

Children in Alternative Care

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What needs to be measured – 3 pillars of the Guidelines on Alternative Care for Children



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



Suitable alternative care that meets each child's needs and is in their best interests



Reuniting and reintegrating the children with their families or family networks

Main sources of data

Administrative data from Ministries responsible for children in alternative care

National Statistical Offices

MICS, census and other household surveys

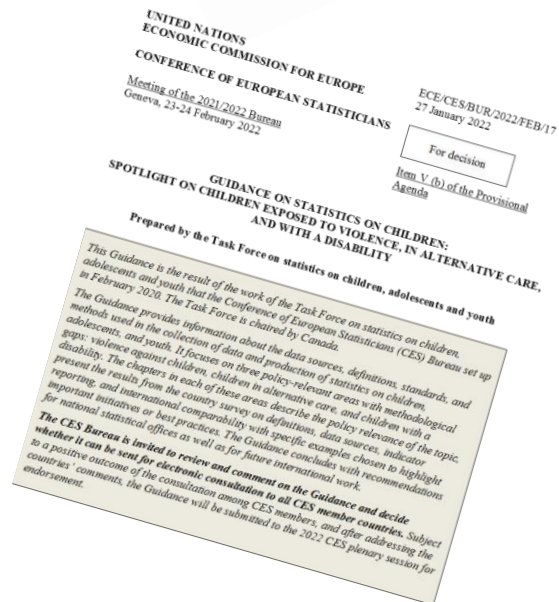
Challenges



Prevention (measuring the *necessity* of alternative care)

Definitions (of children, types of care)

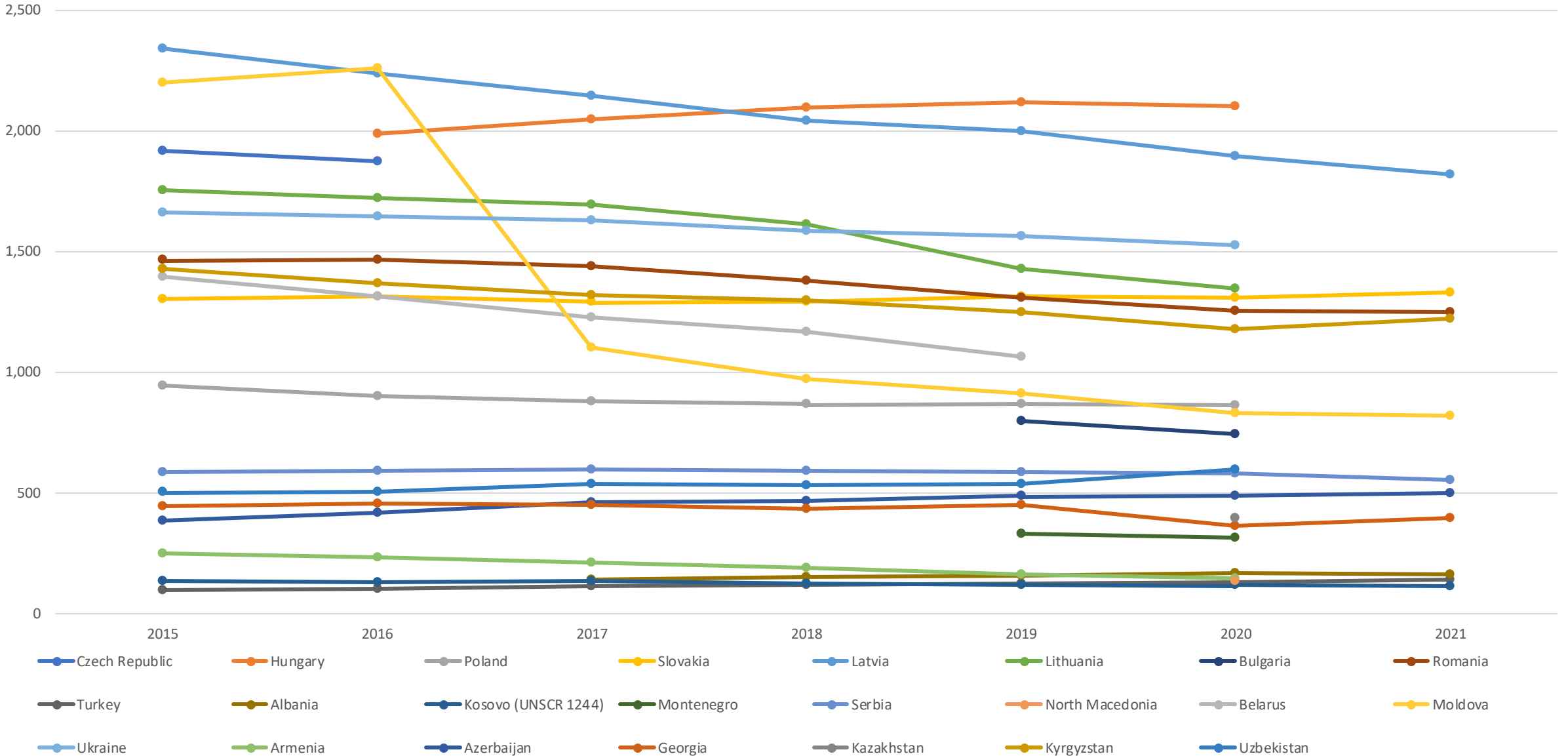
Disaggregation – for sex, age, disability, location



With these challenges in
mind...

