

# Making Children Count in Population and Housing Census

Recommendations for the 2030 round

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for every child



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Accurate census data is essential for ensuring that no child is left behind, as it offers a comprehensive view of children's living conditions and their access to vital services such as education, health, and protection. It also serves as a key tool for tracking national progress toward international commitments like the Sustainable Development Goals (SDGs) and child rights monitoring. By gathering household-level data, censuses also reveal important trends in areas such as health, education, and family dynamics.

To maximize the value of censuses, it is crucial that they capture comprehensive, disaggregated data on children, including children with disabilities and children in alternative care arrangements. This data allows policymakers to design targeted interventions that respond to the specific needs of children, ensuring inclusivity in planning and decision-making.

The assessment and recommendations in this document are developed by the UNICEF Regional Office for Europe and Central Asia in close consultation with Claudia Cappa from the UNICEF Data and Analytics Team. They intentionally focus on selected groups of children, who can be better captured and counted in the censuses in the region, taking stock of the responses of countries to the UNECE questionnaire on the implementation of the 2020 Census round and review in detail the current [UNECE](#) and [UNSD](#) recommendations on censuses. UNICEF thanks all the partners, particularly UNECE and respective task forces, for the great collaboration and discussions in preparing and refining these recommendations.

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## 1. DISABILITY STATUS OF CHILDREN

**1.1 Differences between UNECE and global recommendations.** ‘Disability status’ is considered a non-core topic according to the UNECE 2020 guidance, whereas it is a core topic according to DESA 2017 Recommendations. The DESA recommendations do not specify the age for disability questions, while the UNECE does. The UNECE recommends applying disability questions to each single household member aged 5 years and only three domains (seeing, hearing, and walking) to children aged 2-4 years.

“The **disability questions should be addressed to each single household member** and general questions on the presence of persons with disabilities in the household should be avoided. If necessary, **a proxy respondent can be used to report for the family member who is incapacitated**. The important thing is **to account for each family member individually** rather than ask a blanket question.” (DESA, 2017)

“The **disability questions should be addressed to each single household member aged 5 years and above and general questions** on the presence of persons with disabilities in the household should be avoided. **For children 2-4 years of age, only the domains seeing, hearing, and walking would be considered suitable**, while no questions are suitable for children less than 2 years of age. If necessary, **a proxy respondent** can be used to report for the family member who is incapacitated or temporarily absent. The important thing **is to account for each family member individually** rather than ask a blanket question.” (UNECE, 2015)

**1.2 UNECE survey results.** In the 2020 Census 24 out of 62 countries (39%) collected information on disability, mostly through full enumeration (21 countries) and some through samples (3 countries). 27 countries did NOT collect data on disability. For Canada, census served as a sample frame for a post-censal survey “Canadian Survey on Disability”. Eleven countries did not respond to this question. The US and UK each used different set of questions (the latter focused on conditions and health), and Bulgaria used GALI (Global Activity Limitation Indicator).

Six countries (Albania, Ireland, Kyrgyzstan, North Macedonia, Kazakhstan, Tajikistan) collected data on disability for all persons in the household. Three countries (Kyrgyzstan, Malta, and Portugal) asked disability questions to population aged 5 years and above. Moldova collected data for populations above 2 years. Georgia and Serbia asked three categories (vision, hearing and mobility) for children aged 2-4 years and the complete set for population aged 5 years and above. Armenia followed a similar approach but asked the whole set for children aged 4 years and above.

Seven countries reported difficulties in collecting disability data on the census or determining disability status from other sources. Three countries (Moldova, North Macedonia, Kazakhstan) faced poor understanding of the questions. Four countries (Armenia, Moldova, Kazakhstan, Tajikistan) had issues with interpreting the responses received. Malta noted the subjectivity of what respondents consider a severe difficulty or otherwise. Australia mentioned underestimation when using the short set of disability questions: “Despite the conceptual consistency of the measures in the Census and Survey of Disability, Ageing and Carers, abbreviating the set of questions used to collect data on disability, as required for the Census, reduces the number of people who can be classified as having a disability or to a particular level of disability, depending on the concept being collected.”

