



**Manual for the
Measurement of
Indicators for
Children in
Formal Care**

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January 2009

**Better
Care
Network**

unicef 

The finalization, printing, and dissemination of this document were made possible in large part by the financial contributions of the Better Care Network (BCN) Steering Committee. The BCN Steering Committee is a global network of organizations exchanging information and taking joint action towards preventing family separation and increasing better care for children without family care. The members of the Steering Committee include: Bernard van Leer Foundation, Cooperative Relief and Assistance Everywhere (CARE USA), Displaced Children and Orphans Fund (DCOF) of United States Agency for International Development (USAID), Firelight Foundation, Save the Children UK, and United Nations Children's Fund (UNICEF).

The report is produced and distributed by the BCN Secretariat. To view this document online visit the BCN website <www.bettercarenetwork.org>. To request CD-ROMs of this document, contact BCN: UNICEF, Better Care Network, 3 UN Plaza Room 837-2, New York, NY 10017, USA; email contact@bettercarenetwork.org.

Acknowledgements

This manual was prepared with the leadership and support of UNICEF and is the outcome of an extensive process to formulate and promote a common indicator approach around formal care. An expert reference group worked over a period of one year (2003-2004) to develop and select the final indicators. Members were Donald Charwe, Director of Social Welfare, Government of Tanzania; Ronald Penton, Stockholm University; Randi Thompson, Kidsave; David Tobias, Fund for Social Change; David Tolfree, UK independent consultant; and Diane Swales, Save the Children UK.

Our gratitude is extended to the authors of the manual, Diane Swales and Neil McMillan (independent consultant). We are also grateful to Alexandra Yuster (UNICEF) for managing the indicator development process as well as assisting in revising the manual; to Aaron Greenberg (UNICEF) for his assistance in revising the manual; to Jan Olav Baaroy (UNICEF) for providing early technical support; to Clare Menozzi (UNPD) and June Thoburn for their valuable contributions in the final stages; and to Ghazal Keshavarzian and Kathleen Riordan of the Better Care Network Secretariat for conducting final reviews.

We would also like to thank the Better Care Network Advisory Group for their careful reading of the text and thoughtful comments at a January 2006 meeting.

In-depth field testing of the indicators were undertaken in the Philippines by the Department of Social Welfare and Development with the assistance of UNICEF Manila staff member, Leon Dominador Fajardo, and in Kazakhstan by the UNICEF Child Protection team, to whom we extend our thanks.

This manual is designed to guide governments and non-governmental counterparts in the area of alternative care data collection and reporting. Reporting on the indicators in this guide will allow states to better understand the strengths and weaknesses of their alternative care system. Reporting on these indicators can also contribute to the implementation of the Draft United Nations Guidelines for the Appropriate Use and Conditions of Alternative Care for Children, whose adoption is anticipated by the UN General Assembly in either its 2008 or 2009 session.

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Acronyms and Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
IDP	Internally displaced person
INGO	International nongovernmental organization
NGO	Nongovernmental organization
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	The United Nations Children's Fund

Chapter 1 – Introduction

The purpose of this manual is to introduce a set of common global indicators for children in formal care, which includes children living in institutional care or formally-arranged foster family care (whether with kin or families not previously known to the child family; see box on right). This manual explains why this information is valuable and offers practical guidance on data collection.

Data on the situation of children in care should be regularly collected and analysed. This manual provides both the tools and analytical framework for gathering data. This is not necessarily done as a one-time exercise, but rather aims to develop an information system that will allow childcare agencies and local and national authorities to better monitor and improve the situation of children within care systems.

Defining formal care

For the purposes of these indicators, formal care includes all residential care, including where the placement arrangements were made privately, as well as all other care arrangements ordered or authorised by an administrative or judicial authority or a duly accredited body. This second group includes all foster care and residential care arranged by a third party, whether government or a private agency. Users of this manual are encouraged to apply the definitions of formal care included in the draft *UN Guidelines for the Appropriate Use and Conditions of Alternative Care of Children* once this document is finalised. The definition above conforms to the one used in the current draft of those guidelines.

1.1 Why develop indicators for children in formal care?

Across the world, children continue to be separated – temporarily or permanently – from their families. Many factors contribute to this, such as conflict and displacement, HIV/AIDS, endemic poverty, emotional or behavioural difficulties, family conflict and breakdown, abuse and neglect, migration, and/or inappropriate child protection responses.

There is a lack of regularly collected and analysed data on the numbers or circumstances of children being cared for outside of their original families, which makes it difficult for local child welfare authorities and national governments to monitor progress in preventing separation, promoting re-unification and ensuring the provision of appropriate alternative care. The lack of such data also makes it impossible to compare the situation of children in formal care across countries and regions.

The United Nations Convention on the Rights of the Child (UNCRC) stresses the importance of family in children's lives and makes clear Governments' direct responsibility to promote family care and reunification and to provide appropriate alternative care for all children who have lost the care of their parents.¹

At the time that this publication was being printed, draft *UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children* were being prepared for the UN General Assembly.² These draft guidelines, vetted by care experts from around the world, represent the first effort to address alternative care guidance in an international instrument.

These international guidelines, as well as child development research conducted over many years and in different settings, confirm the value of a family upbringing over institutional care. Both social policy and child welfare practice should aim to help families remain together, promote

¹ The full text of the UNCRC is available at <http://www.unicef.org/crc>.

² For an update on the progress of the draft *UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children*, or to view drafts in English, French, Spanish or Portuguese, please visit the Better Care Network web page: <http://www.crin.org/bcn/initiatives.asp>

family reunification or legally secure and stable placements with an alternative family (referred to as permanency), and show preference for family-based alternatives when separation is unavoidable. Temporary residential care can be a positive option for families and young people when it is used appropriately. In cases where young people do not feel comfortable in a family setting, small group home living arrangements or supported independent living can be a positive care option for the medium or longer term. All forms of formal care, including short- and long-term residential options, should follow practices that uphold these principles, ensure children's safety and well-being and maintain continued contact with families and communities.

This guide on monitoring formal care, and the indicators contained within it, is designed to ensure a common measurement approach, improve childcare practice and facilitate comparison both within and between countries. The indicators allow individual childcare agencies and local, national and government officials to monitor whether the aims of prevention and alternative care services are being met over time.

The indicators were developed through a consultative process involving UN agencies, government officials and childcare experts, as well as information systems experts and statisticians. Field testing was carried out in the Philippines and Kazakhstan to help further refine the indicators and develop methodologies for measurement.

1.2 How can the indicators be used?

The data and information generated by these indicators can be used to:

- Monitor policy and practice improvements at the level of individual care services and at the national level;
- Help governments, child welfare agencies and child advocates to identify the needs of children in formal care;
- Provide policy makers and managers with information to guide programme development and budgeting;
- Support advocacy to improve systems and services for children at risk or in alternative care;
- Increase the visibility and status of those engaged in the provision of formal care; and
- Demonstrate national commitment to globally accepted measures of formal care.

1.3 Who should use the indicators?

These indicators should be informed by data from a national data collection system and coordinated by appropriate government agencies to ensure proper aggregation. This manual contains 15 indicators, four of which are considered core indicators; suggestions on how to map a childcare system to ensure that all childcare providers within a given country or area are included; and tools for collecting data at the level of an individual childcare provider if those data are not yet being systematically collected.

The indicators themselves can be used by an individual childcare agency to help analyse and improve their childcare practice, by a district government oversight office to monitor and improve the childcare system in a specific area or, preferably, by a national government body.

The goal is for governments to report against the indicators at a national level. Active participation and collaboration with non-governmental organizations (NGOs) working on child welfare, childcare agencies both private and public, and any other groups participating in the formal care system are critical to the design of an information system as well as its implementation. However, as mentioned above, the indicators and measurement approaches can be used at the sub-national and municipal level even where national information systems are not yet in place.

1.4 What limitations should users be aware of?

The indicators are not designed to provide complete information on all possible aspects of children in care. Specifically, they do not replace case management and casework recording

systems, although Appendices C and D provide some examples of concrete tools for data collection around the indicators for situations where these tools are not already developed. Users of these indicators may want to include additional indicators when carrying out a full assessment of the situation of children in the care system but are warned against making too many additions, which will lead to lower completion rates. Each country should first focus on ensuring that the core indicators can be regularly reported.

In most countries around the world, the majority of children not living with their own parents are being cared for by extended family members, relatives or others through informal arrangements. A much smaller number of children live outside all forms of care, on the streets or in situations of economic exploitation. These indicators do not cover these more complex situations. However, it should be noted that the situation of children in informal care arrangements can be monitored through other means.³

1.5 How is the manual organized?

This manual has four chapters and four appendices. This introduction is Chapter 1. Chapter 2 introduces and provides information about each of the 15 indicators, including why each is helpful to measure and how to measure it. Chapter 3 suggests a technique for mapping the formal care provision in the country context. This is important for guiding the development of a strategy for information collection, which will be needed in many countries in order to collect the information needed to report against the indicators. Chapter 4 provides a methodology for collecting the information required to measure the indicators. It also discusses how the process of collecting the data could be managed and considers ways in which the indicators might be used at different levels.

In addition to a list of defined terms (Appendix A), the appendices provide tools that can be used for information collection and policy analysis (Appendices B, C and D).

³ Demographic and Health Surveys and similar instruments do or can record the relationship of each child to the head of household, as well as whether at least one parent also lives in the household. This family status can then be compared against other available data on education, labour, etc., to determine the specific vulnerabilities faced by children in informal care situations.

Chapter 2 – The indicators

2.1 Introduction

This chapter introduces the 15 indicators for children in formal care, including further information on descriptions, uses and suggested measurement approaches. The first four indicators – the core indicators – reflect the priority indicators that every information system should be able to report.

The 15 indicators fall into two categories:

- The **Quantitative Indicators** are Indicators 1–12. These require the collection of numerical information about children in formal care.
- The **Policy/Implementation Indicators** are Indicators 13–15. These indicators provide descriptive information about laws, policies and practice relevant to children in formal care.

Table 2.1 The 15 formal care indicators

Indicator		Description
Quantitative indicators		
1 Core	Children entering formal care	Number of children entering formal care during a 12-month period per 100,000 child population ⁴
2 Core	Children living in formal care	Number of children living in formal care on a given date per 100,000 child population
3 Core	Children leaving residential care for a family placement	Proportion of all children < 15 years leaving residential care for a family placement, including reunification, in a 12-month period
4 Core	Ratio of children in residential versus family-based care	Proportion of all children in formal care who are currently accommodated in non-family-based care settings
5	Number of child deaths in formal care	Number of child deaths in formal care during a 12-month period per 100,000 children in formal care
6	Contact with parents and family	Percentage of children in formal care who have been visited by or visited their parents, a guardian or an adult family member within the last 3 months
7	Existence of individual care plans	Percentage of children in formal care who have an individual care plan
8	Use of assessment on entry to formal care (gatekeeping)	Percentage of children placed in formal care through an established assessment system
9	Review of placement	Percentage of children in formal care whose placement has been reviewed within the last 3 months
10	Children in residential care attending local school	Percentage of children of school age in residential care who are attending school within the local community with other children who are not in residential care
11	Staff qualifications	Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development
12	Adoption rate	Rate of adoptions per 100,000 child population
Policy/implementation indicators		
13	Existence of legal and policy framework for formal care	The existence of a legal and policy framework for formal care that specifies: <ul style="list-style-type: none"> ▪ Steps to prevent separation ▪ Preference for placement of children in family-based care ▪ The use of institutionalization as a last resort and temporary measure, especially for young children ▪ Involvement of children, especially adolescents, in decisions about their placement
14	Existence of complaints mechanisms for children in formal care	Existence of mechanisms for formal complaints that allow children in formal care to safely report abuse and exploitation
15	Existence of system for registration and regulation	Existence of a system of registration and regulation for those providers of formal care for children

⁴ For the purposes of this manual, children are considered to be persons between the age of 0 and 17. Age 0 begins on the day a child is born. Following their 17th birthday, children are considered to be 17 up to and including 1 day before they turn 18. Where other age ranges are used throughout the manual, the upper limit refers to all children who are currently that age, up to and including one day before their birthday. For example, children 13–15 years of age are included in that range from their 13th birthday up to and including 1 day before their 15th birthday.

2.2 Disaggregation

The data generated for reporting on the quantitative indicators will be valuable for monitoring and making management and programming decisions when further disaggregated by age, sex (gender) and other categories. Disaggregation assists in:

- Identifying patterns in formal care; for example, the type of accommodation most frequently used and with which groups and disparities in responses to boys and girls, or where family reunification is possible or requires inter-country measures.
- Raising awareness of the characteristics of young people who are more likely to be placed in formal care – due, for example, to sex, ethnicity or disability status – and helping to appropriately target prevention efforts.
- Monitoring over time any changes in formal care provision as a result of policy or practice implementation, especially when these are intended to have an impact on certain groups within the formal care population.

The suggested categories of disaggregation vary slightly depending upon which indicator is being measured. Broadly speaking, however, the disaggregation categories listed in Table 2.2, below, should be used when possible for each of the quantitative indicators.

