UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

Statistics on Children

Spotlight on children exposed to violence, in alternative care, and with disabilities

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Prepared by the Conference of European Statisticians
Task Force on Statistics on Children,
Adolescents, and Youth

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PREFACE

The 1989 United Nations Convention on the Rights of the Child obliges parties to ensure all children have a fair chance in life. The development of national and international policies that provide all children and youth the best possible start in life and support a successful transition to adulthood requires robust and reliable information on a wide range of areas affecting children's lives. The measurement and monitoring of children's and youth's well-being has improved in the last decade, but data gaps remain, particularly for children in the most vulnerable positions.

To improve the situation, the UNICEF Regional Office for Europe and Central Asia together with Eurostat, UNFPA and UNECE proposed international methodological work on statistics on children and youth. In 2020, the Conference of European Statisticians established the Task Force on Statistics on Children, Adolescents, and Youth. This group of experts from national statistical offices and international organizations worked from 2020 to 2022 to develop the Guidance presented here.

The Guidance focuses on three groups of vulnerable children for whom existing data are inadequate: children experiencing violence, children in alternative care, and children with disabilities. It provides information about data sources, definitions, standards, methods, indicator reporting, and international comparability with specific examples chosen to highlight important initiatives or best practices. The Guidance discusses the main ethical issues around the collection and dissemination of data on children, and concludes with recommendations for national statistical offices as well as for future international work.

The Guidance was endorsed by the 70th plenary session of the Conference of European Statisticians in 2022.

UNECE is grateful to all the experts who were involved in the preparation of this publication.

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1. INTRODUCTION

1. This Guidance aims to improve the availability, quality, and comparability of statistics on children and takes a step towards more harmonized definitions, methodologies, and approaches across the countries participating in the Conference of European Statisticians (CES). It was prepared by a task force that was established by the CES Bureau in February 2020 and chaired by Statistics Canada.

1.1 Importance and policy relevance

2. The 1989 United Nations Convention on the Rights of the Child (CRC) has been ratified by 196 countries.[1] CRC obliges State parties to ensure that no child is left out of progress, that every child is supported to fulfil their rights and potential of development, has a supportive family environment, access to justice, and is protected from violence, abuse and exploitation.

3. The Sustainable Development Goals (SDGs) reflect a global agreement to advance and monitor progress towards international goals, including those related to the rights and well-being of children. A recent UNICEF Report highlights the lack of data as a major challenge to achieving child-related SDGs (UNICEF 2019). Even in high-income countries, where a larger share of indicators show that progress is more on track than in other regions, data for some indicators are missing. Data gaps in middle and high-income countries span across sectors, rights and themes: on health and nutrition, quality education, and violence, abuse, and exploitation. Notably, information on specific subpopulations of children such as those with disabilities is rarely available, and children residing outside of family care (in residential or family-based care) are often missing from official statistics.

4. Non-standard definitions and methodologies contribute to data gaps from an international perspective. Inconsistencies exist even for definitions of the most basic and essential concepts such as "child", "adolescent", and "youth". Data may be collected in countries but in a way that is not internationally comparable. Challenges around disaggregation create additional data gaps. For example, administrative data systems do not always include the variables required for disaggregation (e.g., child sex or age) and surveys often lack the sample sizes necessary to study small population subgroups (e.g., children with disabilities). For topics that affect small but vulnerable groups of the child population, there is limited will or capacity to develop harmonized methods or to produce internationally comparable statistics.

5. The lack of statistical standards and the weak or inconsistent adherence to standards and internationally agreed upon definitions in several domains hinder comparability and exacerbate data gaps for all groups but especially for children and youth. Moreover, legal and ethical considerations pose challenges for the collection of data and statistical reporting on children, particularly for vulnerable groups.

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[1] The CRC defines a child as 'every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier'. This definition is applied here, and the focus is on statistics on children. Statistics on youth age 18 and older will be discussed where relevant.

1.2 Background and work of the Task Force

6. To address these data gaps, the UNICEF Regional Office for Europe and Central Asia together with Eurostat, UNFPA, and UNECE proposed international methodological work on statistics on children and youth to the Bureau of the Conference of European Statisticians (CES). In February 2020, the Bureau established the Task Force on Statistics on Children, Adolescents, and Youth with the objectives to improve the availability, quality, and comparability of statistics, and to work towards recommendations for more consistent and harmonized definitions, methodologies, and approaches across the countries participating in CES.

7. The Task Force compiled an inventory of existing national and international data sources for statistics on children and youth; reviewed definitions, standards, and methods used in statistics on children and youth; assessed the comparability of child-related statistics; documented the practical and ethical challenges faced by data producers in data collection and reporting on children; and provided recommendations for addressing data gaps and improving international harmonization in the three focus areas of violence against children, children in alternative care, and children with disabilities.

8. Although the Task Force started off with looking into statistics on children, adolescents and youth, it was decided to narrow the overall scope to children, defined as persons below the age of 18.[2] Very few countries report use of "adolescent" as a statistical concept, national statistics on this age group (generally referred to as 10 to 19) are far less common than statistics on children and youth, and data sources that cover this age range—which includes both children and adults—are limited. It was also recognised that issues related to children are conceptually distinct and have specific measurement needs, which are not applicable to youth from age 18 onwards (typically the age of majority).

9. The Task Force comprised members from six countries – Canada, Ireland, Italy, Sweden, United Kingdom, United States; and four international organizations – Eurostat, OECD, UNICEF, and UNECE. Country representatives further articulated the needs and challenges faced by national data producers and provided examples from their own countries. The international organizations represented in the Task Force provided information about the ongoing and most recent initiatives related to statistics on children and existing definitions, methods, and standards in their areas of work. This information formed the backdrop from which the work plan of the Task Force was developed and helped to identify similarities, inconsistencies, and information gaps across the countries and organizations represented in the Task Force.

10. To gather information on the diversity of situations and practices from an international perspective, the Task Force prepared a survey that was sent to the countries participating in CES in January 2021. Forty-three countries responded to this UNECE survey on statistics on children, adolescents and youth.[3] Of these responses, 41 were provided by national statistical offices (NSOs) and one was provided by a government ministry: the Ministry of Social Development and Family in Chile. Sweden provided a response jointly from Statistics Sweden and the National Board of Health and Welfare. The Office for National Statistics and the Northern Ireland Statistics and Research Agency provided responses for the United Kingdom. The material that follows in this document is based on the responses obtained through these information-gathering exercises.

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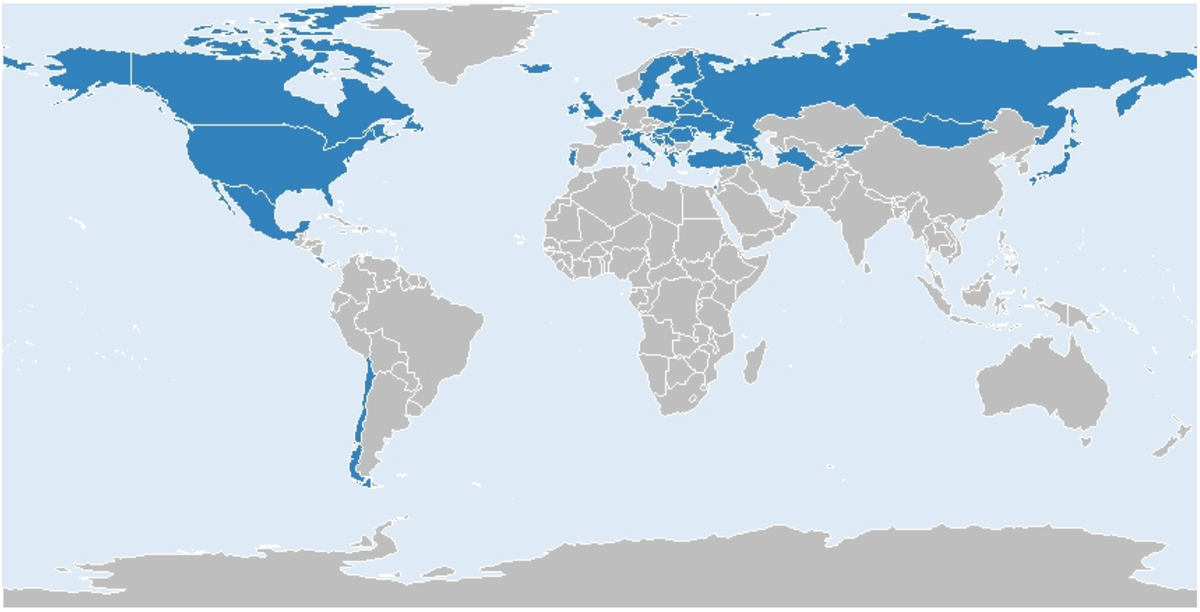
[2] Article 1 of the United Nations Convention on the Rights of the Child (CRC).

[3] Albania, Armenia, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Canada, Chile, Costa Rica, Croatia, Cyprus, Denmark, Estonia, Finland, Georgia, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Mexico, Netherlands, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, Serbia, Slovenia, Sweden, Switzerland, Türkiye, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States.

Figure 1 Countries responding to UNECE survey on statistics on children, adolescents and youth



Note: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

1.3 Overview of the Guidance

11. In addition to providing information about the data sources, definitions, standards, and methods used in the collection of data and production of statistics on children and youth generally, the Task Force focused its work on three policy-relevant areas with methodological gaps: violence against children, children in alternative care, and children with disabilities. Each of these areas of work was undertaken by a sub-team of the Task Force and resulted in a chapter of this document. Each chapter describes the policy relevance of the topic, presents the results from the country survey on definitions, data sources, indicator reporting, and international comparability with specific examples chosen to highlight important initiatives or best practices. The Guidance concludes with recommendations to national statistical offices as well as areas for future international work.

1.3.1 **Chapter 2:** General issues for statistics on children and youth

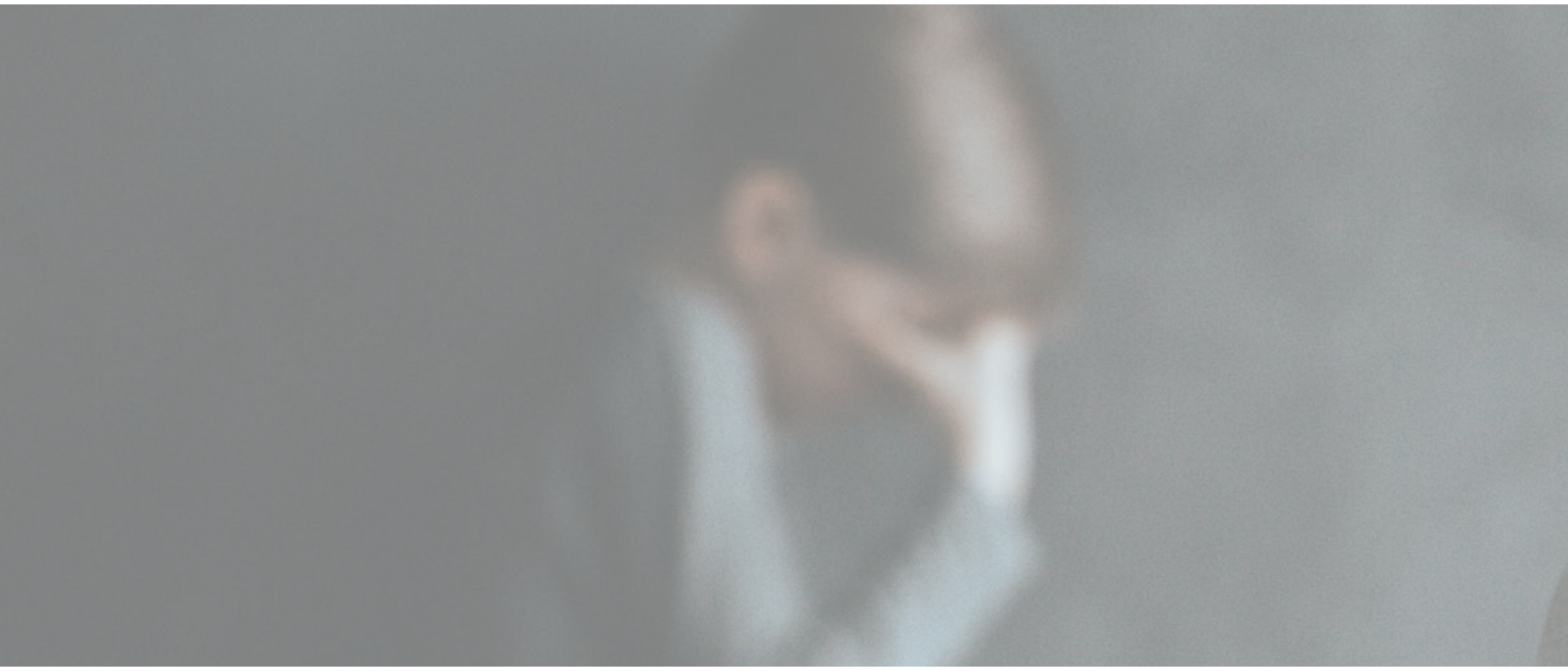
12. The starting point of this work is an overview of the international policy initiatives and instruments which aim to improve the lives of children and youth, and existing frameworks to monitor progress on their rights and well-being. This chapter also provides information about the availability of data on children at the international and national levels, and the comparability of statistical definitions of children and youth. The chapter makes recommendations for action at the national and international levels to improve the general availability and comparability of data and statistics on children and youth.

1.3.2 **Chapter 3:** Statistics on violence against children

13. Millions of children worldwide experience violence every day. The 2030 Agenda for Sustainable Development and the EU Strategy on the Rights of the Child call for an end to violence against children (VAC), but the lack of an internationally agreed upon standard definition of VAC and limited data make it difficult to assess the level of investment needed to meet targets. This chapter identifies the types of violence that require measurement and describes the type of data collected and statistics produced on VAC across the countries that responded to the survey. The chapter also includes an assessment of data comparability within and across countries, the identification of data gaps, and a discussion of the main challenges countries face in producing statistics on VAC. The chapter concludes with recommendations for developing and improving systems for monitoring VAC at the country level and suggestions for how international efforts can support this work.

1.3.3 **Chapter 4:** Statistics on children in alternative care

14. Despite their high risk for poor outcomes as children and in adulthood, children in alternative care are frequently missing from official statistics and national and international indicator frameworks. Alternative care systems vary across countries, and there are no recognized international standard definitions or classifications to produce statistics on children in alternative care. This chapter identifies the types of alternative care and other related concepts that require measurement and describes the type of data collected and statistics produced on alternative care systems and children in alternative care across the countries that responded to the survey. The chapter also includes an assessment of data comparability within and across countries and a discussion of the main challenges countries face in producing statistics, with the quality of administrative data being a primary concern. The chapter concludes by proposing basic policy relevant indicators to start filling data gaps and for inclusion in a global set of indicators for harmonized international reporting on children in alternative care, which is currently under development, as well as other recommendations for improving data quality and for future international work.



1.3.4 **Chapter 5:** Statistics on children with disabilities

15. A number of frameworks to monitor and measure outcomes for persons with disabilities have been established across different world regions. There are inconsistencies in how these frameworks are implemented within and across countries and their coverage of children. This chapter describes and compares the internationally agreed upon tools for identifying children with disabilities in population-level data collection and assesses the extent to which countries collect and report data and statistics on children with disabilities that align with these international standards. The chapter identifies the main indicators produced by countries and evaluates the availability, quality, and comparability of indicators across the countries that responded to the survey. Challenges faced by countries in producing statistics on children with disabilities are also discussed. The chapter concludes with recommendations for the use and adoption at the country level of an established standardized instrument: the UNICEF/Washington Group Child Functioning Module (CFM), and suggestions for future international work.

1.3.5 **Chapter 6:** Ethical considerations for the collection and dissemination of data on children

16. This chapter discusses the main ethical issues around the collection and dissemination of data on children highlighting, where relevant, considerations unique to the populations covered in this guidance: children experiencing violence, children in alternative care, and children with disabilities. The chapter addresses five areas: evaluation of harms and benefits, informed consent, proxy respondents, privacy and confidentiality, and ethical frameworks and ethics committees.

1.3.6 **Chapter 7:** Conclusions, recommendations and further work

17. The final chapter summarizes the overarching conclusions from the analysed material, brings together all the recommendations made in the previous chapters, and suggests further work that could be undertaken at the international level for improving statistics on children.

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2. GENERAL ISSUES FOR STATISTICS ON CHILDREN AND YOUTH

2.1 Introduction

18. Policymaking on child rights and well-being requires robust, reliable information on a wide range of areas affecting children's lives such as basic needs and material living standards; mental and physical health; social relationships; learning and development; and their perceptions around respect of their views and their agency to contribute to decision-making about the world around them (OECD 2021). Data on children's and youth's physical environments, including homes, schools, communities, and neighbourhoods are also important (OECD 2021). Data collection on these topics and data disaggregation where relevant enables the identification of children and youth who are at a greater risk of disadvantage and social exclusion[4] and supports the development of national policies that ensure that all children and youth have the best possible start in life and a successful transition to adulthood. Data are also required to monitor policy and programme implementation and to improve the quality of local services for children and youth.

19. Global commitment to the 2030 Agenda for Sustainable Development and its aim to leave no one behind has highlighted the need for high quality and internationally comparable data on children and youth. This call for improved data and statistics on children and youth has many potential benefits beyond SDG monitoring. Internationally comparable statistics on children and youth can encourage monitoring of child and youth well-being and stimulate the development of policies and programmes to help improve children's lives and support the fulfilment of their rights (UNICEF 2020). When definitions and statistics are internationally comparable, countries can better share information, learn from each unique context, and take advantage of best practices and lessons learned.

20. The development of international data standards and statistical frameworks helps to identify methodological needs, national data gaps, and statistical domains that require increased investment and improved coordination within and across countries. The maturity and quality of data systems producing data and statistics on children and youth varies greatly across and within countries (UNICEF 2021). There are several examples of countries with well-developed information systems, particularly in the areas of health and education, which are producing statistics on children and youth disaggregated by age group. Yet in other areas such as child protection there are still significant data gaps and differences across many countries in how data are collected and how statistics are produced (FRA 2015; UNICEF/Eurochild 2020). These differences are primarily linked to the different political, social, and cultural contexts which influence national approaches to improving and protecting the well-being and rights of children and youth (FRA 2015; UNICEF/Eurochild 2021).

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[4] Social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state (United Nations, 2016).

21. As in all statistics, adherence to the United Nations Fundamental Principles of Official Statistics[5] is paramount. It is important that data are not only comparable across countries but collected frequently and regularly over time. This enables the monitoring of change over time, the identification of patterns and trends, and comparisons across different policy contexts. Regular data are required to distinguish the effects of policy interventions from measurement-related issues and to prioritise investments and actions. Continuous and consistent data collection also allows for the examination of impacts of unexpected events, such as the Covid-19 pandemic.

22. Despite high-level commitments and obligations, there are still substantial gaps in the availability of relevant data for children and youth, particularly from a cross-national perspective, hindering the development of better policies and programmes for child and youth well-being (OECD 2021). Existing data do not adequately cover children and youth in the most vulnerable positions often rendering them invisible in national and global statistics and databases, including those who are maltreated, those experiencing housing difficulties and in alternative care settings; the social exclusion of children and youth with disabilities is also poorly understood (OECD 2021). Although some countries have come a long way in the past decade to improve the measurement and monitoring of child and youth well-being (UNICEF 2020), major efforts are needed to further improve data at both national and international levels (OECD 2021). This will require investment and coordinated action at the national level in data collection, reporting, dissemination, and quality management or quality assurance which is critical to ensure policymakers and other key stakeholders trust and use the data. It will also require the strengthening of international collaboration around statistical methods and standards.

2.2 The international context

23. Various actions have been taken at an international level which aim to improve the lives of children and youth. The reporting requirements and evidence needs associated with these policies and initiatives have generated some data and statistics on children and youth but have also revealed data gaps.

2.2.1 The United Nations Convention on the Rights of the Child (CRC)

24. The United Nations Convention on the Rights of the Child (CRC) is recognised as the main human rights treaty providing international standards and benchmarks for the fulfilment of children's rights. The treaty contains 54 interlinked articles that cover all aspects of a child's life and explains how adults and governments must work together to ensure that all children enjoy their rights. It is the most rapidly and widely ratified treaty in history.

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[5] United Nations General Assembly Resolution 68/261 (2014), Fundamental Principles of Official Statistics (first adopted by the Conference of European Statisticians in 1992)

25. Countries who have ratified the treaty have a legal obligation to report periodically to its monitoring body, the United Nations Committee on the Rights of the Child (UNCRC). The UNCRC has issued comments to guide governments in monitoring the implementation of the CRC providing a basis for developing child rights indicators and monitoring systems.[6] In response to evidence provided by signatories in their periodic reports, the UNCRC has recently identified: [7]

a) the need to strengthen data collection on children who experience disadvantages in the large majority of countries (including many EU Member States);

b) that persistent data gaps are resulting in uneven progress in strengthening child and youth policies and programmes such as child welfare and protection systems.

2.2.2 The Sustainable Development Goals (SDGs)

26. The United Nations 2030 Agenda for Sustainable Development is a global call to action to end poverty, reduce inequalities, and tackle climate change. The agenda includes a commitment by all Member States to implement 17 Sustainable Development Goals (SDGs) and 169 targets related to the economic, social, and environmental dimensions of sustainable development. Although not all SDGs are child focused, the 2030 Agenda cannot be achieved without the realization of child rights. Children are identified as one of the world's most vulnerable population groups and are a high priority in the 2030 Agenda's commitment to leave no one behind.

27. The indicator framework for monitoring progress towards the goals and targets includes 232 unique indicators and 44 that are related to children. These 44 indicators span 10 of the 17 goals and relate to various dimensions of children's rights and well-being including health, education, protection from violence and exploitation, safe and clean environments, and the reduction of poverty and inequality (UNICEF 2019). The responsibility for reporting on SDG indicators is shared between countries and international custodian agencies but ultimately depends on the availability of data collected at the national level. The data needs associated with the SDGs have spurred new data collection and compilation efforts; many countries have developed national SDG indicator reporting platforms. Still, data gaps persist for many SDG indicators (see section 2.2.8).

2.2.3 The EU Strategy on the Rights of the Child and the European Child Guarantee

28. The European Union has recently put forward two major policy initiatives to better protect children and to ensure access to basic services for vulnerable children.

29. The EU Strategy on the Rights of the Child was adopted on 24 March 2021 and provides a framework for action to better promote and protect children's rights. The strategy proposes a series of actions across six areas: child participation in political and democratic life; socio-economic inclusion, health, and education; combatting violence against children; child-friendly justice; digital access and safety; and helping children across the world. Part of the strategy includes providing the EU Member States with support to obtain reliable and comparable data to develop evidence-based policies aligned to the framework. The EU Strategy on the Rights of the Child also states that more age and sex disaggregation of Eurostat data, and data generated by other EU agencies, will be pursued, as will research on specific thematic areas covered by this strategy.

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[6] See Implementation Handbook for the Convention on the Rights of the Child (UNICEF 2007).

[7] See concluding observations of the Committee on the Rights of the Child; CRC Data Related Recommendations in ECA (UNICEF)

30. As part of the EU Strategy on the Rights of the Child, the Council of the EU Commission recently established the European Child Guarantee which aims to ensure that the most vulnerable children in the European Union have access to healthcare, education, childcare, decent housing and adequate nutrition. The objective of the Child Guarantee is to break intergenerational cycles of disadvantage by developing policies and programmes for children at risk of poverty and social exclusion. The initiative pays special attention to certain groups of vulnerable children, including children with disabilities, in alternative care environments, and those in precarious family situations. The initiative also aims to improve the availability and scope of national and EU level data for children. Member States will submit action plans around the implementation of the Child Guarantee which include assessments of the availability of data for specific groups of children, the identification of data gaps, and the establishment of national frameworks for data collection and monitoring indicators.

2.2.4 EU Youth Strategy

31. The EU Youth Strategy promotes effective youth policies that foster youth participation in democratic life, supports social and civic engagement, and aims to ensure that all children and youth have the necessary resources to take part in society. Eleven related European Youth Goals have been developed around gender equality, mental health, rural issues, education, employment, political participation, and the environment. In the context of the EU Youth Strategy, Eurostat maintains a dashboard of indicators on youth for monitoring progress towards achieving the European Youth Goals.

2.2.5 Focus areas

32. Overall, existing frameworks for measuring children's rights and well-being emphasize the importance of the inclusion of **all** children; this includes providing opportunities for those at greater risk of disadvantage to fully participate in society and to ensure that they are prepared for future success. The following three groups fall into this category: (a) children who experience violence; (b) children in alternative care; and (c) children with disabilities.

a) Children who experience violence

The living conditions of children impact their development and shape their lives for future years (OECD, 2021). Research and data are important to draw attention to the experiences of children who have been victims of violence in order to advocate for a range of protection services to be available during the crisis and beyond, and to inform the design of measures to prevent violence against children and response programmes. The collection of child protection data is essential for monitoring the overall functioning and strength of child protection systems in different countries (UNICEF 2019).

b) Children in alternative care

In line with the United Nations CRC, many UNECE countries are deinstitutionalising their alternative care systems; instead of children being placed in institutional care settings, quality, family- and community-based care is being promoted (European Commission, 2013). Comprehensive, accurate, and official data on children in alternative care and on outcomes for care leavers is essential for improving the quality of care and of child outcomes, and increases the understanding of the efficacy of social welfare and protection systems and services in keeping families together and providing equal opportunities for all children (UNICEF/Eurochild, 2021).

c) Children with disabilities

The potential vulnerability of this group is evident in the development of the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD), which states that children with disabilities must enjoy the same rights and freedoms as all other children. The development of relevant policies and actions to ensure that this is the case relies on the availability of reliable data. Despite significant progress in social sector reforms, children with disabilities remain one of the most excluded and invisible groups of children. Article 31 of the CRPD mandates that States "collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention". Evidence suggests that such data remain very limited in both quantity and quality, making it difficult to quantify the full extent of the deprivation of rights and discrimination against this potentially disadvantaged group of children. CRC has recommended to 36 countries in Europe and Central Asia to improve data on children with disabilities.[8]

33. Although these three areas focus on some of the most vulnerable children, this list is not exhaustive. Children experiencing violence, those in alternative care, and those with disabilities have been historically underrepresented in data and statistics, making them invisible to policymakers. Evidence suggests that the right policies at the right time can play a part in reducing negative outcomes and increasing positive experiences for vulnerable children in their homes, at schools, and in communities (OECD, 2019).

34. The following sections of this chapter present an overview of the primary international sources for data and statistics on children for the UNECE region, describes the findings of recent assessments of international data availability, and summarizes general information on the production of statistics on children provided by the 43 countries that responded to the UNECE survey. Subsequent chapters of this report describe in more detail the availability and comparability of statistics on violence against children, children in alternative care, and children with disabilities.

2.2.6 Statistical definitions of children and youth

35. Although the UN Convention on the Rights of the Child (CRC) defines children as individuals younger than 18 years, this definition is not universally applied in statistics. Twenty-six of the 43 countries who responded to the UNECE survey (60 per cent) indicated use of this definition. Other definitions reported included 0 to 14 years, 0 to 15 years, less than 12 years, 5 to 9 years and conception to 12 years.

36. Several countries reported the absence of a standard or universal statistical definition for "child". In these countries, the definition of child varies depending on the data source or statistical domain. For example, a different definition may be used for statistics related to education than for statistics related to the justice system.

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[8] Based on the review of the most recent concluding observations of the Committee on the Rights of the Child by UNICEF Regional Office for Europe and Central Asia, November 2021.

37. Eurostat defines children as those aged 0 to 17 years. In addition, the EU Statistics on Income and Living Conditions (EU-SILC) survey uses the concept of a “dependent child” for some indicators related to income and social benefits, defined as a household member aged 0 to 17 years or a household member aged 18 to 24 years whose main social status is inactive[9] and who lives with at least one parent. Two countries reported use of a similar dependent child concept, which extends the age range used to define child beyond 17 years.

38. An even wider range of definitions for youth was reported, reflecting the absence of an international statistical standard for this concept. A plurality of countries (19, including 4 that did not provide a response) indicated an absence of a standard definition, with many reporting that the definition was context dependent. Age based definitions for youth ranged from as young as 10 years to as old as 35 years and included various groupings such as 15 to 29 years, 15 to 24 years, 18 to 25 years, and 15 to 34 years. At the EU level, the most frequently used definition is 15 to 29 years. However, the age group used often depends on the specific indicator (e.g., for tertiary educational attainment, 30 to 34 years is used) or on the availability of data or coverage of the survey (e.g., starting with 16 years in statistics based on data collected in EU-SILC and the Community survey on the use of information and communications technology (ICT) in households and by individuals).

39. There is the additional issue of overlapping age ranges in definitions of children and youth. The standard definition of children is individuals aged 0 to 17 years, but many surveys of households and adults collect data from individuals aged 15 to 17 years. Data on overlapping age groups lead to problems with reliability. The inclusion of 15-, 16-, and 17-year-olds in adults surveys greatly increases the availability of data for this age group, but these data do not necessarily cover topics related to the needs and rights of children. Furthermore, surveys administered to individuals aged 15 to 17 years overlook the ethical issues around data collection from those under the age of majority.

40. A further age group to be considered is from 10 to 19 years, defined by the United Nations as “adolescents”. UNICEF compiles and monitors a range of adolescent-specific indicators. However, national statistics on this age group are far less common than statistics on children and youth, particularly because very few countries reported use of adolescent as a unique statistical concept. Data sources that cover this age range—which includes both children and adults as defined by most countries—are limited at the national and international levels. Many of the indicators on adolescents reported by UNICEF cover a subset of the 10-to-19 age group. A part of this group is interviewed directly in international survey programmes (ages 15 to 19 in the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) and ages 16 to 19 for EU SILC surveys), thus making more data available for those aged 15 to 19 years than for those aged 10 to 14 years.

41. While each country’s legal and cultural context will determine national definitions of children and youth, harmonized age ranges should be used for international reporting. The lack of consistently applied definitions of children and youth across the countries surveyed represents perhaps the most fundamental challenge for international comparability of statistics on children and youth.

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[9] Inactive refers to someone in education, unemployed or not economically active.
The implication is that the child is being supported by his or her parent(s).

2.2.7 International sources for data and statistics on children and youth

42. The United Nations Children's Fund (UNICEF) is the world's leading source of statistics on children. The agency regularly produces cross-cutting reports such as The State of the World's Children as well as dozens of data-driven publications focused on specific issues which present standardised global and national data on children's lives and underscore the importance of data for protecting children's rights and promoting better outcomes. UNICEF hosts an openly accessible Data Warehouse which contains hundreds of international, validated and comparable indicators on children, enabling easy access to data across countries, with some datasets spanning back decades. Indicator topics include demography, disability, poverty, nutrition, mortality, health, learning and development, violence, abuse and exploitation, sanitation and hygiene, and child labour. These publicly available data play a vital role in informing national, regional, and global policy and programming decisions, while also directing international assistance. UNICEF is custodian for seven SDG indicators and supports or serves as co-custodian for a further 12 indicators. UNICEF also disseminates data for the 44 child-related SDG indicators through detailed SDG country profiles.