**1.3 Recommendation and rationale.** The census recommendations should make it very clear the WG short set should never be used to collect data on children under 5 years and that its use for children aged 5 to 17 years will result in underestimation of disability prevalence. Various national and international studies have highlighted the differences in the distribution of types of disability between children and adults. The WG short set does not cover core functional domains for children. While studies have shown that adults face the most difficulty in mobility, sensory, and personal care - especially with advancing years, the most prevalent functional difficulties and disabilities for children are related to intellectual functioning, affect and behavior.”<sup>1</sup>

<sup>1</sup> <https://tcg.uis.unesco.org/wp-content/uploads/sites/4/2021/10/TCG-WG-HHS-3-Disability.pdf>.

**Table 1. Comparison of domains between the UNICEF/WG Child Functioning Module and the WG short set**

WG SS	CFM (2 to 4 years)	CFM (5 to 17 years)
Seeing	Seeing	Seeing
Hearing	Hearing	Hearing
Walking	Walking	Walking
Self-care		Self-care
	Fine motor	
Communicating	Communication/ Comprehension	Communication/ Comprehension
	Learning	Learning
Concentrating/ Remembering		Remembering
		Focusing attention and concentrating
		Relationships
		Copying with change
	Controlling behaviour	Controlling behaviour
		Emotions: anxiety and depression
	Playing	

Secondly, there is another important difference in the way WG short set questions and UNICEF/WG Child Functioning Module are administered. The WG short set questions in a census are typically administered to the household head, whereas the CFM must be administered to the mother or (if the mother is not alive or not living with the child) to the primary caregiver of the child, as other respondents are not equally familiar with children's functioning (see Table 2).

Finally, even for the overlapping domains, questions in the UNICEF/WG Child Functioning Module have been carefully crafted to be used with mothers/primary caregivers as respondents and differ slightly in formulation and scope from the questions used in the WG short set. These changes were introduced after extensive testing showed that even small variations in wording may affect mothers'/primary caregivers' responses.

**Table 2. Comparison of domains and respondents between the UNICEF/WG Child Functioning Module and the WG short set**

	Child Functioning Module		Washington Group Short Set
Number of functional domains	8 (children aged 2 to 4 years)	12 (children aged 5 to 17 years)	6
Respondent	Mother/primary caregiver		Household head
Severity scale used	Yes		Yes
Cut-score to identify children with disabilities	"a lot of difficulty" or "cannot do at all"		"a lot of difficulty" or "cannot do at all"

Data from several countries shown that administering the disability questions using the WG short set and to persons other than mothers or primary caregivers is likely to lead to significant underestimation, even among children aged 5 to 17 (see Table 3).



**Table 3. Percentage of children with disabilities aged 5 to 17 years, using the UNICEF/WG Child Functioning Module and the WG short set.**

	Washington Group Short Set (6 domains)	Child Functioning Module (6 domains only)	Child Functioning Module (12 domains only)
Costa Rica	4.0	7.1	21.1
Guyana	2.2	5.6	17.5
Mexico	1.5	4.1	11.2
Pakistan	2.5	5.0	17.9
State of Palestine	1.5	3.0	14.9
Tonga	1.4	2.7	9.8
Zimbabwe	4.7	4.9	10.1



### Suggested changes for the 2030 guidance:

“The disability questions should be addressed to **each household member aged 5 years and above**, and general questions on the presence of persons with disabilities in the household should be avoided. If necessary, a **proxy respondent** can be used to report for the family member who is incapacitated or temporarily absent. The important thing is **to account for each family member individually rather than ask a blanket question.**”

**The WG short set of questions on disability are not suitable for children less than 5 years of age. The use of the WG short set for children aged 5 to 17 years is likely to significantly underestimate the prevalence of disability. Hence, for children aged 2-17 years, the use of the UNICEF/Washington Group age-specific Child Functioning Module is recommended.**

## 2. CHILDREN IN INSTITUTIONAL HOUSEHOLDS

### 2.1 Differences in terminology and concepts between UNECE and UN DESA

It is noteworthy that there is a difference in the terminology and concepts used by UNECE and UN DESA in capturing persons in institutions and other types of communal establishments. UNECE uses the term and concept of “institutional households” (see below for the definition applied); while UN DESA uses the term and concept of “institutional population” (see below for the definition applied).