Table 2.2 Disaggregation categories

Disaggregation category	Description
Sex	<ul style="list-style-type: none"> • Female • Male
Age	<p>The child's age will be given individually for each child during data collection. For collation of data, national systems may wish to further disaggregate. Disaggregation should preferably be done by year, allowing for the possibility of aggregating into age groups. Where this is difficult, the following categories are recommended: 0–3, 4–6, 7–10, 11–14 and 15–17.</p>
Ethnicity	<p>Categories of ethnicity will need to be determined in each particular country context.</p>
Parental status	<ul style="list-style-type: none"> • Both parents living • One parent living • No parents living • Unknown
Disability status	<ul style="list-style-type: none"> • Disabled • Not disabled
Type of formal care setting	<ul style="list-style-type: none"> • Foster care (can be further disaggregated into temporary/task focuses and long-term/permanent) • Kinship care (where formalised) • Residential institution/orphanage • Health care institution (if applicable)⁵ • Transit/crisis centre • Supported independent living • Boarding school (if applicable)⁶
Family placements	<ul style="list-style-type: none"> • Reunification with birth parent • Foster care • Domestic adoption (can be further disaggregated into kin and non-relative adoption) • Inter-country adoption
Country of origin	<ul style="list-style-type: none"> • Placement in child's home country • Placement outside of child's home country <p>This is to establish some overview of the number of children who are placed outside their country of origin, thus reflecting movement of children as a result of conflict, natural disasters, trafficking and economic migration.</p>
Category of staff	<ul style="list-style-type: none"> • Senior manager • Middle manager • Manager • Community carers/childcare staff
Category of adoption	<ul style="list-style-type: none"> • Domestic • Inter-country

⁵ Countries may wish to include health care institutions when/where these facilities act as de facto orphanages or institutional care settings, especially for children with disabilities.

⁶ Countries may wish to include boarding schools where the majority of children are receiving full state support and where the contact between the children and their families is rare.

2.3 Information on the indicators

The most effective way to collect the data needed to calculate these indicators is by using existing administrative, registry-based records and data. In countries or specific facilities where such records are not yet kept on a regular basis, efforts to collect these data through a survey can help facilitate the development of such information systems and build the capacity within facilities. Simple tools have been developed to facilitate collection of each of the indicators and are provided in Appendices C and D.

The indicator tables include the following information:

- Description of the indicator
- The numerator and denominator of measurement for the indicator
- What the indicator measures
- Why it is useful to measure the indicator
- How the indicator may be measured, including some guidance on possible information sources
- How often to measure the indicator
- Recommended disaggregation variables
- How the indicator may be analysed/interpreted and contrasted with other indicators

Indicator 1 (Core): Children entering formal care	
Description	Number of children entering formal care during a 12-month period per 100,000 child population
Numerator	<u>Number of children entering formal care during 12-month period</u>
Denominator	Total child population (0–17 years)/100,000
What is measured	Rate of children entering the formal care system in a 12-month period, sometimes referred to as the ‘flow’ of children into care
Why it is useful to measure	Measuring the annual flow of children into the care system may help local and national authorities determine whether programmes aimed at preventing separation are having an impact and/or whether gatekeeping is effective, at least in contexts where there is not an identified need to increase the number of children within the formal system.
How to measure	<p>This indicator requires that information is available from a completed 12-month period.</p> <p>The minimum information required for measurement of this indicator is the total number of children entering formal care in the country during the designated 12-month period. The data are best collected initially from individual case records, which may need to be gathered both from the authorities responsible for making placements and from the childcare facilities themselves. Improved information systems that ensure that all childcare facilities and child welfare agencies collect this information on a regular basis, using similar formats, will make this an easy measurement to undertake on a routine basis.</p> <p>Information sources for this indicator are those individuals or institutions responsible for initially placing children in formal care settings. These may include social work departments, courts of law, police, military forces, religious institutions and heads of formal care services.</p> <p>To ensure an exhaustive collection of the information, information sources will need to maintain records regarding the admission of children even after their departure from that specific facility or from formal care entirely. This will be necessary to ensure each child who entered formal care during the designated period has been included.</p> <p>Information should be collated at one central point to avoid duplication. Repeat admissions of the same child during a single year should not be included.</p>
How often to measure	Annually, following completion of the specified time frame.
Disaggregation	Data is disaggregated by sex, age at time of entering formal care, type of formal care, parental status, ethnicity, disability status and country of origin.
Analysis and interpretation	<p>This indicator may be particularly useful when set against Indicators 2 and 5, possibly revealing throughput periods of children in formal care.</p> <p>When disaggregated by type of care, these data can also track changes in the use of family-based versus institutional care options for new entrants into care. Examining this information as a rate allows for a more accurate picture of these trends vis-à-vis the overall child population and facilitates comparison both within the country and internationally.</p> <p>The data resulting from this indicator are also useful for planning and budgeting of intake services based on existing and expected numbers of children entering care.</p>

Indicator 2 (Core): Children living in formal care	
Description	Number of children living in formal care on a given date per 100,000 child population
Numerator	<u>Number of children living in formal care</u>
Denominator	Total child population (0–17 years)/100,000
What is measured	Total number and proportion of all children in the population who currently live in a formal care setting, sometimes referred to as the 'stock' of children in formal care
Why it is useful to measure	These data will give government authorities a clear indication of the total number of children for whom they bear certain direct responsibility. Over time, and when calculated as a rate, these data can help in identifying whether the objectives of family preservation and reunification are being met. It also provides useful information for planning and budgeting of services.
How to measure	<p>This indicator requires the collection of snapshot information (information showing the situation on a specific date).</p> <p>The data required to measure this indicator are the total number of children in care on an agreed census date and the total child population, which can be obtained (or extrapolated) from the most recent census data.</p> <p>Where possible, the number of children living in formal care should be collected from information sources at the level of the individual child. Information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p>
How often to measure	Annually, on an agreed census date.
Disaggregation	Data is disaggregated by sex, age at time of entering formal care, age at time of census, ethnicity, parental status, disability status, type of formal care setting, education environment and country of origin.
Analysis and interpretation	<p>Comparison with Indicators 1 and 3 on children entering and leaving formal care will support an understanding of the movement of children in and out of formal care as well as the static population.</p> <p>Disaggregation of this indicator by type of care will allow measurement of the ratio of family type to residential care use. See Indicator 3 for more information. Further disaggregation will help in identifying disparities in the use of formal care for different groups of children, including children with disabilities.</p>

Indicator 3 (Core): Children leaving residential care for a family placement	
Description	Proportion of all children < 15 years old leaving residential care for a family placement, including reunification, in a 12-month period
Numerator	Number children < 15 years leaving residential care for family placement in 12-month period
Denominator	Total number of children < 15 in residential care
What is measured	Proportion of all children 0–15 years who have left residential care in the past 12 months for a family placement
Why it is useful to measure	Family reunification, family-based foster care and domestic adoption are important goals in protecting the wellbeing of children who have lost family care. This indicator allows authorities to track the rate at which children are leaving residential care for a family. To avoid confounding the data by including children who have simply become too old to remain in the system, the indicator is limited to children who are younger and therefore still dependent.
How to measure	<p>This indicator requires that data be compiled for all children under 15 years who have left residential care for a family-based placement within the last 12 months. This requires that information sources document the destination of individual children as they exit residential care. Information sources will need to be able to retain that information for up to 12 months to ensure that it is available at the time of the agreed census date.</p> <p>Where possible, data should be collected from information sources at the level of the individual child. Information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p> <p>In practice, information for this indicator's numerator should be collected at the same time and from the same population of children as are counted for Indicator 2 (children living in formal care). The number obtained in Indicator 2, disaggregated by age to include those younger than 15, will serve as the denominator. A table listing each child in formal care, for example, can be marked to show which of the children < 15 years are leaving residential care for a family placement. Both numbers provide snapshot information; therefore, to accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator on the same agreed census date.</p>
How often to measure	Annually, following completion of the specified time frame.
Disaggregation	Data is disaggregated by sex, ethnicity, parental status, disability status, age at time of entering formal care, age at time of leaving residential care, and destination upon leaving residential care (family reunification, adoption, foster care).
Analysis and interpretation	<p>This indicator, when set against Indicators 1 and 2, offers a useful insight into the throughput of children in formal care and the length of time they spend there.</p> <p>Disaggregation will be needed to accurately interpret the data. For example, if a large proportion of children are leaving residential care for foster care, family reunification efforts may need to be strengthened. If a small number of children are leaving residential care for a family placement, efforts to place children with families may need to be strengthened.</p> <p>As with indicators on children entering and currently living in residential care, these data will also be helpful in planning and budgeting for services. When analysed in conjunction with those other indicators, this data will help child welfare officials determine the overall movement, or lack thereof, of children.</p>

Indicator 4 (Core): Ratio of children in residential versus family-based care	
Description	Proportion of all children in formal care who are currently accommodated in non-family-based care settings
Numerator	<u>Number of children in residential care</u>
Denominator	Total population of children in formal care (residential care + family-based care)
What is measured	Total number and proportion of all children currently in care who live in each type of formal care setting currently used
Why it is useful to measure	Family-based alternative care is recognized as the most appropriate for children's healthy development. Residential options are generally appropriate for only a small minority of children in care and are often best used on a short-term basis. Regular measurement of this indicator will help local and national authorities determine the extent to which this principle is being increasingly applied in practice.
How to measure	<p>This indicator requires the same data gathered for Indicator 2: the number of children living in formal care, disaggregated by type of care. As in Indicator 2, this indicator requires the collection of snapshot information (information showing the situation on a specific date).</p> <p>When possible, this data should be collected from information sources at the level of the individual child. Information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p> <p>In practice, information for this indicator's numerator should be collected at the same time and from the same population of children as are counted for Indicator 2 (children living in formal care). The number obtained in Indicator 2 will serve as the denominator. Disaggregating by type of care will reveal the number of children in formal care who specifically reside in residential care (numerator). A table listing each child in formal care, for example, can be marked to show which children are in residential care. Both numbers provide snapshot information; therefore, to accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator on the same agreed census date.</p> <p>In general, only foster care will fall into the family-based care option. However, countries with supported independent living arrangements or supervised child-headed households may want to include these in the family-based care total.</p>
How often to measure	Annually, on an agreed census date.
Disaggregation	Data is disaggregated by sex, age at time of census, age at entry into formal care, ethnicity, parental status, disability status, type of formal care setting and country of origin.
Analysis and interpretation	Gathering information for this indicator may be constrained by two factors: (1) There may be no system for the formal registration of care providers/establishments and thus their existence may not be known. (2) Care services may accept or place children without documenting the placement according to formal policies and procedures.

Indicator 5: Number of child deaths in formal care	
Description	Number of child deaths in formal care during a 12-month period per 100,000 children in formal care
Numerator	<u>Number of child deaths in formal care during a 12-month period</u>
Denominator	Total number of children in formal care during 12-month period
What is measured	Total number and the proportion of all children in care who died during a 12-month period
Why it is useful to measure	The meaning of this indicator will vary greatly depending on the national context, including the most common reasons for children to be in care. However, a high number of child deaths in formal care relative to the number of deaths among children of the same age in the general population can be an important potential indicator of a higher risk of accidents, violence, disease, neglect and/or lack of access to medical care amongst children in the care system.
How to measure	<p>This indicator requires that information is available from a completed 12-month period.</p> <p>The information required to measure this indicator is the total number of child deaths in all care settings during the designated 12-month period.</p> <p>Information sources should ensure that information is provided for every child death that occurred in formal care during the specified period. Countries that have mandatory reporting requirements on this issue may already have these data collated at more central levels.</p> <p>Other information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p> <p>In practice, information for this indicator's numerator should be collected at the same time and from the same population of children as are counted for the denominator. The value for the denominator will be gathered from an agreed upon 12-month period. This may differ from the snapshot number obtained in Indicator 2 (children living in formal care). To accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator from the same 12-month period.</p>
How often to measure	<p>Annually, following completion of the specified time frame.</p> <p>This indicator can also be measured on an as-needed basis. For residential care facilities or childcare agencies with poor performance in this area, occasional unannounced inspection is encouraged.</p>
Disaggregation	Data is disaggregated by sex, age at time of death, ethnicity, parental status, disability status, country of origin, cause of death and type of formal care setting.
Analysis and interpretation	<p>Child deaths in formal care cannot always be attributed to non-compliance to standards or neglect. For example, many children arrive in formal care settings in critical condition due to illness, abuse, neglect or deprivation and may be beyond medical rehabilitation at the point of admission.</p> <p>Some countries may not have a system whereby deaths are formally recorded, or formal care providers do not access the existing systems because of the prohibitive costs of purchasing a death certificate.</p> <p>The utility of the data will be enhanced when the data is disaggregated by cause of death, distinguishing between, for example, preventable disease, accidents, or other factors. When examined and used for comparisons at the sub-national level, the data will help authorities in determining whether acceptable standards of protection are being met in formal care and in identifying the need for further investigation.</p>