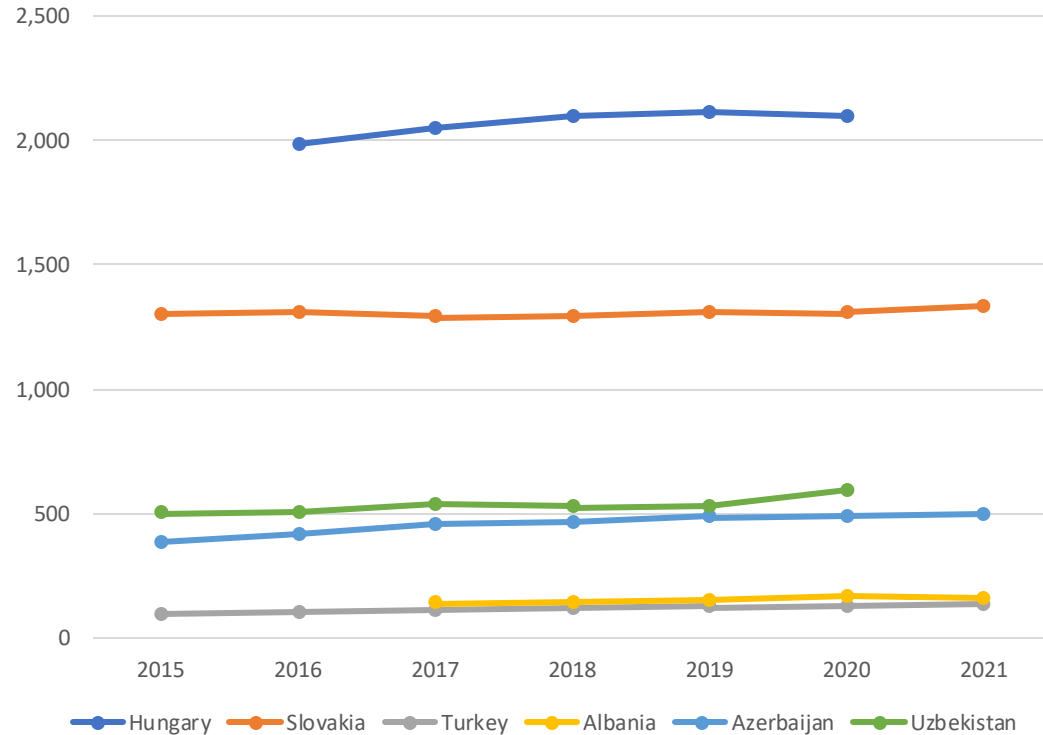
Analysis of Transmonee and other data on children in alternative care

The rate of children in formal care has generally been reducing in many countries (23 TM countries)