43. Much of the available statistical information on children disseminated by UNICEF is derived from household surveys, particularly the UNICEF-supported Multiple Indicator Cluster Surveys (MICS) and the Demographic and Health Surveys (DHS). These survey programmes represent the primary source of disaggregated child data to identify those who are most disadvantaged in low and middle-income countries across the globe (UNICEF 2014). UNICEF's mandate to safeguard the rights of all children applies to high-income countries as well. The UNICEF Office of Research (Innocenti) produces a Report Card series that focuses on inequalities in child well-being in high-income countries.

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44. UNICEF's regional TransMonEE initiative for Europe and Central Asia brings together data on key indicators across all domains and sub-domains of child rights and well-being. In partnership with 29 countries across the region, TransMonEE aims to improve data comparability and statistics on the most vulnerable groups of children, such as children experiencing or witnessing violence, children in alternative care, and children with disabilities.

45. The Organisation for Economic Co-operation and Development (OECD) represents another important source for statistics on children in developed countries. The OECD's Child Well-Being Data Portal and the Family Database bring together information from various national and international databases on child and youth well-being. These include topics such as home and family environment, health and safety, education and school life, activities, and life satisfaction as well as links to information on public policies for children and families. A unique characteristic of the Child Well-Being Data Portal is its presentation of several indicators on adolescent (15-year-olds) behaviour and well-being including indicators on body image and exercise, subjective well-being, and activities outside of school. When possible, information is disaggregated by gender, family income, parents' education, whether living with one or two parents, and family migration status.

46. The statistical office of the European Union Eurostat produces statistics and collects data relating to child education and childcare, living conditions, material deprivation, health, and well-being. Eurostat both compiles administrative data and conducts a number of surveys, including those which ask questions directly to, or about, children living in the EU Member States. Specific modules of the EU-SILC gather data that are relevant for children, such as on children with disabilities. The Harmonised European Time Use Surveys collect time diary information from children aged 10 and older. There is not yet a single Eurostat database, domain, or web portal dedicated specifically to statistics on children. Data on children can only be found in the tables of specific domains (education, health, living conditions, etc.) in Eurostat's database Eurobase. The Eurostat website and Eurobase include sections dedicated to statistics on youth. Every two years, Eurostat publishes an online report Being young in Europe today and many Statistics explained articles on youth are continuously updated. An interactive tool Young Europeans was created especially for young users.

47. The most fundamental and basic statistical need related to children and youth is to know how many children reside in each country and the age and geographic distribution of the child population. Age-disaggregated demographic statistics and projections disseminated by Eurostat are important for many areas of child-related policy. These come from both decennial censuses and annual and monthly demographic data collections.

2.2.8 Data gaps at the international level

48. International statistical resources provide crucial data for monitoring the implementation of international and regional initiatives and for the development of national policies that promote child rights and well-being. Still, significant inconsistencies and data gaps remain. Data gaps can reflect missing data or data that are outdated or collected infrequently. The international databases described above include common or similar indicators which may represent a duplication of efforts and resources. Some of these common indicators are derived based on different underlying data sources leading to inconsistencies in values reported.

49. Furthermore, the availability of cross-national data is insufficient for many child-related SDG indicators and other measures of child well-being. UNICEF recently undertook a comparative assessment of data availability for the 44 SDG indicators that directly concern children and found that 75 per cent of child-related SDG indicators have insufficient data or show insufficient progress to meet global SDG targets by 2030 (UNICEF 2019). The assessment revealed that Europe ranks second worst among regions in terms of the share of indicators for which data are missing (UNICEF 2019). Compared to developing countries where data gaps can be linked to limited technical and financial capacity, data gaps in high-income countries are attributed to lack of data that are internationally comparable and/or a lack of reporting to custodian agencies. Limited political will and/or limited resources for collecting data for SDG targets and indicators because issues are not relevant or commonly observed in high-income countries may also contribute to the data gaps (UNICEF 2019).

50. OECD has also assessed the data coverage for child- and youth-related SDGs for OECD countries, analysing data availability for both indicators that explicitly focus on children and indicators that should be disaggregated by age. The analysis found good data coverage for goal 3 "Good health and well-being" and goal 4 "Quality education." Data related to the experiences of children and youth were available for 85 percent of the targets for these goals (Marguerit et al. 2018). The largest data gaps are observed for goals 1 "No poverty", 5 "Gender quality", 11 "Sustainable cities and communities", and 16 "Peace, justice and strong institutions". For these goals, at least one-third of targets are relevant for children and youth but no data are available for reporting.

51. OECD's recently published report Measuring What Matters for Child Well-being and Policies (2021) provides a comprehensive review and assessment of the current state and availability of cross-national data on children's well-being. The report highlights topic-specific data gaps in the areas of material deprivation, health and physical activity, socio-emotional well-being especially in early and middle childhood, and educational aspirations. The report also points to cross-cutting issues that contribute to measurement issues such as limited data on very young children and highly vulnerable groups of children, a lack of data on children's own views, a lack of data on the social capital of children and adolescents, and "siloed" approaches to producing child data which makes the assessment of well-being outcomes of vulnerable groups of children very difficult (OECD 2021).

2.2.9 Overview of data collection and production of statistics at the country level

52. As a starting point, the UNECE survey requested general information from NSOs about the collection of data and the production of statistics on children and youth including the existence of mandates or programmes around children and youth, regularly produced reports and products, primary data sources, and statistical definitions and standards. This section summarizes the information collected. Subsequent chapters of this report describe and analyse the results of the UNECE survey questions on statistics on violence against children, children in alternative care, and children with disabilities.

2.2.9.1. Agencies involved in data collection and statistical production

53. Information collected in the UNECE survey reveals variation in responsibility for the collection of data on children and/or youth across the responding countries. Just over half of countries indicated the NSO's mandate or programme included statistics on children and youth (24 countries). Some pointed out that even in the absence of a specific mandate, statistics on children and youth were published by the NSO or/and specific ad hoc surveys existed on these populations (Figure 2).

Figure 2 Mandates or programmes for child and/or youth statistics in National Statistical Offices (NSOs)

Countries reporting a mandate / programme for statistics on children / youth in NSO	Albania Armenia Belarus Croatia Denmark Estonia Finland Georgia Iceland Ireland Israel Latvia Lithuania Mexico Netherlands Poland Russian Federation Serbia Slovenia Sweden Switzerland Turkey United Kindgom United States
Countries reporting no specific mandate / programme in NSO, but statistics on children / youth still published	Belgium Canada Hungary Italy Kyrgyzstan Portugal Ukraine

54. In most countries, government ministries or agencies other than the NSO regularly produce statistics on children and/or youth (34 of 43 countries; 79 per cent). In these countries, most often the data producers are ministries or agencies responsible for education (in 21 countries; 49 per cent), labour (in 17 countries; 40 per cent), health (in 17 countries; 40 per cent), justice (in 11 countries; 28 per cent), and culture and/or sport (in 10 countries; 25 per cent). However, some countries have dedicated ministries or agencies focusing on children and/or youth, including:

- The State Agency for Rights and Child Protection (Albania)
- Ombudsman for Children (Finland)
- The Department of Children, Equality, Disability, Integration and Youth and Tusla: The Child and Family Agency (Ireland)
- The Italian authority for children and adolescents (Italy)
- The National System for the Comprehensive Protection of Girls, Boys and Adolescents (SIPINNA) (Mexico)
- Authority for family, child and youth development (Mongolia)
- The Netherlands Youth Institute (Netherlands)
- Federal Agency for Youth Affairs (Rosmolodezh) (Russian Federation).

55. In five countries—Azerbaijan, Canada, Denmark, Iceland, and Israel—no other ministries or agencies were identified as mandated to regularly produce statistics on children and/or youth other than the NSO. In Canada, other agencies collect and report information in their respective areas of responsibility although not on a regular basis.

2.2.9.2. Primary sources of data on children and youth

56. Reflecting the shared responsibility between NSOs and other government agencies for the production of statistics on children and youth, most countries reported using a combination of NSO-fielded surveys and administrative data sources from other agencies or ministries to produce statistics on this population group. Only a few countries reported dedicated surveys on children and youth such as a MICS survey, national child health surveys (Canada, Finland, and Ireland), child living conditions surveys (Finland, Sweden), or school-based surveys as primary sources of data on children. More commonly countries indicated general household surveys, labour force surveys, household and expenditure surveys, social surveys (EU-SILC), and general health surveys as important sources of data on children and youth. In addition to surveys, some countries identified vital statistics systems, population censuses, and population registers as data sources.

Box 1 Country highlight: Finland

The School Health Promotion study has been carried out every second year by the Finnish institute for health and welfare (THL) since 1996. Children and young people are asked about their welfare, participation and leisure time, health and functional capacity, lifestyle, school attendance and studies, family and living conditions, safety of their growth environment, and services and access to assistance. The data are gathered by an anonymous and voluntary classroom-administered questionnaire of students in grades 4, 5, 8, and 9 of basic education and students in years 1 and 2 of upper secondary and vocational education. Most of the survey questions have remained the same for almost 20 years, maintaining comparability and facilitating analysis of change over time. Data are collected on the well-being of children and adolescents with immigrant backgrounds, disabilities, and of those placed in non-parental care.

57. In most countries, administrative data from several ministries and agencies are used for statistics on children and youth including ministries of education, labour, health and social welfare, and justice. While most countries reported that these ministries and agencies produce their own statistics based on these administrative data, it is unclear to what extent these data are also accessed by NSOs for statistical production.

2.2.9.3. Statistical reports and products

58. Most of the responding countries reported the regular publication of statistical reports or products focused on children and/or youth (36 of 43; 84 per cent). Bosnia and Herzegovina and Romania were the only two countries to indicate that they did not regularly publish statistics or reports on children and youth; the remaining countries did not provide a response.

59. These publications and products cover a variety of child-related topics and issues. The most commonly covered topics in statistical publications and products include education, demography, and health.

60. Across the countries that responded to the UNECE survey, there are a variety of tools and products for the dissemination of data and statistics on children and youth. Some countries have dedicated websites on statistics on children and adolescents that contain tables, graphs and thematic reports;[10] other countries disseminate information through statistical databases.[11]

61. The population covered in the statistical products varies between those with a specific focus on children, youth (or adolescents), and those where these groups are included as an age class within the wider population.

2.3 Recommendations for the general production of statistics on children and youth

62. The analysis of the information provided by countries in the UNECE survey and the availability of data and statistics on children and youth at the international level led to the following recommendations.

Recommendation 1

Countries should **elaborate national indicator plans** and **invest in the production and dissemination of data on children and youth** that are internationally comparable where possible. Plans should be developed based on an assessment of the maturity of data systems, data and reporting needs, data gaps identified at the national and international levels, and the availability of resources. NSOs, other national data producers, research organizations, and relevant policy stakeholders should work together to identify the data and the indicators required for international reporting initiatives and evidence-based public policy and to coordinate data collection efforts.

NSOs should consider designating a **national focal point** for child and youth statistics to serve as a resource about national indicators and standards, data collection, and reporting for the country. This would include not only NSO data but data in other relevant ministries or organizations.

Recommendation 2

Most countries regularly produce reports or statistical products focused on children and/or youth. These products most commonly focus on basic demographic, education, and health information. Countries should **include children in regular data collection, including child focused surveys**, to ensure that the main national statistical reports highlight the situation and needs of child and youth in all relevant policy areas.

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[10] E.g. the United States Department of Health and Human Services

[11] E.g. the website about children indicators of Belarus

> Such statistics should be disaggregated by sex and/or gender, and countries should consider **gender mainstreaming** for statistics on children.[12, 13] Specialized methods may be required to target and include the most vulnerable groups of children including very young children. In general, data should capture the children most at risk of social exclusion including relevant individual and family characteristics.

> ### Recommendation 3
>
> Increase and promote the **visibility of data on children and youth** through:
>
> - The development of web pages dedicated to statistics on children and youth on the websites of the NSO and/or the relevant government ministries.
> - The regular publication of statistical reports and analytical products on children and youth.
> - The development of user-friendly approaches to disseminating data on and to children and youth, including the use of interactive platforms, infographics, videos, and social media. Children and youth should be consulted on the design of dissemination products aimed at them.[14]

63. **At the international level**, further work is needed in several directions.

64. To implement the recommendations to NSOs made above, many countries will require additional resources. International organizations involved in funding statistical activities should consider providing **support for the development of child-focused statistical infrastructure**.

65. The lack of consistently applied definitions of children and youth within and across countries represents the most fundamental challenge for international comparability of statistics on children and youth. Further work is needed to **develop clear and harmonized statistical definitions of child and youth**. To define children as those aged 0 to 17 years is too broad for many purposes; further work should propose standard age-group disaggregations suitable for policy areas. Age groups commonly used by UNICEF and other organizations that regularly produce statistics on children could be a starting point.

66. International statistical resources from UNICEF, OECD, and Eurostat provide crucial data for the monitoring of the implementation of international and regional initiatives and for the development of national policies that promote child rights and well-being. Still, inconsistencies, duplication, and data gaps remain. Further work in required to **promote a structured collaboration between international organizations producing statistics on children and youth** to harmonize methods, increase efficiencies, identify data gaps to be addressed at national and international levels, and recognize collaborative opportunities.

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[12] The United Nations Economic and Social Council defines gender mainstreaming as "the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated."

[13] See also Data Disaggregation for the SDG Indicators

[14] The EU Children's Participation Platform is an example in this field.

67. Currently, countries use a combination of survey and administrative data sources to produce statistics on children and youth. In some areas, administrative data are increasingly or exclusively used to meet national information needs. Further methodological work and guidance are required on best practices around **data sources for key indicators, standards and protocols** for the rigorous and safe collection and processing of data on children, and the **use of administrative data** for statistics on children and youth.

68. Many data producers would benefit from lessons learned in other countries. Efforts should be made to **facilitate exchange of national experiences**, particularly among countries with similar levels of data system maturity, identify good practices, and encourage and fund pilot studies exploring innovative data collection and dissemination. An online platform could facilitate information-sharing among countries in the region.

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3. STATISTICS ON VIOLENCE AGAINST CHILDREN

3.1 Introduction

69. The protection of children from all forms of violence is a fundamental right guaranteed by the Convention on the Rights of the Child (CRC) and other international treaties. Yet, millions of children around the world experience violence every day, regardless of their socio-economic background, age, religion, or culture (UNICEF 2014). Evidence shows that experiencing or witnessing violence in childhood can have short- and long-term negative consequences for children's cognitive and emotional development and increase one's likelihood of engaging in risky behaviours later in life (Brown et al. 1999; Dinwiddie et al. 2000; Windom 2000). Children who have been severely abused are often hampered in their development, have low self-esteem, and suffer from mental health conditions such as depression, which can lead to risky behaviour and self-harm. Children who grow up in a violent household or community tend to internalize such behaviour as a way of resolving disputes, and are more likely to repeat the pattern of violence and abuse as adults against their own partners and children. Beyond the large and potentially tragic effects on individuals and families, violence against children carries serious economic and social costs in both lost potential and reduced productivity over the lifespan (Forum on Global Violence Prevention 2011).

70. The adoption of the Sustainable Development Goals (SDGs) in 2015 marked an important milestone in the recognition of violence against children as a global concern and priority. The SDGs include specific targets calling for an end to violence against children by 2030. Goal 16 on promoting just, peaceful, and inclusive societies includes target 16.2 which explicitly relates to violence against children (VAC): "End abuse, exploitation, trafficking and all forms of violence against and torture of children". VAC is also covered by two additional SDG targets that have a broader age scope: target 5.2 on eliminating all forms of violence against all women and girls and target 16.1 on reducing all forms of violence and related deaths. In total, six indicators have been selected to track progress towards these targets (see Box 2). In addition to being part of global obligations, combatting violence against children is also one of the pillars of the EU Strategy on the Rights of the Child.[15] One of the issues that the strategy seeks to address is the lack of comparable, age- and sex-disaggregated data on violence against children.

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[15] The strategy needs to be read together with the broader legal and policy framework at EU level: the EU Directive on Child Sexual Abuse and the EU Strategy on a more effective fight against child sexual abuse, the EU Directive on Trafficking in human beings and the EU Strategy on Combatting Trafficking in Human Beings; the Victims' Rights Directive, and the Victims' Rights Strategy and the Gender Equality strategy. All these Directives relate to the need to create mechanisms of data collection.

71. Data and evidence are critical to sustaining this momentum and holding governments accountable for progress towards ending violence against children. Solutions to prevent and respond to violence against children require robust evidence, including much more and much better data from a wider range of sources, and covering broader issues related to this rights violation, including the number and characteristics of children who experience violence, as well as information on the services aimed at providing support to children at risk of violence and to those who have been victimized (United Nations 2019).

Box 2 Targets and indicators related to violence in the Sustainable Development Goals

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

- **Indicator 5.2.1:** Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.
- **Indicator 5.2.2:** Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

Target 16.1: Significantly reduce all forms of violence and related death rates everywhere.

- **Indicator 16.1.1:** Number of victims of intentional homicide per 100,000 population, by sex and age.
- **Indicator 16.1.3:** Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months.

Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children.

- **Indicator 16.2.1:** Proportion of **children** aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month.
- **Indicator 16.2.3:** Proportion of young women and men aged 18–29 years who experienced sexual violence **by age 18**.

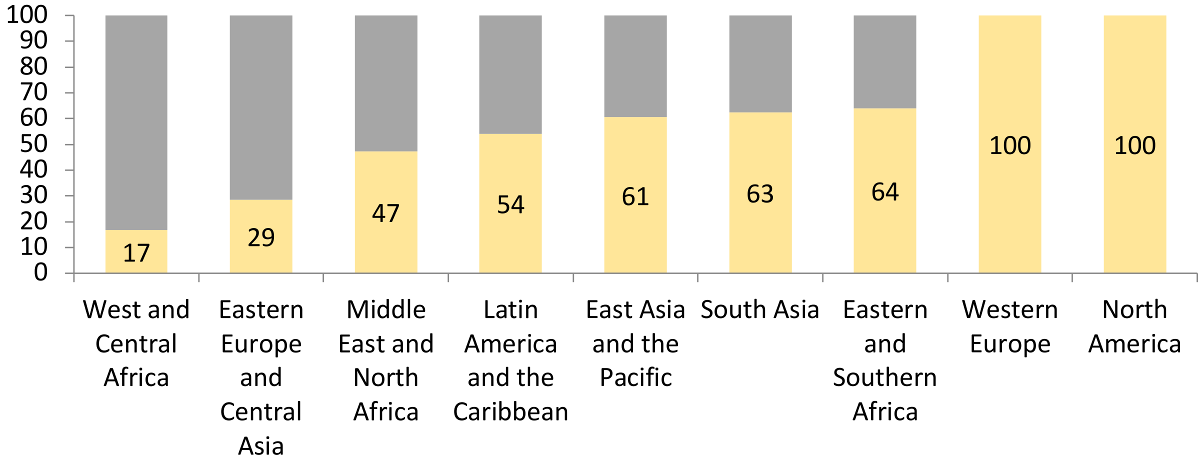
3.2 Definitions and data availability

72. Violence against children includes forms of physical, sexual, and emotional/psychological abuse, as well as forms of neglect. It can be perpetrated by other children or adults (e.g., parents and other caregivers, family relatives and neighbours, authority figures, romantic partners, and strangers) and can occur in different settings, including the home, at school, in clubs and after-school care, in institutions, online, and in the community (UNICEF 2014).

73. The use of consistent and comparable definitions of VAC is important for monitoring trends over time and reporting. A persistent challenge in this field has been the lack of internationally agreed upon and standard operational definitions for the measurement of VAC.[16] At the country level, the definition of what is considered "violence" is often determined by national legislation, by the agencies designing the data collection (in the case of surveys), or by the type of services provided to victims (in the case of administrative data). When data collection efforts do not apply clear and standard operational definitions, the resulting data may not be comparable, and data gaps may occur.

74. With the adoption of the SDGs, metadata documentation has been produced to facilitate the collection of internationally comparable data. Nonetheless, and despite progress in data availability, most countries lack data on the VAC-related SDG indicators, and are therefore unable to assess the level of investment needed to meet the various targets (see Figure 3, Figure 4) (UNICEF 2020a). Furthermore, the SDG indicators only cover specific forms of violence. Some forms of violence that are particularly challenging to measure, such as commercial sexual exploitation, sexual violence against boys, neglect by caregivers, and the wide variety of forms of psychological maltreatment, have been largely ignored in data collection. Consequently, existing statistical evidence on VAC remains limited and inconsistent in scope and quality (Cappa and Petrowski 2020).

Figure 3 Percentage (%) of countries without internationally comparable data on SDG indicator 16.2.1 – violent discipline, by region



Source: United Nations Children's Fund (UNICEF) (2020). A Generation to Protect: Monitoring violence, exploitation and abuse of children within the SDG framework

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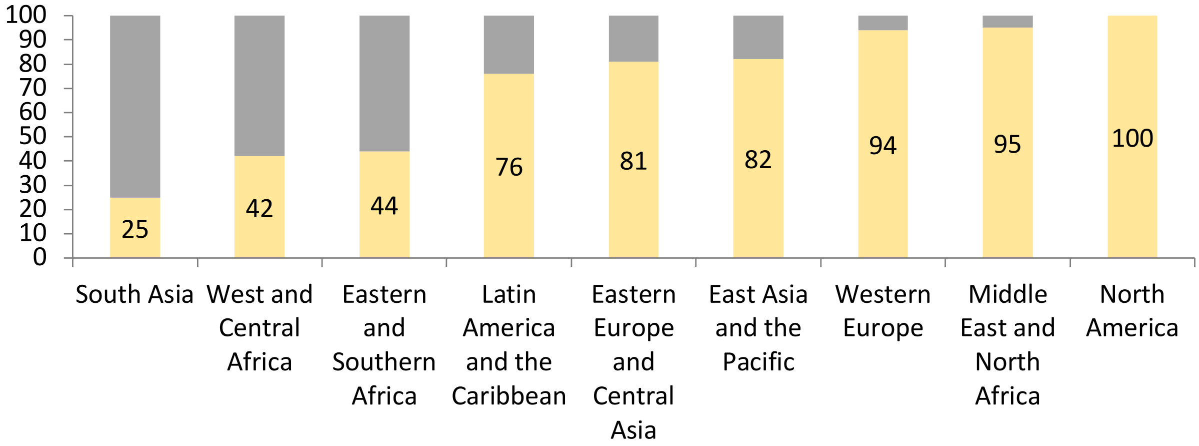
[16] Article 19 of the CRC and General Comment No. 13 do not provide definitions of violence, but simply list the various different types/forms of violence against children. In addition, the CRC does not consider intention to harm or severity of acts as a condition for considering whether children have experienced violence or not while some other existing definitions do (such as those reflecting a public health perspective). United Nations Committee on the Rights of the Child, General comment no. 13 (2011): The right of the child to freedom from all forms of violence, UN document CRC/C/GC/13, Office of the High Commissioner for Human Rights, Geneva (2011)

Figure 4 Percentage (%) of countries without internationally comparable data on SDG indicator 16.2.3 – sexual violence in childhood, by region



Source: United Nations Children's Fund (UNICEF) (2020). A Generation to Protect: Monitoring violence, exploitation and abuse of children within the SDG framework

75. A number of gaps and challenges also affect administrative data on VAC. These include lack of data sharing and coordination among different ministries within a country, difficulties with linking and integrating different data systems, due to both a lack of a commonly-used software and the highly fragmented and multisectoral nature of VAC. These as well as the application of different definitions of VAC among those collecting data hinder comparability at the national and international levels (UNICEF 2020b).

3.3 Key indicators

76. Since the adoption of the 2030 Agenda, the international community has embarked on various initiatives aimed at developing data collection standards and tools for filling VAC data gaps and promoting data comparability. Examples of such efforts include the ongoing work led by UNICEF for the development of methodological and ethical guidelines on the measurement of VAC, a toolkit to strengthening administrative data on VAC, and a statistical classification and codebook of VAC. While these initiatives are underway, the SDGs remain the only universal framework that can be used as a basis for discussions of internationally comparable indicators and data availability, with the understanding that the SDGs only cover a few forms of VAC, and not all the forms that need to be monitored.

77. Of the 43 countries that responded to the UNECE survey, seven (16 per cent) did not report any statistics or indicators on VAC. In 23 of the remaining 36 countries (64 per cent), the NSO was directly involved in producing data, either alone (10) or together with another entity (13). In 13 countries (33 per cent) another entity collected data on VAC.

Figure 5 Entity producing data on violence against children, number of countries

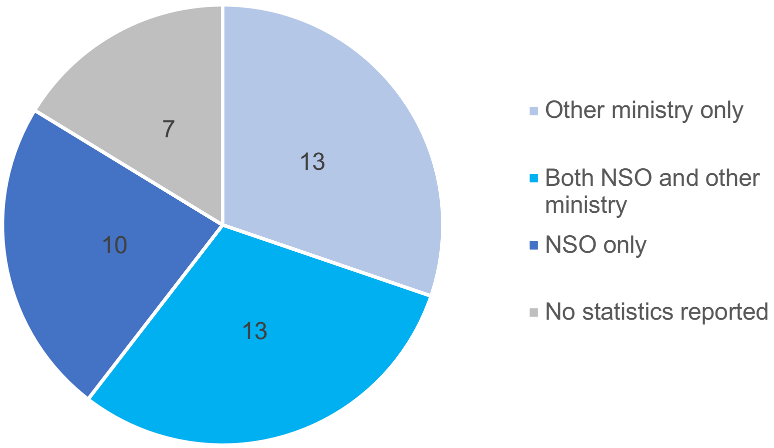
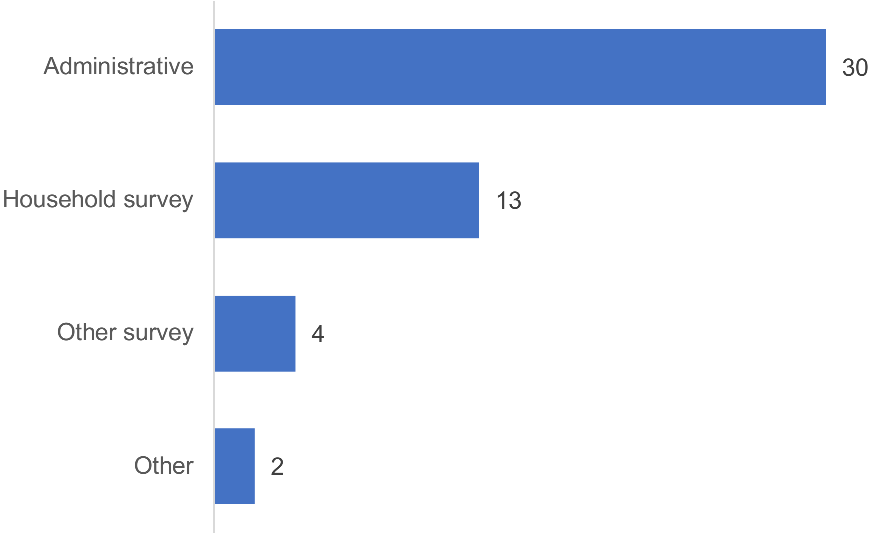


Figure 6 Data sources on violence against children, number of countries



Note: Based on responses from 33 countries. One country could report multiple sources.

78. A majority of countries responding to the UNECE survey reported the use of administrative data to produce statistics on VAC. Although only 17 countries reported the use of survey data to produce statistics on VAC, those that use survey data produce many more indicators than countries relying solely on administrative data. More than half of the nearly 300 statistics/indicators that were reported by NSOs were produced based on survey data. See Annex table 5 for a complete list of data source by country.

79. The ways in which VAC is measured through surveys and administrative data varies greatly, given the different methodologies and respondent types. Therefore, reviewing the underlying data source for measures of VAC—administrative or survey—can be useful.

3.3.1 Administrative data systems

80. Of the 36 countries that reported producing one or more indicators on violence against children, 30 (83 per cent) use administrative data (including one census-survey population register). Indicators derived from administrative data can be grouped into four categories: violence against children, crimes against children, witnessing domestic violence, and sexual violence in childhood.

- **Broad indicators on violence against children:** seventeen countries reported indicators in this category (Belarus, Belgium, Canada, Hungary, Ireland, Italy, Latvia, Lithuania, Mongolia, Netherlands, Republic of Moldova, Serbia, Sweden, United Kingdom). These indicators are informed by a variety of administrative data sources, including the police, child protection, health services, and social protection. This broad heading of VAC is used here because of wide variety of issues covered in the indicators reported.

- **Crimes against children:** twenty-four countries reported indicators in this category (Azerbaijan, Belarus, Canada, Croatia, Cyprus, Denmark, Finland, Georgia, Hungary, Ireland, Italy, Kyrgyzstan, Latvia, Lithuania, Mexico, Mongolia, Portugal, Russian Federation, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom, United States). These indicators cover the number of child victims and the number of crimes committed against children according to the country criminal code. These indicators often cover all types of crime and thus go beyond what would be considered as VAC. Likewise, many forms of VAC are not captured in crime statistics.

- **Sexual violence against children:** six countries reported indicators in this category (Ireland, Latvia, Lithuania, Mongolia, Portugal, United Kingdom). These indicators are reported from police administrative data and agencies responsible for family violence.

- **Exposure to domestic violence:** Ten countries reported indicators in this category (Albania, Cyprus, Georgia, Ireland, Italy, Kyrgyzstan, Latvia, Lithuania, Portugal, Ukraine). These indicators are reported by various ministries (e.g. health, interior, justice), domestic violence services, and family violence agencies. Many of these indicators cannot be disaggregated by age so that implications for children could not be measured.

3.3.2 Surveys

81. Of the 36 countries that reported producing one or more indicators on VAC, 17 (47 per cent) reported using surveys to collect data on the topic. The number as well as regularity of individual surveys reported varied considerably from one country to another. Most countries reported use of household surveys while a few countries collected data on VAC through school-based surveys. The survey-based indicators reported can be grouped into five categories, somewhat aligned with but not limited to the themes of VAC-related SDG indicators: violent discipline or maltreatment by caregivers, sexual violence in childhood, physical violence against adolescents, witnessing domestic violence, and broad VAC indicators.