Indicator 6: Contact with parents and family	
Description	Percentage of children in formal care who have been visited by or visited their parents, a guardian or an adult family member within the last 3 months
Numerator	Number of children who have had a family visit within the last 3 months
Denominator	Total number of children in formal care
What is measured	Total number and the proportion of children who had at least the minimum level of contact with parents and relatives while in care
Why it is useful to measure	The purpose of this indicator is to measure the extent to which parent/child bonds are being maintained. Evidence demonstrates that the majority of children in care do have parents or contactable relatives. Not only do children have the right to maintain contact with their families, but such contact is crucial for maintaining relationships in the many cases where family reunification, or reintegration into the child's community of origin, is feasible and should be pursued. Even when a child in care is there due to rejection by their family, abuse or neglect, some degree of contact will be advisable in many cases. Rehabilitation of a child who has experienced such separation may involve a gradual process where a child and family can be reintroduced to each other and wherein certain conditions or responses are monitored to ensure the child's protection. Monitoring of this indicator can also help in determining whether improvements to the care system in ensuring children's well being are taking hold.
How to measure	<p>This indicator requires that information is available from the completed 3-month period immediately preceding the census.</p> <p>Information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p> <p>In order to measure this indicator, records indicating family visits for each child are needed from all information sources. This may not be currently monitored by most organizations; therefore, efforts to initiate record keeping will be needed before this indicator can be measured. Where information sources do not record visits, careful consideration may be given to direct interviews with children in care and/or staff of childcare agencies and facilities. This information collection method should only be used as a last resort and in accordance with appropriate ethical safeguards.</p> <p>In practice, information for this indicator should be collected at the same time and from the same population of children as are counted for Indicator 2 (children living in formal care). A table listing each child in formal care, for example, can be marked to show which children have received a visit in the last 3 months. Both numbers provide snapshot information; therefore, to accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator on the same agreed census date.</p>
How often to measure	<p>It is recommended that this indicator be measured at least annually.</p> <p>This indicator can also be measured on an as-needed basis. For residential care facilities or childcare agencies with poor performance in this area, occasional unannounced inspection is encouraged.</p>
Disaggregation	Data is disaggregated by sex, age at time of entering formal care, age at time of census, ethnicity, type of formal care setting, disability status, parental status, frequency of visit, location of visit and country of origin.
Analysis and interpretation	Contact with the family is, in almost all situations, critical for a child's wellbeing and can facilitate family reunification. If the rate of children who have had a family visit is high, the formal care system is working well in terms of this indicator. Cross-referencing with Indicator 3 – disaggregated by placement – will show whether linkages with family are leading to higher rates of reunification or extended family placement. If family visits are rare, then the opposite is likely to be true, and action should be taken to increase policies and practices that encourage family visits.

Indicator 7: Existence of individual care plans	
Description	Percentage of children in formal care who have an individual care plan
Numerator	Number of children in formal care who have a care plan
Denominator	Total number of children in formal care
What is measured	Proportion of children in care for whom the basic requirement of planning for their current and future needs during care has been met
Why it is useful to measure	It is important that during the child's formal care experience, the placement has a purpose with a beginning, middle and end, and that plans made for the child reflect this. Due to the nature of many formal care settings, care – or responding to an individual's developmental needs – is not something that takes place naturally and therefore has to be planned. It is important that a written plan of these needs exist and that it documents who is involved in meeting the needs and appropriate timescales for care.
How to measure	<p>This indicator requires the collection of snapshot information (information showing the situation on a specific date).</p> <p>Information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p> <p>Particularly in residential care, it is likely – and indeed good practice – that the care plan is kept at the place where the child is being looked after so that staff are continually aware of the child's needs. When a child is in foster care, it may be more likely that the necessary information is located with the placing authority. In measuring this indicator, it is important that children are only considered to have a care plan when a <i>written</i> care plan exists.</p> <p>In practice, information for this indicator's numerator should be collected at the same time and from the same population of children as are counted for Indicator 2 (children living in formal care). The number obtained in Indicator 2 will serve as the denominator. A table listing each child in formal care, for example, can be marked to show which children had individual care plans at the time of the agreed census date. This value will serve as the numerator. Both numbers provide snapshot information; therefore, to accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator on the same agreed census date.</p>
How often to measure	<p>Annually, on an agreed census date.</p> <p>This indicator can also be measured on an as-needed basis. For residential care facilities or childcare agencies with poor performance in this area, occasional unannounced inspection is encouraged.</p>
Disaggregation	Data is disaggregated by sex, age at time of census, ethnicity, parental status, disability status, type of formal care setting and country of origin.
Analysis and interpretation	Because care plans reflect a child's needs over time, they are organic and evolving. Therefore, a plan drawn up for a child when s/he is first admitted to a formal care placement but then remains static over years cannot reasonably be cited as a care plan. Care plans should be updated annually or when there is a significant change in the child's needs or circumstances.

Indicator 8: Use of assessment on entry to formal care (gatekeeping)	
Description	Percentage of children placed in formal care through an established assessment system
Numerator	<u>Number of children in formal care with a record of assessment on entry</u>
Denominator	Total number of children in formal care
What is measured	Total number and the proportion of children whose entry into the care system was mediated through an established assessment system
Why it is useful to measure	To prevent overuse of foster and residential care as a blanket response to all social problems that children experience, governments need to ensure that a comprehensive system for assessing whether formal care will meet the needs of a child is built into their legal and policy frameworks. Such an assessment system should encourage authorities in the first instance to consider ways of keeping families together using a principle of minimum intervention. A key way of putting this into practice is by requiring and implementing some process of assessment to ensure that only children in need of formal care placement enter the care system, and those who do need it enter in a planned and timely way. This indicator allows local and national authorities to determine the extent to which this minimum requirement is being met over time.
How to measure	<p>This indicator requires the collection of snapshot information (information showing the situation on a specific date).</p> <p>Information sources for this indicator are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included. For more details on information sources, see Table 3.1.</p> <p>All children who have entered care through a formal process of assessment should be included in this indicator. In certain emergency circumstances, it may not always be possible to conduct a thorough assessment of the child's needs in terms of the placement (e.g., when an emergency place of safety is sought or in the case of population displacement). However, this should be done as soon as possible after the child's entry into formal care.</p> <p>In practice, information for this indicator's numerator should be collected at the same time and from the same population of children as are counted for Indicator 2 (children living in formal care). A table listing each child in formal care, for example, can be marked to show which children had an assessment on entry to formal care. Both numbers provide snapshot information; therefore, to accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator on the same agreed census date.</p>
How often to measure	Annually, on an agreed census date. This indicator can also be measured on an as-needed basis. For residential care facilities or childcare agencies with poor performance in this area, occasional unannounced inspection is encouraged.
Disaggregation	Data is disaggregated by sex, age at time of assessment, age at time of census, ethnicity, disability status, parental status, type of formal care setting and country of origin.
Analysis and interpretation	This indicator will be especially meaningful in those countries that do not have an established system in place. In interpreting the data, it will be important to note that the indicator does not measure the quality of the assessment process, which would require a more in-depth, qualitative review. In complex emergencies, it may be difficult to undertake an assessment. A period of 30 days may be a reasonable time in which to expect some form of assessment to be undertaken in difficult circumstances.

Indicator 9: Review of placement	
Description	Percentage of children in formal care whose placement has been reviewed within the last 3 months
Numerator	Number of children in formal care whose placement was reviewed in last 3 months
Denominator	Total number of children in formal care
What is measured	Total number and proportion of children in the formal care system whose circumstances are being reviewed on a regular basis
Why it is useful to measure	<p>Measurement of this indicator is important to ensure that children remain in formal care for the shortest period of time possible. Data on the regularity and percentage of placement reviews provide district and national authorities with confirmation of the current and potential flow of children within the formal care system. Outcomes from review meetings can also regularly inform planners of the future needs for therapeutic and task-centred placements to aid reunification and different types of permanent placements where reunification is no longer an option.</p> <p>The discussions and decisions made at a formal review meeting should be recorded.</p>
How to measure	<p>This indicator requires that information is available from the completed 3-month period immediately preceding the census.</p> <p>Information sources for this indicator are those locations or organizations that directly provide formal care for children. In addition, competent authorities such as courts or social work offices may hold information regarding formal review processes. Some organizations that have formal reviews for children will keep records of these and thus measurement should be relatively straightforward. Measurement should include the documentary evidence of a formal review meeting. Such documentation may be held in the child's file at the local level or by the competent authority who has formalised the decisions taken in the formal review. Information collection points, therefore, should reflect local practice in this matter, and each country context should consider which information sources are appropriate.</p> <p>In practice, information for this indicator's numerator should be collected at the same time and from the same population of children as are counted for Indicator 2 (children living in formal care). The number obtained in Indicator 2 will serve as the denominator. A table listing each child in formal care, for example, can be marked to show whose placement has been reviewed in the last 3 months. To accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure both the numerator and the denominator on the same agreed census date.</p> <p>Where such documentary evidence of the formal review does not exist, then the information collection tool for this indicator should be used. However, it is important that people are clear about what constitutes a review, and only those meetings that are inclusive of all those who are involved with the care of the child – usually the child's parents or extended family member, and the child where possible – would be deemed as a formal review. Administrative meetings reviewing the costs of placements are not reviews.</p>
How often to measure	Annually, following completion of the specified time frame. Records should reflect an initial assessment within 6 weeks of placement, and regular reviews thereafter.
Disaggregation	Data is disaggregated by sex, age at time of review, age at time of census, ethnicity, parental status, disability status, type of formal care setting and country of origin.
Analysis and interpretation	Comparing this indicator with Indicator 7 on care plans may be useful in authenticating the quality of and compliance with care plans because the review should be concerned with the progress and rationale regarding the future care of the child. Although for some countries the time frame of 3 months may seem too short, this was a decision reached after much consultation and with the view that it would capture the reality of review for those children in formal care for a very short period (less than 6 months) and also provide a picture of the pattern of reviews within annual monitoring.

Indicator 10: Children in residential care attending local school	
Description	Percentage of school-age children in residential care who are attending school within the local community with other children who are not in residential care
Numerator	<u>Number of school-age children in residential care attending school in the community</u>
Denominator	Total population of school-age children in residential care
What is measured	Proportion of school-age children in residential care who attend a local school with children from the same local community
Why it is useful to measure	This is a key indicator of the quality of care in residential care settings. Integration of children in residential care into local school facilities reduces stigma, ensures equity of educational opportunities and helps to some extent to break the isolation from their local community that children in care often experience.
How to measure	<p>This indicator requires the collection of snapshot information (information showing the situation on a specific date).</p> <p>Information sources for this indicator are those locations or organizations that directly provide residential care for children. In addition, educational establishments and authorities are also key sources of information for this indicator.</p> <p>Measurement of this indicator requires gathering data on the education arrangements for all children of school age in residential care, regardless of disability or other status. Note that in this case, foster care is not included. Informal education is not relevant and therefore should not be included.</p> <p>The determination of school age should be made nationally, based on existing national educational practice and standards. When in doubt, it is suggested that the age range used for global measurement of net primary school enrolment rates, 7–14 years, should be used. All children in this age group in residential care should then be included in the denominator.</p> <p>In practice, information for this indicator's numerator should be collected at the same time as data collected for Indicator 2 (children living in formal care). The values for the numerator and the denominator can be gathered by adding a disaggregation category within Indicator 2 that addresses school attendance. A table listing each child in formal care, for example, can be marked to show which of the children in residential care are school age, in accordance with the determined age range (the denominator). This group can then be further disaggregated to identify which of the school-age children in residential care attend school in the community (the numerator).</p> <p>Both the numerator and the denominator populations provide snapshot information; therefore, to accurately assess the significance of this value and achieve optimal accuracy, it is necessary to measure the numerator and denominator on the same agreed census date.</p>
How often to measure	Annually, on an agreed census date.
Disaggregation	Data is disaggregated by sex, age at time of census, ethnicity, parental status, disability status, education environment and country of origin.
Analysis and interpretation	Monitoring change in this indicator over time can help determine the extent to which positive practices are being adopted. This indicator will also highlight residential care facilities that are in isolated locations and therefore isolate children from their community.