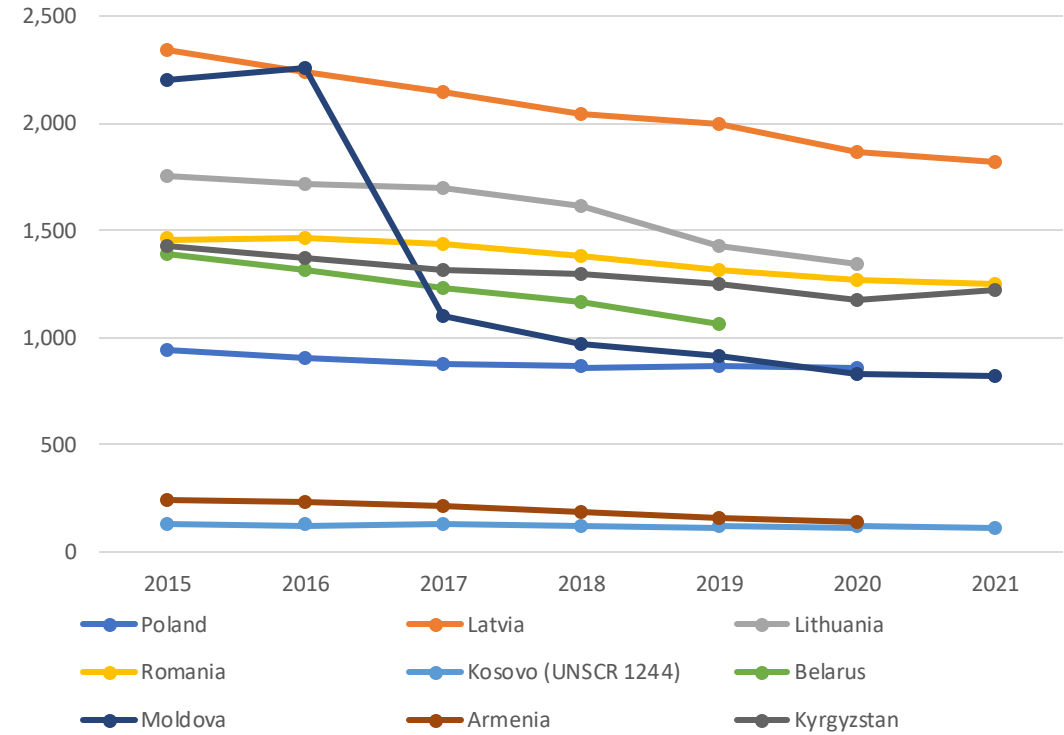


With some exceptions – this is a population of children in alternative care in TM countries that is not changing significantly