- **Violent discipline or maltreatment by caregivers:** in line with SDG indicator 16.2.1, 10 countries (Canada, Costa Rica, Finland, Italy, Latvia, Mexico, Mongolia, Netherlands, Türkiye, Turkmenistan) reported indicators in this category, although not all the indicators are consistent with the SDG metadata. Some of the indicators are reported retrospectively, deriving information from adults about their childhood experiences, while others ask children or their parents about more recent experiences.

- **Sexual violence in childhood:** five countries (Canada, Finland, Italy, Mexico, Türkiye) reported indicators in this category. Indicators and measures differ greatly. Many are prevalence indicators collecting data from respondents aged 15 and above about their experience of sexual violence, either during the past year or in childhood. Some are aggregate violence indicators, calculated as a percentage of a population group experiencing different types of VAC, but it is assumed that disaggregation by VAC types is possible for these cases. One country (Mexico) reported detailed measures about perpetrators and help-seeking behaviour.

- **Physical violence against adolescents:** Five countries (Israel, Italy, Mexico, United Kingdom, United States) reported indicators in this category. The surveys collecting data on these indicators are usually restricted to the population above a certain age (typically 15 or 18 years) although in one case a younger age group was reported.[17]

- **Children witnessing domestic violence:** Three countries (Italy, Mexico, Türkiye) reported using survey data to produce indicators on indirect exposure to domestic violence. The objective of these indicators is to attempt to establish whether witnessing violence in childhood leads to further violence in adulthood, leading to a vicious cycle of violence.

- **Other VAC indicators:** there are many more survey-based measures/indicators reported by nine countries (Costa Rica, Italy, Mexico, Mongolia, Republic of Moldova, Sweden, Türkiye, United Kingdom, United States) that do not fall under any of the above categories, either because they are too broad or because the survey responses provided were insufficient to determine. Indicators reported include aggregate violence prevalence indicators combining different types of violence, settings, and perpetrators, peer violence, and cyberbullying (by Mexico), and attitudes towards VAC. A few countries explore violence against children in institutions, such as detention centres. The Republic of Moldova did not report individual indicators, but included a comprehensive survey conducted in 2019 that covered most of the indicators above in great depth.

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[17] See metadata for SDG indicator 16.1.3: Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months.

Box 3 Country highlight: Mexico

Among all countries, **Mexico** submitted the highest number and most comprehensive indicators from surveys concerning violence against children. The variety of indicators and aspects of violence against children measured through surveys, managed by the NSO or other ministries, is also noteworthy. These include household, institution, and school-based surveys that cover physical, sexual, emotional, or psychological violence against children of different ages and vulnerabilities, including those that are in detention. The National Survey on the Dynamics of Household Relationships (ENDIREH), conducted in 2003, 2006, 2011, 2016, and 2021 collects information on experiences of violence among women aged 15 and older, including violence during childhood and sexual abuse. Mexico has collected data on all dimensions of violence that can be collected through surveys, except physical punishment in schools and exposure to violence. The adaptation of a comprehensive definition of VAC across all data collection instruments and data collection at regular intervals could further strengthen available data on VAC in Mexico.

In addition to surveys, Mexico also monitors some indicators through administrative data systems. Relevant indicators monitored by the country include victims registered in criminal cases in the courts of first instance, reported on an annual basis, and victims from 0 to 17 years registered in probable crimes in investigation folders or files opened by the country's prosecutors/attorneys' offices, reported on a monthly basis.

3.4 Availability, comparability and quality of indicators

82. This section discusses the results of the UNECE survey, focusing on data availability, comparability, and quality of indicators. In order to highlight the main topics reported, the section is organised under different subheadings.

3.4.1 Indicators on violence against children

83. Administrative records cannot provide prevalence data, but only information on the **number of children** who come into contact with a service or **incidences of VAC** reported to a service. Administrative data are also limited in their capacity to monitor VAC. Many issues of comparability within and across countries come to light in an assessment of the broad indicators on VAC derived from administrative reported by 17 countries (Belarus, Belgium, Canada, Hungary, Ireland, Italy, Latvia, Lithuania, Mongolia, Netherlands, Republic of Moldova, Serbia, Sweden, United Kingdom). For instance, some indicators are produced from police data and cover reports or convictions for VAC. Most indicators refer to children affected by violence in general, while a few refer to one type of VAC such as neglect. Only a small number of indicators could be disaggregated by type of VAC.

84. Indicators on crimes against children are a potential resource to measure VAC. Twenty-four countries reported the production of indicators on crimes against children derived from administrative data. These indicators cover the number of child victims and the number of crimes committed against children according to the country's criminal code. Not all crimes against children fall under VAC. Some indicators capture all crimes against children and cannot be disaggregated by type of crime. Four countries reported indicators on crimes against children containing an element of violence (Canada, Denmark, Slovenia, Switzerland). Only Switzerland reported indicators disaggregated by victim-perpetrator relationship, for example, intimate partner and family members.

85. Twelve countries reported indicators capturing violence experienced by children who have come into contact with child protection and health services (Belarus, Belgium, Canada, Ireland, Hungary, Latvia, Japan, Mongolia, Netherlands, Serbia, Sweden, United Kingdom). An example of this type of indicator is the number of referrals to the child protection system for VAC (i.e. suspected VAC). Belgium, Canada, Hungary, Ireland, Netherlands, and the United Kingdom reported this indicator. Canada reported an indicator that distinguishes between substantiated, suspected, and unsubstantiated child protection referrals. Such classification of child protection referrals is important to understand the level of harm to which vulnerable children are subjected. Belgium reported an indicator for the rate of referrals to child protection services that end up being worked on as an open case. Ireland and United Kingdom produce indicators on children living at home who are deemed by national child protection services to be at risk of significant harm. Ireland reported an indicator for children at risk of significant harm, which counts the number of children with a child protection plan. United Kingdom produces two similar indicators referring to children on the child protection register which are disaggregated by category of abuse, or age, sex and ethnicity of the child.

86. Violence prevalence data from surveys should ideally cover all types of violence (physical, sexual, psychological) by all potential perpetrators (caregivers, siblings, other relatives, peers, intimate partners for older children and all others) and in all settings (home, school, community etc.). Few countries however seem to have the comprehensive survey data systems required to cover all these elements. The only international survey programme on VAC is the Violence Against Children Survey (VACS), led by the U.S. Centers for Disease Control and Prevention (CDC) as part of the Together for Girls partnership. The nationally representative household surveys collect data from males and females ages 13 to 24 to measure the prevalence, past 12-month incidence, and circumstances surrounding sexual, physical, and emotional violence in childhood, adolescence (before age 18), and young adulthood (before age 24). So far, these international VACS surveys have been conducted mainly in sub-Saharan Africa and Latin America. The Republic of Moldova is the only country in Europe and the only UNECE survey respondent that has conducted a VACS.

87. The highest degree of international consistency among the indicators reported was for countries that field UNICEF-supported Multiple Indicator Cluster Surveys (MICS) or national surveys based on MICS model questionnaires. Belarus, Costa Rica, Mexico, Mongolia, and Turkmenistan use data from the MICS module on violence to report **violent discipline by caregivers** in a way that appears to be consistent with the definition given for SDG indicator 16.2.1: percentage of girls and boys aged 1 to 17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month.[18] Even across these countries there are some variations and deviations, such as the age group covered and the respondent providing information (mother/caregiver vs. child). For many other countries that report indicators relating to physical or psychological violence against children, it is not clear whether information on the perpetrator is also collected and therefore whether it is possible to determine violence perpetrated specifically by caregivers.

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[18] Georgia, Kyrgyzstan, and Serbia have also conducted recent MICS surveys which collect data for this indicator but these countries did not report this as part of the UNECE survey.

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88. The recently-launched EU survey on gender-based violence against women and other forms of inter-personal violence (EU-GBV) contains a section on violence during childhood which covers violence perpetrated by parents, such as emotional abuse, witnessing domestic violence, and serious physical violence. The survey also collects data on extra-familial sexual abuse. The data collected will provide valuable internationally comparable information on how childhood exposure to violence affects adult outcomes. Eighteen EU countries (Austria, Belgium, Bulgaria, Croatia, Denmark, Estonia, Finland, France, Greece, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain) and Iceland have implemented the survey. Data from the survey are expected to be available in 2023.

89. UNICEF's regional TransMonEE initiative has put in place definitions for a select number of indicators on access to justice (including child victims and witnesses) and violence against children as registered by services based on administrative data. The first year of data on the latter category from participating countries was 2021.

Box 4 Country highlight: United Kingdom

The main survey source for statistics on VAC in the United Kingdom is the Crime Survey for England and Wales (CSEW) managed by ONS. The CSEW is a face-to-face victimisation survey in which household residents in England and Wales are asked about their experiences of a range of crimes in the 12 months prior to the interview. First introduced in 2015 and repeated in 2018, the CSEW incorporates a self-completion module which asks adult respondents aged 18 and older about experiences of abuse as a child (before the age of 16 years). This includes emotional abuse, physical abuse, sexual abuse, and witnessing domestic abuse for which indicators of the number and prevalence rates of adults who experienced abuse before the age of 16 are produced. The survey also collects information relating to the victim's relationship to the perpetrator, the setting of the incident, the age at which the abuse started and ended, and whether the respondent reported the crime to anyone at the time. Separate self-completion modules also collect data relating to domestic violence and abuse from those aged 16 and over.

Alongside the adult CSEW, from 2009, in households with children aged 10 to 15 years, a child is also selected at random to be interviewed using a separate shorter questionnaire about experiences of violence. Indicators produced include the number and rates of violent incidents, the number of victims of violent incidents, and prevalence rates of violence among children aged 10 to 15 in the previous 12 months. Indicators on the nature of violence are also produced such as the timing and setting of the violent incident, the injuries sustained, the relationship of victim to offender, the use of weapons, offender characteristics, the child's perception of the violent incident including perceived motivation, and to whom the incident was reported. Through self-completion modules the children's CSEW also collects data on the prevalence and nature of experiences of in-person and online bullying. Data on children's experiences of sending and receiving sexual messages, speaking with strangers online, and other aspects of their online activity are also collected as an assessment of children's risk to victimisation.

Strengths: The CSEW collects data directly from children and employs a novel approach to address associated ethical concerns. Because of the sensitive nature of the questions and the young age of the respondents, a "risk rating" approach to safeguarding is used. Based on the survey responses provided, a risk score is calculated for each child respondent that falls into three categories: low, medium or high risk. A letter is sent to both the parent and child explaining the "risk rating" for the child. This letter does not reveal any question responses or indicate which questions have triggered a higher risk rating for the child. Children are made aware of this process before starting their interview and letters are sent to all children who have completed the survey. Information about the process and resources for help are provided to both parents and children before the interviews are conducted. This achieves a good balance between maintaining the confidentiality of the child's responses but also identifying and informing caregivers if children are at risk of harm.

Limitations: Estimates of abuse experienced during childhood likely underestimate prevalence as the CSEW module does not capture abuse experienced at age 16 and 17 years. Surveys seeking information on crime generally result in lower reporting rates of violence than specialized violence or health surveys. As a household survey, the CSEW does not capture the experiences of children who live in institutions, who may be more likely to have experienced violence.

Future improvements: ONS are conducting a feasibility study to determine whether a new national survey could provide an effective source of data on the current scale and nature of child abuse. The new survey would interview children aged 11 to 17 years and young adults aged 18 to 25 years on lifetime and past year experiences of neglect, physical abuse, emotional abuse, sexual abuse, child exploitation, and exposure to domestic violence or abuse. The survey would be self-completed electronically and take place in school for children aged 11 to 15 years. Work is ongoing to research further aspects of the survey coverage, methodology, ethical and legal procedures, and data accuracy and reliability.

3.4.2 Sexual violence in childhood

90. Indicators from administrative data sources only capture sexual violence in childhood that has been reported to authorities. Ireland, Lithuania, Mongolia, and United Kingdom produce indicators on sexual violence from police administrative data, while Portugal reports from its agency responsible for family violence. Given the nature of underreporting of sexual violence, administrative data cannot be relied on as a true measure of this phenomenon.

91. In terms of comparability, in all countries but the United Kingdom, the reported indicators focus on the number of victims and the age at the time of the offence. The United Kingdom is the only country to produce a range of indicators on different forms of sexual violence, for example, rape and unlawful sexual activity with a girl under the age of 16 (the legal age of sexual consent) and to report from its health service administrative data on women and girls likely to have undergone FGM before the age of 18 years.

92. Surveys can provide more reliable and representative data on sexual violence than administrative sources. For a comprehensive picture, two critical measures are required: experiences of sexual violence in the past year and lifetime experience. Past year measures are important for measuring the current prevalence of sexual violence against children while also allowing comparisons between age groups. Capturing lifetime experience allows for a more accurate measure of the scale of sexual violence in childhood than with past year experience alone, given disclosure rates of such experiences increase with age.

93. The availability of data that conform to the requirements of SDG indicator 16.2.3 (the proportion of young women and men aged 18–29 years who experienced sexual violence by age 18) is very limited.

94. Some countries produce statistics on the topic but not always for both sexes or for the age groups specified in the indicator definition. Two countries, Mexico and the Republic of Moldova, produce indicators for both past year and lifetime sexual violence in childhood for certain population sub-groups. Canada, Italy, Türkiye, and United Kingdom reported indicators on lifetime childhood sexual violence only. Finland produces a survey-based indicator on sexual violence during the previous year among children in grades 4 and 5.

95. The Eurostat GBV survey task force proposed two indicators to cover GBV violence experienced in childhood: "Proportion of women (aged 18 to 74 years) who experienced sexual violence in their childhood, by type of perpetrator" and "Proportion of young women (aged 18 to 29 years) who experienced sexual violence in their childhood". UNICEF has begun work towards the development of survey questions on sexual violence against children that could be added as a module to existing data collection instruments. The questions measure the prevalence of various forms of sexual violence against children and collect information on the type of violence experienced, perpetrator(s) of violence, age at victimization, and seeking help. The module will provide guidance on ethical issues for data collection on this topic. These initiatives should improve data availability for SDG indicator 16.2.3 and help countries fulfil their reporting obligations.

3.4.3 Child homicide

96. Based on the UNECE survey results, the availability of indicators on child homicide is limited. Child homicide indicators from administrative data sources are produced in only a handful of countries. As expected, no indicators on child homicide based on survey data were reported, as this information is not well captured in surveys.

97. Among those countries that do produce statistics on child homicide, the reference age group differs across countries and the indicators cannot always be disaggregated by age. For example, Canada and Ireland report homicides of children aged 0 to 17 years and the United Kingdom reports homicides of children aged 0 to 16 years. None of these statistics can be disaggregated further by age. Belarus, Italy, and Sweden report homicides of children aged 0 to 17 years which can be disaggregated further by age. In the annual Eurostat crime statistics database, data on child victims of intentional homicide below 15 years by sex are published. The United Kingdom is the only country that reported a separate indicator for infanticide, which measures the death of child less than one year old caused by its mother. The legal definition of infanticide varies across countries, limiting the international comparability of statistics on this crime.

98. Very few indicators capture the relationship between the child victim and the perpetrator, or the setting in which the child homicide occurred. This information would be helpful for understanding the nature of child homicide and risks to child safety. Only Italy and the United Kingdom disaggregate child homicide statistics by relationship of the child victim to the perpetrator. Canada specifies if the child homicide occurred in the domestic setting, while Lithuania limits its collection to child homicide occurring in the domestic setting.

3.4.4 Witnessing domestic violence

99. Nine countries (Albania, Cyprus, Georgia, Ireland, Italy, Kyrgyzstan, Lithuania, Portugal, Ukraine) reported the production of indicators on exposure to domestic violence from administrative data sources. The majority of indicators reported do not pertain directly to children but to the numbers of victims of domestic violence accessing services or coming before the courts. For many it is unclear whether children accessing services are identified separately.

100. A small number of countries reported child-centred indicators that measure children's exposure to domestic violence. Ireland and Italy produce statistics on children accessing support from a domestic violence service or accommodation in a domestic violence shelter with a parent. Only Cyprus and Italy reported indicators on women accessing support for domestic violence who have children. Italy conducts an annual census-survey of domestic violence shelters that collects data on the number of victims seeking help that have children, and the number of victims reporting that their children have witnessed violence and/ or have been abused.

101. Three countries (Italy, Mexico and Türkiye) reported survey-based indicators related to witnessing domestic violence. These include indicators that measure exposure of children to intimate-partner violence and indicators that attempt to establish links between witnessing violence in childhood and current experiences.

Box 5 Country highlight: Italy

Italy produces a number of indicators regarding children's witnessing domestic violence from helpline data and shelter census-surveys. Data collected relate to calls received form minors seeking help for domestic violence, victims of domestic violence whose children witnessed the abuse or are being abused, and the impact of violence on a child's behaviour. Shelter census data also records the number of children hosted in the shelter and for how many nights.

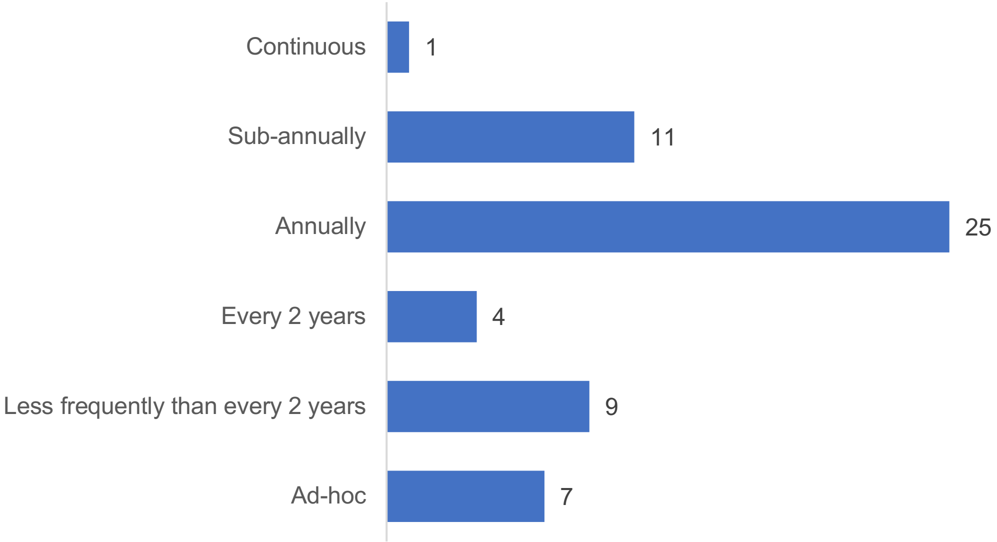
3.4.5 Outcomes and impacts of violence

102. There is a dearth of indicators capturing the impact of violence on children's well-being, particularly from administrative data sources. This is a significant shortcoming given the known harmful impact of violence on children's development and future outcomes. Italy and Lithuania are the only countries that reported statistics on the impact of domestic violence on children. Italy collects data on behavioural difficulties among children exposed to domestic violence from telephone calls and chats to helplines and crisis centres. Lithuania tracks school attendance of children affected by domestic violence, and thus is the only country to link domestic violence victimisation to child outcomes for national reporting.

3.5 Reporting frequency

103. Most countries report at least some statistics concerning violence against children every year (Figure 7). Still, may countries produce VAC statistics less frequently than every two years or only on an ad-hoc basis. One-off data collection exercises without longer-term measurement plans indicate the need to systematize efforts for improved and more standardized ways of measuring violence against children. Statistics based on administrative data are produced more frequently than statistics based on survey data.

Figure 7 Frequency of reporting of statistics on violence against children, number of countries

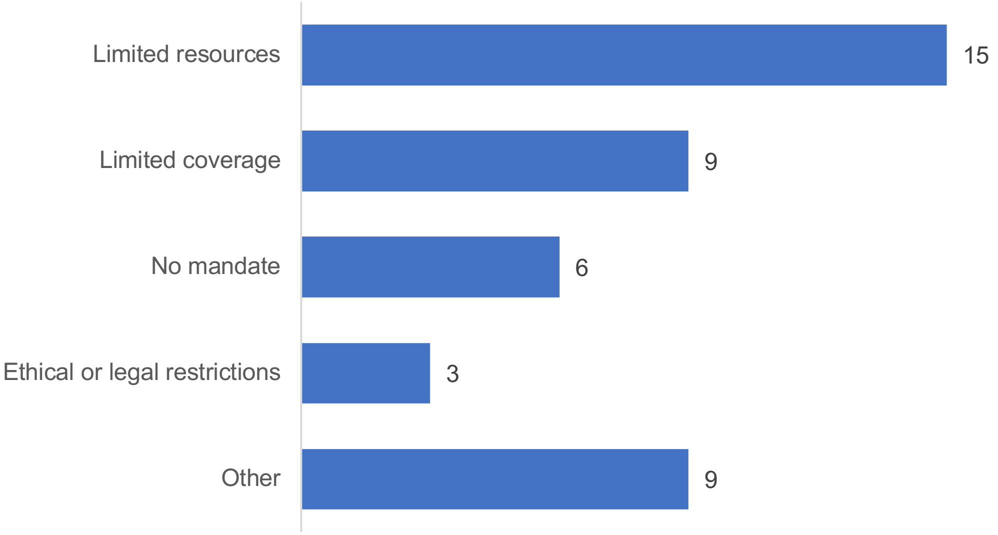


Note: Based on responses from 34 countries. One country could report multiple frequencies.

3.6 Addressing data gaps and challenges

104. Among the challenges faced by NSOs collecting data for VAC statistics, limited resources are the most frequently reported barrier, followed by issues with limited coverage of the relevant populations in administrative sources and data collection instruments, and the absence of a mandate to collect data and to report on VAC (Figure 8). See Annex table 6 for challenges reported by country.

Figure 8 Challenges reported by countries in producing data and statistics on violence against children, number of countries



Note: Based on responses from 26 countries. One country could report multiple challenges.

105. Other challenges reported by countries concern low quality of administrative data, small sample sizes, low response rates for surveys, and most importantly, different definitions of VAC used across data sources, including use of violence and victimization/crimes against children interchangeably.

106. Among the improvements that countries feel are needed, it is noteworthy to mention:

- The creation of cross-sectoral child protection information systems that give access to all relevant authorities dealing with VAC (Costa Rica, Cyprus, Latvia);
- Improvement of the legal framework concerning data collection on VAC statistics (Italy);
- Standardized definitions and the development of an international statistical classification on violence against children (Finland);
- Clarity and consensus on the definition of violence within the country (Mexico);
- Coordinated data collection from child welfare agencies to help understand the prevalence and nature of child violence that is not reported to the police (Canada);
- Review of the international experience in surveys of violence against girls, boys, and adolescents to detect information needs, taking into account both the national information needs and international commitments (Mexico).

107. To address the need for comprehensive operational definitions of VAC, UNICEF has developed a statistical classification on all forms of VAC which aligns with the International Classification of Crime for Statistical Purposes (ICCS). The classification will provide countries with a tool to assess the extent to which their national definitions comply with some internationally-agreed standards and to ensure that data collection efforts adhere to these in order to produce comparable data on VAC. The draft International Classification on Violence Against Children (ICVAC) is undergoing in 2022 a country consultation and review process, involving over 150 representatives from national statistical offices, line ministries, international agencies, non-governmental organizations, and academic experts. Based on the outcome of the consultation and the review of the UN Committee of Experts on International Statistical Classifications, the ICVAC is expected to be submitted to the United Nations Statistical Commission in 2023.

3.7 Summary and conclusions

108. The publication of the 2006 UN Study on Violence Against Children and the inclusion of violence-related targets and indicators in the 2030 Agenda for Sustainable Development have generated momentum and interest in data on VAC. The integration of VAC-related questions into multi-topic surveys such as UNICEF-supported MICS surveys has led to a dramatic increase in the number of countries with prevalence data on certain forms of violence (Cappa and Petrowski 2020). National studies dedicated exclusively to capturing information on children's experiences of violence, such as the Violence Against Children and Youth Surveys (VACS), have also been conducted in a number of countries, but mostly in sub-Saharan Africa and not at regular intervals.[19] This increase in the availability of prevalence data has gone hand in hand with increased interest among governments and international development partners to explore ways to better utilize existing administrative data for monitoring and reporting (UNICEF 2020b).

109. While there has been progress in the measurement of VAC, this review of data availability confirms that capturing data on violence against children remains challenging in most countries. Many countries have no prevalence data at all, and among those that do, the quality and coverage are variable. NSOs report challenges related to the application of different definitions across different data sources, mandates to collect data on VAC, fragmentation of data collection, low quality of administrative data, and lack of resources. Some additional issues emerging from this review include: inconsistencies and differences in national and sub-national definitions of violence against children; a lack of comparability across data systems, sectors, and countries due to differences in coverage and data collection methods; and the potential duplication in recording of cases due to parallel monitoring systems across multiple service delivery points. In some cases, data gaps derive from a country's failure to recognize violence against children as a violation of children's human rights in their national legislation, or stem from limited capacity and resources.

110. As countries strive to improve the availability and quality of their data on VAC, a few issues require consideration and international attention. There are currently no established, internationally agreed upon best practices for measuring and producing statistics on this sensitive issue (Child Protection Monitoring and Evaluation Reference Group 2014). The development of standards and protocols for the rigorous and safe collection of data on violence is therefore a priority. This includes operational definitions to guide and align data collection across countries, as well as ethical procedures on how to gather such data, while safeguarding the dignity, rights, and

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[19] The only country in Europe that conducted a VACS is the Republic of Moldova.

welfare of research participants. Finally, priority should be given to strengthening the availability and quality of the statistical evidence on VAC through country-level investments in data collection and the strengthening of country data systems, including through technical support and capacity development opportunities to statistical authorities, rather than through the production of global, regional, and country estimates derived from statistical modelling. Some countries are harnessing new technologies to produce data on violence against children, but the representativeness of these data as well as associated ethical considerations need further assessment.

3.8 Recommendations

111. The analysis of the information provided by countries in the UNECE survey and the availability of data and statistics at the international level led to the following recommendations.

Recommendation 4

Establish a coordination mechanism. Identification of a designated body or mechanism for coordination in each country is critical to building a comprehensive data collection and monitoring system on VAC at the national level. This will ensure that there is a holistic approach and long-term planning for the systematic collection, analysis, interpretation, use, and dissemination of VAC data. While it is understood that NSOs may not have the authority or mandate required to establish such mechanisms, they may raise the issue with the relevant authorities.

Recommendation 5

Provide NSO and line ministries responsible for producing data on VAC with a c**lear mandate and necessary resources**. Resources should be directed towards the implementation of periodic surveys on the different forms of VAC or the integration of VAC-related questions into multi-topic surveys; investments should also be made to strengthen administrative data systems on VAC, which should ideally be interoperable with other administrative data (school, health etc.) and consider statistical needs during the design stage. While survey data are critical to understanding how widespread violence is and to track progress in reducing its occurrence, administrative data have an important role in assessing how child victims of violence are using services, as well as how agencies and providers serve child victims. Both sources of data are critical components of a well-functioning data system on VAC and investments are needed to ensure that high-quality data are produced from such sources at regular intervals for information and use by decision-makers. Each country should identify a comprehensive set of VAC indicators to monitor and develop plans for the systematic collection/compilation, analysis, and dissemination of data, following rigorous methodological and ethical standards and protocols.

Recommendation 6

SDG indicators should be a starting point. With less than ten years left to achieve the 2030 Agenda, it is critical that all countries deliver on commitments and prioritize collecting data on the SDG indicators related to VAC, using internationally available and recommended data collection tools. Acknowledging that SDG indicators do not cover all the types and dimensions of VAC, they nevertheless present a unique opportunity to use international common definitions and metadata to produce comparable indicators. Regular and robust data on VAC-related SDG indicators should constitute the absolute minimum of indicator reporting. Sex-disaggregated data are desirable. In addition to this, countries are encouraged to extend data collection to other issues to fill data gaps, such as commercial sexual exploitation, sexual violence against boys, neglect by caregivers, and psychological maltreatment.

112. Work by UNICEF is ongoing to develop measurement and ethical guidelines and a statistical classification on VAC. Further work will be required to **establish a roadmap for the progressive implementation of the guidelines and statistical classification**. The roadmap could describe the investments required for regular collection and analysis of data on all aspects of VAC and provide concrete recommendations to NSOs towards a systematic approach to implementation.

4. STATISTICS ON CHILDREN IN ALTERNATIVE CARE

4.1 Introduction

113. 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 (hereafter 2009 Alternative Care Guidelines). The 2009 Alternative Care Guidelines set out the following main goals and objectives for child welfare and protection policies:

A. Prevention of unnecessary separation of children from their families and family networks.

B. 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'.

C. For children in alternative care: work on safely reuniting and reintegrating the children with their families or family networks.

114. These 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.[20, 21]

115. The 2009 Alternative Care Guidelines reflect a 'reorientation from child protection to family support and prevention' and a 'convergence' between the two systems of family service and child protection, which are both part of the broader child welfare system (Heimer et al. 2018). As a result, the EU and similar organizations in other regions have invested in deinstitutionalisation reforms.[22] These reforms support the transition to family and community-based care and aim to strengthen prevention and family support services and gatekeeping mechanisms.[23]

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[20] See Better Care Network, Effects of Institutional Care.

[21] To simplify reporting, the term 'alternative care' is used consistently throughout this chapter.

[22] See more on EU policy, transition to community-based care and EU Strategy on the Rights of the Child and the European Child Guarantee. An analysis of global and European trends is available here. Policy and practice recommendations for deinstitutionalisation are available here.

[23] The Better Care Network defines gatekeeping as "…the process of referring children and families to appropriate services or care arrangements with the aim of limiting the number of inappropriate placements. Gatekeeping is an essential tool to divert children from unnecessary entry into alternative care and reducing the numbers of children entering institutions. Gatekeeping is often carried out by social welfare professionals or trained staff at institutions but is often aided by members of the community and local service providers."

116. Despite the existing frameworks and policies, children in alternative care are frequently missing in official statistics and national and international indicator frameworks. For instance, neither the Global Indicator Framework for the 2030 Global Agenda for Sustainable Development or the revised Social Scoreboard of Indicators of the European Pillar of Social Rights include indicators on children in alternative care, nor do the indicator frameworks suggest disaggregation of other indicators for children in alternative care.

4.2 International data sources and data gaps

117. The data gaps for children in alternative care are well-recognized. A 2014 OECD evaluation of international surveys on children notes that even surveys specifically focusing on children struggle to capture children in alternative care.[24] This limitation may be due to the fact that statistical data collections under the common framework for European statistics largely focus on household surveys and cover only those individuals living in private households, thereby excluding individuals living in institutions. Systems of alternative care vary across countries, and international statistical norms or standards for data and reporting on children in alternative care have not yet been developed.

118. The Social Protection Committee of the European Commission in its *Advisory Report to the Commission on Tackling and Preventing Child Poverty, Promoting Child Well-Being* raised this issue in 2012 with reference to EU-wide household surveys, and called for complementary data on children outside of traditional households (e.g. in institutions), and for 'specific efforts' to be 'dedicated to the exploration of possible data sources and methodologies to collect data on these children'.