Indicator 11: Staff qualifications	
Description	Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development
Numerator	<u>Number of staff by category with minimum qualifications</u>
Denominator	Total number of staff working in formal care settings
What is measured	Total number and proportion of staff with relevant qualifications in childcare and the delivery of appropriate services for children
Why it is useful to measure	<p>This indicator informs district and national authorities as to the basic level of capacity and competence of those delegated with the care of children. The information collected can inform governments and partners where training and skills development should be targeted to improve the quality of formal care services.</p> <p>This knowledge can also provide competent authorities with relevant information concerning the registration of childcare services as to whether there is the knowledge, skills and ability to perform the childcare tasks required of a formal care provider.</p>
How to measure	<p>This indicator requires the collection of snapshot information (information showing the situation on a specific date). Data for both the numerator and denominator populations should be gathered on the same date.</p> <p>Information sources for this indicator are those locations or organizations that directly provide formal care for children. In addition, central authorities may have an existing record of staff qualifications.</p> <p>The term 'minimum qualification' may appear somewhat ambiguous and differ from country to country. Ideally, when measuring for this indicator, all staff who have a qualification that is granted by an accredited body and recognized nationally, and that is appropriate to the functions of the particular member of staff, should be considered in the collection of information. Such functions vary in accordance with the type of provision and the level at which the individual works; therefore, the following staff categories should be used when identifying the number of qualified staff in any formal care service:</p> <ul style="list-style-type: none"> • Senior manager (strategic) • Middle manager (operational/strategic) • Manager (operational) • Childcare staff (direct service delivery) <p>Note: Because foster parents are not staff, they should not be included in this indicator. However, relevant staff of the agency overseeing foster care provision – including those responsible for monitoring and placement reviews, as well as management – should be included.</p>
How often to measure	<p>Bi-annually, on an agreed census date.</p> <p>This indicator can also be measured on an as-needed basis. For residential care facilities or childcare agencies with poor performance in this area, occasional unannounced inspection is encouraged.</p>
Disaggregation	Data is disaggregated by category of staff, type of formal care provision, age at time of census, ethnicity and qualification.
Analysis and interpretation	While it cannot be assumed that qualification in itself makes good childcare staff, having qualified staff does go a long way to ensuring the quality of care children can expect to receive in formal care settings. At the very least, one or more of the senior and middle managers of childcare services should have formal accredited training relevant to childcare service provision.

Indicator 12: Adoption rate	
Description	Rate of adoptions per 100,000 child population
Numerator Denominator	<u>Number of children adopted</u> Total child population/100,000
What is measured	The number of children per 100,000 child population who are placed in adoption each year whether or not they were previously in formal care. Through disaggregation, this indicator also makes it possible to measure and compare the number and proportion of children placed in domestic and inter-country adoption.
Why it is useful to measure	For children who have permanently lost the possibility of being cared for by their own parents, adoption will usually ensure long-term continuity of care, security and positive outcomes, assuming that the process is conducted professionally and ethically and is regulated appropriately. The measurement of this indicator is therefore important because it allows monitoring of the overall trends in the use of adoption. Furthermore, through disaggregation it will inform national authorities on the overall ratios of domestic and inter-country adoption within the country.
How to measure	This indicator requires that information is available from a completed and specified time frame, preferably a 12-month period. Information sources for the number of children adopted are those locations or organizations that directly provide formal care for children or that are mandated to process the adoption of children, including judicial competent authorities. For more details on information sources, see Table 3.1. This indicator refers to formal adoption; however, categorization of alternative systems that may be the norm for permanent forms of alternative care (e.g., <i>Kafala</i> in Islamic countries) has been included in the measurement tool.
How often to measure	Annually, following completion of the specified time frame. Ongoing collection of these data should be done by a central state authority responsible for adoptions.
Disaggregation	Data is disaggregated by sex, age at time of entering formal care, age at time of adoption, ethnicity, type of formal care setting before adoption, disability status, parental status, categories of adoption and country of origin.
Analysis and interpretation	The data collected by this indicator, when compared with data from Indicator 3 (children leaving residential care for a family placement), will inform national authorities on the number of children being adopted from environments other than the formal care system.

Indicator 13: Existence of legal and policy framework for formal care	
Description	Existence of a legal and policy framework for formal care that specifies: <ul style="list-style-type: none"> • Steps to prevent separation • Preference for placement of children in family-based care • Use of institutionalization as a last resort and temporary measure, especially for young children • Involvement of children in decisions about their placement
What is measured	The existence and level of application of a legal and policy framework that values preventative strategies for separation, community-based care and the views of the child
Why it is useful to measure	Measurement of this indicator will determine the degree to which there is a legal and policy framework in place that meets the minimum standards set by the UNCRC around formal care issues. Furthermore, this indicator will allow measurement of the extent to which the measures in such frameworks are implemented and thus identify any gaps between the legal and policy framework and implementation in practice.
How to measure	As a policy indicator, this indicator asks whether there is a legal and policy framework for formal care that achieves the four specified characteristics. All relevant legal and policy documents concerning the formal care of children within a country must be considered in measurement of this indicator. As such, standards may be applied differently in different contexts. Policy Analysis Tool 1 in Appendix D provides a format to collect the necessary information for this indicator, which will be applicable to the different settings. Information for this indicator can be sought from national government bodies with child protection and alternative care oversight responsibilities. Verification of findings should be done with formal care service providers. For more details on information sources, see Table 3.1.
How often to measure	Ongoing monitoring of legal and policy framework and annual systematic review.
Disaggregation	Data is disaggregated by type of formal care setting and type of legal and policy framework.
Analysis and interpretation	It is generally difficult to identify objective indicators to measure policy changes or legal reforms. Most measures tend to include some subjectivity, which means that they are of limited use for inter-country comparison. However, the categories set out in the analysis tool will support measurement that will allow comparison across each country context.

Indicator 14: Existence of complaints mechanisms for children in formal care	
Description	Existence of mechanisms for formal complaints that allow children in formal care to safely report abuse and exploitation
What is measured	The effectiveness of complaint procedures that allow children in formal care to voice their concerns and report instances of abuse or exploitation
Why it is useful to measure	An essential part of effective management arrangements for children's services are robust and accessible procedures that provide for the thorough, confidential and speedy investigation of complaints and allegations by children against staff and other children, and ideally the ability to make the complaints to someone independent of the formal care provider. Measurement of this indicator offers the opportunity to record the systems in place and compare their effectiveness within and between countries.
How to measure	Information for this indicator can be sought from national government bodies with child protection and alternative care oversight responsibilities at the central ministry level. Verification of findings should be done with formal care service providers and with district-level government authorities. For more details on information sources, see Table 3.1. Policy Analysis Tool 2 in Appendix D provides a format to collect the necessary information for this indicator. A similar tool has been designed for non-government agencies. The scoring system allows feasible means of collating the information.
How often to measure	Annually, on an agreed date.
Disaggregation	Data is disaggregated by type of formal care setting and type of formal complaint system.
Analysis and interpretation	Although, the existence of complaints systems and accessibility to these systems are important, even more important is the evidence of whether and how complaints are acted upon and the outcomes of these complaints.

Indicator 15: Existence of system for registration and regulation	
Description	Existence of a system of registration and regulation for those providers of formal care for children
What is measured	The effectiveness of systems for registration and regulation of formal care providers
Why it is useful to measure	It is critical that governments are aware of care providers within their jurisdiction so that they can ensure that any services provided are in compliance with the law and any requirements or standards set by the competent authorities. This indicator supports measurement of whether care providers are registered and whether all elements of such registration are in compliance.
How to measure	Identification of all and any systems of registration and regulation are important in the measurement of this indicator. Information sources are more likely to exist at the district and national level, although local and facility levels may be able to provide measurement as to whether registration and inspection actually takes place as opposed to merely existing in principle. Policy Analysis Tool 3 in Appendix D sets out a format to collect the necessary information for this indicator. Verification of findings can be sought from selected formal care agencies. For more details on information sources, see Table 3.1.
How often to measure	Annually, on an agreed date.
Disaggregation	Data is disaggregated by type of formal care setting, registration and regulation.
Analysis and interpretation	It is important to identify the percentage of care providers who are registered.

Chapter 3 – Mapping the formal care system

3.1 Introduction to mapping

The aim of this chapter is to offer practical suggestions in terms of the processes for collecting and collating information. The success of the process will depend to a very large extent upon first gaining a thorough understanding of the specific systems in each country. Such an understanding may be gained through ‘mapping’ the formal care system in each location. It is through the understanding of where these systems exist that one will be able to implement the methodology to collect data. Generation of such a map should be the first stage in any national formal care data collection process, with the map produced being used to guide and inform the process as a whole.

3.2 General considerations for measurement

Before embarking on an outline of a mapping process, it is important to highlight some general considerations that should be taken into account. These general considerations will determine, to a large extent, where the information sources exist, where children in formal care are located and the implications of these for measuring the indicators.

General considerations for measurement should include:

- The **system** through which a child enters formal care,
- What** constitutes formal care for children, and
- Which children** should be included when measuring the indicators.

3.2.1 The system through which children enter formal care

Children may enter formal care through a variety of routes in different contexts. In some countries, children will enter formal care through judicial and/or social work systems; in other countries, most placements may be sought by parents or relatives or through hospitals where a child has been abandoned; and in other settings, a combination of both routes may be identified.

There may be some system of a defined ‘competent authority’ that is empowered to make decisions on behalf of children and that would have a role in identifying placements and documenting information on children in formal care. However, depending on each context, children may be placed with differing agents who may have responsibility for children under differing mandates, e.g., disabled children who receive long-term or permanent care within institutions managed by health authorities, or children who grow up in religious institutions such as monasteries. In addition, children may be placed in a remand home or detention centre as a result of few and overcrowded institutions or a lack of available alternative placements. Such children may be inadvertently excluded from the formal care information collection processes.

The **competent authority** is the part of the formal care system that decides how a child’s need for care will be met with due regard to the child’s best interests. Competent authorities may include:

- Magistrate or Justice of the Peace courts
- District or local courts
- Juvenile courts
- Local council tribunals
- Administrative or welfare panels
- Child protection committees or boards
- Social welfare departments

Despite this complex scenario, in order to measure the indicators accurately, data must be collected from all elements of the formal care system. Particular attention needs to be given to

circumstances where record keeping is poor, such as when children are moved within the given system and, as a result, become lost or disappear from available records or are counted twice.

3.2.2 What constitutes formal care for children?

While it is clearly seen that the systems through which children enter formal care may vary, and even the context in which children are provided with formal care may be quite diverse, it must be highlighted that not every child living apart from his/her birth parents should automatically be counted when measuring the indicators. **The key point is that each indicator should only count those children living in some form of formal care;** in other words, a placement that has been recognized by a competent authority or other decision-making body.

The present set of indicators are primarily aimed at gathering information regarding children in any form of formal care, including formal foster care by relatives or non-relatives, as well as children in any form of residential care. This may also include unaccompanied children in transit centres or internally displaced person (IDP)/refugee camps where the care is provided over an extended period of time. Boarding schools should generally not be included. In countries or individual facilities where the costs of the children's care is covered entirely by the state or other sources outside the family, a decision may be made to include these children; this would be especially appropriate in those circumstances where children rarely have contact with their families of origin.

3.2.3 Who should be included?

As highlighted in the section above, children may be provided with formal care in settings that would not immediately be categorized as being in one of the above groups. This is usually a result of resource constraints or poor delineation between welfare and justice approaches or differing mandates for specific children's issues within government structures. For the purposes of the formal care indicators, children placed in any form of provision separately from their birth parents and solely as a result of their need for necessary care and protection should be included in the formal care information. Each context will therefore need to clearly define which locations should be included.

3.3 Purpose of the system map

A system map is a means of creating and presenting a picture of the context in which information for the indicators will be collected.

3.4 Information contained in the system map

A system map that successfully identifies all relevant information sources and child populations in any country context should paint a picture of three aspects of the formal care system: **laws**, **systems** and the **connections** between these.

In contexts where routes exist whereby children enter or leave formal care without recourse to court proceedings or an official documented process, such routes must also be included in the systems and connections mapping.

The **system map** is likely to describe the following:

- The applicable **laws** for children in need of or currently in formal care, including those laws regarding the provision of formal care, specific child custody laws, child protection or welfare laws and relevant government policies or directives.
- The **systems** used for dealing with children in need of or in formal care, including which bodies or institutions are responsible for the five areas of:
 1. Initial contact with the system
 2. Temporary care provision in emergencies
 3. Court decisions on cases (competent authorities)
 4. Tracing, reunification and follow-up processes
 5. Permanent placement decisions
- The **connections** between the systems; for example, the way in which a child is passed from 1 to 5 above, or the way in which 3 interacts with 4.

3.4.1 Laws

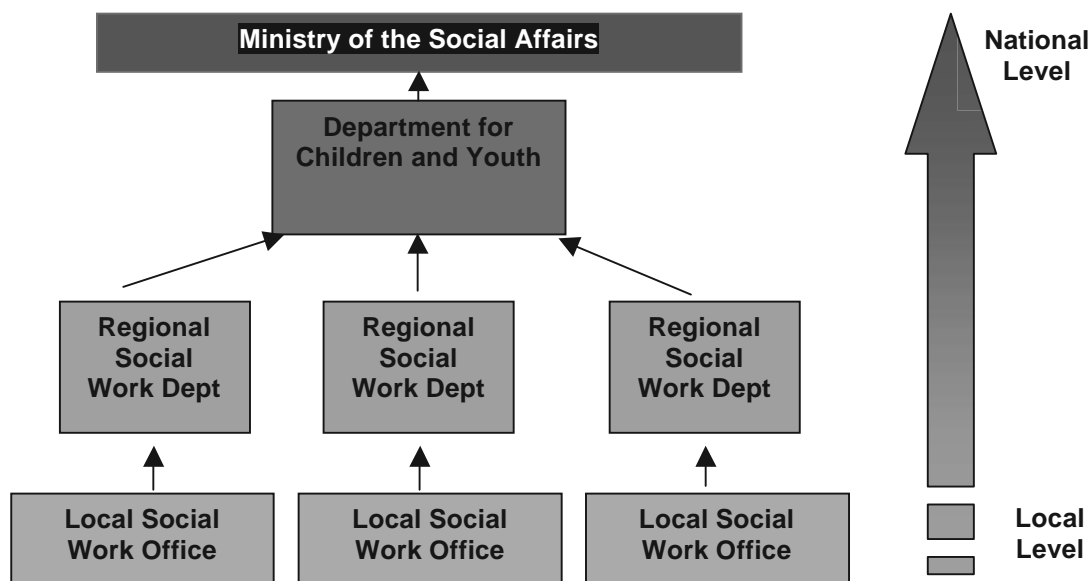
The law generally provides the broad framework and rules for the operation of the main bodies, authorities and institutions that are responsible for children in need of formal care. When identifying information sources to verify the existence of legislative frameworks for children in need of or in formal care, it would seem obvious that central authorities would be the primary source. However, it is recognized that a country's legal framework may appear very different to the experience of the child in practice, such as where particular sections of the law (such as children only entering formal care through a decision by a court or registration of children's homes) are not observed. Therefore, the Policy Analysis Tool 1 (Appendix D) developed for Indicator 13 provides a framework for use at the central level and verification of implementation in practice at local levels.