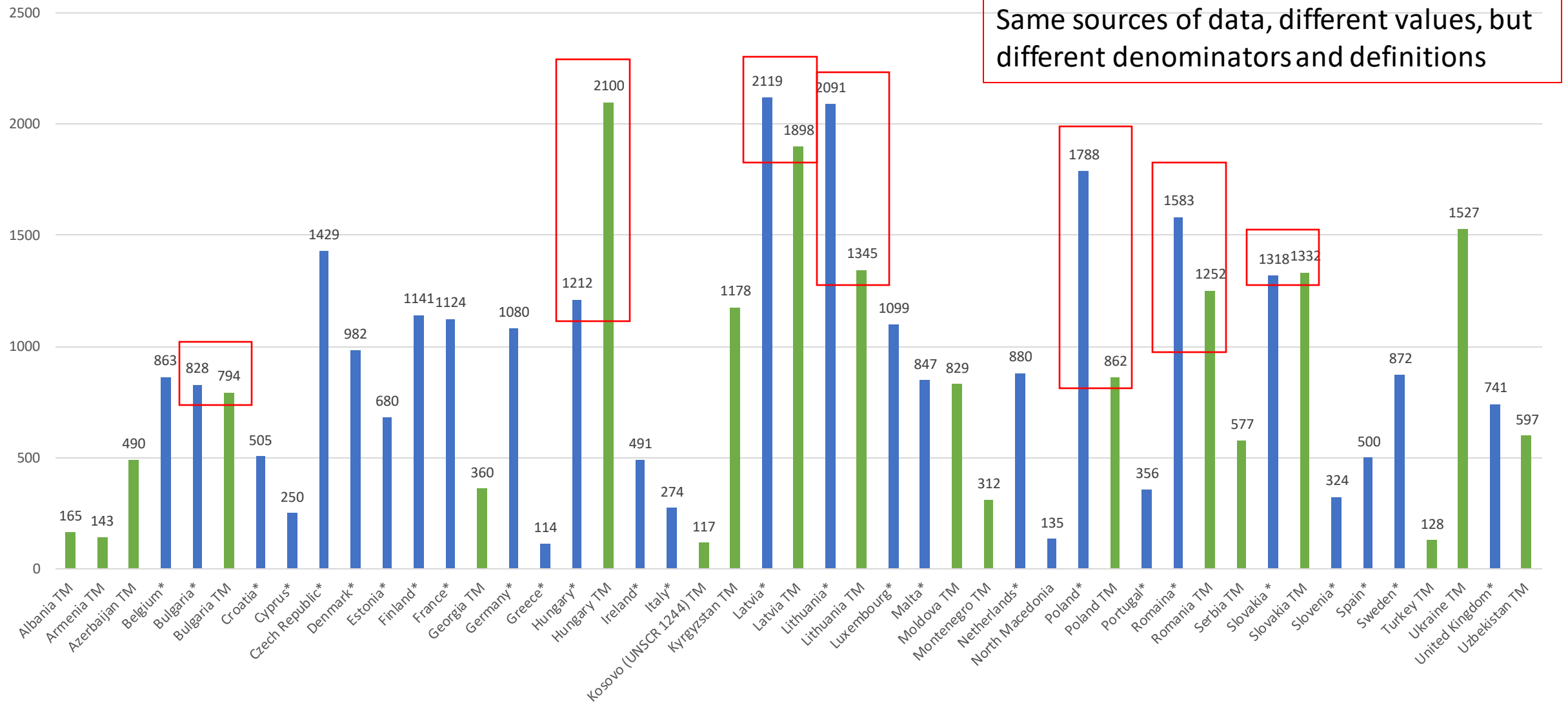
Slight or notable increase



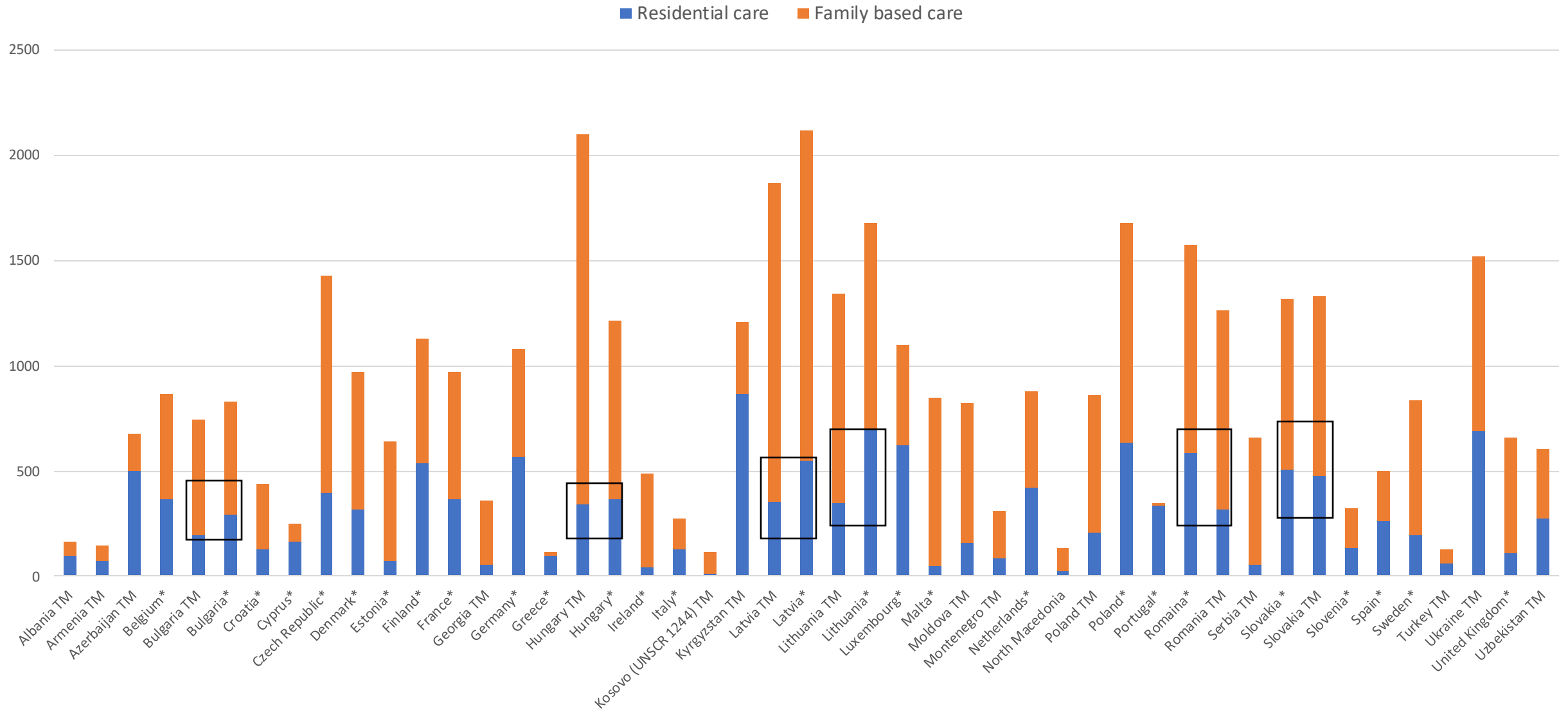
Slight or notable decrease



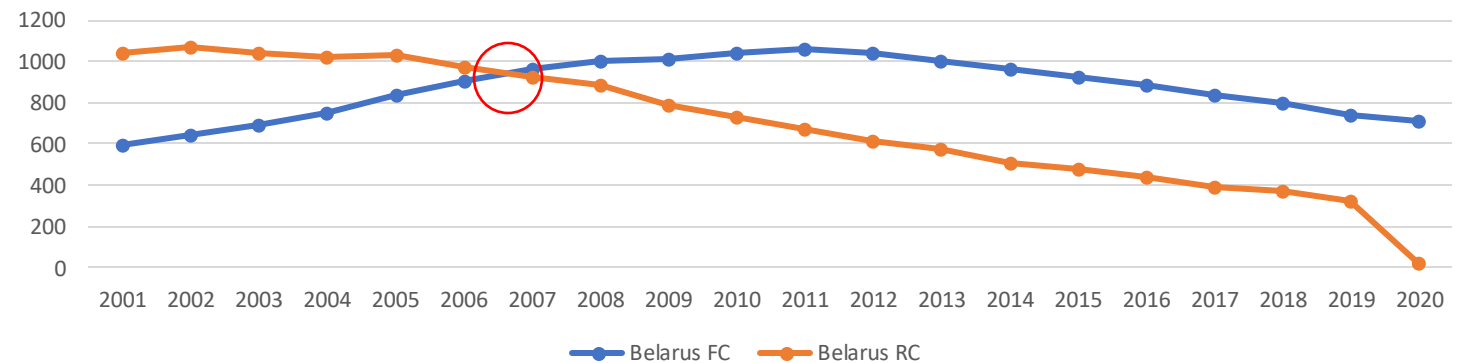
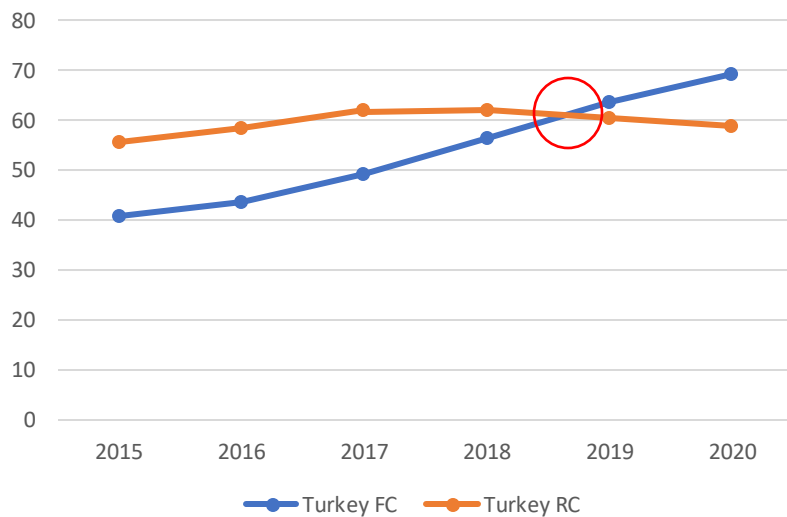