119. One of the few international efforts to capture data on children in alternative care focused on administrative data is the TransMonEE database, currently managed by UNICEF's Europe and Central Asia Regional Office (ECARO). TransMonEE is a research programme that was initiated by the UNICEF Innocenti Research Centre in 1992 to systematically monitor child well-being and its economic and social determinants. The programme evolved over time to focus primarily on the most disadvantaged children who face inequities in the realization of their rights and who are often invisible in statistics, including children in alternative care. The TransMonEE database includes indicators on the number of children without parental care and in alternative care for 29 countries in Central and Eastern Europe and Central Asia, with efforts underway to expand the network to other countries in the region. Data on children in alternative care are updated annually in collaboration with NSOs, covering 1989 to the present. Data on children in alternative care disaggregated by sex, age group, and disability status, have been available since 2005. ECARO is continuously working with national partners to address issues concerning the comparability, quality, and coverage of the data reported in TransMonEE. Data comparability and gaps exist since some countries do not report consistently, and others report indicators that deviate from TransMonEE's statistical standards. Changes to the administrative data systems from which the indicators are generated require costly investments. To improve TransMonEE data comparability and quality and to reduce the reporting burden for NSOs, the network continues to revise and improve the database with a goal of extracting indicators from existing statistical data sets managed by other international organizations (e.g., indicators on health and education) and requiring NSOs to only report on indicators not captured.

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[24] The surveys covered by the evaluation of international surveys (2014) include: European School Project on Alcohol and other Drugs (ESPAD), Health Behaviour in School-aged Children (HBSC) study, International Civic and Citizenship Education Study (ICCS), Progress in International Reading Literacy Study (PIRLS), Programme for International Student Assessment (PISA), Trends in International Mathematics and Science Study (TIMSS). The evaluation found that only HBSC is asking children whether they live in a foster home or a children's home.

120. Many stakeholders across the EU and the globe have come together to build on efforts to develop common indicators for children in alternative care. These efforts demonstrate recognition of data gaps and the need for high quality, comparable statistics on children in alternative care among many stakeholders, including governments, international agencies, research institutions, academia, and civil society.[25]

121. The Feasibility Study for the European Child Guarantee (FSCG) and the DataCare Project have also contributed to the effort towards comparable indicators for children in alternative care. Building on the findings of the FSCG and other reviews, the DataCare Project mapped how data on children in alternative care are collected, analysed, and published for 28 European countries. The project calculated the total number of children in alternative care and the proportions in residential and family-based care. The project's findings included a summary of commonly used indicators for data on children in alternative care but also highlighted the need for investments to strengthen administrative data systems in several countries. Data gaps and issues concerning the availability, accessibility, quality, and comparability of the statistics produced from administrative data sources for children in alternative care were noted, echoing similar limitations of child protection and welfare data.

4.3 Topics that require definitions and measurement

4.3.1 Concepts and definitions of alternative and different types of care

4.3.1.1. Context

122. There currently exist no 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 (Annex III). In 2009, the Better Care Network (BCN) and UNICEF published a set of indicators to monitor the implementation of the 2009 Alternative Care Guidelines at a national level, but there have been challenges with promotion and uptake. One reason may be that international bodies, such as the United Nations Statistical Commission, responsible for developing concepts, methods, and setting statistical standards have not discussed statistics on children in alternative care and no active group exists tasked with developing international standards and classifications on the topic.

123. The UNECE survey fielded as part of the work of this Task Force asked countries about awareness of country-level data or statistics on children in alternative care that are internationally comparable or aligned with international standards. Of the 33 countries that provided a response to this question, most (73 per cent) responded "No" (12) or "Don't know" (12). Of the nine NSOs that responded affirmatively (29 per cent), one (Switzerland) provided data on all indicators included in the 2009 Better Care Network indicator manual, two countries did not provide additional details, and six countries stated that they are part of the TransMonEE network.[26]

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[25] Initiatives to improve the evidence base on alternative care include Better Care Network, DataCare, and Data for Impact (D4I).

[26] In 2018, UNICEF Regional Office for Europe and Central Asia started reviewing and revising the child protection indicators in TransMonEE in consultation with its country offices, and NSOs and line ministries across the region. Data collection for the updated set of child protection indicators (including indicators on children in alternative care) began in 2021 and will be published in 2022 in the TransMonEE database.

124. To complement the information provided by NSOs in the UNECE survey, the Task Force considered additional data collected via TransMonEE on an annual basis. Annex table 10 provides a list of all countries that responded to the UNECE survey and/or participate in the TransMonEE data network.

4.3.1.2. Key findings

125. Most countries collect data that can be grouped by two main types of alternative care: residential and family-based care. Of the 43 countries responding to the UNECE survey, 28 produced data on residential care, 22 produced data on family-based care, and 25 produced data on both residential and family-based care.

126. Looking at the UNECE survey results and information from the TransMonEE database provides a more comprehensive picture of reporting across the region. Of 51 countries (43 responding to the UNECE survey plus an additional 8 included in the TransMonEE database), 43 countries (84 percent) produce statistics on one or more types of residential care, and 38 countries (75 per cent) produce statistics on one or more types of family-based care, with 38 reporting on both. See Annex table 10 for country-level information.

127. The types of facilities defined as residential care vary across countries. Data from the UNECE survey shows that facilities providing residential care range from large institutions including special boarding schools[27] to small group homes[28], emergency centres, overnight shelters, respite care facilities[29], maternal centres[30], and supervised independent living arrangements. Annex table 11 presents some country-specific examples of what is included under residential care facilities.

128. Most countries (90 per cent) that report on residential care also report on family-based care. Yet, similar challenges exist for the definition of family-based care. The UNECE survey found family-based care definitions to include a range of different categories including foster care[31], kinship care[32], and guardianship care[33] and overlaps between foster and kinship care occurred in some country contexts. For example, Poland collects data for 'related foster family', while for other countries this is subsumed under the category of 'kinship care'. Annex table 12 presents country specific examples of how different sub-categories of family- based care are reported.

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[27] Special boarding schools are large-scale institutions and still common in some Eastern European and Central Asian countries for the care for children with disabilities, complicated medical needs, or children with challenging behaviours. A White Paper by UNICEF on the role of boarding schools in the context of alternative care is under development.

[28] For a definition of small group homes, see UNICEF (2020), The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region

[29] Respite care provides temporary breaks for carers of children with complicated medical needs so carers can have space and time for themselves.

[30] Maternal centres are, for instance, centres housing women and their children for a specific period of time.

[31] The 2009 Alternative Care Guidelines (p. 6) defines foster care as situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.

[32] The 2009 Alternative Care Guidelines (p. 6) defines kinship care as family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.

[33] Guardianship care means that a child is placed with and cared for by the person who has been appointed as the legal guardian of the child. It is a term used in specific country contexts.

129. Information provided in the UNECE survey revealed variation in country practices around the conceptualization and definition of alternative care, as summarized below:

- As highlighted in previous studies,[34] few countries use similar definitions and statistical classifications (e.g., Ireland and the United Kingdom)[35] but generally, definitions of 'alternative care' and the classifications of sub-types of care vary across countries and may even vary across jurisdictions within countries.
- Finland, Japan, Lithuania, and Sweden include supervised independent living arrangements under their definitions of alternative care, but in Canada, the inclusion of these types of care arrangements depends on the jurisdiction.
- Some countries include 'closed' or 'secure' accommodations for children in their definition of alternative care, (i.e., the United Kingdom (Scotland) and Switzerland). Yet, this definition differs from the scope set out in the 2009 Alternative Care Guidelines, which does not include "*Persons under the age of 18 years who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognized as having infringed the law, and whose situation is covered by the United Nations Standard Minimum Rules for the Administration of Juvenile Justice and the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty […]*".
- Sweden reported that it includes residential care homes that have locked wards specializing in caring for children with criminal behaviours in the total number of children in alternative care, but this group constitutes a small minority and may be excluded for purposes of comparability.
- Some countries exclude sub-groups of children placed in alternative care, for instance, children in pre-adoption placements. These children are excluded in the overall count of children in alternative care in Ukraine, while in Slovakia and Poland they are included.
- Even in the context of TransMonEE, many countries report data that deviates from the TransMonEE definitions and classifications. For example, some countries exclude children with disabilities who are cared for in special boarding schools in their residential care indicators, while other countries include them.
- The foundation or basis for the concept and definition of alternative care varies across countries. Some NSOs referenced a national law as the source for the definition (e.g., Azerbaijan, Lithuania, Republic of Moldova, Ukraine) while Serbia referred to the Convention on the Rights of People with Disabilities as the basis for definition.

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[34] See Lerch and Nordenmark Severinsson 2019; Šiška and Beadle-Brown 2020; Furey and Canavan 2019; Petrowski et al. 2017

[35] Furey and Canavan 2019

4.3.1.3. Conclusion

130. Country definitions and classifications often use the names of the settings (e.g., homes for children, centres for children and families, homes for medical and social care, orphanages) instead of objective criteria for alternative care or for distinguishing different types of residential and family-based care. Since not standardized, country specific names themselves would not be informative in an international context. For example, the scale or other distinctive features of the settings would not be identifiable or comparable.

131. Despite the general trend towards deinstitutionalisation, no clear definition of institutional care exists, nor does a description exist of how it differs from other forms of residential care. In addition, less than a handful of countries in the EU use facility size or a defined upper limit to classify whether a care arrangement can be considered an institution.[36]

132. Data on children in alternative care are collected by most of the countries that participated in the UNECE survey.

133. Data being collected in responding countries can be divided into two main categories of alternative care: residential care and family-based care. Definitions and statistical classifications of both residential and family-based care vary by country and definitions are not standardized. These variations reflect the diversity of each country's alternative care system, including the types of facilities and the services offered, which children enter and leave the system, and how long children stay in care. All of this is influenced by each country's social, political, and cultural context including whether a country is in the process of deinstitutionalisation as well as whether national laws exist mandating definitions and reporting.

134. The many differences across countries pose a challenge to developing international standard definitions and classifications. However, further work towards standardization is needed if progress is to be made in producing internationally comparable and valid statistics on children in alternative care. More recently, international projects led by UNICEF and other organizations have started to review available definitions and develop core and extended sets of indicators for children in alternative care.[37]

4.3.2 Entities producing statistics on children in alternative care

135. Of the 43 countries that completed the UNECE survey, 19 (44 per cent) indicated that the NSO regularly or systematically produces statistics on children in alternative care, and the majority (31 countries) reported that other agencies or ministries produce statistics on alternative care. Ten countries (23 per cent) indicated that both the NSO and other agencies or ministries produce statistics on children in alternative care. Three countries (7 per cent) indicated that neither the NSO nor other ministries or agencies produce these statistics.

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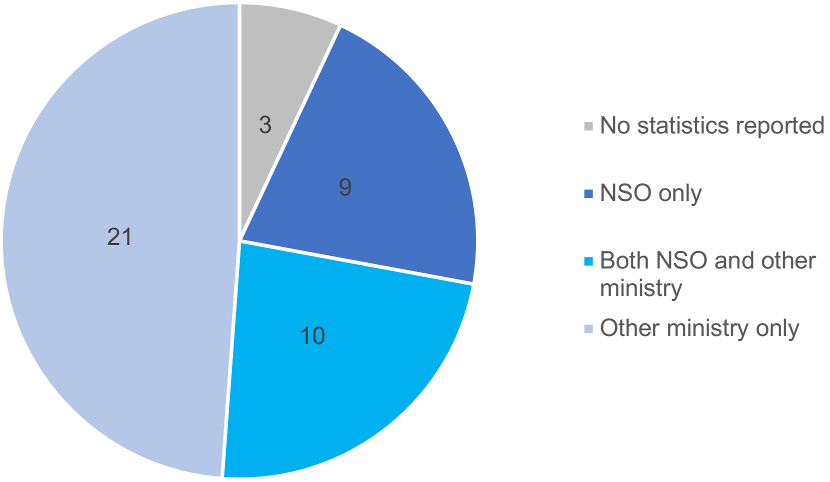
[36] This is referring to findings of the DataCare project, technical report.

[37] E.g., future work can build on the results of the key initiatives on strengthening the evidence of the Better Care Network in cooperation with global partners, the work of the Data for Impact (D4I) project on indicators on children in alternative care, and the DataCare project.

Figure 9 Type of entity producing statistics on children in alternative care, number of countries



136. Annex III provides an overview of the different types of agencies or ministries producing statistics on children in alternative care by country.

137. The responsible authority for producing statistics on children in alternative care varies by country. Most frequently it is a line ministry or a combination of both the ministry and NSO. Interestingly, five countries (Bosnia and Herzegovina, Canada, Costa Rica, Greece, and Mexico) reported that statistics on this child population group are produced, yet no specific country mandate exists to do so.

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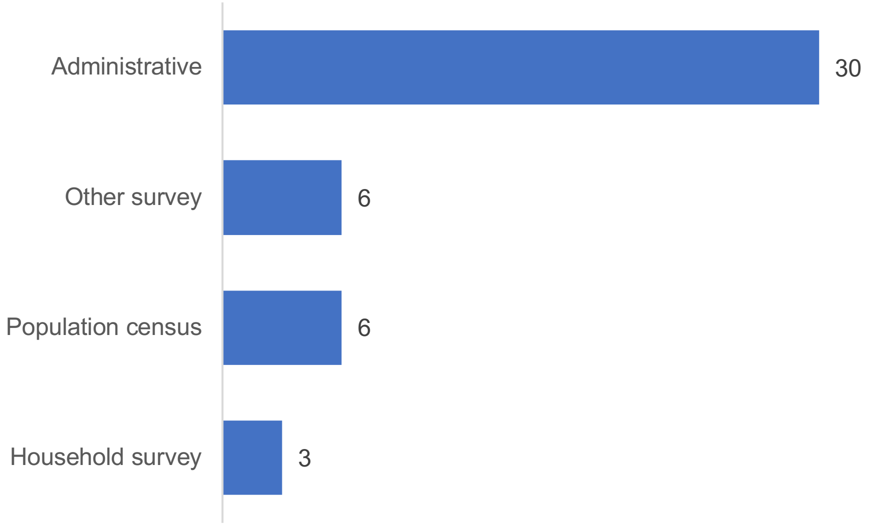
4.3.3 Types of data sources used to produce key indicators on children in alternative care

138. Of the 35 countries providing information on the types of data sources used to produce key indicators on children in alternative care, 30 (86 per cent) reported using administrative data (including one population register), nine (26 per cent) reported using survey data, and six (17 per cent) reported the use of data from population censuses.

Figure 10 Data source for statistics on children in alternative care, number of countries



Note: Based on responses from 35 countries. One country could report multiple sources.

139. Annex III provides an overview of the data sources for statistics on children in alternative care by country.

140. Most countries rely on administrative data sources for statistics on children in alternative care. As previously indicated, in many countries, data on children in alternative care are not widely or systematically integrated into typical NSO data collection vehicles such as national household surveys and censuses.[38]

141. Administrative data sources have well-known advantages over surveys and censuses including lower costs, reduced response burden, better coverage of target populations, and greater timeliness. But they also have limitations as administrative data are collected primarily for national management and system-performance monitoring. The transformation of administrative data sets into statistical data sets yielding internationally comparable data is not always straightforward and may require improving data quality and addressing conceptual, definitional, and methodological differences.[39] The latter is a key challenge of the TransMonEE database, based solely on administrative data. Furthermore, it is important to consider the legal and ethical issues associated with the use

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[38] See for instance Richardson and Ali 2014.

[39] ModernStats wiki space for UNECE work relating to Data Integration for Official Statistics: A Guide to Data Integration for Official Statistics (Version 2.0).

of administrative data on children in alternative care for statistical and research purposes and to ensure confidentiality, privacy, protection, and security in line with national and international laws such as the General Data Protection Regulation of the European Union (GDPR).

4.3.3.1. Conclusion

142. Administrative data are an important resource for the production of basic indicators on children in alternative care, but on their own they cannot provide information on outcomes or determinants of well-being for children in pre-, in- and post-care.

143. The production of internationally comparable statistics on children in alternative care may require the integration of data from administrative data sources with data from surveys and/or censuses. The Bureau of the Conference of European Statisticians (CES) has reviewed data integration from different data sources in depth at an earlier meeting (February 2017) and has produced a paper that would be useful to consider in the development of integrated data for international standards for statistics on children in alternative care.[40]

144. Countries would benefit from the exchange of best practices around ethical approaches to frameworks, data governance, policies, and standard operating procedures in alternative care systems.

4.3.4 Composition of the alternative care population

4.3.4.1. Key findings

145. Definitional criteria for the two main types of alternative care are inconsistent across countries.

146. A 2019 UNICEF review of TransMonEE data and the results of the FSCG summarized in the Target Group Discussion Paper on Children in Alternative Care (Lerch and Nordenmark Severinsson 2019) and the DataCare project also found that:

- Age groupings impact data comparability. In December 2019 the TransMonEE network decided to introduce separate indicators for children and for youth in alternative care.[41]
- Statistics produced in some countries do not cover the entire population of children in alternative care. For example, children are excluded from national statistics in Tajikistan and Turkmenistan if they are not in public care, and children are excluded from national statistics in Romania if they are cared for in boarding schools or institutions for 'physically or mentally disabled' persons.
- Reasons for exclusion from statistics vary by country. They include absence of a population census, the omission of children in alternative care from the population census when it exists, political and cultural reasons for excluding non-public arrangements, and the lack of inter-sector cooperation and integrated data systems.

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[40] While the paper does not cover all types of data integration, it provides useful recommendations and examples including experiments undertaken e.g., linking the Statistical Register of Employment and the Labour Force Survey in Slovenia.

[41] Data collection for the updated set of child protection began in 2021 and will be published in 2022 in the TransMonEE database.

- The population in alternative care includes children aged 0 to 17 years as well as youth aged 18 years and older, as some alternative care systems continue to support young people in transition or those still in upper secondary school (e.g., Germany, Portugal, Sweden).

147. In addition, the UNECE survey and a review of available annual statistical reports and country surveys showed that many countries collect data allowing for disaggregation by characteristics such as sex, age, ethnicity, parental (care) status, migration status, disability status, educational needs, and geographic location.

148. Most commonly, countries collect data on the sex, age, and disability status of children in alternative care, yet legislation in some countries prohibits the collection of certain variables such as ethnicity (e.g., Slovakia) and disability status.

149. Countries, such as the United Kingdom, systematically produce and publish statistics for children in alternative care and collect data on disaggregation variables, such as age, sex, disability status and ethnicity.[42]

150. The UNECE survey identified practices in some countries, such as Sweden and Denmark, which assign children in the alternative care system a unique identification number that allows for the ability to trace a child through the system. Assigning unique identifiers allows for the monitoring of placement stability and changes and can also help to reduce the risk of double counting the number of children in care.[43]

4.3.4.2. Conclusion

151. The population of children included in statistics on family-based and residential care is not well defined and varies across countries. Disaggregation variables are not standardized. National statistics often exclude groups of children in specific types of care arrangements, which means that the alternative care population is not fully captured nor is it comparable across countries. In many countries, certain groups such as children with disabilities are under-represented in alternative care statistics. Youth aged 18 and older may be excluded from statistics even if they continue to receive support from the alternative care system.

152. A core set of disaggregating variables must be identified and endorsed at the international level. At minimum, alternative care indicators should be disaggregated by sex and age. Sex discrimination and gender-based violence increase the risk of a child being separated from his or her family. Sex is therefore crucial for understanding the sex distribution of the alternative care population. Single years of age should be collected rather than age groups to maximize the flexibility of disaggregation depending on data needs and the future development of international standards and reporting requirements. UNICEF is currently leading work to arrive at a minimum set of such indicators and disaggregators.

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[42] Variables used by EU countries and the United Kingdom for disaggregating statistics on children in alternative care were mapped within the framework of the DataCare project.

[43] Placement stability measures whether the child placed in an alternative care arrangement experiences stability or the child is moved to another alternative care arrangement.

4.3.5 Key indicators

4.3.5.1. Key findings

153. The UNECE survey asked NSOs to indicate the main statistics on children in alternative care produced in their country. For the countries who did not respond to the UNECE survey, the information is taken from the TransMonEE database. The indicators pertain to (a) the number of children in the alternative care system at a specific point in time (stock); (b) the inflow of children into the alternative care system during a specific period; and (c) the outflow of children from the system during a specific period.

154. Of the 43 countries who responded to the UNECE survey, the majority reported stock indicators by type of care, with fewer reporting indicators on flow. This pattern was also reflected in the TransMonEE database.

155. Of the 51 countries with data from the UNECE survey or the TransMonEE database, most countries (44 or 86 per cent) reported data on the number of children in one or more type of alternative care at a specific point in time. Twenty-eight countries (55 per cent) reported inflow statistics, and 21 countries (41 per cent) reported outflow statistics. Annex table 13 provides a breakdown of the production of stock and flow statistics by country. Table 1 summarizes the most commonly reported indicators.

Table 1 Most commonly reported indicators on children in alternative care

Indicators	UNECE survey (n=43)	UNECE survey and TransMonEE data[1] (n=51)
Stock		
Children in alternative care	30 (70%)	44 (86%)
Children in residential care	32 (74%)	45 (88%)
Children in family-based care	25 (58%)	40 (78%)
Flow		
Inflow into alternative care	13 (30%)	28 (55%)
Outflow from alternative care	5 (12%)	21 (41%)
Other		
Number of alternative care providers	6 (14%)	19 (37%)
Reasons for entering alternative care	6 (14%)	5 (10%)
Destination upon leaving care	5 (12%)	22 (43%)
Amount of time children spend in care	3 (7%)	3 (6%)

Note: [1] For some countries, no specific indicators were reported in the UNECE survey yet information gaps could be filled by reviewing data reported for the indicators in the TransMonEE data base.

156. Some NSOs also reported statistics on a range of different processes and outcomes for children in alternative care.[44] These include, but are not limited to the following:

- Time spent in care
- Reasons for being placed into alternative care
- Stability (number of moves in a specific period of time)
- Having a care plan and care coordinator
- Destination upon leaving care (e.g., reintegration with family)
- Statistics on care leavers (e.g., after care services used)
- Children who have gone missing while in care
- School attendance
- Assessments completed (e.g., health assessment)
- Educational attainment by placement type and upon leaving care
- Additional needs of children (e.g. educational needs)
- Substance abuse of children in care

157. Annex table 14 provides additional details of countries reporting the indicators listed.

158. France, the United Kingdom and Australia have led studies to specifically explore outcomes for children in alternative care and care-leavers related to homelessness, unemployment, poverty, social exclusion, and mental health issues. Fewer studies have explored associations between outcomes for care-leavers, their experiences before entering care (e.g., violence, poverty, social exclusion, housing instability), and their in-care experiences (e.g. placement stability, quality and type of care, age at entering and leaving care).[45]

4.3.5.2. Conclusion

159. Most countries reported indicators on stock: the number of children in one or more types of alternative care at a specific point in time. Few countries reported inflow statistics and even fewer reported outflow statistics. While existing indicators suit national reporting purposes, they do not meet requirements for international reporting due to an absence of internationally standard definitions and classifications. For example, reasons for entering alternative care, amount of time in care, and destination upon leaving are internationally relevant yet impossible to compare when definitions differ. Harmonized legal frameworks for national statistics on children in alternative care would aid in prioritizing these requirements.[46]

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[44] The conceptual indicator framework adopted by the Office of the United Nations High Commissioner on Human Rights published in 2012, recommends "… a configuration of structural, process, and outcome indicators with a view to measuring acceptance, intent, or commitment to human rights standards, and then the efforts required to make that commitment a reality, and the results of those efforts in terms of the increased enjoyment of human rights over time".

[45] See for example Grauberg 2019; Kelly et al. 2016; Pathways of care: The longitudinal study of children and young people in out-of-home care in NSW; Study of young people's access to independence in France

[46] Furey and Canavan 2019 found that it was possible to aggregate data on length of stay provided in Ireland, Northern Ireland, England, and Australia in order to make comparisons but that making comparisons with other jurisdictions was complicated by the use of different denominators.

160. Filling existing data gaps will take time and resources, such as investments in assessing and improving national monitoring and evaluation systems for alternative care and data to support longitudinal research. The assessment of outcomes is particularly important to enable countries and international agencies to monitor policy implementation and impacts on children's outcomes.

161. Several countries who responded to the UNECE survey are in the process of assessing and strengthening the quality of their alternative care data systems (e.g., Belarus, Bulgaria, Greece, Italy) to produce better quality data for national indicators.

4.3.6 Comparability of indicators

4.3.6.1. Key findings

162. A core set of internationally comparable indicators on children in alternative care has not been defined or agreed upon at the international level, though work led by UNICEF is currently underway. Variations in the ways in which data are collected and reported and underlying definitional, legislative, and procedural differences limit the comparability of available indicators on children in alternative care across countries. However, some indicators may be comparable across countries based on definitional similarities:

- Children in alternative care at a specific point-in-time (stock), by sex, age, residential/family-based care with standard definitions for type of care needing development.
- Children who have entered alternative care during a specific period of time (inflow), by sex, age, residential/family-based care.
- Children who have left alternative care during a specific period of time (outflow), by sex, age, residential/family-based care.
- Percentages of children in residential care and in family-based care of the total number of children in alternative care.

163. Other indicators, such as length of stay, have shown to be comparable across a small number of countries.

4.3.6.2. Conclusion

164. Applying the SDG tier classification framework, statistics on children in alternative care fall into tier III. Tier III is defined as: "No internationally established methodology or standards are yet available for the indicator, but methodology/standards are being (or will be) developed or tested."

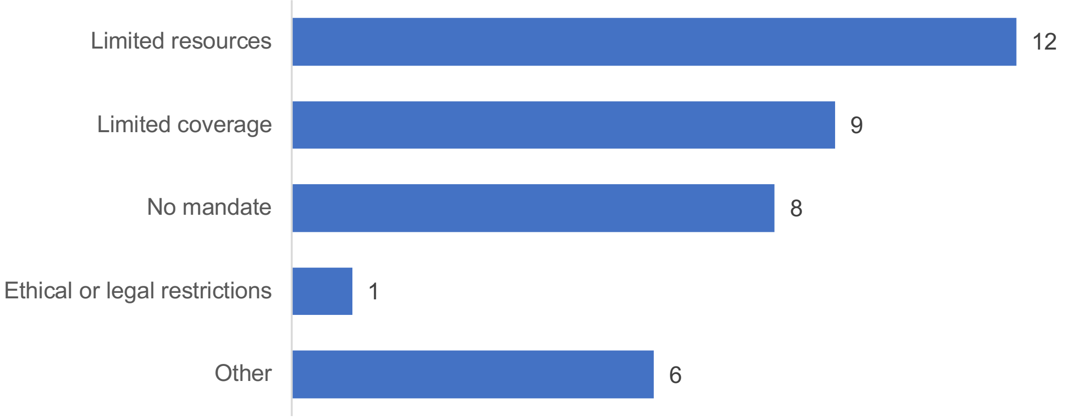
165. Achieving geographical and temporal comparability and statistical coherence of indicators on children in alternative care in line with existing quality frameworks, such as the European Statistical Code of Practice, will take time and effort. The TransMonEE database is an example of how NSOs and line ministries across 29 countries, with support from international organizations such as UNICEF, have worked together to produce a set of statistics on children in alternative care based on similar definitions, measurement tools, data sources, and other metadata. Still, work remains to identify and harmonize indicators and improve the integration of data from administrative and other sources. Internationally endorsed statistical definitions, classifications, measurement tools and procedures, and reliable investments to strengthen countries' alternative care data systems are necessary to arrive at high quality, internationally comparable statistics.

4.3.7 Quality of indicators

4.3.7.1. Key findings

166. Of the 43 countries that responded to the UNECE survey, 25 countries (58 per cent) identified one or more challenges to collecting data and producing statistics on children in alternative care.

Figure 11 Challenges reported by countries in producing data and statistics on children in alternative care, number of countries



Note: Based on responses from 25 countries. One country could report multiple challenges.

167. The most frequently reported challenge among the list provided in the survey was limited resources (48 per cent), followed by limited coverage of relevant population groups in existing instruments (36 per cent), and no mandate to produce statistics on children in alternative care (32 per cent). Six countries specified other challenges. These included the lack of a centralized system for tracking children in alternative care, issues with collaboration across jurisdictions, and issues with the identification and inclusion of all alternative care organizations. Other issues included the capacity of staff around data entry, IT challenges, outdated data, poor quality of information and data, high non-response, and international comparability issues. Data accessibility also seems to be an issue, as several NSOs reported difficulties in identifying data sources and accessing statistics from line ministries. Annex table 9 provides an overview of challenges reported by countries in the UNECE survey.

4.3.7.2. Conclusion

168. Data quality is a concern in many countries. This finding is in line with data quality issues reported in the TransMonEE database.

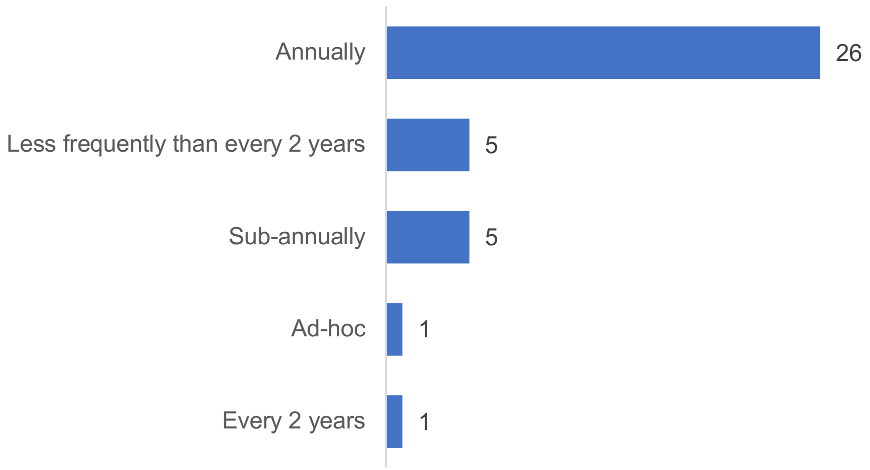
169. Data quality issues may be related to the challenges reported such as limited resources, incomplete coverage of the target population in administrative data systems or survey instruments, or weak mandates to collect data on children in alternative care.

170. Further work is required to define and describe a robust and high-quality data system for alternative care. This work would build on existing guidance, recommendations, and toolkits from other areas such as UNECE guidance on data integration,[47] the TransMonEE database, and the UNICEF tool on assessing administrative data systems,[48] and could include country case studies and demonstrated best practices.