3.4.2 Systems

A useful approach to identifying and categorizing systems that deal with children in need of or in formal care is to look for bodies and institutions that play a role in each of the five categories of: (1) initial contact with the system; (2) temporary care during emergencies; (3) decision on cases; (4) tracing, reunification and follow-up and (5) permanency decisions.

Very generally, bodies or institutions that are associated with children in formal care range across different ministries and departments and at different levels within each of these. For example, a disabled child may well be placed in a health care institution by a nurse at the village level, while a social worker may be required to attend a district level court to obtain authority to remove a child from her/his abusive parents or a higher level court in the case of adoption. In the same context, a relative may take a child directly to a community-based foster agency without recourse to any government approval. In terms of mapping systems, it is helpful to explore possible routes through systems from a child-focused perspective, i.e., start with the child in a number of different scenarios and contexts.

In addition, defining the structure of each relevant body or institution – in terms of local, district, regional and national levels – and understanding the different levels on which a body or institution operates will be important to identify appropriate information sources. The information for some formal care indicators may be more appropriately collected from local level sources, whereas others may require collecting information from sources at the central and local levels. In addition, by understanding existing information sources, it may be possible to identify points where the necessary information is already collected, for example, at regional social work departments. A national social work or social welfare service may be organized as shown in the figure below.

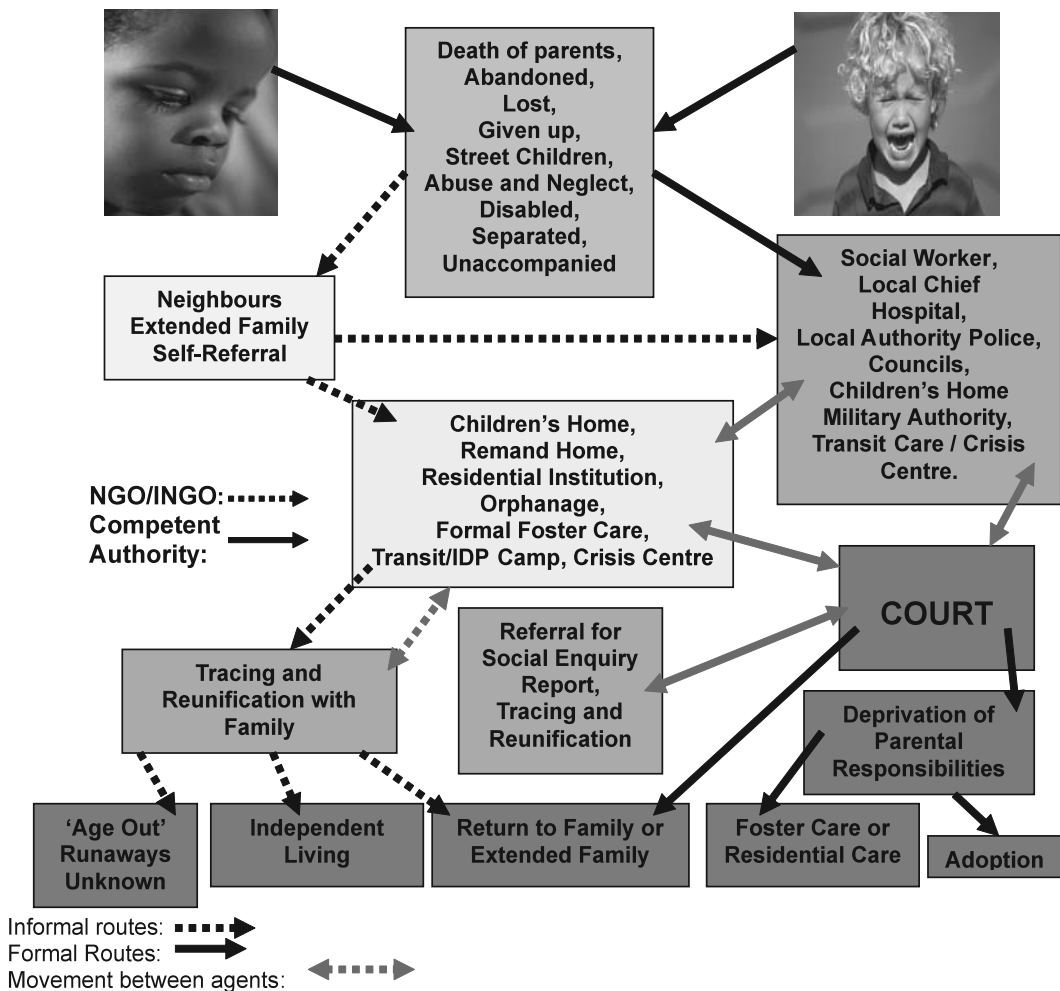


3.4.3 Connections

Knowledge of the relevant laws and systems alone is not sufficient to provide an understanding of what happens to a child in need of or in formal care. What is required is an appreciation of the connections between those laws and systems. The completion of the system map requires a child-centred approach that starts with the individual child in need of care and protection and charts her/his possible routes within the particular country context. Such a technique begins with the child's 'first contact' bodies or institutions and moves forwards and outwards to identify how, and via which route, the child may come into contact with other relevant systems, such as the court or emergency response systems.

An outline of a possible map is shown in Figure 3.1, which aims to illustrate the ways in which children may enter and move within the various systems. Some children may enter through the context of an emergency but then move into standard childcare services upon conclusion of that emergency and without recourse to procedures that would normally be required in non-emergency situations. In addition, children may be moved to foster care and thereafter return to institutional care, or they may be transferred to a variety of foster care services without referral to a formal court process. Therefore, serious consideration must be given to all routes to and through formal care, as well as where children may become lost within systems.

Fig 3.1. Example of a Map of a Child's Progress through Care Systems



Once such a map has been produced, it can be used to identify the location of those child populations that will be targets for measuring the indicators and to identify existing and potential sources for collecting information.

3.5 Information sources

When marking information sources and child populations on the system map, it is useful to be aware of which information sources might be relevant for each indicator and from which child population information should be gathered. The mapping exercise should allow the identification of specific information sources, including, where possible, named individuals within an organization or institution. Table 3.1 offers some suggestions on possible information sources and child populations for the 15 formal care indicators, based on the sample map in Figure 3.1. It should be noted that in many instances, information sources and child populations will be constant for specific indicators.

Table 3.1 Information sources

Indicator	Information sources	Child population	
Quantitative indicators			
1	Children entering formal care	Information sources for this indicator are those individuals or institutions responsible for initially placing children in formal care settings. These may include social work departments, courts of law, police, military forces, religious institutions and heads of formal care services. To avoid duplication, information should only be collated at one central point. Within each category, information sources potentially exist at the local level (such as a town's social services), the district social services or regional level (such as a regional social service headquarters) and at the central level (such as a national social service headquarters)	All children entering formal care within a 12-month period
2	Children living in formal care	Information sources for these indicators are those locations or organizations that directly provide formal care for children. All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included.	All children in formal care
3	Children leaving residential care for a family placement	All residential care institutions, such as orphanages and children's homes; special residential facilities for children with disabilities; transit centres and places of safety should be included, whether private or government-run. All foster care agencies should also be included.	All children who have left residential care in a 12-month period
4	Ratio of children in residential versus family-based care	For some facilities, decisions will need to be made at the national level to determine whether these fit within the definition of formal care. Such facilities include long-term health care facilities and boarding schools. Where possible, countries are encouraged to include in this figure children who have not been accused of or charged with a crime but nonetheless are currently in facilities for children or adults in conflict with the law. Each country context should consider which information sources are appropriate.	All children in residential care
5	Child deaths in formal care	For some facilities, decisions will need to be made at the national level to determine whether these fit within the definition of formal care. Such facilities include long-term health care facilities and boarding schools. Where possible, countries are encouraged to include in this figure children who have not been accused of or charged with a crime but nonetheless are currently in facilities for children or adults in conflict with the law. Each country context should consider which information sources are appropriate.	All children who have died in formal care in a 12-month period
6	Contact with parents and families	For some facilities, decisions will need to be made at the national level to determine whether these fit within the definition of formal care. Such facilities include long-term health care facilities and boarding schools. Where possible, countries are encouraged to include in this figure children who have not been accused of or charged with a crime but nonetheless are currently in facilities for children or adults in conflict with the law. Each country context should consider which information sources are appropriate.	All children who have parents or relatives
7	Individual care plans	For some facilities, decisions will need to be made at the national level to determine whether these fit within the definition of formal care. Such facilities include long-term health care facilities and boarding schools. Where possible, countries are encouraged to include in this figure children who have not been accused of or charged with a crime but nonetheless are currently in facilities for children or adults in conflict with the law. Each country context should consider which information sources are appropriate.	All children in formal care
8	Use of assessment on entry to formal care	For some facilities, decisions will need to be made at the national level to determine whether these fit within the definition of formal care. Such facilities include long-term health care facilities and boarding schools. Where possible, countries are encouraged to include in this figure children who have not been accused of or charged with a crime but nonetheless are currently in facilities for children or adults in conflict with the law. Each country context should consider which information sources are appropriate.	All children entering formal care within a 12-month period

Table 3.1 Information sources (cont.)

Indicator	Information sources	Child population	
Quantitative indicators			
9	Review of placement	As in the previous indicator, information sources for this indicator are those locations or organizations that directly provide formal care for children (see sources listed for Indicators 2–8). In addition, competent authorities such as courts or social work offices may hold information regarding formal review processes. Each country context should consider which information sources are appropriate.	All children in formal care
10	Education of children in residential care	Information sources for this indicator are those locations or organizations that directly provide residential care for children (see sources listed for Indicators 2–8). In addition, educational establishments and educational authorities are also key sources of information for this indicator.	All children of school age in formal care
11	Staff qualifications	Information sources for this indicator are those locations or organizations that directly provide formal care for children (see sources listed for Indicators 2–8). In addition, central authorities may have an existing record of staff qualifications.	All childcare staff, carers and volunteers working in childcare settings
12	Adoption rate	Information sources for this indicator are those locations or organizations that are mandated to process the adoption of children, including judicial competent authorities.	All children legally adopted from formal care in a given period of time
Policy/implementation indicators			
Qualitative indicators			
13	Legal and policy framework	Information for these indicators may be collected from governmental and institutional surveys and backed by court records, formal care service providers' child welfare records (administrative and disciplinary), official reports, quantitative analysis and other record keeping systems. Verification of findings should be done with formal care service providers.	Not applicable
14	Complaints mechanism		Not applicable
15	Registration and regulation	Information for this indicator may be gathered at the central level from country legislation, governmental ministries such as ministries of child welfare and existing literature and reports, and at the local level from social service organizations, departments who directly delivery formal care services, welfare homes, community volunteer organizations, NGOs, transit centres and places of detention. Verification of findings should be done with formal care service providers.	Not applicable

Chapter 4 – Methodology for collecting information

The aim of this chapter is to offer some practical suggestions and guidance for the collection of the information required in the indicators. In situations where systems mapping, as discussed in Chapter 3, is required, this process should be completed before data collection begins. Once the child protection / care points within the system have been identified, the processes of collection, collation and calculation can begin.

4.1 General principles for information collection

Effective monitoring systems and reporting requires that information is collected in a rigorous and systematic basis, encompasses all relevant structures and institutions and, most preferably, consists of information on individual children in formal care rather than being in the form of summary, group, sample or total population information.

While national averages extrapolated from small-scale surveys are useful, in the case of child protection it is critical that children can be followed through systems to ensure not only that the individual child's protection needs are met, but also that existing systems are operating effectively. The reality of children becoming lost within systems or disappearing from records is an all too common experience that needs to be eradicated.

Moreover, through the use of consistent terms and measures in reporting, an accurate global picture for this group of children can be developed. With this intention, it is critical that documentation is clear and consistent and measured in accordance with international measures already established, i.e., UNCRC and the draft *UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children*.