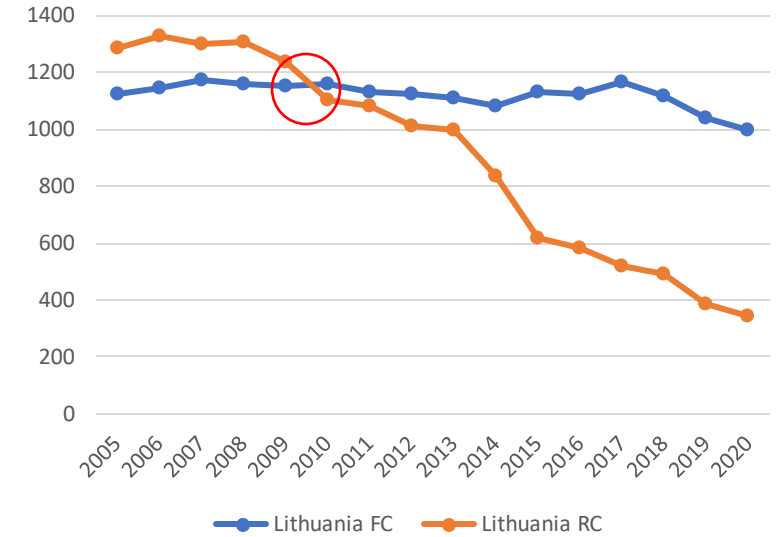
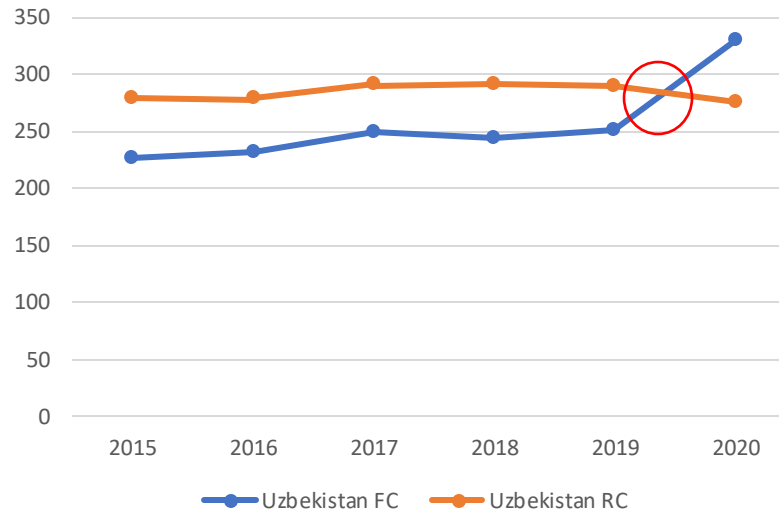
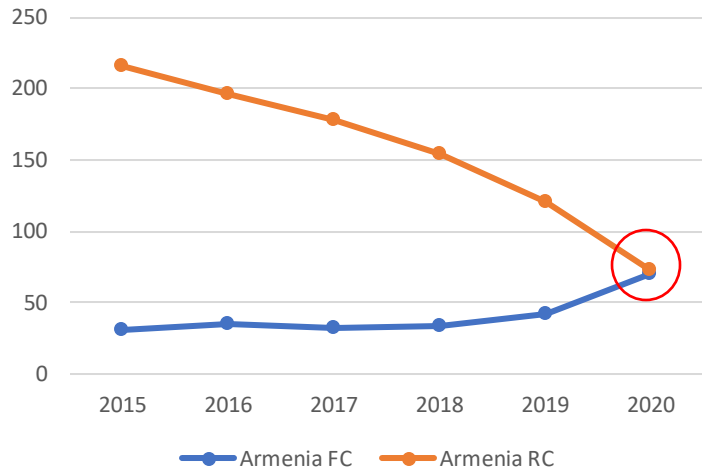
Rate of children in formal alternative care at a given point (stock – latest available year 2019-2021) 27EU + UK + 19 TM