4.3.8 Reporting frequency

171. The UNECE survey also explored how frequently indicators on children in alternative care are reported.

Figure 12 Frequency of reporting main indicators on children in alternative care, number of countries



Note: Based on responses from 30 countries. One country could report multiple frequencies.

172. Of the 30 countries that provided information on frequency of reporting, more than three-quarters reported indicators annually. Annex III provides an overview by country of the frequency of data collection (Annex table 15) and indicator reporting (Annex table 16).

173. The frequency of data collection and indicator reporting reflect the data sources used. Most countries producing and reporting indicators on children in alternative care report annually on the basis of administrative data sources which are continuously and regularly updated. In contrast, Iceland, which uses census data to determine the number of children in residential care, collects and reports this data every 10 years. Countries using surveys report in line with the regular cycle of their surveys (e.g., every 5 years for Costa Rica). However, the frequency of collecting and reporting data on children in alternative care does not only depend on the data sources but can also depend on other factors, such as available resources and capacity within a country.

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[47] UNECE (2018), A guide to data integration for official statistics. UNECE (2019), Guidance on data integration for measuring migration.

[48] UNICEF (2021), Assessing administrative data systems on justice for children.

4.4 Addressing data gaps and challenges

4.4.1 Key findings

174. Of the 43 countries that responded to the UNECE survey, 13 countries (30 per cent) (Armenia, Belarus, Canada, Costa Rica, Denmark, Finland, Italy, Kyrgyzstan, Republic of Moldova, Netherlands, Slovenia, Switzerland, and United States) suggested improvements that could be made to data collection and reporting of statistics on children in alternative care. Most of the suggested improvements relate to addressing jurisdictional data gaps to achieve comprehensive coverage of the alternative care population (including addressing data access and comparability within the country), enhancing IT capacity to manage data, and improving the quality and integration of administrative data.

175. One country suggested collecting data on the intensity of care (i.e., what constitutes a fulltime stay), and another country suggested collecting longitudinal data on child outcomes. A suggestion was made to enhance alignment with international definitions and standards, and there was also a suggestion to conduct a specialized survey to better identify children in care. Finally, another country hopes to overcome legal restrictions resulting in data bias (i.e., addressing the issue that it is not compulsory to respond to survey questions on minors).

4.4.2 Conclusion

176. Feedback provided by NSOs on how to improve statistics on children in alternative care, a review of the literature, and the experiences from the TransMonEE network suggest that improving data quality and comparability and closing data gaps will require collaboration between NSOs and the line ministries responsible for children in alternative care to assess and strengthen the core components of alternative care data system(s). This includes the legal, normative, governance and planning frameworks, coordination and integration, data infrastructure and resources, data quality management and assurance system(s), dissemination and use of the data across government agencies.

4.5 Dissemination, communication and exchange of experience among countries

177. Dissemination and communication of data and statistics on children in alternative care is context specific and dependent on many factors including available resources and capacities. The Task Force reviewed dissemination products that were publicly available online for responding countries such as annual statistical reports dedicated to children in alternative care (e.g., Australia, Portugal, United Kingdom), and data hubs (e.g., Ireland, United Kingdom, United States).

178. There are several good examples of how data and statistics on children in alternative care can be disseminated and communicated to the public, yet more needs to be done to ensure the availability and use of data and statistics on children in alternative care when decisions are made for and about this population group. The lack of international reporting obligations and statistical standards for indicators for this population indicate a low level of data use and demand among policy- and decision-makers at various levels. For this reason, data advocates should prioritize increasing data use and demand, which requires that data user needs and purposes be understood and addressed.

4.6 Summary and recommendations

179. Despite international commitments and policy initiatives, statistics on children in alternative care are often missing or insufficient. While many countries do gather data on these children, international standards, definitions, and protocols to support the collection of such data are lacking. International frameworks such as the 2030 Agenda for Sustainable Development and various EU initiatives do not require the reporting on children in alternative care. As a result, the availability and quality of data as well as its comparability are problematic. When available, statistical definitions vary by country and many gaps remain in national data.

180. Differences in alternative care systems, data, statistics, and definitions around the globe pose challenges for high-quality data and comparable statistics. At the same time, countries need to use available data to monitor their own progress in improving system performance and outcomes for this vulnerable population.

181. Most surveyed countries collect stock data on children in alternative care (residential, family-based) and, to a lesser degree, on inflow and outflow indicators. Statistics on stock and flow are most commonly disaggregated by sex and age. The following indicators share definitional similarities and have been produced by many countries at regular intervals, usually annually if based on administrative sources and should therefore become part of a set of core indicators. As a starting point the following can be prioritized for internationally comparable indicators that all countries systematically report:

- Number of children in alternative care at a specific point-in-time (stock), by sex, age, and type of care (residential or family-based care)
- Number of children who entered alternative care during a specified period (Inflow), by sex, age, type of care (residential or family-based care)
- Number of children who have left alternative care during a specified period (outflow), by sex, age, type of care (residential or family-based care).

182. Administrative data are the main data source for statistics on children in alternative care. Very few countries reported the use of surveys or censuses to gather data on this population group (Mexico is an exception). However, survey data are critically important to measure outcomes for children in care and care leavers, particularly in countries with weak administrative data.[49]

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[49] In response to the need for accurate and reliable statistics on children in residential care, UNICEF has developed a comprehensive package to collect data on children living in residential care settings. It is comprised of a protocol that outlines the recommended steps for data collection; 12 data collection tools; and a comprehensive implementation package covering all aspects from design to dissemination of the findings. Phase 1 of the data collection is the census of facilities and enumeration of children and Phase 2 is the follow-up survey on selected measures of well-being for a representative sample of children living in residential care.

183. The absence of international reporting obligations and international standards for statistics on children in alternative care makes further international work imperative. Such international work should be pursued in the following directions:

- International standards should be developed and integrated into national data systems.
- The development of internationally endorsed norms, definitions, classifications, and measurement tools for reporting on children in alternative care so that standards for reporting are clear and relevant for international comparability. There is a need for international consensus on definitions including standard definitions for the types of alternative care: family-based care, institutional care and other forms of residential care, such as small group homes.
- Develop, promote and support the adoption of a minimum set of internationally comparable indicators on children in alternative care based on standardized definitions and measurement criteria. The indicator set should cover stock, inflow and outflow disaggregated by age, sex, and type of alternative care (residential or family care), for which most countries are already collecting data. Initiatives such as TransMonEE and work underway by UNICEF should be considered for internationally standardized indicators, definitions, classifications, and disaggregation variables.
- Promote and support the adoption of a toolkit for NSOs and line ministries on how to assess the quality of alternative care administrative data systems and strengthen data systems to produce better data on children in alternative care, building on the model and tool currently being developed by UNICEF[50] and the UNECE guides on data integration.[51]
- Develop international guidance for NSOs on deciding whether, when, and how to include institutional populations of children in the production of national statistics. The guidance must consider the issues related to definitions and classifications, survey design and data collection, as well as ethical considerations specific to this population group, and should build on existing guidelines, such as the 2020 UNECE Recommendations for Measuring Older Populations in Institutions and the 2021 UNECE Guidelines for Assessing the Quality of Administrative Sources for Use in Censuses.
- Facilitate an exchange of national experiences and good practices among NSOs and line ministries in collecting data and producing statistics on children in alternative care, including in ethical approaches to data governance (e.g., ethical frameworks, policies and standard operating procedures).
- Establish an interagency and international expert group mandated by a statistical body to develop a proposal for standard international statistical definitions and classifications for care including a description of population coverage.

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[50] For instance the 2021 UNICEF guidance and tools on assessing administrative data systems on justice for children

[51] UNECE (2018), A guide to data integration for official statistics. UNECE (2019), Guidance on data integration for measuring migration.

184. The following recommendations are made to NSOs:

Recommendation 7

Countries should develop and 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). **Facility size** is an objective and useful criterion for use in national definitions and classifications of residential care.

Recommendation 8

As a minimum requirement, countries should measure the stock, inflow, and outflow of children in alternative care. This information is critical for national governments and international agencies to monitor deinstitutionalisation efforts. Countries should adopt harmonized measurement criteria and standardized definitions of the types of alternative care, stock, inflow, and outflow as they are established.

Recommendation 9

Countries should adopt a **standard set of disaggregation variables** for children in alternative care including age and sex. Further **variables to be considered for disaggregation** of data on children in alternative care include:

- Disability status (see section 5.2 for guidance on measurement).
- Citizenship or country of origin; the influx of unaccompanied refugee and migrant children often increases the number of children in alternative care in a country.
- Geographic location.
- Socioeconomic status; in some countries, children at risk of poverty and social exclusion may also face an increased risk of being separated from their families.[52]
- Household composition.

According to each country's system of alternative care, administrative capacity, data system maturity, and national legislation, countries should consider collecting and reporting data beyond stock and flow to measure other critical aspects of alternative care. The development of an **indicator framework**, developed in coordination with relevant sectors and line ministries dealing with alternative care, would be beneficial. It could include indicators such as the quality of the placement, placement stability, time spent in care, reasons for entering care, destination upon leaving, characteristics of children overrepresented in care, effects of pre-care, in-care and post-care conditions, and effects on child outcomes and well-being.

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[52] Additional information is available at the web site of the Better Care Network.

Recommendation 10

Countries need to make resources available to **ensure collection, management, monitoring, and evaluation of data systems and statistics** on children in alternative care to address incomplete coverage of the target population in administrative data systems or survey instruments, and weak mandates to collect data on children in alternative care and on care leavers. The target population needs to be well defined to ensure proper coverage, and administrative and survey data needs to align with both national requirements and international standards.

Recommendation 11

NSOs should **assess the quality** of national statistical surveys as well as administrative data for coverage of children in alternative care, particularly in residential and institutional care, and to decide whether and how children should be included. Attention should be given to measurement of outcomes for children in alternative care and for care leavers.

Quality assessment should include:

- Completeness of data and standardization of collection and reporting
- Strengths and weaknesses of the quality assurance systems for administrative data
- Identification of information gaps in national policy indicator frameworks
- Identification of areas for improvement for data use and dissemination across government agencies
- Compliance with international quality frameworks for statistics.53

Recommendation 12

Countries should aim **to learn from more advanced information systems** that exist in their country such as in the health or education sectors. In addition, **the roles of line ministries and NSOs should be identified** in data management and in the production of information on children in alternative care to better inform governance frameworks as welll as the planning and improvement of data. From this, further development of a **road map** to resolve identified issues, to articulate actions to strengthen data collection systems, and to bridge gaps in relevant national action plans would be beneficial. The strengthening and harmonization of legal frameworks for statistics on children in alternative care would be of value for such efforts.

5. STATISTICS ON CHILDREN WITH DISABILITIES

5.1 Introduction

185. Article 7 of the United Nations Convention on the Rights of the Child (CRC) obliges State Parties to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) mandates the collection of statistical data, disaggregated as appropriate, to enable formulation and implementation of policies to give effect to the convention. Yet the analysis of the most recent recommendations of the Committee on the Rights of the Child indicates that 36 countries in Europe and Central Asia (67 per cent of all countries) were recommended to improve data and statistics on children with disabilities.[53]

186. The 2030 Agenda for Sustainable Development guides local communities, countries, and the international community toward the achievement of disability-inclusive development. It recognizes disability as a cross-cutting issue to be considered in the implementation of all goals. Inclusion is the guiding principle of the 2030 Agenda which includes the pledge to leave no one behind and to create a "just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met".

187. A number of frameworks to monitor and measure outcomes for persons with disabilities have been established at the regional level. These provide a structure for countries within which statistics can be defined and collected.

188. The European Strategy for the Rights of Persons with Disabilities 2021-2030 envisions setting up a framework to monitor the implementation of the Strategy, which will also provide input for the European Semester, the Social Scoreboard, and the implementation of the Sustainable Development Goals. As the Strategy notes, monitoring progress in Member States will require improved statistical data collection on the situation of persons with disabilities and information on national policies and practices complementing reporting by the Member States to the United Nations Committee on the Rights of Persons with Disabilities.

189. The issue of comparable definitions and indicators is high on the agenda of many regional actors. The Economic and Social Commission for Western Asia (ESCWA) released a Disability Framework of 115 indicators to bridge the gap between policy and statistics, and to ensure that there were comparable data reported for persons with disabilities. The framework maps the disability related indicators from the 2030 Agenda, the UNCRPD, and the Universal Declaration of Human Rights to create a comprehensive list of indicators which can be used for monitoring.

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[53] Assessment of recent CRC concluding observations by the UNICEF Regional Office for Europe and Central Asia.

190. The Economic and Social Commission for Asia and the Pacific (ESCAP) has a Guide on Disability Indicators for the Incheon Strategy, which aims to make the Asia-Pacific region the first region with a set of disability inclusive development goals. It includes 27 targets and 62 indicators for the monitoring and evaluation of these targets, using the classification framework of the UNCRPD and the World Health Organization (WHO) International Classification of Functioning, Disability, and Health (ICF) to define disability. It provides guidance on how to gather disability inclusive data, for both adults and children.

191. There are also emerging country practices to construct monitoring frameworks concerning disability and the measurement of progress towards specified goals over time. For example, Australia has developed a Disability and Well-being Monitoring Framework and Indicators, which supports measuring and tracking inequalities between persons with and without disabilities, as well as in relation to well-established social determinants of health and well-being.

5.2 Classifications and international tools to collect data on persons with disabilities

192. ICF is an overarching framework that guides many definitions of disability, tools to collect data on persons with disabilities, and provides the basis for other frameworks designed for collecting data on persons with disabilities in an international context. The ICF is the WHO framework for measuring health and disability at both individual and population levels. It was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001 (resolution WHA 54.21) as the international standard to describe and measure health and disability.

193. Adoption of the ICF has ushered in a paradigm shift in the concept of disability, implementing a biopsychosocial model that reflects the cultural change that has occurred in recent years in the conception of disability. Disability is no longer considered as an attribute of the individual, rather it "denotes the negative aspects of the interaction between an individual (with a given health condition) and the individual's contextual factors (environmental and personal factors)" (WHO 2001; page 213). Therefore, anybody with a health condition can be at risk of a disability if living in an unaccommodating environment. The neutral language of the ICF places emphasis on function rather than on the specific condition or disease. The metric of disability under the ICF takes into account the presence ***and*** the severity of functional difficulties.

194. There are various global and regional tools used to collect data on adults and children with disabilities. Particularly noteworthy are the tools developed by the Washington Group on Disability Statistics (WG), established as a United Nations Statistical Commission City Group in 2001. The group, mainly composed of representatives from national statistical agencies, emerged from the need for common definitions, concepts, standards, and methodologies in statistics about persons with disabilities, as well as a need for internationally comparable, high-quality disability data collection. Since 2001 the WG has developed, extensively tested, and validated several tools for the collection of internationally comparable statistics on persons with disabilities.[54]

195. In developing the tools, the "difficulties in functioning" approach has been adopted, and, to ensure cross nationally comparable data, the functional difficulties are identified in basic actions that are not influenced by cultural and contextual factors. The question sets identify those who would be at greater risk of social exclusion than the general population if their environment were unaccommodating.

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[54] An Introduction to the Washington Group on Disability Statistics Question Sets

196. The WG tools more specifically designed to cover children include:

- UNICEF/Washington Group Child Functioning Module (CFM) was developed exclusively for children aged 2 to 17 years, with separate question sets for children aged 2 to 4 years and aged 5 to 17 years. The CFM measures eight functional domains for children aged 2 to 4: seeing, hearing, walking, fine motor skills, communicating, learning, playing, controlling behaviour, and 13 domains for children aged 5 to 17: seeing, hearing, walking, communicating, learning, self-care, remembering, concentrating, accepting changes, controlling behaviour, making friends, signs of anxiety, and signs of depression.
- UNICEF/Washington Group Inclusive Education Module (IEM) that includes specific questions about school participation and the factors that facilitate and impede participation in school.

197. The WG also developed the Washington Group Short Set (WG-SS). The WG-SS is intended for use in censuses or surveys to collect information on the population aged 5 years and above. The WG-SS was not specifically designed for use among children, however, and this tool may lead to the under-identification of children with functional difficulties compared to use of the full CFM. The functional domains relevant to children are different from the functional domains relevant for adults, and this is reflected in the two question sets. As mentioned above, the CFM covers eight functional domains for children aged 2 to 4 years and 13 domains for older children aged 5 to 17 years. The WG-SS, on the other hand, covers only six functional domains, including vision, hearing, mobility, cognition, self-care, and communication. Therefore, data collected with these tools will likely lead to different estimates of children with functional difficulties, with implications for national data reliability and international comparability. Another aspect that can lead to the misidentification of children with disabilities is the eligible respondent. Depending on the survey or census, the WG-SS collects data directly from the (adult) respondent or from the household head. The WG-SS guidelines suggest a "knowledgeable" proxy respondent for children.[55] In contrast, the CFM is intended to be administered to the child's mother or primary caregiver (if the mother is not alive or does not reside with the child) as they are recognized as a more reliable source of information regarding the child's functional difficulties.

198. Eurostat developed the **Global Activity Limitation Indicator (GALI)** within the Minimum European Health Module. The most recent version includes two questions, the first addresses whether a person is limited in activities people usually do because of a health problem on a scale of severely limited to not limited at all, and a second question asks whether the person has been limited for at least the past six months. GALI captures activity limitation, which may be driven by functional or environmental factors, and provides for indicators to be broken down by the severity of the activity limitation. This measure is included in the EU-SILC, EU-LFS, the European Health Interview Survey (EHIS), Harmonized European Time Use Surveys (HETUS), and others. Eurostat plans to extend the use of the GALI to all population surveys to ensure that key surveys include a measure of disability for disaggregation to further reflect the situation of persons with disabilities in society in statistical data. In addition, to produce more frequent statistics by impairment type, the EU-SILC module on health, having a three-year periodicity, from 2022 onwards, will include the WG-SS questions. EHIS already includes questions on functional limitations (some from the Washington Group Extended Set, WG-ES)[56] and difficulties with personal care and household activities (ADL and IADL).

199. The task force for GALI recommended that the technical group for Health Interview Survey investigate the possibility of introducing the UNICEF/WG CFM into future EHIS surveys.[57] Bulgaria and Hungary included the module, on a pilot basis, in the last round of EHIS (wave 3). The detailed analysis of findings may allow for the comparison of estimates using the GALI and CFM.

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[55] See The Washington Group Short Set on Functioning (WG-SS)

[56] The Washington Group Extended Set on Functioning (WG-ES) measures 10 functional domains with 34 questions (plus optional 3 questions): seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, communication (expressive and receptive), upper body activities, affect (depression and anxiety), pain, and fatigue. The WG-SS is embedded in the WG-ES.

[57] Final report of the Task Force on the Global Activity Limitation Indicator August 2015

Table 2 Eurostat surveys using GALI

	GALI age group	Frequency of survey	Notes
EU-SILC	16 years and older	Annual	+ Child module (every 3 years, next round in 2024) with GALI applied to children aged 0-15 years; + Health module (every 3 years, next round in 2022) with GALI and WG-SS (age 16+)
EU-LFS	15 years and older	Every 2 years	
EHIS	15 years and older	Every 6 years	Disability module with also some WG-ES questions and questions on barriers to social participation included (next round 2025); UNICEF/WG CFM is being piloted.
HETUS	10 years and older	Every 10 years	

200. The WHO has developed the Disability Assessment Schedule (WHODAS 2.0). This tool is based on the International Classification of Functioning, Disability, and Health (ICF) and is used for assessing health and disability in the general population. The tool is not appropriate for use with children under age 18. A child version of this tool is currently in development, but WHODAS tools are not designed for producing statistics.

201. The uptake of internationally standardized tools varies significantly within and across regions. The table below attempts to identify the usage of the different tools by countries in the UNECE region and/or countries that follow the work of the CES. It is not based on country responses to the UNECE survey, but from an assessment of publicly available information from the respective programmes and other sources. The table does not reflect the degree of customization or changes countries may have introduced to the tools nor the differences in age groups of children to whom the tool was applied.

Table 3 Standardized tool use by country

	WG-SS (and variations)[58]	UNICEF/WG CFM	GALI[59]
Albania	X		
Armenia	X		
Austria	X		X
Belarus	X	MICS	

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[58] Information gathered from the Washington Group on Disability Statistics.

[59] Information taken from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Functional_and_activity_limitations_statistics

Table 3 Standardized tool use by country (continued)

	WG-SS (and variations)[58]	UNICEF/WG CFM	GALI[59]
Belgium			X
Bosnia and Herzegovina	X		
Bulgaria		Pilot as part of EHIS	X
Canada	X	X	
Costa Rica	X	MICS	
Croatia	X		X
Cyprus			X
Czech Republic	X		X
Denmark	X		X
Estonia	X		X
Finland	X		X
France	X		X
Georgia	X	MICS	
Germany			X
Greece		Included as part of EHIS	X
Hungary	X	Pilot as part of EHIS	X
Iceland			X
Ireland			X
Israel	X		
Italy	X		X
Kazakhstan	X		
Kyrgyzstan		MICS	
Kosovo (UNSCR 1244)	X	MICS	
Latvia	X		X
Lithuania			X
Luxembourg	X		X
Malta	X		X
Mongolia		MICS	
Montenegro	X		
Mexico	X	MICS and other surveys	
Netherlands	X		X

Table 3 Standardized tool use by country (continued)

	WG-SS (and variations)[58]	UNICEF/WG CFM	GALI[59]
North Macedonia		MICS	X
Norway	X		X
Poland	X		X
Portugal	X		X
Romania	X		X
Russian Federation	X		
Serbia	X	MICS	X
Slovakia	X		X
Slovenia			X
Spain	X		X
Sweden			X
Switzerland			X
Türkiye			X
Turkmenistan		MICS	
Ukraine	X		
United Kingdom			X
United States	X	X	

5.3 Topics that require measurement and definitions

202. Estimates of the number of children with disabilities are the most fundamental measures required for effective policymaking to support children with disabilities and their families. Reliable and comparable statistics on the number of children with disabilities and their outcomes require the consistent application of a valid definition and effective methods to identify children with disabilities within and across countries over time. Data on the nature and severity of the disability greatly enhance the policy relevance of prevalence statistics.

203. Only with reliable prevalence data can comparable measurement of outcomes for children with disabilities be considered. Such statistics should describe the extent to which children with disabilities are able to realize their rights to health, nutrition, education, protection, adequate standards of living, and participation compared to other children. Data collection should cover as comprehensive a population as possible, including the youngest members of society, so that the demand for early interventions and services can be identified and planned. As highlighted in European Commission Guidelines on Improving and Use of Equality Data, the absence of a mechanism to coordinate the conceptualization and measurement of different grounds of discrimination and the categorization of potentially affected persons or groups, including persons with disabilities, affects the comparability of data and ultimately outcomes for these groups.

204. Finally, information on access to services and support is required. Measures which describe the types of supports available, their funding, and modes of delivery can supplement information on outcomes and provide useful information for policymakers and service providers.

205. Measures of disability in key datasets are also essential for disaggregation of statistics and indicators by disability status. The ability to disaggregate by disability status supports monitoring the implementation of the UNCRPD and the 2030 Agenda. Disaggregation by disability status is explicitly suggested for several SDG targets and indicators, and the 2030 Agenda includes a general recommendation that all indicators should be disaggregated by disability status where relevant. Likewise, SDG Target 17.18 aims to increase the availability of national data disaggregated by disability status, among other characteristics. Combined with suitable age disaggregation, disaggregation by disability status can further illustrate the position of children with disabilities in relation to the SDGs.

5.4 Data sources

206. Of the 43 countries that responded to the UNECE survey, three reported that they do not currently produce indicators on children with disabilities but they plan to, and one country only stated who is responsible for data collection. The other 39 countries (91 per cent) indicated that statistics on children with disabilities are produced in the country, either by the NSO or by another agency or ministry. In 18 countries (42 per cent), statistics on children with disabilities are produced by both the NSO and another agency or ministry. In 10 countries (23 per cent) statistics are produced only by the NSO while in 11 countries (26 per cent) statistics are produced only by other agencies or ministries. Across the countries responding to the survey, ministries of health, education, social protection, and labour are involved in the production of data and statistics on children with disabilities.

Table 4 Agency or ministry producing data and statistics on children with disabilities

Data producer	Number of countries
NSO only	10
Other ministry only	11
Both NSO and other ministry	18
No statistics reported	4
Total	43

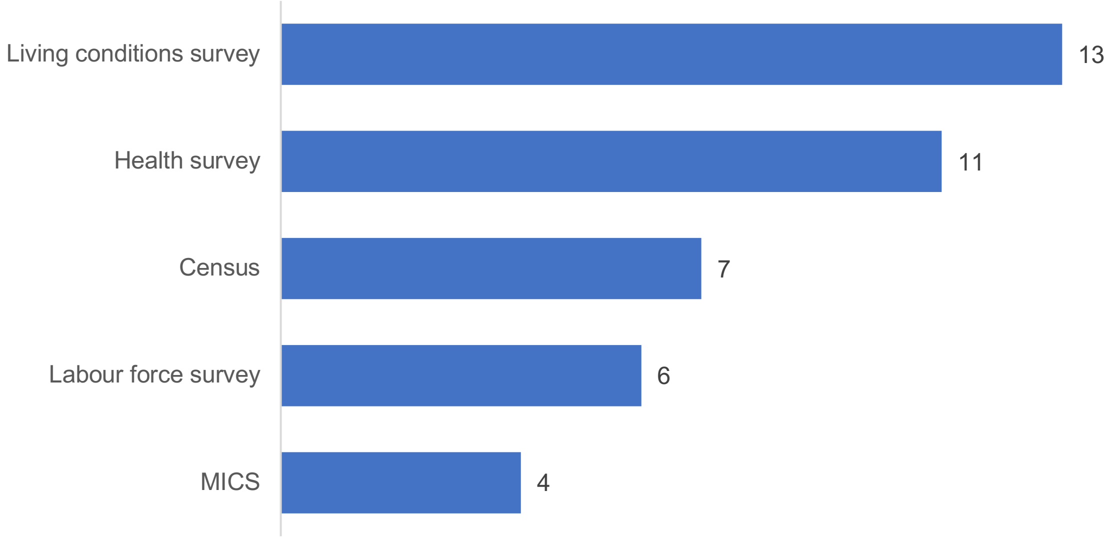
207. Most of the countries producing statistics on children with disabilities rely on both administrative and survey data (Table 5). Administrative data sources are most commonly registers maintained by ministries of health and education. Administrative data on disability-based social benefits are also used in some countries.

Table 5 Types of data source used for statistics on children with disabilities

Type of Data Source	No	Countries
Administrative and Survey	24	Armenia, Belarus, Belgium, Chile, Cyprus, Estonia, Greece, Hungary, Ireland, Israel, Italy, Japan, Latvia, Lithuania, Moldova, Mongolia, Portugal, Russian Federation, Slovenia, Sweden, Switzerland, Türkiye, United Kingdom, United States
Survey only	8	Canada, Croatia, Costa Rica, Mexico, Netherlands, Poland, Serbia, Turkmenistan
Administrative only	7	Albania, Azerbaijan, Bosnia and Herzegovina, Finland, Georgia, Kyrgyzstan, Ukraine
No sources reported	4	Denmark (plans for data collection in 2023), Iceland (plans for 2021), Luxembourg (plans for 2021), Romania (indicated the National Authority for the Rights of Persons with Disabilities, Children and Adoptions gathers the information on children and persons with disabilities but did not provide any further details).

208. The main types of surveys which collect data on children with disabilities are income and living conditions surveys (EU-SILC as well as other national equivalents), health surveys (including the EHIS as well as other national equivalents), labour force surveys (EU-LFS 2011 ad-hoc module, as well as other national equivalents), and Multiple Indicator Cluster Surveys (MICS). Six countries reported the population and housing census as a source of data on children with disabilities.

Figure 13 Number of countries reporting surveys or censuses to collect data on children with disabilities, by survey type and/or census



Note: Based on responses from 32 countries. One country could report multiple surveys.

209. Countries that carry out surveys under Eurostat regulations use the Global Activity Limitations Indicator, some WG questions (in EHIS), and others to identify children with disabilities and functional limitations. Countries outside the European Union or fielding national surveys use a combination of country-specific tools, the WG-SS and/or the UNICEF/WG CFM. Of the six countries that collect data on disability status in the census, three (Mexico, Portugal, and Serbia) reported used of the WG-SS and three (Canada, Ireland, and Hungary) reported the use of country-specific tool. Hungary reported that its 2022 census will use the WG-SS. Four countries responding to the UNECE survey (Belarus, Costa Rica, Mongolia, Turkmenistan) reported participating in the latest round of MICS surveys which uses the UNICEF/WG CFM.[60]

210. Twenty countries (47 per cent) reported the use of country-specific surveys to collect data on children with disabilities. These surveys mainly use country-specific tools, though some use the WG-SS or UNICEF/WG CFM. Most of these country-specific surveys are household surveys. Armenia, Croatia, Cyprus, Greece, Italy, Japan, Poland, and United Kingdom reported school- or institution-based surveys. Canada (UNICEF/WG CFM) and the United States (UNICEF/WG CFM and country-specific measures) conduct health surveys of children on an ad-hoc basis. Belarus, Canada, and Chile also conduct ad-hoc disability surveys among children. Canada is the only country that has reported on impacts of the Covid-19 pandemic on persons (from age 15 years) with disabilities.

5.5 Key indicators

211. There were three types of indicators reported by countries: indicators on the number of children with disabilities, service-based indicators, and outcome indicators for persons with disabilities. Each of these is considered in more detail below.

5.5.1 Indicators on the number of children with disabilities

212. Thirty-two countries (74 per cent) reported producing at least one indicator on the number of children with disabilities. Twenty-six countries produce indicators based on population-level data from surveys (and/or censuses). These indicators may report the number or proportion of children with disabilities, with difficulties in functioning or activities, or with limiting long-term conditions.

213. In some instances, the number of children with disabilities is measured using conceptually clear and internationally agreed upon definitions. Ten countries (23%), for example, reported identifying disability among children using a WG survey tool. These countries are able to provide data on children with disabilities disaggregated by different age groups such as aged 2 and above, aged 5 and above, or aged 15 and above. The countries using GALI and in some cases WG tools, on the other hand, tend to cover mainly the population aged 15 and older.

214. Few countries indicate disaggregation by narrower age groups. The UNECE survey did not specifically ask about additional disaggregation and it is largely unknown what type of disaggregation is available at the country level. Small sample sizes may limit the ability to disaggregate survey-based statistics on persons with disabilities by narrower age groups or by other individual or household characteristics. Few countries reported explicitly whether statistics on the type or severity of disability were available. Some administrative sources were specific to

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[60] Georgia, Kyrgyzstan, Mexico, and Serbia have also conducted recent MICS surveys which measure child functioning using the UNICEF/WG CFM but these countries did not report this as part of the UNECE survey.

a type of disability, often in the area of learning disabilities. Belarus, Ireland, Latvia, and Lithuania reported administrative data systems with detail on type and/or severity of disability.