“2.28. As mentioned in the previous paragraph, the second framework within which individuals are identified comprises “institutions”, as a subset of collective living quarters. In addition to persons identified within households, there are persons living in institutions who are not members of a household. This group constitutes the “**institutional population**”, which is also investigated in population censuses.” (UN DESA 2017)

“772. An **institutional household** comprises persons whose need for shelter and subsistence are being provided by an institution. An institution is understood to be a legal body for the purpose of long-term inhabitation and provision of services to a group of persons. Institutions usually have common facilities shared by the occupants (baths, lounges, eating facilities, dormitories and so forth).

773. **The great majority of institutional households fall under the following categories:**

- (1.0) Residences for students
- (2.0) Hospitals, convalescent homes, establishments for the disabled, psychiatric institutions, old people’s homes and nursing homes
- (3.0) Assisted living facilities and welfare institutions including those for the homeless
- (4.0) Military barracks
- (5.0) Correctional and penal institutions

- (6.0) Religious institutions
  - (7.0) Worker dormitories”
- (UNECE, 2015)

## 2.2 Relevant findings of the UNECE survey of the 2020 Census results

There are differences in the definitions and classifications of institutional household types used by survey respondents reflecting the differences in the types of institutional households that exist across countries. Twenty-nine (47%) out of 62 countries that responded to the survey reported compliance with the recommended UNECE definition in paragraph 773 including the categories of “institutional households” provided; 15 (24% out of 62 countries) countries either used additional categories or their own categorization; and 18 (29% out of 62 countries) countries did not respond to this question in the survey.

The following list includes selected country-specific responses that highlight challenges that certain countries noted with regards to the 2015 UNECE definition of “institutional household” or with the coverage of institutional households in their census sample, and provides a brief overview of some of the separate categories, which certain countries applied, including categories of facilities and establishments designed to provide services specifically for children, and facilities not intended for ‘long-term habitation’ (see the 2015 UNECE definition above), but for emergency and/or temporary habitation, such as shelters, facilities for refugees and migrants, correctional facilities, among others:

- **Finland** responded that “we can’t form institutional households, we only have institutional populations”.
- **Armenia** responded that “No institutional households were included in the sample”.
- **Austria** added “refugee camps or social pedagogy institutions for children and adolescents and orphanages” as categories.
- **Australia** used 22 categories, including, e.g.: ‘boarding schools; residential college, hall of residence; childcare institution; corrective institution for children; other welfare institution; immigration detention centre, hostel for homeless, night shelter, refuge; hostel for the disabled’, among others.
- **The United States** included as separate categories, e.g.: ‘Juvenile Facilities - Group Homes for Juveniles (non-correctional); Residential Treatment Centers for Juveniles (non-correctional); Correctional Facilities Intended for Juveniles; Residential Schools for People with Disabilities; Emergency and Transitional Shelters (with Sleeping Facilities) for People Experiencing Homelessness’, among others.
- **The United Kingdom** used many separate categories too, such as ‘Medical and care establishment: Health and Social Care body or group: Children’s home (including secure units); Care home with nursing; Care home without nursing; among other medical and care establishments; Registered Social Landlord/Housing Association: Home or hostel; Children’s home (including secure units); among others.
- **Mexico** used 22 categories and distinguished “social assistance establishments”, which “...offer various services to a group of vulnerable individuals who cannot meet their basic subsistence and developmental needs due to situations of need, abandonment, illness, or disability. This includes fee-charging establishments such as some nursing homes for the elderly, hospitals, and addiction treatment centers, among others”.

## 2.3 Recommendations and rationale

**Enumerating populations living in institutional households following the 2015 UNECE categories is not sufficiently sensitive to the institutional child population and may lead to undercounting during data collection.**

Evidence shows that children are more likely to be picked up as part of the data collection exercise if they are living in mixed-population facilities with adults, such as health or correctional facilities<sup>2</sup>. There are, however, also many facilities specifically designed to accommodate and care for children aged 0-17 years, and the children living in these facilities should not be missed by a census, as they are a sub-set of the child population that is often overlooked in national statistics<sup>3</sup>.