Rate of children in residential and family-based care at a given point (stock - latest available year 2019-2021) 27 EU + UK + 19 TM countries



TM data suggests a notable transition from residential to family-based care in many countries in the last 10–15 years– BUT without finishing the TM process of updating historical data, we cannot be sure



Diminishing disaggregation - we know very little about who the children are who remain in alternative care

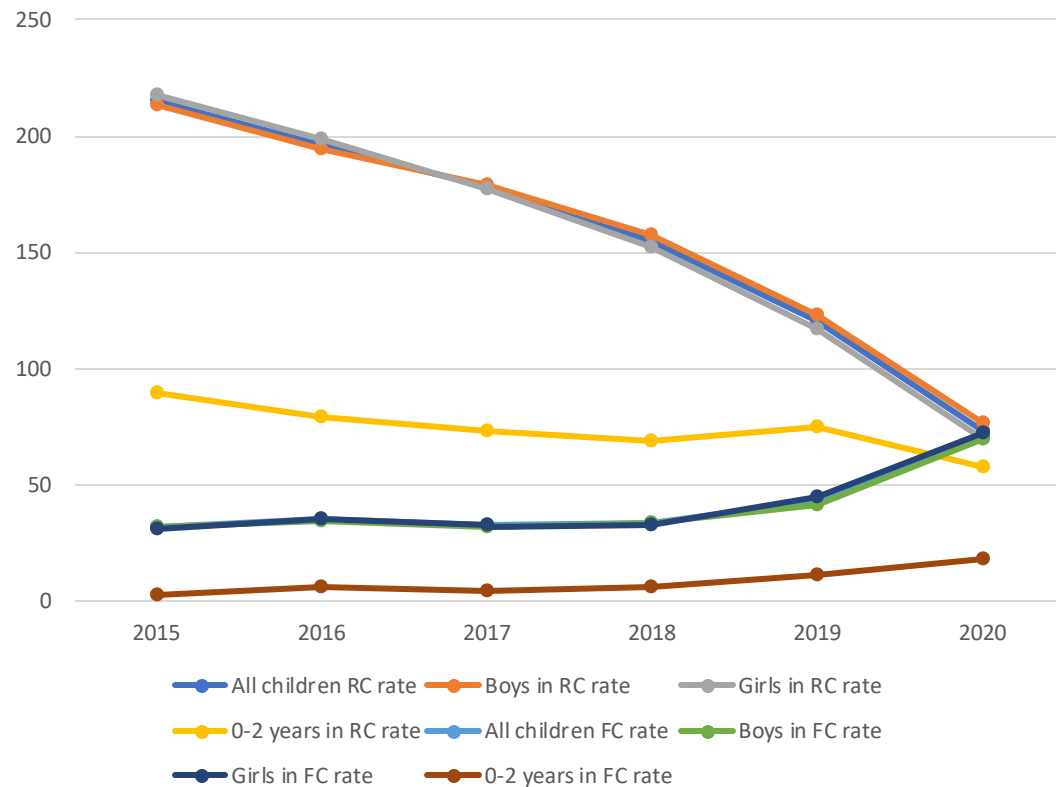
(however data is lacking so this is not the full story ...)

- Disaggregation for children with disabilities in residential and family based care – in some Central Asian Countries more than 75% of children in residential care (and this trend is increasing) and 0% of children in family-based care are children with disabilities
- Age – previous analysis showed that children under 3 years of age are more at risk of losing parental care than children of other ages
- Sex – slightly more boys than girls in residential care in some countries?
- Other variables: geography, refugee/migration status etc