215. GALI categorizes the limitation in activity as 'severely limited' or 'moderately limited' but does not capture the possible multiplicity of limitations. UNICEF/WG CFM allows for an understanding if the child has multiple functioning difficulty across domains and can categorize difficulty as 'some difficulty', 'a lot of difficulty' or 'cannot do it all'. An example of country-specific estimates of impairment type is available in the United Kingdom where the Family Resources Survey is used to report prevalence estimates of functions that a person either cannot perform or has difficulty performing because of their health condition or illness among persons with disabilities.

216. A total of 19 countries (44 per cent) reported indicators of the number of children with disabilities based on administrative data. While many of these indicators are expressed as representative at the population level, in practice these statistics only capture the children who come into contact with services and are therefore less reliable than measures based on household or establishment surveys that ensure a nationally representative sample. Roughly one third of the indicators reported from administrative sources are based on medical diagnoses or clinical definitions. The majority of indicators are based on a country-specific definition, such as legislative definitions, or criteria for access to support services or systems. Where clinical definitions were used, a minority of indicators were based on an international standard such as ICF/ICD, however it may be that more institutions utilize these standards at local level but did not report it.

217. Non-clinical definitions tended to be vague, using terms such as "medical assessment", "certified disability", "according to definition...for specific benefits", or making reference to national legislation, often in the domain of social protection.

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Table 6 Indicators on the number of children with disabilities from administrative sources

	Clinical scale/diagnosis	Country specific	Unknown
Albania			X
Armenia			X
Azerbaijan		X	
Belarus		X	
Chile			X
Estonia	X		
Georgia		X	
Ireland	X		
Israel	X	X	
Japan		X	
Kyrgyzstan	X		
Latvia		X	
Lithuania	X		
Republic of Moldova	X		
Sweden	X		
Türkiye	X	X	
Ukraine		X	
United Kingdom		X	
United States	X	X	

5.5.2 Service-based indicators

218. Service-based indicators refer to estimates of the number of persons with disabilities based on service eligibility or use as well as statistics on service use not intended as population-level measures.

219. Most service-based indicators are derived from administrative data. The administrative data sources reported in the UNECE survey track the provision of benefits, health services, and education services. In several countries, ministries of education report on the participation of children with disabilities in mainstream education. Ministries of health and related agencies report on children using support services as well as the number of children with disabilities, and ministries and agencies involved in social protection and labour report data on benefits for persons with disabilities (either cash or in-kind).

220. The definition of disability used in indicators based on administrative data are typically defined by country-specific concepts. For indicators relating to service use, definitions are set out in national legislation or based on the eligibility criteria for services or payments. Beyond these criteria, these sources generally do not provide insight into the type or severity of the disability

221. Seven countries reported service-based statistics based on surveys or censuses of care facilities and schools. These include the number of children with disabilities in care facilities for children without parental care (Armenia, Poland), in facilities for persons with disabilities (Poland), students attending special education schools (Greece), and school students with disabilities or with special education needs (Italy, Japan, Serbia, United Kingdom). As indicated in Chapter 4 of this report, several countries in the region collect and report data on the number of children with disabilities in residential and family-based care to the TransMonEE database, though this information was not reported to the Task Force via the UNECE survey.

222. Some countries (Belarus, Greece, Serbia, United Kingdom) reported both population-level and service-based estimates of the number of children with disabilities which may rely on different measures or definitions of disability and produce different estimates.

5.5.3 Outcome indicators

223. Fewer than one quarter of countries reported the production of indicators on outcomes for children or youth with disabilities. Some of the outcome indicators reported are derived from EU surveys (covering predominantly the population aged 16 and above, thus a narrow age group of children), however, suggesting these indicators may be available for other countries even if they were not reported to the Task Force in the UNECE survey. The outcome indicators reported are all based on survey or census data. None were generated from administrative data sources.

224. The reported outcome indicators most frequently relate to health and access to services, school attendance, social participation, work, and living conditions including poverty, material deprivation, and housing conditions. Only the United Kingdom reported data related to violence and abuse experienced by children with disabilities. Only Croatia reported data related to school performance, an important element of targets for SDG goal 4 on inclusive and equitable quality education.

225. General surveys provide minimal insights into the situation of children with disabilities, unless the modules on disability and functioning are comprehensive enough to collect data on the realization of child rights in multiple domains.

Box 6 Country highlight: Ireland

One example of a survey that captures outcome data across many areas of children's well-being is Ireland's Health Behaviour in School-aged Children (HBSC) survey. The nationally representative survey of Irish school children aged 10 to 17 years has been conducted every four years and monitors health behaviours, health outcomes, and social environments. Most indicators derived from the survey are disaggregated by disability status. Outcome indicators relate to physical and emotional well-being, covering a range of topics such as relationships with parents and friends, bullying, alcohol and tobacco use, sexual activity, feelings of happiness and safety, access to leisure amenities, and diet and exercise.

5.6 Quality and comparability of indicators and data gaps

226. To assess the quality and comparability of statistics on children with disabilities, the following questions are considered: Can we identify children with disabilities in official statistics? Do these statistics tell us about the number of children with disabilities and the severity and type of disability experienced? Do they tell us how outcomes for children with disabilities compare with those for children without disabilities? What definition of disability is used? Is there a focus on the social model/functioning approach to defining disability or are medical definitions still prevalent in national statistics?

227. Thirty-nine of 43 countries responding to the UNECE survey produce statistics on children with disabilities. The majority of these (32 countries) produce estimates of the number of children with disabilities. Estimates of the number of children with disabilities based on nationally representative surveys and, to a lesser degree, population censuses may be more reliable than service-based estimates. Twenty-six countries indicated the use of surveys or censuses for statistics on the number of children with disabilities. The needs and outcomes of children with disabilities vary based on the type and severity of the disability. Sixteen countries reported statistics related to type or severity of the disability or limitation. The majority of these statistics are based on data from surveys of households or schools or population census data. Less than one quarter of countries reported statistics related to outcomes for children with disabilities.

228. To fully assess the situation of children with disabilities, it is necessary to look at outcomes by disability type and other individual and household characteristics. This type of detailed information is collected mainly in household surveys. Even if data on disability status and outcomes are collected in the same survey, small sample sizes and small number of children with disabilities may restrict the production of even simple bivariate cross-tabulations. As relatively few children have disabilities, the number of cases in a household sample survey is usually not large enough to support the disaggregation required to draw meaningful conclusions or comparisons between children with disabilities and their peers without disabilities. Another limitation of household surveys is that they do not cover children in residential care, which for some countries, may be the primary residence of many children with disabilities.

229. Survey-based statistics on persons with disabilities often cover older children only. European surveys such as the EU-SILC, EU-LFS, and EHIS are commonly reported sources of statistics on persons with disabilities, but the core questionnaires are aimed towards adults and cover the population aged 15 or 16 (EU-SILC) and older. The EHIS and EU-SILC ad hoc modules in particular represent a good opportunity to produce statistics on children with disabilities across Europe using a child-specific measurement tool. With the exception of countries participating in the MICS programme, details on disability or functional difficulties and disaggregation of outcomes for this groups of children, as required by the UNCRPD, are rarely available for children under age 16 years.

230. Many countries also use administrative data sources to produce statistics on children with disabilities. Most of the administrative data sources reported by countries responding to the UNECE survey are managed by line ministries, mainly those concerned with health, education, and social protection. The data collected are generally concerned with counting the number or characteristics of people receiving services and/or benefits or those entitled to such benefits. Therefore, while some of these may be loosely described as indicators of the number of people with disabilities, they are extremely limited and should be treated with caution. National standards which define eligibility criteria for access to services and benefits may be influenced by issues such as budgetary constraints, geographic location, and cultural expectations. They cannot be regarded in the same light as the carefully calibrated indicators derived from international surveys which share a

common conceptual basis. Another bias in certain countries have to do with stigma correlated with a disability status, thus leading parents to avoid claiming a disability status.

231. The biggest challenge to both international comparability and consistency within countries is the lack of use of standardized definitions or measurement tools for disability, particularly when it comes to children. The two most widely used tools for identifying disability/functional difficulties among children are GALI and the UNICEF/WG CFM.

232. GALI measures participation restriction. Assessments of GALI show sufficient concurrent and predictive validity and reliability but warn against the use of the tool for comparing across countries and question its ability to accurately categorize the degree of severity of an individual's disability (Berger et al. 2015; Tarazona et al. 2021; Van Oyen et al. 2018). Its main advantage is that it consists of two questions and can easily be integrated into most of the surveys. The main disadvantages are that it is not necessarily a validated way of identifying disability/functional difficulties among children nor does it provide information about type of disability. Therefore, additional research is needed to understand its suitability for identifying children with disabilities/functional difficulties per the requirements of the UNCRPD. Moreover, even when using it for adults, as GALI combines aspects of functional limitations and participation in a single nonspecific measure, it is not possible to know if, for example, an estimate of the number of persons with disabilities has decreased because fewer people have functional limitations, or because persons with functional limitations are less restricted in what they could do as a result of policies affecting environmental accommodations. Therefore, it may not be suitable for identifying persons with disabilities for the purpose of disaggregating the SDGs or monitoring the UNCRPD.[61]

233. On the other hand, the UNICEF/WG CFM is a tested and validated child-specific tool that focuses on difficulties in core functional domains to create a disability identifier which allows for the disaggregation of key indicators of wellbeing for children with and without disabilities.[62] It covers more child-specific domains than the WG-SS, which was designed for use among adults. The CFM has been recommended as the appropriate tool for SDG data disaggregation by disability status for children.[63] The main difficulties for its use are that (a) the number of questions may not allow its addition to all surveys, particularly if the questionnaire is already too long; (b) including it in surveys whose focus is not children may lead to deviations from the suggested methodology (e.g. not interviewing mother or primary caregiver as recommended) or very small samples of children.

234. Although many countries use what may be considered internationally comparable household surveys, there is still national and regional variation. While certain elements of these surveys may be centrally coordinated, countries often adapt survey content due to resource constraints or to align with policy requirements. Many countries report using legislation and/or administrative criteria to measure and define disability. Without a deeper understanding of the local legislation it is difficult to ascertain the international comparability of the available data.

235. Around one third of reported indicators from administrative data are based on clinical criteria; most other indicators rely on local legislative or administrative definitions. While this is indeed necessary to provide information to support national programmes and policy, it severely limits international comparability.

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[61] https://www.washingtongroup-disability.com/wg-blog/why-global-health-and-functioning-indicators-like-the-gali-are-not-suitable-for-disaggregation-98/

[62] Ibid.

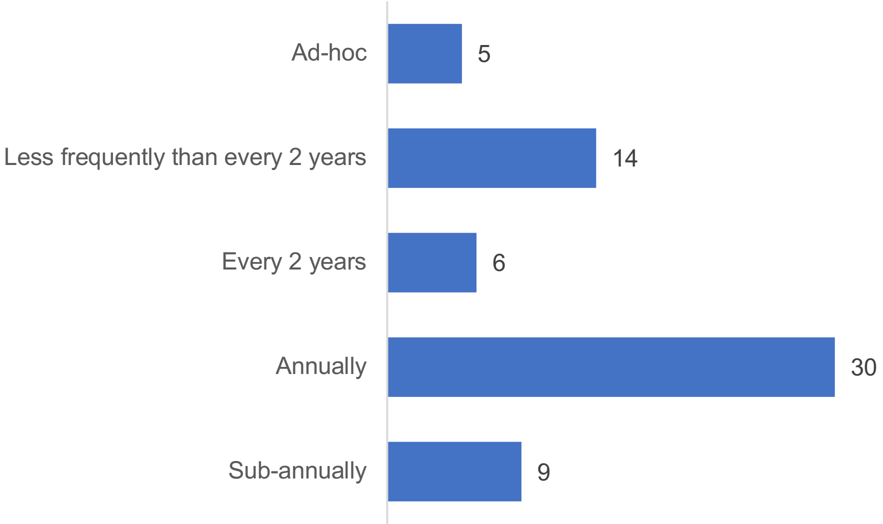
[63] https://www.washingtongroup-disability.com/question-sets/wgunicef-child-functioning-module-cfm/

5.7 Reporting frequency

236. Most countries report at least some statistics concerning children with a disability every year (Figure 14). Still, many countries produce statistics on this population less frequently than every two years or only on an ad-hoc basis. Statistics based on administrative data are produced more frequently than statistics based on survey data. The majority of countries producing indicators based on administrative data report annually. Nine indicated that they report more frequently: Belarus, Finland, Israel, Latvia, Republic of Moldova, Türkiye, United Kingdom, and the United States. Sub-annual data tend to be published mainly by ministries and agencies involved in social protection and/or labour affairs, in some cases relating to the payment of benefits.

237. International and regional surveys that provide crucial data on children are conducted infrequently. MICS surveys are generally fielded every five years, and the EHIS is conducted in all EU member states every six years. EU-SILC is an annual survey but the child-specific module is included only every three years.

Figure 14 Frequency of reporting of statistics on children with disabilities, number of countries



Note: Based on responses from 35 countries. One country could report multiple frequencies.

Box 7 Country highlight: Mongolia

Mongolia holds robust data in relation to children with disabilities, stemming from two main data sources. Firstly, the Social Indicator Sample Survey which is carried out as part of the global MICS programme. The household survey collects data from parents or primary caregivers and the most recent rounds use the UNICEF/WG CFM. Additionally, annual administrative data are reported for the number of children with disabilities receiving specialized services, such as nutrition support services, those in receipt of benefits, those receiving support for assistive technology, and those attending schooling. In administrative data, disability is often identified as a diagnosed condition according to the ICD but severity and limitations in activities are not included. The use of higher-frequency administrative data to complement the survey data which are collected every 5 provides a broader understanding of supports used by persons with disabilities.

5.8 Addressing data gaps and challenges

238. Most countries (77 per cent) responding to the UNECE survey reported one or more challenges in the production of statistics on children with disabilities. The most commonly reported challenges included limited resources (20 countries; 47 per cent) and difficulties in capturing the relevant populations (17 countries; 42 per cent). Only one country (Italy) reported challenges with ethical or legal restrictions. Twelve countries (30 per cent) described other challenges not specified by the survey response options. These challenges varied between countries, but there were several common themes:

- technical and methodological challenges around consistency of definitions, comparability of data sources within a country, and use standardized measures;
- challenges in designing surveys and tools that are inclusive of disability, including addressing issues of higher non-response among persons with disabilities and small sample sizes not allowing reliable estimations and/or disaggregation;
- lack of interest or political will to gather data on persons with disabilities;
- barriers to fielding surveys in the context of the Covid-19 pandemic;
- reliability of and use of administrative data;
- decentralized dissemination of available data.

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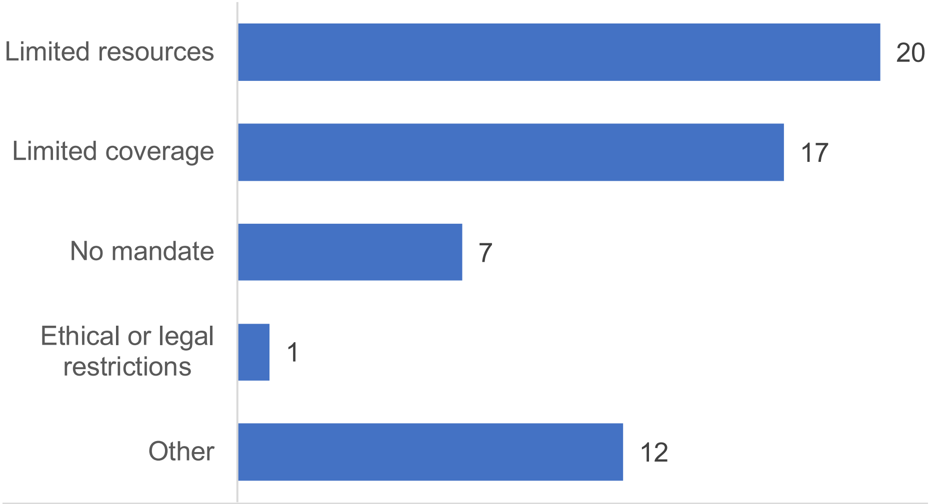
Figure 15 Challenges reported by countries in producing data and statistics on children with disabilities, number of countries



Note: Based on responses from 34 countries. One country could report multiple challenges.

239. The UNECE survey also asked respondents to suggest improvements to the collection and dissemination of data on children with disabilities. In total, 18 countries (42 per cent) shared one or more suggested improvements. About half of the countries that provided suggestions mentioned fundamental methodological aspects such as the definition of disability, the adoption of internationally standardized instruments to identify disability in children, and more extensive data collection on children with disabilities. Other suggestions included:

- improved inter-agency collaboration;
- centralization and integration of databases and information platforms;
- prioritization of data on persons with disabilities by governments and increased funding;
- other changes in the data environment and infrastructure such as legislative and technical improvements.

240. The countries which have suitable vehicles for collecting population-level data on persons with disabilities tend to focus their data collection on adults (including youth aged 15 and older) rather than on children. For instance, many countries collect data on persons with disabilities as part of labour force surveys of working-age adults, but fewer countries have established surveys with samples representative of children that could be used to measure disability. Likewise, administrative data reflect the number of children with disabilities who come into contact with services such as health, education, and other social welfare benefits and may not be representative of the entire population. Administrative data may underestimate the number of children with disabilities, especially among the very young who are not yet attending school.

5.9 Summary and conclusions

241. While there has been a conceptual paradigm shift from the medical approach of defining disability to a biopsychosocial model, data collection tools in most countries have not evolved to align with this change, impeding monitoring that would align with the implementation of the UNCRPD. While a number of countries have started applying the biopsychosocial model in surveys—defining disability in terms of functional or activity limitations in the context of environmental barriers—there still exists much variability.

242. The WG-Short Set (WG-SS), UNICEF/WG Module on Child Functioning (CFM), and the Global Activity Limitation Indicator (GALI) are all used as international standards in collecting data on children with disabilities of different age groups. The use of GALI is limited to use in EU surveys while the WG tools have more uptake across world regions.

243. These tools take a different approach to identifying persons with disabilities. The WG question sets identify individuals with limitations in core functional domains that put them *at risk* of social exclusion, for example exclusion from school or work due to an unaccommodating environment. If measured repeatedly, WG question sets also allow for the monitoring of change in the functional status of the population and the level of participation, and if included in a population-level survey, comparisons to persons without disabilities. Data derived from such questions can be useful for the development of infrastructure policies and programme planning.

244. The GALI combines aspects of functional limitations and participation in a single measure. It identifies persons with disabilities using a participation definition. It does not make the same distinction between the impact of limitations, environmental factors, and their interaction as do the WG question sets.

245. Twelve countries reported surveys or censuses that include a WG question set (CFM or WG-SS) to identify the number of children or youth with disabilities. The Eurostat GALI measure of disability is used by EU countries in EU-SILC, EU-LFS, and HETUS surveys, and with some WG questions from the WG-SS/ES in the EHIS. The use of standardized tools does not, however, guarantee the availability of representative and useful data for children. Responses provided by countries to the UNECE survey highlight some key issues related to population coverage, data quality, and international comparability.

246. The majority of disability-focused data collection tends to be centred around the adult population or adult-specific tools. With the exception of the EU-SILC ad-hoc module on children, EU surveys cover persons aged 15 or 16 and older and even the ad hoc module uses measures of disability (GALI) designed for adults. In countries that conduct several surveys, more than one age cohort may be reported on. Even in surveys that include younger age groups, small sample sizes and low numbers of children with disabilities may restrict the publication of estimates, making it impossible to report on the situations of all children as required by the UNCPRD and the 2030 Agenda. There are significant data gaps for statistics on children with disabilities under age 15 in many countries.

247. Most countries produce statistics on children with disabilities using a mix of administrative and survey data. There is little evidence of movement towards greater coordination of data systems on disability to enable tracking of activity and outcomes across domains and over time in a comparable way. As a result, different groups of children are captured depending on the data source. Administrative data sources rely exclusively on country-specific definitions of disability, which are divided between measures based on clinical assessment and those related to eligibility criteria for benefits or services. Administrative data are likely to yield underestimates of the number of persons with disabilities as they reflect only those individuals who are receiving the requested support.

248. Surveys on income and living conditions, health surveys, labour force surveys, censuses, and MICS are the most common surveys used to collect data on persons with disabilities across countries. Outcome indicators, where available, rely solely on survey data and are subject to coverage and sample size limitations. Depending on the scope—the inclusion of other important topics concerning child rights—and sample methodology of the survey, the level of detail on outcomes and disability status that can be reported can be limited.

249. Multiple definitions are used in the same jurisdiction across data sources and for different purposes. It is impossible in most cases to identify a single 'official' measure of disability. When the fundamental concept is not harmonized at the national level, it ensures that other related measures will not be comparable and contributes to the lack of a coordinated approach for internationally comparable reporting on persons with disabilities.

5.10 Recommendations

Recommendation 13

In order to generate internationally comparable estimates of the number of children with disabilities, the **adoption of the UNICEF/Washington Group Child Functioning Module** (CFM) is recommended for national statistics. This tool has been internationally developed, tested, and validated and is currently being used in several countries.

The WG-SS is generally recommended for collecting data on persons with disabilities in censuses, largely due to questionnaire space limitations. However, the WG-SS is not appropriate for children younger than age 5 according to the WG recommendation.[64] It should be clearly communicated to data users that data collected using the WG-SS very likely underestimates the number of children with disabilities due to the limited number of domains included. Countries using the WG-SS in censuses should consider adding the full UNICEF/WG CFM to surveys to quantify the underestimation of children with disabilities based on censuses using the WG-SS.

250. Further investigation is necessary to better understand the low uptake of the UNICEF/WG CFM in European countries and to develop strategies to increase its use. Challenges may relate to having a small number of children in the survey sample, the availability of questionnaire space in non-specialized surveys, and the associated resources required for introducing new sampling methods or new questions in ongoing surveys. Increasing awareness of the shift from a medical model to a biopsychosocial model of disability, the prioritization of international comparability, and providing methodological support and capacity building could contribute to increased uptake of the tool.

251. The UNICEF/WG CFM has been developed to include the smallest number of questions necessary to cover the most relevant functional domains in children. A change or reduction of the items included would not only limit international comparability but would also exclude some children with functional limitations, putting them at further risk of social exclusion.

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[64] See The Data Collection Tools Developed by the Washington Group on Disability Statistics and their Recommended Use

Recommendation 14

To understand the progress towards realization of rights of children with disabilities, countries should **collect reliable data on the number of children with disabilities and their outcomes** that can be disaggregated by disability type, age, sex, and other socio-demographic variables. A special focus is required for children with disabilities in alternative care (residential or family based).

252. Disability in childhood, especially in the physical domains, is a relatively rare phenomenon. In order to obtain robust national estimates of the number of children with disabilities, it is necessary to survey a sufficiently large and representative sample of those in the appropriate age groups. Of particular interest is the ability to disaggregate by type of disability, age, sex, and socio-economic circumstances of the family to enable reporting by these key characteristics. When information on children with disabilities or functional limitation is collected in ad-hoc or single-themed surveys, outcome information, possibilities for disaggregation, comparisons of outcomes for children with and without disabilities, and policy and programme efficacy may be limited. Conducting regular child-focused surveys with both the UNICEF/WG CFM and other critical modules and variables included can be the best practice. Child-focused surveys with large samples sizes will allow for more reliable estimates of the number of children with disabilities among smaller sub-populations.

253. A limitation of household surveys is that they do not cover children in residential care, which may be the primary residence of many children with disabilities in some countries. To produce accurate estimates of the number of children with disabilities, extra attention should be given to children in alternative care, whether they are in residential care or family-based care. Special data collection efforts are required to avoid omitting children in residential care from national estimates of children with disabilities.

254. Where administrative data systems are concerned, the development of a coordinated public sector data infrastructure could support increased harmonization in data holdings in domains such as health, education, and social protection. If such systems use common identifiers, definitions, and classifications, it is possible to track service utilization and outcomes over time, across public services and both nationally and internationally. Disaggregation by key markers such as age, sex, and geography would also be facilitated. The integration of administrative data remains a significant challenge in most countries due to the multitude of actors and sectors generating and using data on persons with disabilities. Nevertheless, some countries are taking steps in this direction and the Washington Group is working on developing guidance on the use of administrative data.

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Recommendation 15

Countries should work towards the **harmonization** of basic information on persons with disabilities in administrative data.

255. Various definitions of disability in administrative data that are aligned with national legislation, policy objectives, and administrative standards, limit comparability within and across countries. The harmonization of basic information on persons with disabilities in administrative data has major advantages allowing for comparability across data systems within a country particularly if they are added to administrative data not focused on persons with disabilities. The addition of the UNICEF/WG CFM to administrative data could be a major step towards such harmonization that would also align with international standards. For example, the UNICEF/WG CFM version for teachers is currently being tested for its use in the Education Management Information System (EMIS) to provide standardized, consistent information on learners with disabilities.

Recommendation 16

NSOs should lead an intersectoral effort to map, plan, and implement systematic data collection on children with disabilities with the imperative of monitoring the UN Convention on the Right of Persons with Disabilities (UNCRPD) and national and international comparability as the main considerations.

256. Most countries use of a variety of survey and administrative sources across government agencies to produce statistics on children with disabilities. When asked about improvements to the collection and dissemination of data on children with disabilities, several countries suggested improved interagency collaboration, greater coordination of data systems on persons with disabilities, and centralization and integration of databases and information platforms

6. ETHICAL CONSIDERATIONS FOR THE COLLECTION AND DISSEMINATION OF DATA ON CHILDREN

6.1 Introduction

257. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children have the right to express views freely in all matters affecting them and that the views of the child must be given due weight in accordance with their age and maturity. Efforts should therefore be made to include children in data collection activities and to ensure that their voices are reflected in statistics.

258. The ethical principles that govern the collection and dissemination of data on adults, however, do not uniformly apply to children. Participation in data collection may impact children differently than adults. Achieving informed consent and protecting the privacy and confidentiality of minor subjects can be challenging especially when parents often consent and report on their behalf. Special measures may be required to ensure that the most vulnerable groups of children, such as those experiencing violence, those with disabilities, or those living in residential facilities are protected and respected in data collection and dissemination processes (UNICEF 2015). International efforts are underway towards developing guidance on the collection and dissemination of data on children and youth, but no universally accepted standards currently exist.[65]

259. Regulations and guidelines regarding the collection and dissemination of data on children vary across countries. Thirty-two countries out of the 43 that responded to the UNECE survey (74 per cent) identified some form of legal requirement or written policy or protocol related to the collection of data on children and youth, which included the assurance of the protection and confidentiality of data and meeting ethical requirements in research. Ten countries (23 per cent) provided no response about legal requirements. Ten countries (23 per cent) (Chile, Croatia, Hungary, Israel, Kyrgyzstan, Latvia, Lithuania, Mexico, Mongolia, and Ukraine) indicated specific legal requirements, policies, or protocols focused on child and youth; seven referred to children's rights; and two countries (Ukraine and Chile) referred to the UNCRC. The United Kingdom was the only country to reference data sharing regulations. Two countries (Costa Rica and Kyrgyzstan) mentioned penalties for violation of data collection laws, policies, or requirements.

260. This section summarizes the main ethical issues around the collection and dissemination of data on children highlighting, where relevant, considerations unique to the populations covered in this guidance: children experiencing violence, children in alternative care, and children with disabilities. There are ethical considerations in any data collection and the purpose of this chapter is not to cover all ethical issues, but rather to point out the issues unique to collecting data from children.

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[65] UNICEF is developing guidance on data collection on children in residential care. A working group under the Statistical Conference of the Americas of the United Nations Economic Commission for Latin America is developing a Protocol for the collection and dissemination of data from studies involving children and adolescents.

261. The chapter addresses the following five areas:

a) Evaluation of harms and benefits
b) Informed consent
c) Proxy respondents
d) Privacy and confidentiality
e) Ethical frameworks and ethics committees

6.2 Evaluation of harms and benefits

262. Children should be neither excluded from nor burdened with participation in data collection exercises (Crane and Broome 2017). It is therefore necessary to evaluate what benefits children will receive from their participation and the possible harms that could be caused to them (ECLAC 2021). Benefits of participation may be direct, such as providing an opportunity for a child to express opinions and needs, or indirect, such as the development of policies or programmes that support the needs and rights of the child. The likely benefits from participating in research must justify the risk of harm or discomfort to individual children. Researchers have an ethical duty to take all practical measures to reduce the likelihood of distress and to take action if such distress occurs. The purpose of the data collection exercise and its ethical basis needs to be clear and the principles of necessity and proportionality should be considered.

263. The existing evidence on child participation in research on violence against children highlights the need to better understand the magnitude, duration, and nature of negative feelings, as well as any positive benefits associated. For children affected by violence, participating in research on the topic poses risks of distress or re-traumatization, while those children with no experience of violence may be adversely affected by being introduced to sensitive topics. Though children who have experienced violence should be included in research on this issue, excluding subgroups of children who may be at extreme risk of distress may be appropriate (Matthews et al. 2022). There is a need for caution and for careful consideration of methodological choices to help ameliorate distress (CP MERG 2012). Interviewers should be experienced with children and possess the required interpersonal and professional skills. The development of rapport is important, and warmth and patience a requirement. The provision of appropriate therapeutic or medical support if needed is essential, and information on these services should be provided to the adults involved. Even children who do not report experiencing violence may find questions about violence distressing and may require follow-up support. Interviewers who are not well-trained to deal with children may exacerbate a child's distress; they may lack the skills to adequately support a child in talking through a traumatic experience (Matthews et al. 2022).

264. There tend to be differences among researchers in the protocols when interviewing a child who reports maltreatment. The entity commissioning the research should make it clear to researchers what type of information warrants a report to child protection services or the provision of support information or services to the child. Necessary consultations with corresponding services need to take place during the survey design stage. It is, however, likely that the information collected through the survey questionnaire would not be sufficient for the researcher to make a proper assessment of risk, that is, the seriousness of the violence the child experiences and whether the child is at present or future risk of significant harm. Some jurisdictions may have mandatory reporting of child protection concerns and researchers may be identified as having specific obligations (Finkelhor 2016). In these settings, survey participants should be informed of the mandatory reporting requirement and the exception to confidentiality otherwise guaranteed.

265. For children in alternative care and children with disabilities, a primary concern is harm by exclusion from participation. Population surveys rarely include children in institutional care, so they remain omitted from statistical information. In many countries children with disabilities are found in institutional care arrangements and are therefore not counted. The United Nations Convention on the Rights of Persons with Disabilities (art. 7) states that children with disabilities must enjoy human rights and freedoms on an equal basis with other children, and that they have a right to express their views freely and should be provided with assistance where necessary to realize that right. Including and involving children with disabilities in research is both a legal and a moral imperative (Jenkin et al. 2020). Excluding them is discriminatory if their right to participate is removed because of their disabilities (Thompson et al. 2020).