**NB:** *Some of the facilities and establishments looking after children (depending on country context and legislation) allow the children when they become young adults (usually 18 years +) to remain in the facility until a certain age (there is no standard age limit across countries – it varies, e.g., from 21 to 25 years in certain countries). Reasons for allowing these young adults to remain in facilities for children include, e.g., to enable them to complete their education or training, or because the young adult needs more support to be able to start independent life, or the young adult has been ordered by a competent authority to remain in the facility for children until he/she is old enough to be moved to a facility for adults (which can be the case, e.g., for some young adults with disabilities, as evidence shows).*<sup>4</sup>

There are many different types of “institutional households” for children. The child protection system provides, e.g., alternative care of children through residential care facilities and family-based care arrangements (the two main types of alternative care of children). States provide alternative care in the case “where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child...”.<sup>5</sup> The [2009 Guidelines for the Alternative Care of Children](#) (hereafter: 2009 Guidelines) define the different types of alternative care. While the definitions were not developed for the purpose of collecting data and producing statistics, the definitions provided by the 2009 Guidelines have guided international efforts to monitor the situation of children in all types of alternative care arrangements. Such international efforts include alternative care data compiled by the [TransMonEE network](#) of national statistical offices for over two decades, the development of the [Manual for the Measurement of Indicators for Children in Formal Care](#), the [DataCare](#) project, and the [2022 Guidance on Statistics on Children](#), with a spotlight on children in alternative care, among others.

The 2009 Guidelines define alternative residential care of children as follows: “(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; and state that “(ii) Facilities are the [individual public or private establishments](#) that provide residential care for children.” Private alternative care establishments for children also include establishments run by religious or faith-based organizations. The 2009 Guidelines further distinguish between “[large residential care facilities \(institutions\)](#)” and “[individualized and small-group care](#)”<sup>6</sup>.

**NB:** *None of the countries surveyed in the DataCare project uses official definitions distinguishing between alternative institutional care and alternative care provided in small-scale residential care facilities or collects disaggregated data on these two types of alternative residential care. Some of the surveyed countries in the UNECE region, use, however, official caps that limit the number of children allowed to live together in an alternative residential care facility in their country. The official caps identified in the DataCare project in EU countries and the UK range from 5 to 15 children per unit in small group homes.*

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<sup>2</sup> UNICEF. 2022. Protocol for a national census and survey on children in residential care, <https://data.unicef.org/resources/data-collection-protocol-on-children-in-residential-care/>.

<sup>3</sup> [2022 Guidance on Statistics on Children](#), p. 40.

<sup>4</sup> [Pathways to better protection | UNICEF Europe and Central Asia](#), pp. 82-83.

<sup>5</sup> “Where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided.” See at: <https://digitallibrary.un.org/record/673583?v=pdf>, p.3.

<sup>6</sup> “To this end, States should establish care standards to ensure the quality and conditions that are conducive to the child’s development, such as individualized and small-group care, and should evaluate existing facilities against these standards”. See at: <https://digitallibrary.un.org/record/673583?v=pdf>, p.5.



The 2009 Guidelines limit the scope of alternative care of children to the following: “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](#):...” This means that any facility in which a child is living and where the child is deprived of liberty (e.g., detention and some correctional facilities) is not covered by the 2009 Guidelines, but for the purpose of measuring all children in ‘institutional households’, children in facilities depriving children of their liberty excluded by the 2009 Guidelines should also be counted in the census. Some countries already do that, as the UNECE census survey has shown (see the country examples listed above).

In addition to alternative residential care facilities (including facilities of different sizes) and facilities in which children are deprived of their liberty, there are many other facilities and communal establishments accommodating and providing services exclusively to children that national statistical offices need to consider in the census. These include but are not limited to:

- Healthcare (incl. mental health) facilities for adults and children + for children only.
- Hospices/palliative care units for adults and children + for children only.
- Rehabilitation units and facilities for adults and children + for children only.
- Infant homes (usually up to the age of 3 years).
- Long-term baby care in maternity hospitals.
- Alternative residential care facilities (see the 2009 Guidelines) for children (public, private, religious/faith-based), as already mentioned.
- Residential units and facilities for adults and children with disabilities + for children with disabilities only.
- Special schools, boarding schools and other types of institutions and residential establishments for different categories of children (ranging from children who are attending a boarding school for educational purposes only, to establishments that provide care for children who dropped out of school, children engaged in risk practices, child victims of violence, among other groups of children);
- Transitional housing facilities for older children before they start independent life.
- Correctional and custodial facilities for adults and children + for children only (incl. correctional facilities for children under the age of criminal responsibility), as already mentioned.
- Immigration detention centres where children are detained with or without their parents or other adult caregivers.
- Military boarding schools for children.
- Shelters for homeless children/homeless families and for other groups of persons with children (e.g., women with children).
- Reception/accommodation facilities for refugees and migrants including children.
- Other facilities and establishments listed that accommodate adults and children, such as hotels and hostels accommodating refugee and migrant families, and other establishments with temporary accommodation services.
- Among other child-specific facilities available in the country context.



## Implications for the census and UNICEF recommendations:

The current classification of 'institutional household' in the UNECE Census recommendations consists of seven categories. To ensure that children in institutional households are fully covered, **UNICEF recommends that the seven categories comprise:**

- **all facilities and communal establishments for both, adults, and children, and**
- **all facilities and communal establishments that are accommodating and providing services specifically for children (0-17 years-old<sup>7</sup>).**

**This could be explicitly stated across the existing categories as follows (proposed additions are highlighted in bold):**

(1.0) Residential care facilities **for adults and/or children** (hospitals, hospices, palliative care units, residential units for people with (mental, physical or sensory) disabilities, rehabilitation facilities, reintegrative or transitional housing facilities, other long-term care facilities, such as homes for the elderly and nursing homes, **and alternative residential care facilities for children<sup>8</sup> (including facilities, such as large-scale institutions, small group homes, transitional housing facilities, infant homes, among others)**)

(2.0) Correctional and custodial facilities **(including for juveniles)**

(3.0) Residences for students **(including military boarding schools for children)**

(4.0) Military bases and government vessels

(5.0) Shelters or **reception and communal accommodation facilities** for refugees and migrants **(adults and/or children)** (e.g., temporary shelter for unhoused persons, asylum claimants, etc.)

(6.0) Religious establishments **for adults and/or children**

(7.0) Other facilities **housing adults and/or children**

(7.1) Commercial temporary accommodations (hotels, motels, other establishments with temporary accommodation services, campgrounds, parks, commercial vessels)

(7.2) Commercial employee group living quarters (work dormitories, training centres)

(7.3) Other collective living quarters.



## UNICEF further recommends to:

- **Add to the text in the note accompanying the non-core classification the following sentence:** "Given the large variation across countries in terms of the relative prevalence and nature of institutional households, this classification should be considered a guideline only regarding the most common institutional household types. The examples in parentheses should be considered as non-exhaustive examples. Countries can opt to further distinguish types 1.0 through 6.0 where relevant for the country-specific setting. **When possible, countries should distinguish residential care facilities and other institutional establishments which provide accommodation and services exclusively for children aged 0-17 years...**"

Add to the section "Methodological considerations – validation exercises for institutional households" the following sentence: **"Countries should ensure that their census covers institutional households for (a) adults only, (b) both: adults and children, and (c) children only.**

<sup>7</sup> In some cases, as noted above, these facilities/establishments may also accommodate young adults.

<sup>8</sup> Alternative residential care facilities for children in line with the definition of residential care provided in the 2009 UN Alternative Care Guidelines, see at: <https://digitallibrary.un.org/record/673583?v=pdf>.

With regards to the definition of **'institutional households'** (paragraph 772), UNICEF notes: the definition states that "An institutional household comprises persons whose need for shelter and subsistence are being provided by an institution". It must be noted that when it comes to children in alternative residential care facilities, this definition could potentially lead to the exclusion of children in so-called small group homes<sup>9</sup>. The 2019 Guidelines distinguish between "**large-scale institutions**" and "**other types of residential care facilities**" for children, such as small-group homes, and reflect policy commitments across the UNECE region to de-institutionalize children (including children with disabilities) and transition them to family- and community-based care<sup>10</sup>. Since the 2019 Guidelines were published, there were efforts to define what differentiates alternative care provided in an institution from other forms of alternative residential care. One commonly used definition in the child protection sector is the following: "Institutional care is a form of residential care where residents are compelled to live together within an 'institutional culture'. It segregates residents from the broader community and tends to be characterized by depersonalization, rigid routines, block treatment and isolation. The requirements of the institution take precedence over individual needs."<sup>11</sup> To ensure the inclusion of children in all types of alternative residential care facilities, **UNICEF** therefore recommends adding to category 1.0 some illustrative examples of alternative residential care facilities for children:

(1.0) Residential care facilities for adults and/or children (hospitals, hospices, palliative care units, residential units for people with (mental, physical or sensory) disabilities, rehabilitation facilities, reintegrative or transitional housing facilities, other long-term care facilities, such as homes for the elderly and nursing homes, **and alternative residential care facilities for children**<sup>12</sup> (including facilities, such as large-scale institutions, small group homes, transitional housing facilities, infant homes, among others).



#### **UNICEF further recommends adding to the definition of 'institutional households' (paragraph 772):**

"An institutional household comprises persons whose need for shelter and subsistence are being provided by an institution. An institution is understood to be a legal body for the purpose of long-term inhabitation and provision of services to a group of persons (**adults, children**) ...". This addition to the text of the definition could help to ensure that national statistical offices in planning the census are reminded to count facilities and establishments for adults and/or children.



#### **UNICEF also recommends that the definition of "Person living in an institutional household" includes:**

- **adults and children** who are residing at an institution on the census reference date and have no other "usual place of residence"<sup>13</sup> and
- **children who are residing at an institution on the census reference date who would otherwise be members of a private household but are deprived of parental care or at risk of being so and were placed in formal alternative residential care by a competent authority, because the child's own family**

<sup>9</sup> [file \(unicef.org\)](#).

<sup>10</sup> [ECECESSTAT20225.pdf \(unece.org\)](#), p.39.

<sup>11</sup> European Expert Group on the Transition from Institutional to Community-based Care (EEG) 'The Common European Guidelines on the Transition from Institutional to Community-based Care', November 2012, available under: [www.deinstitutionalisation.com](http://www.deinstitutionalisation.com); Lumos Foundation (2017) *Putting Child Protection and Family Care at the Heart of EU External Action* available at: [www.wearelumos.org/resources/putting-child-protection-and-family-care-heart-eu-external-action/](http://www.wearelumos.org/resources/putting-child-protection-and-family-care-heart-eu-external-action/).

<sup>12</sup> Alternative residential care facilities for children in line with the definition of residential care provided in the 2009 UN Alternative Care Guidelines, see at: <https://digitallibrary.un.org/record/673583?v=pdf>.

<sup>13</sup> Defined in paragraph 404 of the current UNECE Census recommendations as follows: "For persons who, at the census reference time, have spent, or are likely to spend, twelve months or more as inmates in a communal establishment or institution, the institution should be taken as the place of usual residence. Examples of inmates of institutions include patients in hospitals or hospices, old persons in nursing homes or convalescent homes, prisoners and those in juvenile detention centres."

is unable, even with appropriate support, to provide adequate care for the child, or has abandoned or relinquished the child<sup>14</sup>.

UNICEF notes that the rules around minimum duration at an institution vary across countries in the UNECE region, and that the 1-year minimum rule for residing in an institution (paragraphs 772-778 of the current UNECE Census recommendations: “People who would otherwise be members of private households but who are living in an institution at the census reference time are considered to members of the institutional household if their actual or expected length of residence there exceeds one year”) is foregone in cases where an individual (adult, child) has no other “usual place of residence” (see the two bullet points above).

This is particularly important when it comes to children in alternative residential care, as alternative care arrangements for children are meant to be temporary and are not intended as permanent solutions, such as adoption/kafalah are.

### 3. CHILDREN IN FAMILY-BASED CARE ARRANGEMENTS

The 2009 Guidelines on Alternative care of children distinguish between various types of formal and informal alternative family-based care, including: “**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; “**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; and **other forms of family-based or family-like care placements**.”<sup>15</sup>

**All children in alternative “family-based care and family-like care placements” are living and cared for in “private households” in line with the 2009 Guidelines.**



UNICEF has considered whether the census is the right tool to count children in alternative family-based and family-like care arrangements and has concluded that the purpose of the census does not lend itself to collect disaggregated data on children in different types of formal and informal alternative family-based or family-like care arrangements considering also the lack of an international statistical classification of alternative care for children and the wide variety of categories and terms used across countries.

