication. The second stage, beyond the research covered by this Protocol, will build on those results and aims for the improvement of data comparability and of the capacity of European data systems to report with quality data on alternative care, the progress of care reforms, and the implementation of the necessity and suitability principles.



The first stage of the research, covered by this Protocol, requires a strong partnership strategy and a combination of desk research on questionnaires and instructions, interviews, and/or feedback from local experts in each country. Reaching an operational overview of national definitions of alternative care provisions in European countries requires collaboration with national partners who are familiar with the different types of alternative care provisions in their

⁴⁰ Stage 1 is covered by this Protocol, Stage 2 may follow after the research of Stage 1 has been completed.

country. Having international experts with significant academic and/or programming experience as partners will be essential for assessing promising practices. This is why the DataCare Project will need to mobilise a network of national-based correspondents as well as international experts, child protection specialists, statisticians, and practitioners working in academia, NGOs, INGOs and national statistical institutions, to work together and make this Project possible.

National correspondents will play an essential enabling role by providing information on the key data agencies, their tools and processes, and sharing insights and commentary with the DataCare Project team in the form of a National Report. The DataCare Project team will assist national correspondents in using these tools. Horizontal exchanges among the national correspondents/teams will be encouraged and facilitated throughout the Project.

Stage 1 will initially lead to a *Research Brief* offering an initial summary of findings that will be shared with national correspondents for comments. This will be developed into a *Discussion Report*. It is expected that central data agencies with identified promising practices will be invited to contribute to this Report by sharing their experience and insights.

Stage 2, after the research covered in this Protocol, will require developing a systemic collaboration with central data agencies (national statistical institutes, child protection authorities and ministries responsible for the relevant data systems). The objective of Stage 2 will be to demonstrate the viability of – and barriers to – indicators for data on alternative care that can form a statistical standard across the 28 countries in Europe covered by this research.