4.2 Reporting structures

The information collection and collation methodology envisaged by this monitoring guide is dependent upon the identification of levels – such as local, district and central – within the formal care system. In order to collect information regarding individual children in formal care and to ensure that the process of calculation of the indicators is as child-focussed as possible, it is envisaged that the majority of information will be collected at the level of the smallest possible organizational unit, such as individual placement, institution or foster care agency; an individual court; or a district social work department office.

Locally collected information can then be passed up the chain, eventually reaching the central government level for calculation of the indicators. This process may inevitably involve some intermediary collection points, such as district or regional levels. Central government departments or ministries ultimately responsible for the operation of elements of the formal care system should retain collated information, and, in accordance with the general principle of sustainability, be equipped to calculate the indicators on an ongoing, regular basis. Therefore, the information management process can be seen as having three distinct elements that take place at discrete levels:

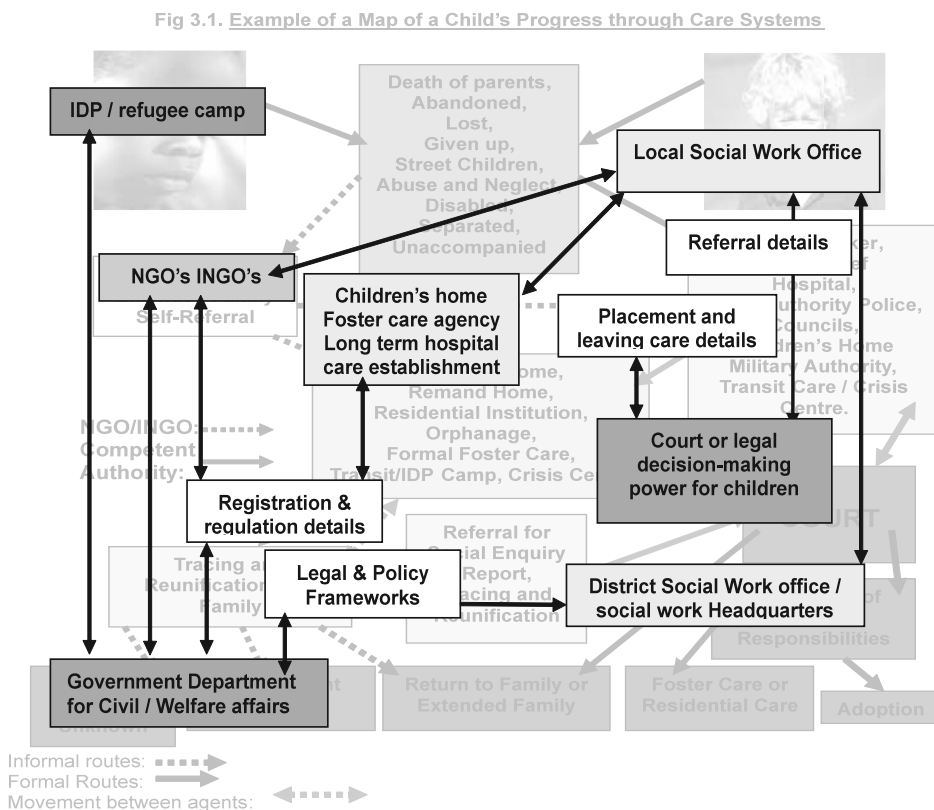
1. The **collection** of information, which will take place at the smallest possible organizational level focusing on the individual child.
2. The **collation** of information, where information that has been collected is drawn together to be organized, sorted and prepared for calculation, and duplicate information can be deleted. This would ideally take place at the district and central levels.
3. The **calculation** of information for the indicators is the final quantitative and qualitative processing, which is likely to take place at the highest, or central, level.

4.3 Information processes

The information is fundamental to the indicators. Whenever formal intervention in the life of a child takes place, information is, or at least should be, generated. It is acknowledged that children are often placed without due process, or that the capacities of the placing individuals or authorities do not lend themselves to efficient recording systems. Consequently, information may exist in the form of scraps of paper or a simple logbook recording the most basic information on a child and their placement, or it may be entered into a computerised system. Consideration also has to be given to other information issues, such as the policy of an organization on how long they retain information.

It is not only the information that an individual organization or body holds or records that has to be considered, but also how that information passes between the differing organizations in the structure. There are close connections between some information systems where important information flows up and down and back and forward. In addition, there are some information systems that have equally important information but are not necessarily linked with other obvious systems. See the example of information flow in figure 4.1, which shows how information may flow between information systems used by different bodies and institutions. Figure 4.1 demonstrates the flow of relevant information in this process and differs significantly from figure 3.1, which charts the child's journey through placement.

Fig 4.1. Example of information flow



The information collection tools are used when the information sources do not have the systems to record the relevant information for the indicators. Indeed, when information systems do collect information, this may not be in the same detail or format as required for the indicators and may need to be expanded. It is not vital that organizations hold all of the information that is required for

the indicators on the first occasion that the exercise is conducted. As a starting point, however, it is useful to provide whatever information one has, and from the experience of the exercise identify gaps in information sources and collection. Systems can then be planned to collect that information in the next 6 months or for the next round.

While the process of collecting information for the indicators is not intended to engage the information sources in a capacity-building exercise, some countries may require organization and direction on how to practically manage the process of collecting information for the Indicators (see Appendices C and D). In addition, information sources need to be assured of the importance of collecting and providing information relevant to the indicators. Who completes the information collection tools requires careful consideration because it may raise some ethical issues, such as those outlined later in this chapter.

Although this document highlights the importance of the indicators and demonstrates that there are a whole range of beneficiaries who emerge from the process, it can feel difficult and somewhat compromising for an individual or organization to be presented with the reality of their circumstances when measured against best practice, and this may possibly result in the misrepresentation of information. Therefore, it is beneficial that those charged with collecting information have ownership of the indicators and that they see their importance in order to encourage their engagement in the process. Complex and cumbersome methodologies for collecting information are likely to be off-putting and intimidating. Information collection systems are likely to work best if they are integrated into regular work tasks and are not seen as an additional task. Participation is also more likely when beneficiaries can quickly see results of the process. The added value of collecting information at individual levels is outlined below.

- **Local actors.** In addition to the value of information collection in itself, the process of information collection offers a level of recognition for local actors of the importance of the tasks in which they are involved, such as care planning and gatekeeping assessments. By feeling more valued in their work, staff and carers can offer an improved quality of care to children. Furthermore, having a common information collection process will build links between service providers that can prompt a supportive network of care facilities and move towards the promotion of complementary rather than competing care provision.
- **Relationship between policy and practice.** By undertaking the information collection process and subsequent data analysis, cumbersome and outdated policies can be amended and improved, which will facilitate the work of district and regional managers. The establishment of accurate data and monitoring systems will provide a sound basis for planning and budgeting at a local level and thus will allow a more effective response in crisis or emergency situations. Through the improvements in policy systems and documentation, necessary improvements in practice can be more readily identified and addressed.
- **National strategies.** The monitoring and use of the indicators will provide increasingly accurate information on the situation of children in formal care in a given country and will allow for viable comparisons between diverse country contexts. This will support informed debate on the effectiveness of different national strategies, ultimately greater cost effectiveness, and improvements in the quality of care for children. Those countries that require external funding to support effective formal care provision will be able to provide external donors with substantial evidence and clarity for funding requests.

4.4 Ethics

In the context of collecting information on children for the purpose of the formal care indicators, general principles to be considered should include the following:

- **Confidentiality.** The principle of confidentiality should be subject to the need to act to provide immediate protection to a child when necessary. Confidentiality should not inhibit sharing of information on a need-to-know basis.

- **Risk assessment.** The collection of information must not prejudice the safety and security of children.
- **Skills and resources.** Persons involved in collecting information should have sufficient skills, experience and training to respond to children's needs.
- **Protection from abuse, violence and exploitation.** Mechanisms should be in place to protect or respond to children who may experience negative consequences as a result of their participation in information collection or for children who disclose that they are experiencing abuse, violence or exploitation.

Appendix A – Definitions

Term	Definition
Child	In line with the Convention on the Rights of the Child, a child is every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.
Formal care	All care situations where the child's placement was made by order of a competent authority, as well as all residential care, irrespective of the route by which the child entered.
Residential institutional care	A collective living arrangement where children are looked after by adults who are paid to undertake this function.
Formal foster care	An arrangement where a child is looked after and accommodated under a legislative order, granted by a competent authority, in a family setting where one or two adults have undergone a process of assessment of their competence to care for children.
Kinship care	An arrangement where a child is looked after and accommodated by family members and has been recognized and registered by a competent authority.
Transit/crisis centre	A short-term period of care in any form of setting with the purpose of providing a period of stability for the child. This is likely to be an emergency response, e.g., former child soldiers or where the child is separated from her/his main carer.
Health care institution	A hospital or residential accommodation for children who are disabled or have chronic or long-term illnesses.
Adoption	The legal and permanent transfer of parental rights and responsibilities for a child.
Gatekeeping	A term used to describe the prevention of inappropriate placement of a child in formal care; placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, and matched to whether the placement can meet these needs based on its functions and objectives.
School age	Mandatory age for attendance at school for the completion of primary education.
Information source	An individual or organization that is able to provide information relevant to the measurement of the indicators.
Assessment	A process that is undertaken and recorded that identifies the physical, intellectual, emotional and social needs and development of the child.
Care plan	A written document that outlines how, when and who will meet the child's developmental needs. The child will have been involved in the development of this plan.
Review	A regular meeting of the child and those responsible for the child's best interests during which the progress, current and future, of

	the care plan is discussed.
Registration	The process by which an organization or institution is recorded by a competent authority as being fit for purpose based on an established criteria of quality.
Inspection	The process by which a registered organization or institution is monitored by a competent authority for compliance with an established criteria of quality.
Regulation	The process by which a registered organization or institution is instructed and supported by a competent authority to comply with the conditions of registration.
In-service training	A period of vocational training for staff already engaged in childcare work.

Appendix B – Organizing for information collection

In many settings, it will be impossible to report on the indicators contained in this manual because the data will not be available. The following appendices provide some tools and strategies for collecting the necessary data for measuring the indicators.

Initial data collection processes, while likely to be incomplete, are still of critical importance. Undertaking this exercise as early as possible will support early identification of information gaps or where existing information systems require further adaptation or development. The appendices provide some simple formats that allow completion of the necessary information without complex electronic systems or methodologies. In addition, the systems map (figure 3.1), information flow (figure 4.1) and the table on information sources (table 3.1) offer helpful guidance on how to identify potential child populations and information sources.

Given the number of different agencies with differing mandates that are involved in the formal care systems, i.e., social work departments, magistrates, the police, local authority chiefs, principle NGOs, etc., it is recommended that a multi-disciplinary Management Team be established to oversee the processes required to collect, collate and analyse the information for the indicators. Points for such a Management Team to consider can include:

- The extent to which each information source is actively collecting and recording information, including at all sites of each type of information source (e.g., childcare institution, social work departments, courts, etc.).
- How existing systems and structures can be best used for information collection, collation and analysis.
- Whether information collected by local information sources is effectively reported and collated at the regional or central levels.
- The way in which information is processed through existing systems and where any gaps exist.
- At which point information is assessed for completeness and accuracy.
- How concerns should be reported regarding the capacity for information collection or the quality of the information.
- A strategy for implementing a sustainable process to collect and report information and calculate indicators. The process might usefully be described as:
 1. Collection of information (at the level of the smallest possible organizational unit),
 2. Collation of information (at the district, regional or central level) and
 3. Calculation of the indicators (at the central level).D
- The appointment of a multi-disciplinary Inspection Team to visit a sample of information sources for verification of the collected information. The team may use a variety of methods for verification of information, including direct observation; reviewing records and documentation; individual interviews with managers, staff officials, children and young people, and other stakeholders; and focus group discussions.

Appendix C – Information collection tools for Indicators 1–12

Information collection tools for use with:

- Indicator 1 (Core): Children entering formal care
- Indicator 2 (Core): Children living in formal care
- Indicator 3 (Core): Children leaving residential care for a family placement
- Indicator 4 (Core): Ratio of children in residential versus family-based care
- Indicator 5: Number of child deaths in formal care
- Indicator 6: Contact with parents and family
- Indicator 7: Existence of individual care plans
- Indicator 8: Use of assessment on entry to formal care (gatekeeping)
- Indicator 9: Review of placement
- Indicator 10: Children in residential care attending local school
- Indicator 11: Staff qualifications
- Indicator 12: Adoption rate

Information source name:	
Address and contact details:	

Introduction

These information collection tools are for use with all identified information sources. There is a tool that facilitates the collection of information for each of the 12 quantitative indicators. A table of definitions (Appendix A) will help the individual understand the main terms used throughout this document.

Information Collection Tool 1: Children entering formal care

Completion of Tool 1 provides information to calculate Indicator 1.

Indicator	Description	Use
Indicator 1	Number of children entering formal care during a 12-month period per 100,000 child population	To calculate the number of children entering formal care during a 12-month period per 100,000 child population

All children entering formal care during a 12-month period should be entered in this form.