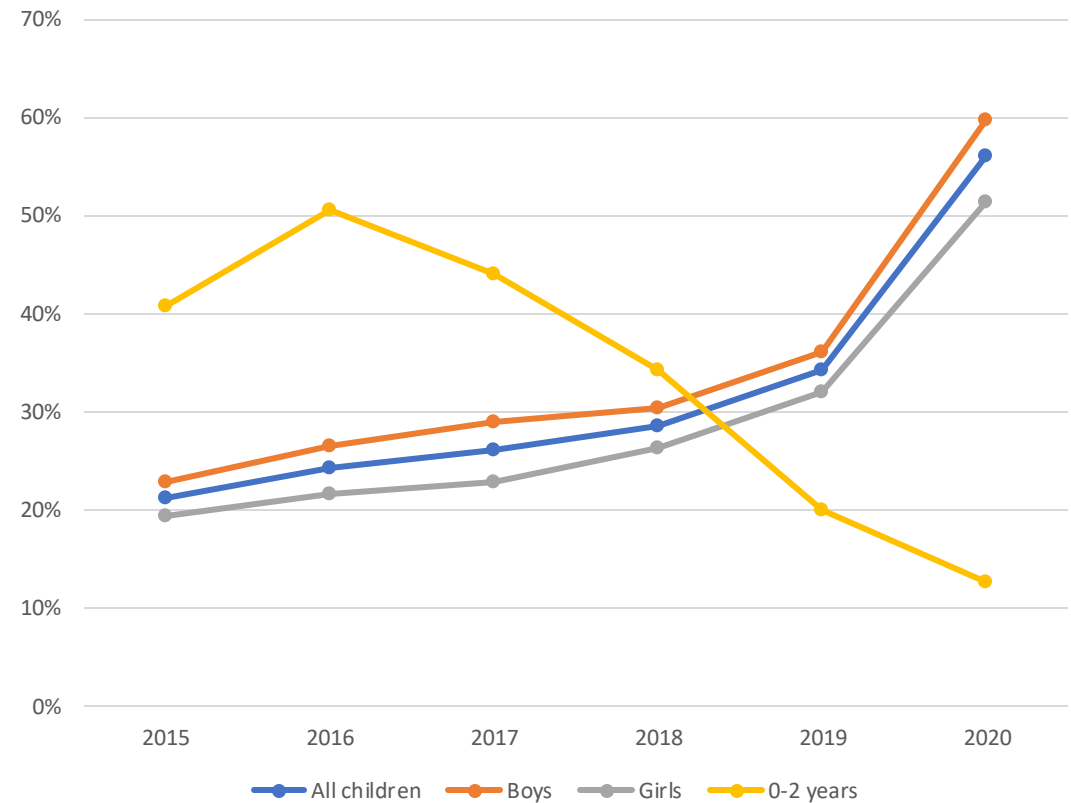
we don't know if this is still the case

Example of what better disaggregation can tell us – Armenia 2015-2020

Rates of children 0-17, 0-2, boys and girls in all types of formal care 2015-2020

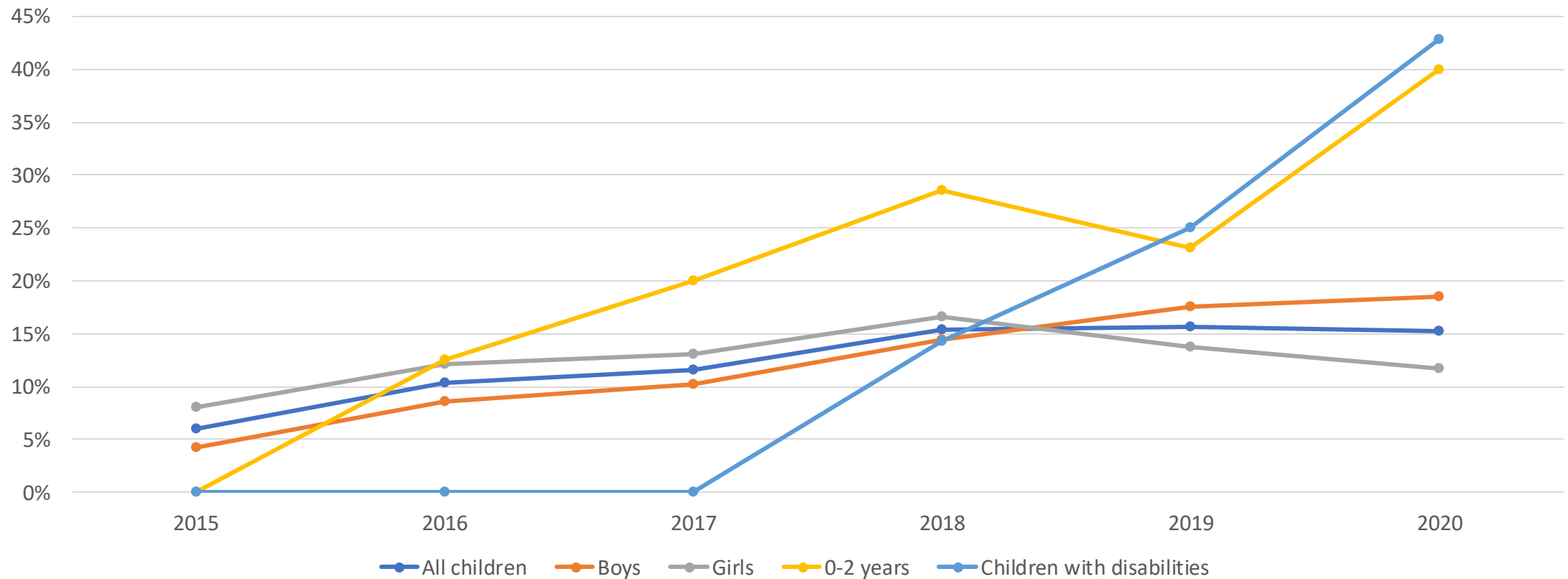


Indicator 3: Proportion of children with disabilities in formal residential care at the end of the year



In Armenia children aged 0-2 years and children with disabilities are increasingly being placed in formal family based care