266. Where children with disabilities require assistance to participate in surveys, the requirements of confidentiality of the data collection process have the potential to conflict with the right to participate.

6.3 Informed consent

267. Children's capacity to consent to participation in a survey is dictated by national legislation regarding the age which allows for informed consent. In most countries, consent for the participation of children below the age of majority must be provided by a parent or caregiver.

268. In the EU, the protection of personal data is explicitly recognised as a fundamental right and any processing of personal data requires a lawful basis. [66] One of the six lawful bases provided by the General Data Protection Regulation (GDPR) is the consent of the individual. Under the GDPR, where an online service (such as a social media platform) is relying on the consent of the child to process their personal data, parents or guardians must also provide their consent for children up to a certain age. This age threshold, which can be between 13 and 16 years, varies by country. Consent must be freely given, specific, informed, and unambiguous, and children, parents, or guardians should be provided with easy-to-use mechanisms so that they can withdraw consent at any time.[67]

269. Any information and communication addressed to a child should be in a clear and plain language that the child can easily understand. In the EU, this is required by the GDPR. An example of an accessible, child-friendly publication on children rights is the EU Strategy of the Rights of the Child, for which children were consulted.[68] The intended use of data collected from children should also be clearly communicated. Respondents should be informed, with as much detail as possible, that their data may be used to inform public policies and programmes, for example.

270. Parents giving consent for children's participation in child maltreatment and family violence surveys has its complications. Parents may refuse to give consent due to their wish to protect the child and the privacy of the family. However, parents may also have the desire to protect their own interests. This type of parental gatekeeping can undermine the quality of survey data and lead to underreporting of violence.

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[66] In the EU, Article 8(1) of the Charter of Fundamental Rights of the European Union (the 'Charter') and Article 16(1) of the Treaty on the Functioning of the European Union (TFEU) provide that everyone has the right to the protection of personal data concerning him or her.

[67] The GDPR also explicitly requires that the protection of children's personal data are taken into account when the processing of personal data is based on the legitimate interest (Article 6(1)(f)) of the controller or a third party.

[68] https://ec.europa.eu/info/sites/default/files/short_version.pdf; https://ec.europa.eu/info/sites/default/files/long_version.pdf

271. There are numerous surveys of the prevalence of child maltreatment that have only obtained the child's consent and have not sought active or passive parental consent. In addition, some surveys obtain the child's active consent and seek passive parental consent by informing the child's parent about the study and giving them the option to actively refuse participation. This approach is most commonly used with surveys conducted in schools (Matthews, et al 2022).

272. In cases where consent is required from a parent or caregiver, assent should still be sought from the child. This may require creative approaches to communicate the objectives of the data collection activity and the voluntary nature of participation. For children with disabilities, assent may require additional resources, through use of accessible technology, or interpreters, for example.

273. Institutionalized populations may include the most vulnerable children. Access to data for children in institutional care is likely via a third party such as the administrator or manager of the institution. In addition, obtaining individual consent or assent may not be possible for all children, or may be challenging, for example, for those with cognitive impairments.

6.4 Proxy respondents

274. Proxy responding should be used with the understanding that information from a proxy respondent will differ from that of a direct respondent. Assent for proxy responding should be sought from the child.

275. Parental intervention has the potential to obscure the child's own voice (Oulton et al. 2016). Third parties will have their own views about the value of the evidence generation activity and who should, or could, contribute to it. Such views can shape what is researched and whose voices are heard – in essence, acting as a gatekeeper by controlling access to the population. Parents may see representing their child as part of their role, not appreciating that the child's perspective is also important and may differ from their own.

276. The extent to which a proxy respondent can reflect the experience of persons with disabilities is not always clear. Empirical data on agreement between caregiver-child responses on child functioning are limited (Zia et a. 2021). Caregivers of a child with disability may underestimate or misconstrue their child's abilities (Kyegombe et al. 2019). They may perceive more severe disability compared to the child who has adapted to his or her limitation (Zia et al. 2021). The UNICEF/WG Child Functioning Module is designed for administration to mothers or primary caregivers. Pilot studies exploring self-response among older children have shown strong agreement between caregiver and child responses in most functional areas (Massey et al. 2015; Zia et al. 2021). However, the instrument has been tested and validated for administration to mothers or caregivers only, and UNICEF/Washington Group have not recommended collecting data directly from children. Data collection processes that do collect data directly from children must be further developed and resourced to enable full participation by children with expression, communication, comprehension, or other difficulties.

277. Proxy responding may be the default for those living in institutions where administrators or managers are the gatekeepers of information and of access to the children. In these settings, proxy responding may compromise privacy and limit the child's ability to consent or to opt out of participating.

6.5 Privacy and confidentiality

278. Participant privacy means, first and foremost, respecting the fact that children may not want to share certain information, and they should not be pressured to do so (ECLAC 2021).

279. Steps should be taken to protect children's privacy when they are completing surveys. This can include identifying and providing a private space to avoid answers from being overheard or seen by others, which may require prior consultation with adult informants. It can also include practices such as not leaving sensitive questions to the end of self-administered surveys to avoid making it obvious to peers that a child is spending longer completing these types of questions. Special measures may be required to ensure privacy of children in institutional care and other communal settings. Moreover, the most sensitive information that will be sought from children should be highlighted and specified in the consent form.

280. The privacy of children and confidentiality of their information need to be respected when it comes to data processing and analysis as well.[69] Children merit specific protection with regard to their personal data, as they may be less aware of the related risks, consequences, and safeguards, and of their rights in relation to the sharing of their personal information. Specific protection is also needed because of the potential long-term and future implications and consequences of the use of the child's data (UNICEF and GovLab 2019). Social service professionals may require training in the ethical and legal collection and use of data on children.

6.6 Ethical frameworks and ethics committees

281. A strong ethical framework for the collection and dissemination of data on children is essential to support the continued production of policy relevant information. Such frameworks should include considerations and accommodations for vulnerable groups of children (children experiencing violence, children with disabilities, children in residential care) so that their lived experiences and the impact of resources available to them can be adequately represented. Ethics committees can be established to provide feedback on data collection design and strategies and to address the specific youth and child ethical issues involved. Such a committee should evaluate the risks and benefits of participation by children and adolescents, the methods and instruments to be used, the process of recruiting and training field workers, respect for gender differences, respect for age and developmental differences, consent models, and the protection of the participants' privacy and confidentiality all stages of the study (ECLAC 2021).

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[69] Article 16 of UNCRC. United Nations Committee on the Rights of the Child (2021). General comment No. 25 (2021) on children's rights in relation to the digital environment. CRC/C/GC/25.

Box 8 Country highlight: Canada

Statistics Canada has established a privacy and confidentiality framework according to the principles of necessity and proportionality. The protection of privacy and confidentiality applies to the collection, retention, access, use, disclosure, and disposal of information. Specific guidelines for obtaining consent, data collection, and information about voluntary or mandatory collection are included. While there is a requirement or 'necessity' for specific data collections (e.g., Census), data needs are weighed against response burden and privacy of information ('proportionality'). That is, the need for data takes into consideration privacy protection principles including the necessity or importance of the information, the effectiveness of collection, and the consideration of alternative ways to acquire information. Individuals aged 15 and older must consent directly to share information. For children aged 14 and younger, consent is requested from the parent or guardian. Statistics Canada follows the principle of reasonable expectation that the minor understands the purpose and consequences of their consent to disclose or share their information.

6.7 Concluding remarks and recommendations

282. Collecting and processing survey data from children presents a unique set of ethical and legal challenges. Survey organizers need to be aware of these challenges and the relevant legal regulations and to consider them in designing all stages of the survey. The principles of necessity and proportionality should guide survey design. Interviewers should be trained to understand and to speak to children in a gender sensitive and developmentally appropriate manner and trained to identify risks of harm that need to be reported. When it comes to the most vulnerable groups of children who are the most at risk of being excluded, special efforts should be made to accommodate their inclusion.

283. Concerning the use of administrative data, the generally applicable regulations and principles such as privacy and confidentiality should apply to child data with respect to access, consent of use, and dissemination. The value of the information for statistics and research purposes needs to be weighed against the potential for possible harm.

284. Extension of the use of this data for statistical purposes requires a tight legal framework so that data protection and confidentiality requirements are met, and data subjects are confident that their rights are being protected. Information on the potential use of administrative data for statistical purposes must be available in an accessible form, as must information on the rights of data subjects and how these rights can be exercised.

285. Ethical frameworks that consider the unique aspects of collecting data from and on children and ethics committees that uphold such frameworks can help countries ensure that the voices of all children and youth are safely and accurately included in official statistics.

286. International guidance is being developed by the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) on the collection and dissemination of data on children and adolescents that covers many of the ethical issues discussed in this chapter. **Future work could support the implementation of such guidance and explore topics that require further attention such as the governance and use of administrative data collected from children**.

7. CONCLUSIONS, RECOMMENDATIONS AND FURTHER WORK

7.1 Conclusions

287. The work on the present Guidance led to three key findings.

288. The **first** is that the work to produce internationally standard and comparable statistics on children and youth is in its infancy. The inclusion of child-focused targets in the 2030 Agenda for Sustainable Development has provided a framework for internationally comparable indicators for certain topics and groups of children. Still, the Sustainable Development Goal (SDG) reporting obligations have failed to spur the collection of sufficient data to monitor progress towards most child-related targets. The regrettable omission of some of the most vulnerable groups of children from the 2030 Agenda, particularly those in alterative care, has diminished the prioritization of data and statistics for these groups.

289. Considered through the lens of SDG indicator tier classification, none of the focus areas covered in this report approach a tier 1 rating. No internationally established methodology or standards are yet available for data and indicators on children in alternative care placing it in tier 3. The most recent tier classification of SDG indicators rates those related to violence against children as tier 2.[70] SDG indicators do not cover all types or dimensions of violence against children, and work is still underway to develop guidelines and classifications for statistics in this area. Statistics on children with disabilities also rate as tier 2. Internationally established methodology—the UNICEF-Washington Group Child Functioning Module—exists for collecting data on children with disabilities. This tool has been adopted widely in other regions but few countries in the UNECE region regularly produce data according to this model.

290. All three focus areas could benefit from further methodological work and guidance around statistical definitions and classifications, recommendations and best practices for data sources for key indicators, survey designs that consider children with disabilities and children in alternative care, quality assessments and the use of administrative data, and the implementation of existing or forthcoming tools and guidelines (on violence against children and the UNICEF-Washington Group Child Functioning Module, for example).

291. The **second key finding** is that definitions and classifications pose a challenge. Inconsistency is found around even the most fundamental concepts of children and youth. Classifications and definitions of violence, forms of alternative care, and disability vary both within and across countries. Some differences stem from fundamental differences in care and data systems, but in many cases standardized definitions can be adopted. Valid and standard definitions and classifications will ensure accuracy of national statistics and strengthen international comparability. Work towards harmonized definitions and operationalization is also required around standard variables for disaggregation.

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[70] Tier Classification for Global SDG Indicators as of 29 March 2021

292. The third key finding pertains to coordination on international and national levels. International organizations such as UNICEF, OECD and Eurostat have made efforts to improve the collection and dissemination of data on children and youth. Yet, there is a need for better coordination of these efforts. Closer collaborations across international organizations and with national data producers is required to avoid duplicating efforts and to fill methodological and data gaps.

293. Better coordination is required at the national level as well. In most countries, the production of statistics on children and youth is decentralized. Multiple government agencies collect data and produce statistics based on a variety of survey and administrative data sources. In some countries, data sharing across agencies is restricted by technical or legal limitations. The need for data sharing as well as the coordination of national efforts was highlighted by several NSO responses to the UNECE survey which were unable to report on data and statistics produced by other ministries or agencies.

294. The Guidance recommends that countries elaborate national plans for the production and the dissemination of data and statistics on children and youth that coordinates efforts between NSOs and other ministries. Plans should be informed by national policy needs and international reporting requirements. Special attention or dedicated plans may be required for areas with the most significant data gaps. The exchange of experiences and best practices among countries will benefit data producers as they take on this important work.

7.2 Recommendations

295. This section brings together the recommendations that were presented in the respective substantive chapters.

7.2.1 General issues for statistics on children and youth

Recommendation 1

Countries should **elaborate national indicator plans** and invest in the production and dissemination of data on children and youth, if possible internationally comparable. Plans should be developed based on an assessment of the maturity of data systems, data and reporting needs, data gaps identified at the national and international levels, and the availability of resources. NSOs, other national data producers, research organizations, and relevant policy stakeholders should work together to identify the data and the indicators required for international reporting initiatives and evidence-based public policy and to coordinate data collection efforts.

NSOs should consider designating a **national focal point** for child and youth statistics to serve as a resource about national indicators and standards, data collection, and reporting for the country. This would include not only NSO data but data in other relevant ministries or organizations.

Recommendation 2

Most countries regularly produce reports or statistical products focused on children and/or youth. These products most commonly focus on basic demographic, education, and health information. Countries should **include children in regular data collection, including child focused surveys**, to ensure that the main national statistical reports highlight the situation and needs of child and youth in all relevant policy areas.

Such statistics should be disaggregated by sex and/or gender, and countries should consider **gender mainstreaming** for statistics on children.[71, 72] Specialized methods may be required to target and include the most vulnerable groups of children including very young children. In general, data should capture the children most at risk of social exclusion including relevant individual and family characteristics.

Recommendation 3

Increase and promote the **visibility of data on children and youth** through:

- The development of web pages dedicated to statistics on children and youth on the websites of the NSO and/or the relevant government ministries.
- The regular publication of statistical reports and analytical products on children and youth.
- The development of user-friendly approaches to disseminating data on and to children and youth, including the use of interactive platforms, infographics, videos, and social media. Children and youth should be consulted on the design of dissemination products aimed at them.[73]

7.2.2 Violence against children

296. While there has been progress in the measurement of violence against children (VAC), capturing data on this remains challenging in most countries. NSOs reported challenges related to the application of different definitions across different data sources, mandates to collect data, fragmentation of data collection, low quality of administrative data, limited capacity and lack of resources.

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[71] The United Nations Economic and Social Council defines gender mainstreaming as "the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated."

[72] See also Data Disaggregation for the SDG Indicators

[73] The EU Children's Participation Platform is an example in this field.

Recommendation 4

Establish a coordination mechanism. Identification of a designated body or mechanism for coordination in each country is critical to building a comprehensive data collection and monitoring system on VAC at the national level. This will ensure that there is a holistic approach and long-term planning for the systematic collection, analysis, interpretation, use, and dissemination of VAC data. While it is understood that NSOs may not have the authority or mandate required to establish such mechanisms, they may raise the issue with the relevant authorities.

Recommendation 5

Provide NSO and line ministries responsible for producing data on VAC with a **clear mandate and necessary resources**. Resources should be directed towards the implementation of periodic surveys on the different forms of VAC or the integration of VAC-related questions into multi-topic surveys; investments should also be made to strengthen administrative data systems on VAC, which should ideally be interoperable with other administrative data (school, health etc.) and consider the statistical needs during the design stage. While survey data are critical to understanding how widespread violence is and to track progress in reducing its occurrence, administrative data have an important role in assessing how child victims of violence are using services, as well as how agencies and providers serve child victims. Both sources of data are critical components of a well-functioning data system on VAC and investments are needed to ensure that high-quality data are produced from such sources at regular intervals for information and use by decision-makers. Each country should identify a comprehensive set of VAC indicators to monitor and develop plans for the systematic collection/compilation, analysis and dissemination of data, following rigorous methodological and ethical standards and protocols.

Recommendation 6

SDG indicators should be a starting point. With less than ten years left to achieve the 2030 Agenda, it is critical that all countries deliver on commitments and prioritize collecting data on the SDG indicators related to VAC, using internationally available and recommended data collection tools. Acknowledging that SDG indicators do not cover all the types and dimensions of VAC, they nevertheless present a unique opportunity to use international common definitions and metadata to produce comparable indicators. Regular and robust data on VAC-related SDG indicators should constitute the absolute minimum of indicator reporting. Sex-disaggregated data are desirable. In addition to this, countries are encouraged to extend data collection to other issues to fill data gaps, such as commercial sexual exploitation, sexual violence against boys, neglect by caregivers, and psychological maltreatment.

7.2.3 Children in alternative care

Recommendation 7

Countries should develop and 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). **Facility size** is an objective and useful criterion for use in national definitions and classifications of residential care.

Recommendation 8

As a minimum requirement, countries should measure the stock, inflow, and outflow of children in alternative care. This information is critical for national governments and international agencies to monitor deinstitutionalisation efforts. Countries should adopt harmonized measurement criteria and standardized definitions of the types of alternative care, stock, inflow, and outflow as they are established.

Recommendation 9

Countries should adopt a **standard set of disaggregation variables** for children in alternative care including age and sex. Further **variables to be considered for disaggregation** of data on children in alternative care include:

- Disability status (see section 5.2 for guidance on measurement).
- Citizenship or country of origin; the influx of unaccompanied refugee and migrant children often increases the number of children in alternative care in a country.
- Geographic location.
- Socioeconomic status; in some countries, children at risk of poverty and social exclusion may also face an increased risk of being separated from their families.[74]
- Household composition.

According to each country's system of alternative care, administrative capacity, data system maturity, and national legislation, countries should consider collecting and reporting data beyond stock and flow to measure other critical aspects of alternative care. The development of an **indicator framework**, developed in coordination with relevant sectors and line ministries dealing with alternative care, would be beneficial. It could include indicators such as the quality of the placement, placement stability, time spent in care, reasons for entering care, destination upon leaving, characteristics of children overrepresented in care, effects of pre-care, in-care and post-care conditions, and effects on child outcomes and well-being.

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[74] Additional information is available at the web site of the Better Care Network.

Recommendation 10

Countries need to make resources available to **ensure collection, management, monitoring, and evaluation of data systems and statistics** on children in alternative care to address incomplete coverage of the target population in administrative data systems or survey instruments, and weak mandates to collect data on children in alternative care and on care leavers. The target population needs to be well defined to ensure proper coverage, and administrative and survey data needs to align with both national requirements and international standards.

Recommendation 11

NSO's should **assess the quality** of national statistical surveys as well as administrative data for coverage of children in alternative care, particularly in residential and institutional care, and to decide whether and how children should be included. Attention should be given to measurement of outcomes for children in alternative care and for care leavers.

Quality assessment should include:

- Completeness of data and standardizations of collection and reporting
- Strengths and weaknesses of the quality assurance systems for administrative data
- Identification of information gaps in national policy indicator frameworks
- Identification of areas for improvement for data use and dissemination across government agencies
- Compliance with international quality frameworks for statistics[53]

Recommendation 12

Countries should aim **to learn from more advanced information systems** that exist in their country such as in the health or education sectors. In addition, **the roles of line ministries and NSO's should be identified** in data management and in the production of information on children in alternative care to better inform governance frameworks as welll as the planning and improvement of data. From this, further development of a **road map** to resolve identified issues, to articulate actions to strengthen data collection systems, and to bridge gaps in relevant national action plans would be beneficial. The strengthening and harmonization of legal frameworks for statistics on children in alternative care would be of value for such efforts.

7.2.4 Children with disabilities

Recommendation 13

In order to generate internationally comparable estimates of the number of children with disabilities, the **adoption of the UNICEF-Washington Group Child Functioning Module** (CFM) is recommended for national statistics. This tool has been internationally developed, tested, and validated and is currently being used in several countries.

The WG-SS is generally recommended for collecting data on persons with disabilities in censuses, largely due to questionnaire space limitations. However, the WG-SS is not appropriate for children younger than age 5 according to the WG recommendation.[75] It should be clearly communicated to data users that data collected using the WG-SS very likely underestimates the number of children with disabilities due to the limited number of domains included. Countries using the WG-SS in censuses should consider adding the full UNICEF-WG CFM to surveys to quantify the underestimation of children with disabilities based on censuses using the WG-SS.

Recommendation 14

To understand the progress towards realization of rights of children with disabilities, countries should **collect reliable data on the number of children with disabilities and their outcomes** that can be disaggregated by disability type, age, sex, and other socio-demographic variables. A special focus is required for children with disabilities in alternative care (residential or family based).

Recommendation 15

Countries should work towards the **harmonization** of basic information on persons with disabilities in administrative data.

Recommendation 16

NSOs should lead an intersectoral effort to map, plan, and implement systematic data collection on children with disabilities with the imperative of monitoring the UN Convention on the Right of Persons with Disabilities (UNCRPD) and national and international comparability as the main considerations.

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[75] See The Data Collection Tools Developed by the Washington Group on Disability Statistics and their Recommended Use

7.3 Further work at the international and national level

297. To address the issues and data gaps identified by the Task Force, further work is needed both on international and national levels.

7.3.1 General issues for statistics on children and youth

298. To implement the recommendations to NSOs made above, many countries will require additional resources. International organizations involved in funding statistical activities should consider providing **support for the development of child-focused statistical infrastructure**.

299. The lack of consistently applied definitions of children and youth within and across countries represents the most fundamental challenge for international comparability of statistics on children and youth. Further work is needed to **develop clear and harmonized statistical definitions of child and youth**. Children are those aged 0 to 17 years. As for certain purposes this age group might be too broad, further work should propose standard age disaggregations by policy area. Age groups commonly used by UNICEF and other organizations that regularly produce statistics on children could be a starting point.

300. International statistical resources from UNICEF, OECD, and Eurostat provide crucial data for monitoring implementation of international and regional initiatives and for the development of national policies that promote child rights and well-being. Still, inconsistencies, duplication, and data gaps remain. Further work in required to **promote a structured collaboration between international organizations producing statistics on children and youth** to harmonize methods, increase efficiencies, identify data gaps to be addressed at national and international levels, and recognize collaborative opportunities.

301. Countries use a combination of survey and administrative data sources to produce statistics on children and youth. In some areas, administrative data are increasingly or exclusively used to meet national information needs. Further methodological work and guidance are required on best practices around **data sources for key indicators, standards and protocols** for the rigours and safe collection and processing of data on children, and the **use of administrative data** for statistics on children and youth.

302. Many data producers would benefit from lessons learned in other countries. Efforts should be made to **facilitate exchange of national experiences**, particularly among countries with similar levels of data system maturity, identify good practices, and encourage and fund pilot studies exploring innovative data collection and dissemination. An online platform could facilitate information-sharing among countries in the region.

7.3.2 Violence against children

303. Work by UNICEF is ongoing to develop measurement guidelines and a statistical classification on violence against children. Further work will be required to **establish a roadmap for the progressive implementation of the guidelines and statistical classification**. The roadmap could describe the investments required for regular collection and analysis of data on all aspects of violence against children and provide concrete recommendations to NSOs towards a systematic approach to implementation.

7.3.3 Children in alternative care

304. While many countries do gather data on children in alternative care, no international standards or protocols to support the collection of such data exist. The availability, quality, and comparability of data are limited by the absence of international reporting obligations and the exclusion of children alternative care from the 2030 Agenda for Sustainable Development. Further work is urgently required to develop methodological standards around the collection of data and production of statistics on children in alternative care.

305. Future efforts should work towards the **development of standard statistical definitions and classifications** for the forms of alternative care and **guidance for NSOs on the inclusion of children in institutional care** in the production of national statistics. The guidance must consider the issues related to definitions and classifications, survey design and data collection, as well as ethical considerations specific to this population group, and should build on existing guidelines, such as the 2020 UNECE *Recommendations for Measuring Older Populations in Institutions* and the 2021 UNECE *Guidelines for Assessing the Quality of Administrative Sources for Use in Censuses*.

306. Recently, international projects led by UNICEF have started to review available definitions and develop a set of core indicators for children in alternative care.[76] Taking this work forward requires an inter-agency and international **expert group** mandated by a relevant international statistical body to develop a proposal for international statistical standard definitions and classifications for the forms of care including specifications of the populations to be covered.

307. NSOs require a framework for assessing the quality of administrative data systems for data on children in alternative care. Future work could develop and promote the adoption of a **toolkit for NSOs and line ministries on how to assess the quality of administrative data systems** and strengthen data systems to produce better data on children in alternative care, building on existing tools currently being developed by UNICEF.[77]

7.3.4 Children with disabilities

308. Standard tools such as the UNICEF/WG Child Functioning Module (CFM) provides a validated framework for the collection of internationally comparable data on children with disabilities. Uptake of the tool, however, has been limited. Further **investigation into barriers to the use of the UNICEF/WG CFM** should be undertaken.

309. Guidance for survey design and data collection could be developed to ensure reliable data on children with disabilities. The appropriate use of the UNICEF/WG CFM should be central to this guidance, which should build upon material already developed by the Washington Group and UNICEF. Issues of sample size and capacity to disaggregate, coverage of all children including those in alternative care, age-appropriate measurement tools, and ethical issues should also be considered.

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[76] E.g., future work can build on the results of the key initiatives on strengthening the evidence of the Better Care Network in cooperation with global partners, the work of the Data for Impact (D4I) project on indicators on children in alternative care, and the DataCare project.

[77] For instance the 2021 UNICEF guidance and tools on assessing administrative data systems on justice for children

7.3.5 Ethical considerations

310. International guidance is being developed by the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) on the collection and dissemination of data on children and adolescents that covers many of the ethical issues discussed in this chapter. **Future work could support the implementation of such guidance and explore topics that require further attention such as the governance and use of administrative data collected from children**.

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ANNEX I RESPONSES TO THE UNECE SURVEY

Annex table 1 NSO or other agency or ministry produces data and statistics on children with disabilities

	NSO	Other agency or ministry
Albania	X	X
Armenia	X	X
Azerbaijan	X	
Belarus	X	X
Belgium	X	X
Bosnia and Herzegovina	X	
Canada	X	
Chile		X
Costa Rica	X	
Croatia	X	X
Cyprus	X	X
Denmark		
Estonia	X	X
Finland		X
Georgia		X
Greece	X	
Hungary	X	
Iceland		
Ireland	X	X
Israel		X
Italy	X	X
Japan		X
Kyrgyzstan		X
Latvia		X
Lithuania		X
Luxembourg		
Mexico	X	
Moldova, Republic of	X	X

Annex table 1 NSO or other agency or ministry produces data and statistics on children with disabilities (continued)

	NSO	Other agency or ministry
Mongolia	X	X
The Netherlands	X	
Poland	X	
Portugal	X	X
Romania		X
Russian Federation	X	X
Serbia	X	X
Slovenia	X	
Sweden	X	X
Switzerland		X
Türkiye	X	X
Turkmenistan	X	X
Ukraine		X
United Kingdom		X
United States	X	X

Annex table 2 Data source for statistics on children with disabilities

	Administrative	Household survey	Other survey	Population register	Census	Other
Albania	X					
Armenia	X		X			
Azerbaijan	X					
Belarus	X	X				
Belgium						
Bosnia and Herzegovina						
Canada		X			X	
Chile	X	X				
Costa Rica		X				
Croatia		X	X			

Annex table 2 Data source for statistics on children with disabilities

	Administrative	Household survey	Other survey	Population register	Census	Other
Cyprus			X	X		
Denmark						
Estonia	X	X				
Finland	X					
Georgia	X					
Greece		X	X	X		
Hungary	X	X			X	
Iceland						
Ireland	X		X		X	
Israel	X	X		X		
Italy	X		X			X
Japan	X		X			
Kyrgyzstan	X					
Latvia	X	X				
Lithuania	X	X				
Luxembourg						
Mexico		X			X	
Moldova, Republic of	X	X				
Mongolia	X	X				
The Netherlands		X				
Poland			X			
Portugal	X				X	
Romania						
Russian Federation	X	X				
Serbia		X	X		X	
Slovenia	X	X				
Sweden	X	X	X			
Switzerland	X	X				
Türkiye	X	X				

Annex table 2 Data source for statistics on children with disabilities

	Administrative	Household survey	Other survey	Population register	Census	Other
Turkmenistan		X				
Ukraine	X					
United Kingdom	X	X	X			
United States	X	X				

Annex table 3 Challenges reported in producing data and statistics on children with disabilities

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
Albania		X			
Armenia				X	
Azerbaijan					X
Belarus					X
Belgium		X		X	
Bosnia and Herzegovina				X	
Canada	X	X		X	X
Chile	X	X			
Costa Rica	X	X			
Croatia		X		X	
Cyprus		X		X	
Denmark					
Estonia					
Finland		X			
Georgia		X			
Greece					
Hungary		X			X
Iceland		X			
Ireland		X			
Israel		X			

Annex table 3 Challenges reported in producing data and statistics on children with disabilities (continued)

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
Italy		X	X	X	
Japan					
Kyrgyzstan	X				X
Latvia				X	
Lithuania					X
Luxembourg		X			X
Mexico				X	
Moldova, Republic of		X		X	X
Mongolia		X			
The Netherlands				X	
Poland					
Portugal					
Romania					
Russian Federation					
Serbia				X	
Slovenia		X		X	
Sweden					X
Switzerland	X			X	X
Türkiye	X				
Turkmenistan					
Ukraine		X		X	
United Kingdom	X	X		X	X
United States				X	X

Annex table 4 NSO or other agency or ministry produces data and statistics on violence against children

	NSO	Other agency or ministry
Albania	X	
Armenia		
Azerbaijan	X	
Belarus	X	X
Belgium		X
Bosnia and Herzegovina		
Canada	X	
Chile		X
Costa Rica	X	
Croatia		X
Cyprus	X	X
Denmark	X	
Estonia		X
Finland	X	X
Georgia		X
Greece	X	
Hungary	X	X
Iceland		
Ireland	X	
Israel	X	X
Italy	X	X
Japan		X
Kyrgyzstan		X
Latvia	X	X
Lithuania		X
Luxembourg	X	
Mexico	X	X
Moldova, Republic of	X	X
Mongolia	X	X
The Netherlands	X	X

Annex table 4 NSO or other agency or ministry produces data and statistics on violence against children (continued)

	NSO	Other agency or ministry
Poland		X
Portugal	X	X
Romania		
Russian Federation		X
Serbia		X
Slovenia		X
Sweden		X
Switzerland	X	
Türkiye	X	X
Turkmenistan		
Ukraine		X
United Kingdom	X	X
United States	X	

Annex table 5 Data source for statistics on violence against children

	Administrative	Household survey	Other survey	Population register	Census	Other
Albania	X					
Armenia						
Azerbaijan	X					
Belarus	X					
Belgium	X					
Bosnia and Herzegovina						
Canada	X	X				
Chile						
Costa Rica		X				
Croatia	X					
Cyprus	X					
Denmark	X					
Estonia						

Annex table 5 Data source for statistics on violence against children (continued)