Children entering formal care during the 12-month period

Period: (dd/mm/yy – dd/mm/yy)									
A	B	C	D1	E	F	G	H	P	
Child reference number	Sex	Date of birth	Age on entry into formal care	Ethnicity	Type of formal care	Disability status	Parental status	Country of origin	
ID number	M/F	dd/mm/yy	Years	1-8	1-8	1-2	1-4	1-2	
Total number of children entering formal care:									

Key

Ethnicity		Type of formal care		Disability status		Parental status		Country of origin	
1-8		1-8		1-2		1-4		1-2	
1	To be identified locally	1	Foster care	1	Disabled	1	Both parents living	1	Placement in the child's home country
2	To be identified locally	2	Residential institution/orphanage	2	Not disabled	2	One parent living	2	Placement outside of the child's home country
3	To be identified locally	3	Health care institution (if applicable)			3	No parents living		
4	To be identified locally	4	Transit/crisis centre			4	Unknown		
5	To be identified locally	5	Kinship care (where formalised)						
6	To be identified locally	6	Supported independent living						
7	To be identified locally	7	Boarding school (if applicable)						
8	To be identified locally	8	Other						

Information Collection Tool 2: Children living in formal care

Completion of Tool 2 provides information for Indicator 2.

Indicator	Description	Use
Indicator 2	Number of children living in formal care on a given date per 100,000 child population	To establish the number of children living in formal care on a given date

All children in formal care on an agreed census date should be entered in this form.

Number of children living in formal care on agreed census date

Date: (dd/mm/yy)											
A	B	C	D1	D4	E	F	G	H	M	P	
Child reference number	Sex	Date of birth	Age at time of entry into formal care	Age at time of census	Ethnicity	Type of formal care	Disability status	Parental status	Education environment	Country of origin	
ID number	M/F	dd/mm/yy	Years	Years	1-8	1-8	1-2	1-4	1-3	1-2	
Total number of children living in formal care:											

Key

	Ethnicity	Type of formal care				Disability status	Parental status			Education environment		Country of origin
		1-8					1-4			1-3		
1	To be identified locally	1	Foster care		1	Disabled	1	Both parents living	1	Care environment	1	Placement in the child's home country
2	To be identified locally	2	Residential institution/orphanage		2	Not disabled	2	One parent living	2	Attending a school in the community also attended by children not in formal care	2	Placement outside of the child's home country
3	To be identified locally	3	Health care institution (if applicable)				3	No parents living	3	Receiving no education		
4	To be identified locally	4	Transit/crisis centre				4	Unknown				
5	To be identified locally	5	Kinship care (where formalised)									
6	To be identified locally	6	Supported independent living									
7	To be identified locally	7	Boarding school (if applicable)									
8	To be identified locally	8	Other									

Information Collection Tool 3: Children leaving residential care for a family placement

Completion of Tool 3 provides information for Indicator 3.

Indicator	Description	Use
Indicator 3	Proportion of all children < 15 years old leaving residential care for a family placement, including reunification, in a 12-month period	To identify the proportion of children leaving residential care settings and their destinations

All children 0–15 years who have left residential care in a 12-month period should be entered in this form.

Number of children leaving formal care in 12-month period

Period: (dd/mm/yy – dd/mm/yy)									
A	B	C	D1	D3	E	G	H	J	P
Child reference number	Sex	Date of birth	Age at time of entry into formal care	Age at time of leaving formal care	Ethnicity	Disability status	Parental status	Destination on leaving residential care	Country of origin
ID number	M/F	dd/mm/yy	Years	Years	1–8	1–2	1–4	1–5	1–2
Total number of children leaving residential care for a permanent family replacement:									

Key

	Ethnicity	Parental status	Disability status	Destination on leaving residential care		Country of origin	
				1–4	1–2		1–5
1	To be identified locally	1 Both parents living	1 Disabled	1	1	1 Reunification	1 Placement in the child's home country
2	To be identified locally	2 One parent living	2 Not disabled	2	2	2 Domestic adoption	2 Placement outside of the child's home country
3	To be identified locally	3 No parents living		3	3	3 Inter-country adoption	
4	To be identified locally	4 Unknown		4	4	4 Foster care	
5	To be identified locally			5	5	5 Unknown	
6	To be identified locally						
7	To be identified locally						
8	To be identified locally						

Information Collection Tool 4: Ratio of children in residential care versus family-based care

Completion of Tool 4 provides information for Indicator 4.

Indicator	Description	Use
Indicator 4	Proportion of all children in formal care who are currently accommodated in non-family-based care settings	To measure the proportion of children currently living in residential care versus family-based care

All children in formal care – both family-based and residential – should be entered in this form.

Number of children living in formal care – both family-based and residential – on agreed census date

Date: dd/mm/yy

A	B	C	D1	D4	E	F	G	H	P
Child reference number	Sex	Date of birth	Age on entry into formal care	Age at time of census	Ethnicity	Type of formal care	Disability status	Parental status	Country of origin
ID number	M/F	dd/mm/yy	Years	Years	1-8	1-8	1-2	1-4	1-2
Total number of children living in formal care:									

Key

Ethnicity	Type of formal care	Disability status	Parental status	Country of origin
1-8	1-8	1-2	1-4	1-2
1 To be identified locally	1 Foster care	1 Disabled	1 Both parents living	1 Placement in the child's home country
2 To be identified locally	2 Residential institution/orphanage	2 Not disabled	2 One parent living	2 Placement outside of the child's home country
3 To be identified locally	3 Health care institution (if applicable)		3 No parents living	
4 To be identified locally	4 Transit/crisis centre		4 Unknown	
5 To be identified locally	5 Kinship care (where formalised)			
6 To be identified locally	6 Supported independent living			
7 To be identified locally	7 Boarding school (if applicable)			
8 To be identified locally	8 Other			

Information Collection Tool 5: Number of child deaths in formal care

Completion of Tool 5 provides information for Indicator 5.

Indicator	Description	Use
Indicator 5	Number of child deaths in formal care during a 12-month period per 100,000 children in formal care	To establish the level of child mortality in care against the national rate of child mortality

All children who have died in formal care in a 12-month period should be entered in this form.

Number of child deaths in formal care during a 12-month period

Period: (dd/mm/yy – dd/mm/yy)										
A	B	C	D1	D4	E	F	G	H	P	
Child reference number	Sex	Date of birth	Age on entry into formal care	Age at time of census	Ethnicity	Type of formal care	Disability status	Parental status	Cause of death	Country of origin
ID number	M/F	dd/mm/yy	Years	Years	1–8	1–8	1–2	1–4	1–7	1–2
Total number of child deaths in formal care:										

Key

Ethnicity 1–8		Type of formal care 1–8		Disability status 1–2		Parental status 1–4		Cause of death 1–7		Country of origin 1–2	
1	To be identified locally	1	Foster care	1	Disabled	1	Both parents living	1	Accidental injury	1	Placement in child's home country
2	To be identified locally	2	Residential institution/orphanage	2	Not disabled	2	One parent living	2	Abuse	2	Placement outside of child's home country
3	To be identified locally	3	Health care institution (if applicable)			3	No parents living	3	Neglect		
4	To be identified locally	4	Transit/crisis centre			4	Unknown	4	Illness		
5	To be identified locally	5	Kinship care (where formalised)			5		5	HIV/AIDS related		
6	To be identified locally	6	Supported independent living			6		6	Conflict		
7	To be identified locally	7	Boarding school (if applicable)			7		7	Other		
8	To be identified locally	8	Other								

Information Collection Tool 7: Existence of individual care plans

Completion of Tool 7 provides information for Indicator 7.

Indicator	Description	Use
Indicator 7	Percentage of children in formal care who have an individual care plan	To establish the proportion of children living in formal care who have an individual care plan

All children in formal care who have a care plan on an agreed census date should be entered in this form.

Number of children living in formal care who have a care plan on an agreed census date

Date: (dd/mm/yy)									
A	B	C	D4	E	F	G	H	P	
Child reference number	Sex	Date of birth	Age at time of census	Ethnicity	Type of formal care	Disability status	Parental status	Country of origin	
ID number	M/F	dd/mm/yy	Years	1-8	1-8	1-2	1-4	1-2	
Total number of children in formal care with a care plan:									

Key

Ethnicity		Type of formal care			Disability status		Parental status		Country of origin	
1-8		1-8			1-2		1-4		1-2	
1	To be identified locally	1	Foster care	1	Disabled	1	Both parents living	1	Placement in the child's home country	
2	To be identified locally	2	Residential institution/orphanage	2	Not disabled	2	One parent living	2	Placement outside of the child's home country	
3	To be identified locally	3	Health care institution (if applicable)			3	No parents living			
4	To be identified locally	4	Transit/crisis centre			4	Unknown			
5	To be identified locally	5	Kinship care (where formalised)							
6	To be identified locally	6	Supported independent living							
7	To be identified locally	7	Boarding school (if applicable)							
8	To be identified locally	8	Other							

Information Collection Tool 8: Use of assessment upon entry to formal care (gatekeeping)

Completion of Tool 8 provides information for Indicator 8.

Indicator	Description	Use
Indicator 8	Percentage of children placed in formal care through an established assessment system	To ensure that children are not inappropriately placed in formal care or placed in a care setting that does not meet their needs

All children who have a record of assessment on a given census date should be entered in this form.

Number of children in formal care with a record of assessment on an agreed census date

Date: (dd/mm/yy)		A	B	C	D4	D5	E	F	G	H	P
Child reference number	ID number	Sex	Date of birth	Age at time of census	Age at time of assessment	Years	Ethnicity	Type of formal care	Disability status	Parental status	Country of origin
		M/F	dd/mm/yy	Years	Years		1-8	1-8	1-2	1-4	1-2
Total number of children in formal care with a record of assessment:											

Key

Ethnicity		Type of formal care		Disability status		Parental status		Country of origin	
1-8		1-8		1-2		1-4		1-2	
1	To be identified locally	1	Foster care	1	Disabled	1	Both parents living	1	Placement in the child's home country
2	To be identified locally	2	Residential institution/orphanage	2	Not disabled	2	One parent living	2	Placement outside of the child's home country
3	To be identified locally	3	Health care institution (if applicable)			3	No parents living		
4	To be identified locally	4	Transit/crisis centre			4	Unknown		
5	To be identified locally	5	Kinship care (where formalised)						
6	To be identified locally	6	Supported independent living						
7	To be identified locally	7	Boarding school (if applicable)						
8	To be identified locally	8	Other						

Information Collection Tool 9: Review of placement

Completion of Tool 9 provides information for Indicator 9.

Indicator	Description	Use
Indicator 9	Percentage of children in formal care whose placement has been reviewed within the last 3 months	To ensure that children's placements in formal care do not last indefinitely

All children who have had their placement reviewed in the last 3 months from a given census date should be entered in this form.

Number of children whose placement has been reviewed in the last 3 months from an agreed census date

Date: (dd/mm/yy)		A	B	C	D4	D6	E	F	G	H	P
Child reference number	ID number	Sex	Date of birth	Age at time of census	Age at time of review	Years	Ethnicity	Type of formal care	Disability status	Parental status	Country of origin
		M/F	dd/mm/yy	Years	Years		1-8	1-8	1-2	1-4	1-2

Total number of children in formal care whose placement has been reviewed in last 3 months:

Key

	Ethnicity	Type of formal care		Disability status		Parental status		Country of origin	
		1-8	1-8	1-2	1-4	1-2	1-2		
1	To be identified locally	1	Foster care	1	Disabled	1	Both parents living	1	Placement in the child's home country
2	To be identified locally	2	Residential institution/orphanage	2	Not disabled	2	One parent living	2	Placement outside of the child's home country
3	To be identified locally	3	Health care institution (if applicable)			3	No parents living		
4	To be identified locally	4	Transit/crisis centre			4	Unknown		
5	To be identified locally	5	Kinship care (where formalised)						
6	To be identified locally	6	Supported independent living						
7	To be identified locally	7	Boarding school (if applicable)						
8	To be identified locally	8	Other						

Information Collection Tool 10: Children in residential care attending a local school

Completion of Tool 10 provides information for Indicator 10.

Indicator	Description	Use
Indicator 10	Percentage of school-age children in residential care who are attending school within the local community with other children who are not in residential care	To establish the level of access to mainstream education afforded to children in residential care

All children of school age in residential care who are attending school within the community should be entered in this form.

Number of school-age children in residential care who are in school within the community on a given census date

A	B	C	D4	E	F	G	H	M	P
Child reference number	Sex	Date of birth	Age at time of census	Ethnicity	Type of residential care setting	Disability status	Parental status	Education environment	Country of origin
ID number	M/F	dd/mm/yy	Years	1-8	1-4	1-2	1-4	1-3	1-2
Total number of children in residential care who attend school in the community:									

Key

Ethnicity	Type of residential care setting	Disability status	Parental status	Education environment	Country of origin
1-8	1-4	1-2	1-4	1-3	1-2
1 To be identified locally	1 Residential institution/orphanage	1 Disabled	1 Both parents living	1 Care environment	1 Placement in child's home country
2 To be identified locally	2 Health care institution (if applicable)	2 Not disabled	2 One parent living	2 Attending a school in the community also attended by children not in formal care	2 Placement outside of child's home country
3 To be identified locally	3 Transit/crisis centre (where applicable)		3 No parents living	3 Receiving no education	
4 To be identified locally	4 Other		4 Unknown		
5 To be identified locally					
6 To be identified locally					
7 To be identified locally					
8 To be identified locally					

Information Collection Tool 11: Staff qualifications

Completion of Tool 11 provides information for Indicator 11.