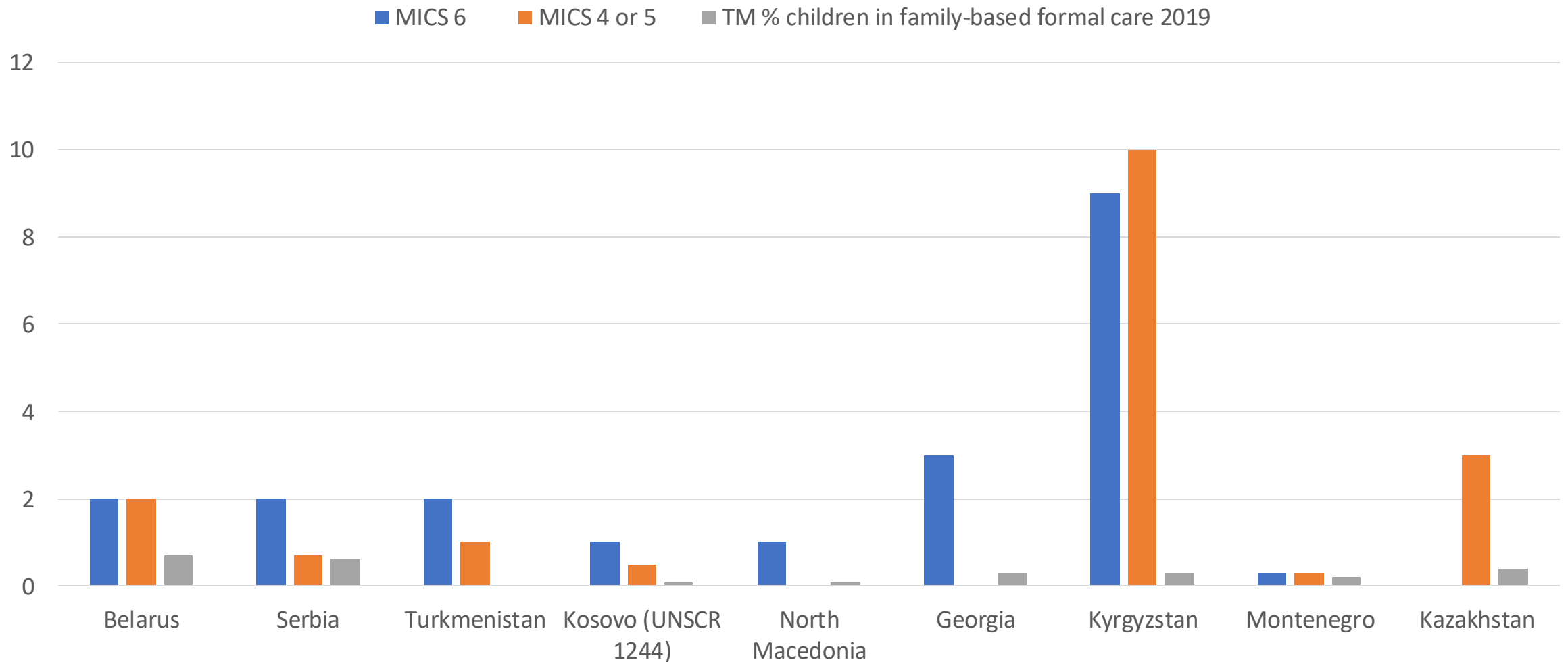
Indicator 12: Proportion of children in formal family based care at the end of the year (per 100,000)



MICS, Census and DHS

- **Prevalence of disability** using the WG/UNICEF Disability module
- **Living arrangements (MICS)** – living with neither parent, living with both parents, living with mother, living with father, both parents deceased
- **Census and other household surveys** – need to ask about children belonging to the household who are not there (how to capture children in residential or other non-family-based care)
- **Other surveys** – disability situation analysis, residential care surveys, child well-being

Possible comparison? MICS 4-6 ‘% children living with neither biological parent’ and TM ‘% of children in formal family-based care’ 9 countries



Role of NSOs in validating and improving administrative data

- These data are all from the same line ministries (except MICS which is NSO) – **confirming and checking definitions, coverage, inclusion and exclusion, data validation** can help to make these data more consistent, comparable and useful both nationally and internationally
- **Checking back and adjusting historical data** to meet agreed definitions for age, type of care etc – will help to verify trends over time – are rates of residential care use really reducing and family-based care increasing? Is the rate of children in formal care reducing overall?
- **Disaggregation** – is this the case for all children? Who are the children being ‘left behind’ in formal care?
- **Going to the source** – using IMS as well as the analysis from the responsible ministries
- **Corroboration and verification from other data sources** (MICS, census, other household surveys)
- **Support data use**: provide data analysis, visualization and user-friendly analytical briefs

Challenges ahead

Implementing the new TM methodology to generate comparable data – drive to augment disaggregation

Similar challenges in the rest of Europe and in UK (Datacare Project recommendations)

Who are the children 'left behind' in alternative care?

Measuring the necessity of alternative care – what can 'recorded reasons' really tell us?

Generating data on prevention and family support services