	Administrative	Household survey	Other survey	Population register	Census	Other
Finland	X		X			
Georgia	X					
Greece						
Hungary	X					X
Iceland						
Ireland	X					
Israel		X				
Italy	X	X	X			
Japan	X					
Kyrgyzstan	X					
Latvia	X	X				
Lithuania	X					
Luxembourg		X				
Mexico	X	X				X
Moldova, Republic of	X	X				
Mongolia	X	X				
The Netherlands						
Poland	X					
Portugal						
Romania	X					
Russian Federation	X					
Serbia	X					
Slovenia	X		X			
Sweden	X					
Switzerland	X		X			
Türkiye	X	X				
Turkmenistan		X				
Ukraine	X					
United Kingdom	X	X				
United States		X				

Annex table 6 Challenges reported in producing statistics on violence against children

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
Albania		X			
Armenia					
Azerbaijan					
Belarus					X
Belgium					X
Bosnia and Herzegovina					
Canada			X		X
Chile	X	X			
Costa Rica	X	X			
Croatia		X		X	
Cyprus					X
Denmark					
Estonia					
Finland				X	
Georgia		X			
Greece	X				
Hungary				X	
Iceland	X	X			
Ireland					
Israel					
Italy	X	X	X		
Japan					
Kyrgyzstan		X			
Latvia					
Lithuania					
Luxembourg				X	
Mexico		X		X	X
Moldova, Republic of		X			X
Mongolia				X	

Annex table 6 Challenges reported in producing statistics on violence against children (continued)

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
The Netherlands					X
Poland		X			
Portugal					
Romania					
Russian Federation					
Serbia		X		X	
Slovenia					
Sweden					
Switzerland					
Türkiye		X			
Turkmenistan					
Ukraine		X		X	
United Kingdom	X	X	X	X	X
United States					X

Annex table 7 NSO or other agency or ministry produces data and statistics on children in alternative care

	NSO	Other agency or ministry
Albania	X	
Armenia		
Azerbaijan	X	
Belarus		X
Belgium		X
Bosnia and Herzegovina	X	
Canada	X	X
Chile		X
Costa Rica	X	X
Croatia		X
Cyprus		
Denmark	X	

Annex table 7 NSO or other agency or ministry produces data and statistics on children in alternative care (continued)

	NSO	Other agency or ministry
Estonia		
Finland		X
Georgia		X
Greece	X	X
Hungary	X	
Iceland	X	
Ireland		X
Israel	X	X
Italy	X	X
Japan		X
Kyrgyzstan		X
Latvia		X
Lithuania	X	X
Luxembourg	X	
Mexico	X	
Moldova, Republic of	X	X
Mongolia		X
The Netherlands	X	X
Poland	X	X
Portugal		X
Romania		X
Russian Federation		X
Serbia		X
Slovenia		X
Sweden		X
Switzerland	X	
Türkiye		X
Turkmenistan		X
Ukraine	X	X
United Kingdom		X
United States		X

Annex table 8 Data source for statistics on children in alternative care

	Administrative	Household survey	Other survey	Population register	Census	Other
Albania	X					
Armenia			X			
Azerbaijan	X					
Belarus	X					
Belgium						
Bosnia and Herzegovina	X					
Canada	X	X			X	
Chile	X					
Costa Rica		X				
Croatia						
Cyprus						
Denmark	X					
Estonia						
Finland	X					
Georgia	X					
Greece	X					
Hungary	X					
Iceland	X				X	
Ireland	X					
Israel	X					
Italy	X		X		X	
Japan	X				X	
Kyrgyzstan	X					
Latvia	X					
Lithuania	X		X			
Luxembourg		X				
Mexico			X		X	
Moldova, Republic of	X					
Mongolia	X					

Annex table 8 Data source for statistics on children in alternative care (continued)

	Administrative	Household survey	Other survey	Population register	Census	Other
The Netherlands			X			
Poland						
Portugal						
Romania						
Russian Federation	X					
Serbia	X					
Slovenia	X					
Sweden	X					
Switzerland	X					
Türkiye	X					
Turkmenistan						
Ukraine	X					
United Kingdom	X		X		X	
United States	X					

Annex table 9 Challenges reported in producing data and statistics on children in alternative care

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
Albania		X			
Armenia				X	
Azerbaijan					
Belarus					
Belgium					
Bosnia and Herzegovina	X			X	
Canada	X			X	X
Chile	X	X			
Costa Rica	X	X		X	
Croatia		X		X	

Annex table 9 Challenges reported in producing data and statistics on children in alternative care (continued)

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
Cyprus					
Denmark					X
Estonia					
Finland					
Georgia		X			
Greece	X				
Hungary					
Iceland		X			
Ireland					
Israel					
Italy					
Japan	X				
Kyrgyzstan		X			
Latvia				X	
Lithuania					
Luxembourg				X	X
Mexico	X				

Annex table 9 Challenges reported in producing data and statistics on children in alternative care (continued)

	Mandate	Limited Resources	Ethical or legal restrictions	Coverage of relevant populations	Other
Moldova, Republic of		X			X
Mongolia		X			
The Netherlands					X
Poland					
Portugal					
Romania		X			
Russian Federation					
Serbia		X		X	
Slovenia					
Sweden			X		
Switzerland					X
Türkiye					
Turkmenistan					
Ukraine		X		X	
United Kingdom	X				
United States					

ANNEX II SURVEY SENT IN JANUARY 2021 TO COUNTRIES PARTICIPATING IN THE CONFERENCE OF EUROPEAN STATISTICIANS

Introduction

This questionnaire is designed to gather inputs for the Conference of European Statisticians (CES) Task Force on Statistics on Children, Adolescents, and Youth. The objectives of the Task Force are: to prepare guidance to improve the availability, quality, and comparability of statistics on children, adolescents, and youth; and to work towards recommendations for more consistent and harmonized definitions, methodologies, and approaches across members of the Conference of European Statisticians. As a starting point for the Task Force, we wish to learn about the current practices in member countries for collecting data and reporting statistics on children and youth; the challenges faced; and methods for tackling these challenges in data collection and reporting.

The questionnaire contains six sections, and 27 questions. It should be completed by someone with good knowledge of population data sources on children and youth, particularly in the areas of **disability**, **violence**, and **alternative or out-of-home care**. Completion of the questionnaire may necessitate consultation among several colleagues and/or with the ministries or agencies responsible for these population groups. The questionnaire aims to acquire information about the production of official statistics. In addition to statistics produced by National Statistical Offices/Institutes, the Task Force seeks information on statistics produced by government ministries and agencies that are responsible for children and youth that are recognized as official statistics for your country.

The definitions of children and youth may vary. The Convention on the Rights of the Child defines a child as any person under age 18. The United Nations, for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. Please complete the questionnaire for these population groups **according to the definition(s) used in your country**.

Section I: Contact information for primary respondent to this questionnaire

1. Country:

2. Name of organization:

3. Name of department, division, or unit:

4. Name of contact person:

5. Email address:

Section II: General data and statistics on children and youth

1. Please provide the age range and/or definition used for statistical purposes in your country for the following population groups. If no standard statistical definition exists, please indicate.
   a. Children:
   b. Youth:
   c. Is there a mandate and/or programme for statistics on children and/or youth in your country's National Statistical Office?
   d. Yes
   e. No
   f. Don't know
   g. Additional information

2. Do other government ministries or agencies regularly produce statistics on children and/or youth?
   a. Yes, please specify agency(ies) or ministry(ies):
   b. No
   c. Don't know
   d. Additional information

3. Are there any official statistical reports, publications, or products focused on children and youth (on any topic) that are regularly published in your country?
   a. Yes, **please provide links to examples**:
   b. No
   c. Don't know
   d. Additional information

4. What are the main data sources for these regularly-published statistical reports or products on children and youth in your country? Please be specific, providing links to documentation if available.

5. Please describe any legal requirements (Acts) or written policy or protocols that you are aware of within your organization or other agencies/ministries collecting data on children and youth that exist to ensure the protection and confidentiality of data and to uphold ethics in related research:

Section III: Children and youth with disabilities

According to the Convention on the Rights of People with Disabilities, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This definition is provided as a guide for completing the questionnaire. **If alternative definitions of disability are used in your country, please indicate these definitions in the table below and consider them when completing this section of the questionnaire.**

6. Does your country regularly or systematically produce statistics on children and/or youth with disabilities? (Select all that apply)
    - a. Yes, NSO produces
    - b. Yes, other ministry(ies)/agency(ies) produces. **Please specify:**
    - c. No
    - d. Don't know
    - e. Additional information:

7. If yes, please indicate the main statistics on children and/or youth with disabilities produced in your country and provide the information requested in the table. Examples of indicators include: total number of children or youth with disabilities; statistics on access to basic services (education, social services, health services); statistics on outcomes (learning outcomes, health outcomes, etc.). Add rows as necessary.

Statistic or indicator	Data source (survey name, admin data source, etc)	Data type (household survey, admin, population register, etc)	Responsible agency or ministry (NSO or name of other entity)	Population sampled/ covered (private households, institutions, etc)	Target respondent for survey (head of household, parent/caregiver, child)	Frequency of data collection	Frequency of reporting	Measure or definition of disability used (e.g. Washington Group/ UNICEF module on Child Functioning or other)

8. What challenges has your country faced in the collection and reporting of data on children and/or youth with disabilities? (Select all that apply)
    - a. No mandate to collect and/or report data
    - b. Limited resources for data collection and/or reporting
    - c. Ethical or legal restrictions. **Please specify:**
    - d. Limited coverage of relevant population groups in existing instruments (e.g., children in institutional care).
    - e. Other, please specify:

9. Are there any improvements that you feel could be made to the collection and reporting of disability-related statistics on children and/or youth? If yes, please specify.

Section IV: Violence against children and youth

The Convention on the Rights of the Child defines violence against children as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse". In many countries, exposure to or witnessing of violence is also considered a form of maltreatment or abuse of children. These definitions and examples are provided as a guide for completing the questionnaire. **If alternative definitions of violence against children are used in your country, please indicate these definitions in the table below and consider them when completing this section of the questionnaire**.

10. Does your country regularly or systematically produce statistics on violence against children and/or youth? (Select all that apply)
    a. Yes, NSO produces
    b. Yes, other ministry(ies)/agency(ies) produces. **Please specify:**
    c. No
    d. Don't know
    e. Additional information:

11. If yes, please indicate the main statistics on violence against children and/or youth produced in your country and provide the information requested in the table. Examples of indicators include: total number or proportion of children and/or youth experiencing violence during a reference year; total number who have ever experienced violence; statistics on access to specialized services for children and/or youth experiencing violence (e.g. services for victims of violence, safe channels for reporting violence, etc.); statistics on outcomes for children and/or youth experiencing violence (learning outcomes, health outcomes, etc.); statistics on child/youth witnesses of violence. Add rows as necessary.

Statistic or indicator	Data source (survey name, admin data source, etc)	Data type (household survey, admin, population register, etc)	Responsible agency or ministry (NSO or name of other entity)	Population sampled/ covered (private households, institutions, etc)	Target respondent for survey (adult respondent asked retrospectively about childhood experiences, head of household, parent/caregiver, child)	Frequency of data collection	Frequency of reporting	Measure or definition of violence used

12. What challenges has your country faced in the collection and reporting of data on violence against children and/or youth?
    a. No mandate to collect and/or report data
    b. Limited resources for data collection and/or reporting
    c. Ethical or legal restrictions. **Please specify:**
    d. Limited coverage of relevant population groups in existing instruments (e.g., children in institutional care)
    e. Other, please specify:

13. Are there any improvements that you feel could be made to the collection and reporting of statistics on violence against children and/or youth? If yes, please specify.

Section V: Children and youth in alternative care arrangements

Alternative care or out-of-home care refers to care arrangements for children and youth who, for various reasons, are without parental care. According to The United Nations (UN) Guidelines for the Alternative Care of Children, alternative care can be provided in different environments:

(i) **Kinship care:** family-based care within the child's extended family or with close friends of the family known to the child. Due to inconsistencies across countries in definitions and reporting of informal kinship care, we are interested primarily in *formal* kinship care that has been ordered by a competent administrative body or judicial authority

(ii) **Foster care:** situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care;

(iii) **Other forms of family-based or family-like care placements**;

(iv) **Residential care:** care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes; This may be referred to as institutional care in some countries.

(v) **Supervised independent living arrangements for children**.

We consider children who are deprived of their liberty in an institutional context, such as children in detention, as well as children in correctional educational boarding schools, as a separate population and outside the scope of this questionnaire.

These definitions and examples are provided as a guide for completing the questionnaire. **If alternative definitions for alternative care arrangements including institutional care are used in your country, please indicate these definitions in the table below and consider them when completing this section of the questionnaire**.

14. Does your country regularly or systematically produce statistics on children and/or youth in alternative care arrangements?
    a. Yes, NSO produces
    b. Yes, other ministry(ies)/agency(ies) produces. **Please specify:**
    c. No
    d. Don't know
    e. Additional information:

15. If yes, please indicate the main statistics on children and youth in alternative care arrangements produced by your country and provide the information requested in the table. Examples include: total number or proportion of children in alternative care; number of proportion of children in each type of care arrangement (residential, foster, kinship, etc.); number of children who entered alternative care during the reference year; reason for placement in alternative care; number of children who left alternative care; destination upon leaving; length of stay in alternative care; statistics on access to basic services (education, social services, health service); statistics on outcomes (learning outcomes, health outcomes, etc.); statistics on quality of care; statistics on the number of facilities providing alternative care in your country. Add rows as necessary.

Statistic or indicator	Data source (survey name, admin data source, etc)	Data type (household survey, admin, population register, etc)	Responsible agency or ministry (NSO or name of other entity)	Type of alternate care arrangement covered (formal kindship care, foster care, residential care, other) or care facility surveyed/ covered	Target respondent for survey	Frequency of collection	Frequency of reporting	Definitions of alternative care and types of alternative care (kindship care, foster care, residential/ institutional care) used

16. Does your country's Population and Housing Census and/or any regular household survey(s) cover and identify children and/or youth in alternative care arrangements?
    a. Yes, census
    b. Yes, household survey. **Please specify:**
    c. No
    d. Don't know
    e. Additional information:

17. Are you aware of any data or statistics on children and/or youth in alternative care arrangements reported by your country that are internationally comparable or aligned with international standards, such as those set out in the Better Care Network and UNICEF 2009 Manual for the Measurement of Indicators for Children in Formal Care?
    a. Yes, **please describe:**
    b. No
    c. Don’t know
    d. Additional information:

18. What challenges has your country faced in the collection of data on children and/or youth in alternative care arrangements?
    a. No mandate to collect and/or report data
    b. Limited resources for data collection and/or reporting
    c. Ethical or legal restrictions. **Please specify:**
    d. Limited coverage of relevant population groups in existing instruments (e.g., children in institutional care)
    e. Other, please specify:

19. Are there any improvements that you feel could be made to the collection, analysis and dissemination of statistics on children and/or youth in alternative care arrangements? If yes, please specify.

Section VI: Concluding questions

20. Please provide any further information, resources, links, comments or suggestions which may help the Task Force in its work:

21. May the Task Force contact you to request more information about your answers to this survey?
    a. Yes
    b. No

Thank you for contributing to the work of this Task Force

ANNEX III DATA AND MATERIALS ON CHILDREN IN ALTERNATIVE CARE

Definition and scope of alternative care used in the *Resolution on Guidelines for the Alternative Care of Children* adopted by the United Nations General Assembly in 2009:[78]

"III. Scope of the Guidelines

27. The present Guidelines apply to the appropriate use and conditions of alternative formal care for all persons under the age of 18 years, unless, under the law applicable to the child, majority is attained earlier. Only where indicated do the Guidelines also apply to informal care settings, having due regard for both the important role played by the extended family and the community and the obligations of States for all children not in the care of their parents or legal and customary caregivers, as set out in the Convention on the Rights of the Child.

28. Principles in the present Guidelines are also applicable, as appropriate to young persons already in alternative care and who need continuing care or support for a transitional period after reaching the age of majority under applicable law.

29. For the purposes of the present Guidelines □…□ the following definitions shall apply:

- *a) Children without parental care: all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. Children without parental care who are outside their country of habitual residence or victims of emergency situations may be designated as: (i) "Unaccompanied" if they are not cared for by another relative or an adult who by law or custom is responsible for doing so; or (ii) "Separated" if they are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative;*
- *b) Alternative care may take the form of:*
  - *i) Informal care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;*
  - *ii) Formal care: all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures;*
- *c) With respect to the environment where it is provided, alternative care may be:*
  - *i) Kinship care: family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature;*

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[78] Resolution adopted by the General Assembly on 18 December 2009 on Guidelines for the Alternative Care of Children, available at: https://digitallibrary.un.org/record/673583?ln=en#record-files-collapse-header, pages 5-7.

  - *ii) Foster care: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care;*
  - *iii) Other forms of family-based or family-like care placements;*
  - *iv) Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes;*
  - *v) Supervised independent living arrangements for children;*

d) With respect to those responsible for alternative care: (i) Agencies are the public or private bodies and services that organize alternative care for children; (ii) Facilities are the individual public or private establishments that provide residential care for children.

30. The scope of alternative care as foreseen in the present Guidelines does not extend, however, to:

a) Persons under the age of 18 years who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognized as having infringed the law, and whose situation is covered by the United Nations Standard Minimum Rules for the Administration of Juvenile Justice and the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty;

b) Care by adoptive parents from the moment the child concerned is effectively placed in their custody pursuant to a final adoption order, as of which moment, for the purposes of the present Guidelines, the child is considered to be in parental care. The Guidelines are, however, applicable to pre-adoption or probationary placement of a child with the prospective adoptive parents, as far as they are compatible with requirements governing such placements as stipulated in other relevant international instruments;

c) Informal arrangements whereby a child voluntarily stays with relatives or friends for recreational purposes and reasons not connected with the parents' general inability or unwillingness to provide adequate care. 31. Competent authorities and others concerned are also encouraged to make use of the present Guidelines, as applicable, at boarding schools, hospitals, centres for children with mental and physical disabilities or other special needs, camps, the workplace and other places which may be responsible for the care of children.

31. Competent authorities and others concerned are also encouraged to make use of the present Guidelines, as applicable, at boarding schools, hospitals, centres for children with mental and physical disabilities or other special needs, camps, the workplace and other places which may be responsible for the care of children."

Annex table 10 Countries reporting data on one or more types of residential care or family-based care (UNECE survey (X) and 2020 TransMonEE data (X))

	Residential care	Family-based care
Albania	X	X
Armenia	X	X
Azerbaijan	X	X
Belarus	X	X
Belgium		
Bosnia and Herzegovina	X	X
Canada	X	X
Chile	X	X
Costa Rica		
Croatia	X	X
Cyprus		
Czech Republic	X	X
Denmark	X	X
Estonia	X	X
Finland	X	X
Georgia	X	X
Greece	X	
Hungary	X	X
Iceland	X	X
Ireland	X	X
Israel	X	X
Italy	X	X
Japan	X	X
Kazakhstan	X	X
Kyrgyzstan	X	X
Latvia	X	X
Lithuania	X	X
Luxembourg		
Mexico		
Moldova, Republic of	X	X

Annex table 10 Countries reporting data on one or more types of residential care or family-based care (UNECE survey (X) and 2020 TransMonEE data (X)) (continued)

	Residential care	Family-based care
Mongolia	X	
Montenegro	X	X
North Macedonia	X	X
The Netherlands	X	X
Poland	X	X
Portugal		
Romania	X	X
Russian Federation	X	X
Serbia	X	
Slovakia	X	X
Slovenia	X	X
Sweden	X	X
Switzerland	X	
Tajikistan	X	X
Türkiye	X	X
Turkmenistan	X	
Ukraine	X	X
United Kingdom	X	X
United States	X	X
Uzbekistan	X	X

Annex table 11 Examples of types of residential care reported in the UNECE survey

Country examples	Selected types of residential care reported by countries in the NSO survey
Denmark	Residence for children and young persons, Student residence, among others
Israel	Emergency centres, among others
Japan	Small-scale residential childcare projects (family homes), Infant homes, Child psychotherapy facilities, Children's independent living support projects, among others

Annex table 11 Examples of types of residential care reported in the UNECE survey (continued)

Country examples	Selected types of residential care reported by countries in the NSO survey
Moldova	Special boarding schools (including e.g., Sanatorium boarding schools, Boarding houses for children with mental deficiencies, and Auxiliary boarding schools), Maternal centres, Temporary placement centres for children, among others
Ukraine	Special boarding schools, Centres for social and psychological rehabilitation of children, Shelters for children, among others

Annex table 12 Examples of types of family-based care reported in the UNECE survey

Country examples	Selected types of family-based care reported by countries in the NSO survey*
Bosnia and Herzegovina	Foster care and guardianship care
Japan	Foster care – Japan distinguishes between relative foster parents, childcare foster parents, specialized foster parents, adopting foster parents
Poland	Foster care – Poland distinguishes between related foster family, not-professional foster family, professional foster family, which may operate as a family emergency house or a professional specialized foster family (e.g., to look after children with disabilities), foster homes in which no more than 8 children can be placed (except for numerous siblings)
Greece	Foster care – Greece distinguishes between emergency, short-term and long-term foster care
Chile	Foster care and kinship care
Serbia	Guardianship care and kinship care

* Note the overlaps between categories, such as Poland subsuming related foster family (where the child is placed with relatives) under foster care and not kinship care, as other countries.

Annex table 13 Data produced by countries on one or more types of alternative care: stock and flow data (UNECE survey (X) and 2020 TransMonEE data (X))

	Stock	Inflow	Outflow
Albania	X		
Armenia	X		
Azerbaijan	X	X	X

Annex table 13 Data produced by countries on one or more types of alternative care: stock and flow data (UNECE survey (X) and 2020 TransMonEE data (X)) (continued)

	Stock	Inflow	Outflow
Belarus	X	X	X
Belgium			
Bosnia and Herzegovina	X		
Bulgaria	X	X	X
Canada	X	X	
Chile	X		
Costa Rica			
Croatia	X	X	X
Cyprus			
Czech Republic	X	X	X
Denmark	X	X	
Estonia	X	X	X
Finland	X	X	
Georgia	X	X	X
Greece	X		
Hungary	X	X	X
Iceland	X		
Ireland	X		
Israel	X	X	
Italy	X		
Japan	X		
Kazakhstan	X	X	X
Kyrgyzstan	X		
Latvia	X	X	
Lithuania	X	X	X
Luxembourg			
Mexico			
Moldova, Republic of	X	X	X

Annex table 13 Data produced by countries on one or more types of alternative care: stock and flow data (UNECE survey (X) and 2020 TransMonEE data (X)) (continued)

	Stock	Inflow	Outflow
Mongolia	X		
Montenegro	X	X	X
North Macedonia	X		
Poland	X	X	X
Portugal			
Romania	X		
Russian Federation	X	X	
Serbia	X	X	X
Slovakia	X	X	X
Slovenia	X	X	X
Sweden	X		
Switzerland	X	X	X
Tajikistan	X	X	X
The Netherlands	X		
Türkiye	X	X	X
Turkmenistan			
Ukraine	X	X	X
United Kingdom	X	X	X
United States	X	X	
Uzbekistan	X		

Annex table 14 Examples of countries reporting statistics on selected process and outcome indicators for alternative care

Indicators	Examples of countries reporting data on these indicators
Capacity of different care arrangements	Azerbaijan, Ireland, Latvia, Serbia, Slovenia, Türkiye
Time spent in care	Serbia: total length of time spent in care, by type of care Slovenia: time spent in foster care Switzerland: total length of stay UK: duration of placement in care Costa Rica: average time spent in care by children under 12 years-old
Placement stability	US: percentage of children served in foster care during the year who were in care for: (a) less than 12 months/(b) at least 12 months but less than 24 months/(c) at least 24 months and had no more than two placement settings UK: stability of placement (placement moves) by placement type (only for children who have been in care for 12 months or longer)
School attendance	Kyrgyz Republic: number of children and adolescents aged 7-17 years-old who did not start classes in schools or other educational institutions at the beginning of the school year Ireland: number of children in care aged 16-17 in full time education UK: school attendance of children in care (relates only to children who have been in care for 12 months or longer)
New and ongoing alternative care measures provided during a specified period	Sweden: (a) total number and proportion of children and young people whose measures started during the year, by age and sex, (b) total number and proportion of children and young people with ongoing measure on November 1, by age and sex
Assessments completed	UK: health assessments completed (relates only to children who have been in care for 12 months or longer)
Children with a care plan and care coordinator	UK: proportion of children leaving care who have a pathway plan and pathway coordinator Ireland: number of children in care (all placement types) with a written care plan
Reasons for being placed into alternative care	Sweden and Denmark: parental death, neglect, child substance misuse and child crime. Denmark reports on disability as a reason UK: abuse or neglect, child disability, parents illness or disability, family in acute distress, family dysfunction, socially unacceptable behaviour, low income, absent parenting

Annex table 14 Examples of countries reporting statistics on selected process and outcome indicators for alternative care (continued)

Indicators	Examples of countries reporting data on these indicators
Destination upon leaving alternative care	Türkiye: number of children returned to family TransMonEE categories: Destination upon leaving residential care, family reunification, formal family-based care arrangement, adopted, independent life before age of 18, other /death of child Destination upon leaving family-based care: family reunification, residential care, adopted, independent life before age 18, other /death of child
Educational attainment	Ireland, Sweden and the UK: educational attainment by placement type / upon leaving care
Additional needs of children	UK: additional educational needs of children in care (relates only to children who have been in care for 12 months or longer)
Substance abuse of children in care	UK: substance abuse of children in care (only for children who have been in care for 12 months or longer)
Children who have gone missing while in care	UK: children who were missing or away from placement without authorisation
Statistics on care leavers	UK: accommodations after leaving care, educational attainment at time of leaving care, engagement in education, training, or employment, contact rate with authority, services used (young people leaving care aged 16-18 and for care leavers at age 19)

Annex table 15 Frequency of data collection on children in alternative care

	Continuous	Less frequently than biennially	Biennially	Annually	Sub-annually	Ad-hoc
Albania				X		
Armenia				X		
Azerbaijan				X		
Belarus				X	X	
Belgium						
Bosnia and Herzegovina	X			X		
Canada	X	X				
Chile						

Annex table 15 Frequency of data collection on children in alternative care (continued)

	Continuous	Less frequently than biennially	Biennially	Annually	Sub-annually	Ad-hoc
Costa Rica		X		X		
Croatia						
Cyprus						
Denmark	X					
Estonia						
Finland				X		
Georgia				X		
Greece			X			
Hungary				X		
Iceland		X				X
Ireland	X					
Israel				X		
Italy	X			X		
Japan		X		X		
Kyrgyzstan				X		
Latvia				X	X	
Lithuania				X		
Luxembourg						
Mexico						
Moldova, Republic of				X		
Mongolia				X		
Poland				X		
Portugal						
Romania						
Russian Federation						
Serbia				X		
Slovenia	X					
Sweden				X		
Switzerland				X		

Annex table 15 Frequency of data collection on children in alternative care (continued)

	Continuous	Less frequently than biennially	Biennially	Annually	Sub-annually	Ad-hoc
The Netherlands				X	X	
Türkiye				X		
Turkmenistan						
Ukraine				X		
United Kingdom				X		
United States					X	

Annex table 16 Frequency of reporting of statistics on children in alternative care

	Continuous	Less frequently than biennially	Biennially	Annually	Sub-annually	Ad-hoc
Albania				X		
Armenia				X		
Azerbaijan				X		
Belarus				X	X	
Belgium						
Bosnia and Herzegovina				X		
Canada		X		X		
Chile						
Costa Rica		X		X		
Croatia						
Cyprus						
Denmark						
Estonia						
Finland				X		
Georgia						
Greece			X		X	
Hungary				X		
Iceland						
Ireland					X	

Annex table 16 Frequency of reporting of statistics on children in alternative care (continued)

	Continuous	Less frequently than biennially	Biennially	Annually	Sub-annually	Ad-hoc
Israel		X		X		
Italy				X	X	
Japan		X		X		
Kyrgyzstan				X		
Latvia				X		
Lithuania				X		
Luxembourg				X		
Mexico						
Moldova, Republic of				X		
Mongolia						
Poland				X		
Portugal				X		
Romania						
Russian Federation						
Serbia				X		
Slovenia						X
Sweden				X		
Switzerland		X				
The Netherlands				X	X	
Türkiye				X		
Turkmenistan						
Ukraine				X		
United Kingdom				X		
United States				X		

Selected examples of dissemination and reporting platforms

- Australia, National framework for protecting Australia's children indicators: https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-framework-indicators-data-visualisations/0-2-out-of-home-care
- Australia, Child protection 2018-19 report (summary): https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2018-19/summary.
- Ireland, TUSLA Data Hub: https://data.tusla.ie/
- Portugal CASA 2019 Annual Report on the situation of children and young people in alternative care: https://www.ministeriopublico.pt/pagina/relatorio-casa-2019-caracterizacao-anual-da-situacao-de-acolhimento-de-criancas-e-jovens-2019.
- TransMonEE interactive data base: www.transmonee.org.
- United Kingdom, Data collection for looked-after children: https://www.gov.uk/childcare-parenting/data-collection-for-looked-after-children
- United Kingdom, Statistics on looked-after children: https://www.gov.uk/government/collections/statistics-looked-after-children.
- United Kingdom, Infographic on looked-after children in education: https://www.education-ni.gov.uk/sites/default/files/publications/education/looked-after-ch_45771049.pdf
- United States, Child Welfare Information Gateway: https://www.childwelfare.gov/topics/systemwide/statistics/

Statistics on Children

Spotlight on children exposed to violence, in alternative care, and with disabilities

The 1989 United Nations Convention on the Rights of the Child obliges parties to ensure all children have a fair chance in life. The development of national and international policies that provide all children and youth the best possible start in life and support a successful transition to adulthood requires robust and reliable information on a wide range of areas affecting children's lives. The measurement and monitoring of children's and youth's well-being has improved in the last decade, but data gaps remain, particularly for children in the most vulnerable positions, including children experiencing violence, children in alternative care, and children with disabilities.

To improve the situation, an expert task force under the Conference of European Statisticians developed the present Guidance, which consists of the following chapters:

- Chapter 1: Introduction
- Chapter 2: General issues for statistics on children and youth
- Chapter 3: Statistics on violence against children
- Chapter 4: Statistics on children in alternative care
- Chapter 5: Statistics on children with disabilities
- Chapter 6: Ethical considerations for the collection and dissemination of data on children
- Chapter 7: Conclusions, recommendations and further work

The Guidance takes an important step towards improving the availability, quality, and international comparability of statistics on children and youth.

The Guidance was endorsed by the 70th plenary session of the Conference of European Statisticians in 2022.

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