### 4. CHILD CARE ARRANGEMENTS INCLUDED IN THE “FAMILY NUCLEUS”

In line with the current UNECE Census recommendations “family nucleus” is defined as follows in paragraph 785 of the current UNECE Census Guidelines:

785. Within the context of the definition of family nucleus a ‘**child**’ refers to a **blood, step-, or adopted son or daughter (regardless of age or marital status)** who has usual residence in the household of at least one of the parents, and who has no partner or own child(ren) living in the same household. Grandsons and granddaughters of at least one grandparent who have usual residence in the household but where there are no parents present may also be included. **Foster children should not be included.** A (grand)son or (grand)daughter who lives with a spouse, with a registered partner, with a consensual partner, or with one or more own children, is not considered to be a child. A child who alternates between two households (for

<sup>14</sup> <https://digitallibrary.un.org/record/673583?v=pdf>, p.3.

<sup>15</sup> It is noteworthy that the terms used by the 2009 Guidelines are not applied consistently and in a harmonized manner across countries in the UNECE region. For instance, many countries in the European Union and the UK use similar terms but not the same as in the 2009 Guidelines to describe the different types of family-based care arrangements in their context, the DataCare project found, and there are certain countries that do not use the term ‘foster care’ and/or the term ‘kinship care’ at all. See at: [DataCare Technical Report.pdf \(unicef.org\)](#), p.63-65.

instance after his or her parents have divorced or separated) should be considered to be a member the household (and hence the family within that household) where he or she spends the majority of the time. Where an equal amount of time is spent with both parents, the child should be considered to be a member of the household/family where he/she is present at the census reference time (see paragraph 406(c)).  
(UNECE, 2015)

Considering the 2009 Guidelines' definition of formal and informal alternative family-based care and in line with the above definition, this would mean that **children who do belong to the "family nucleus" would include:**

- **Children who are formally placed by a competent authority in an alternative "kinship care" arrangement with their "extended family"** (e.g., with grandparents or with adult siblings, their aunts or uncles, or other extended family members who become the primary caregivers of the child in the absence of the parents), and
- **Children who are informally placed in an alternative "kinship care" arrangement with their "extended family"** (e.g., by parents who are in labour migration abroad and decide to place their child with someone from their "extended family" including, as above, e.g., grandparents, adult siblings, aunts, uncles, or other extended family members who become the primary caregiver of the child in the absence of the parents) though in this case the parents retain their parental rights.

And that **children who do not belong to the "family nucleus" would include:**

Not only children in formal alternative "foster care", but also **children in "other types of family-based or family-like care arrangements" - meaning in arrangements where the child was placed in the domestic environment of a family other than the children's own family by a competent authority for the purpose of alternative care.**



Considering the (a) differences in definitions and categories used to define family-based and family-like care arrangements across UNECE member countries, (b) the lack of consensus across the countries on who is "kin" to a child, and (c) the focus on relationships within private households within a census rather than on alternative care arrangements, **UNICEF recommends providing clarity in the updated UNECE Census recommendations on:**

- **Whether "grandsons and granddaughters of at least one grandparent who have usual residence in the household but where there are no parents present may also be included [in the family nucleus]" in line with the current UNECE Census recommendation definition, or**
- **Whether to delete this sentence considering the focus of the Census on relationships within private households rather than alternative care arrangements for children and limit the "family nucleus" in a private household with one or more children to: the parent(s) and the child(ren) residing together in the household. A parent refers here to a person who begets or is attributed parental rights over a child by a court's order. Parents include biological parents<sup>16</sup> and legal parents<sup>17</sup>. In the case of the latter, all other persons (who are not the biological or legal parents) in private households with one or more children would then automatically fall under a person outside a "family nucleus".**

<sup>16</sup> A biological parent is a person who shares the same DNA with the child.

<sup>17</sup> Legal parents have a permanent family relationship to the child by law, but do not need to be related by blood, e.g., in the case of an adopted child. Adoption is the formal, permanent transfer of parental rights to parents other than a child's own.



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