Indicator	Description	Use
Indicator 11	Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development	To establish the level of qualifications held by staff working in formal care settings

All staff and carers working in formal care environments should be entered in this form.

Staff qualifications by category on census date

Date: (dd/mm/yy)	S1	S2	S3	S4	S5	S6	S7
Staff reference number	Sex	Age at time of census	Ethnicity	Type of formal care	Staff category	Qualification	
ID number	M/F	Years	1-8	1-8	1-4	1-5	
Total number of staff working in formal care:							

Key

Ethnicity	Type of formal care	Staff category	Qualification
1-8	1-8	1-4	1-5
1 To be identified locally	1 Foster care	1 Senior manager	1 Post-graduate
2 To be identified locally	2 Residential institution/orphanage	2 Middle manager	2 Undergraduate
3 To be identified locally	3 Health care institution (if applicable)	3 Manager	3 Non-graduate
4 To be identified locally	4 Transit/crisis centre	4 Community carers/childcare staff	4 In-service training
5 To be identified locally	5 Kinship care (where formalised)	5	5 No training
6 To be identified locally	6 Supported independent living		
7 To be identified locally	7 Boarding school (if applicable)		
8 To be identified locally	8 Other		

Information Collection Tool 12: Adoption rate

Completion of Tool 12 provides information for Indicator 12.

Indicator	Description	Use
Indicator 12	Rate of adoptions per 100,000 child population	To calculate the rate of domestic and inter-country adoptions of children

All children who have been adopted in a given time period should be entered in this form.

Number of children adopted in a given time period

Period: (dd/mm/yy – dd/mm/yy)		D7	D1	C	B	A	E	F1	G	H	N	P
Child reference number	Sex	Age at time of entry into formal care	Date of birth	Age at time of adoption	Ethnicity	Type of formal care before adoption	Disability status	Parental status	Category of adoption	Country of origin		
ID number	M/F	Years	dd/mm/yy	Years	1-8	1-8	1-2	1-4	1-3	1-2	1-3	1-2
Total number of children in formal care who were adopted:												

Key

Ethnicity 1-8	Type of formal care 1-8		Disability status 1-2		Parental status 1-4		Category of adoption 1-3			Country of origin 1-2		
	1	2	1	2	1	2	1	2	3	1	2	
1 To be identified locally	Foster care	Residential institution/orphanage	Disabled	Not disabled	Both parents living	One parent living	Domestic adoption	Inter-country adoption	Other (e.g., Kafala in Islamic countries)	Placement in the child's home country	Placement outside of the child's home country	
2 To be identified locally	Health care institution (if applicable)	Transit/crisis centre			No parents living	Unknown						
3 To be identified locally	Kinship care (where formalised)	Supported independent living										
4 To be identified locally	Boarding school (if applicable)	Other										
5 To be identified locally												
6 To be identified locally												
7 To be identified locally												
8 To be identified locally												

Format for information collection

The two formats below offer simple ways to manually collect individual information required for the indicators. These formats can also be used in an Excel spreadsheet, which will simplify collation of the information.

Information collection for children in formal care: _____.(Name of formal care facility or identification number)

A	B	C	D1	D2	D3	D4	D5	D6	D7	E	F	F1	G	H	I	J	K	L	M	N	P ⁷
Child reference number	Sex	Date of birth	Age on entry into formal care	Age at time of death	Age on leaving formal care	Age on census date	Age at time of assessment	Age at time of review	Age at time of adoption	Ethnicity	Type of formal care	Type of formal care before adoption	Disability status	Parental status	Cause of death	Destination leaving formal care	Frequency of parental visit	Location of parental visit	Education environment	Category of adoption	Country of origin
1																					
2																					
3																					
4																					
5																					

Information collection for staff/carers in formal care: _____.(Name of formal care facility or identification number)

S1	S2	S3	S4	S5	S6	S7
Staff reference number	Sex	Age at time of census	Ethnicity	Type of formal care	Staff category	Qualification
1						
2						
3						
4						
5						
6						

⁷ The letter "P" has been used here as the identifier as opposed to the letter "O" to avoid any confusion between the letter "O" and the number 0.

Appendix D – Policy analysis tools for Indicators 13–15

Policy analysis tools for use with:

- Indicator 13: Existence of legal and policy framework for formal care
- Indicator 14: Existence of complaints mechanisms for children in formal care
- Indicator 15: Existence of system for registration and regulation

Information source name:	
Address and contact details:	

Introduction

These policy analysis tools are for use with all identified information sources. There is a tool that facilitates the analysis of information for each of the three indicators. A table of definitions (Appendix A) will help the individual understand the main terms used throughout this document.

Policy Analysis Tool 1: Existence of legal and policy framework for formal care

Completion of Policy Analysis Tool 1 provides information for Indicator 13.

Measurements

The following instrument is intended to assist policy analysts in identifying and critically examining national frameworks and resulting practices for children without parental care and comparing them at a regional or global level. Its construction draws on instruments used at national levels, such as the Roeher Institute's similar tool used in Canada, as well as evidence collected over the years by UNICEF about minimum standards for a legal/policy framework in formal care. This measurement tool aims to offer a systematic method for benchmarking formal care frameworks globally, thus facilitating reporting and national situation analysis regarding children without parental care. Information for this indicator may be gathered from governmental and institutional surveys and backed by court records, child welfare records (administrative and disciplinary), official reports, quantitative analysis and other record keeping systems.

Scoring method

Each area for analysis focuses on two levels of enquiry: **laws** and **policy**. Either the area exists in law or policy, or both. Wherever it exists, the survey question is given one point, and where it does not exist it is given zero. Thus, scoring would require completion as in the example below:

Example	Law	Policy
Subject area		
<i>Survey questions</i>		
Question 1	1	1
Question 2	0	1
Question 3	1	0
Question 4	0	0
Total	2/4	2/4

Prevention of separation of children and families		Law	Policy
<i>Survey questions</i>			
1.	Are the best interests of the child established as the overriding principle when considering the child's separation from his/her parents?		
2.	Is the separation of children from their parent(s) precluded except in cases where abuse or neglect of the child by the parents has been determined by competent authorities, or when the parents are living separately and a decision must be made as to the child's place of residence?		
3.	When separation of children and parent(s) results from any action initiated by a state party against the parent, such as the detention, imprisonment, exile, deportation or death of a parent, is the child entitled to be informed about the whereabouts of his/her parent(s), unless the provision of the information would be detrimental to his/her well-being?		
4.	Is the separated child's return to his/her own parents encouraged or prioritized?		
5.	Are there family tracing and family reunification programmes for children separated from their parents due to circumstances, for example, of deportation, immigration, armed conflict, emergencies or economic breakdown?		
6.	Do child welfare programming and planning require the inclusion of family preservation efforts?		
7.	Do the current frameworks – legal/policy, planning, programming, etc. – provide for budgetary measures, resources or support for family preservation, such as support for low-income and vulnerable families?		
8.	Are decisions on separation of children from their parents, including removal, relinquishment or custody, subject to review?		
Total		/8	/8

Preference for placement of children in family-based care	Law	Policy
<i>Survey questions</i>		
1. Is family-based care, such as guardianship, foster care, <i>Kafala</i> in Islamic law or similar indigenous systems, a placement option for children without parental care?		
2. In general, is there an established preference for family-based placements over institutional placements for children without parental care?		
3. In particular, is there an established preference for family-based placements over institutional placements for infants or young children without parental care?		
4. Are there designated quotas, allocations of budgetary resources or financial support measures for family-based care?		
5. Are more resources to be allocated for family preservation efforts or family-based care models rather than for the placement and maintenance of children in institutions?		
Total	/5	/5

Use of institutionalization as a last resort and temporary measure	Law	Policy
<i>Survey questions</i>		
1. Is the use of institutionalization of children without parental care established only as a temporary measure for the shortest time possible?		
2. Is institutionalization established only as a measure of last resort for children without parental care?		
3. Is the use of institutionalization established only as a temporary measure for children with special needs, such as physical or mental disabilities, learning disabilities or special educational needs?		
4. Are decisions on institutional placement of children without parental care subject to periodic review?		
Total	/4	/4

Child and youth involvement in placement decisions		Law	Policy
<i>Survey questions</i>			
1.	Are children allowed to express their views when separation from their parent(s) is required by competent authorities?		
2.	Are children allowed to express their views in relation to their own permanency placement, such as in adoption or custody disputes?		
3.	Are children allowed to participate in decision-making proceedings for their separation or placement?		
4.	Are age limitations on the children's right to be heard ruled out, keeping in mind that their views should be given due weight in accordance with their age and maturity?		
5.	Are children separated from their parent(s) or siblings entitled to maintain personal relations and direct contact with them, except if it is deemed contrary to the child's best interests?		
6.	Do parents of hospitalized children have visitation rights?		
7.	Is national adoption of children without parental care sanctioned and promoted?		
8.	Are detailed standards for childcare, including the prohibition of violence or maltreatment, set out for all services providing or supporting formal childcare?		
9.	Is the implementation of childcare regarding children in formal care monitored by an authorized body?		
Total		/9	/9

Grand total of all survey questions	/26	/26
Percentage	/100	/100

Policy Analysis Tool 2: Existence of complaints mechanisms for children in formal care

Completion of Policy Analysis Tool 2 provides information for Indicator 14.

Measurements

The following instrument is intended to assist policy analysts in identifying and critically examining the application and effectiveness of complaints procedures for children without parental care and comparing them at the regional or global level. This measurement tool aims to offer a systematic method for benchmarking complaints procedures in formal care settings globally, thus facilitating reporting on national analysis of the extent to which children in formal care can have their voice heard and receive an appropriate response. Information for this tool may be collected from governmental and institutional surveys backed by court records, formal care service providers' child welfare records (administrative and disciplinary), official reports, quantitative analysis and other record keeping systems.

Scoring method

Each area for analysis focuses on two levels of enquiry: **laws** and **policy**. Either the area exists in law or policy, or both. Wherever it exists, then the survey question is given one point, and where it does not exist it is given zero.

Thus, scoring would require completion as in the example below:

Example		Law	Policy
Subject area			
<i>Survey questions</i>			
Question 1	1		1
Question 2	0		1
Question 3	1		0
Question 4	0		0
Total	2/4		2/4

This tool also includes two sections – quantitative elements of the complaints mechanism and an NGO survey – that are not scored. Instead, they offer a format to collect information that can be used to assess the incidence rate and frequency of these items, which can then be used to inform policy decisions.

Existence of complaints mechanisms	Law	Policy
<i>Survey questions</i>		
1. Are all forms of neglect, abuse, exploitation or torture of children prohibited in formal care in public or private institutions, family-based care and juvenile custodial and detention centres?		
2. Are there complaints mechanisms for children in formal care?		
3. If there are not complaints mechanisms, are there any approved initiatives at the national or regional level regarding complaints mechanisms for children in formal care currently pending enactment?		
4. If not, are there currently other channels through which the claims or complaints of children in formal care can be addressed?		
5. Are children in institutional care or their representatives entitled to make individual requests or complaints to the director of the institution in which they are placed?		
6. Is there a system of mandatory reporting to a complaints authority for professional staff, such as nurses or teachers, among others, working with and for children in formal care?		
7. Can complaints on neglect, abuse, exploitation or torture be filed by or on behalf of children in formal care and assessed by independent competent authorities?		
8. Can complaints on other grounds, such as living conditions, be filed by or on behalf of children in formal care and assessed by competent authorities?		
9. Can complaints be filed by or on behalf of children in formal care before the child welfare system and/or judicial authorities?		
10. If an internal complaints mechanism within the child welfare protection system exists, does it provide for the criminal, civil or family justice system to be used in conjunction with it?		
11. Are children in formal care and their representatives to be informed of the outcomes or resolutions of their complaints?		
12. Are decisions to be reasoned and explained to the complaining child and to her/his representatives?		
13. Are reparations prescribed for children in formal care who are victims of neglect, abuse, exploitation or torture?		
14. If so, do these reparations include other measures such as restitution of the child's legal status or change of placement, among others?		
15. Is there a person or monitoring body authorized to supervise the implementation of reparations to victims?		
Total	/15	/15
Percentage	/100	/100

Quantitative elements of the complaints mechanism	Number
<i>Survey questions</i>	
1. How many complaints from or on behalf of children in formal care have been received within the child welfare system during the last 12 months?	
2. How many complaints from or on behalf of children in formal care have been received in criminal, civil or family tribunals during the last 12 months?	
3. How many complaints were filed by the children in formal care themselves?	
4. How many complaints were filed by representatives or third parties on behalf of children in formal care?	
5. How many complaints were related to neglect?	
6. How many complaints were related to abuse?	
7. How many complaints were related to exploitation?	
8. How many complaints were related to torture or degrading or inhuman treatment?	
9. How many complaints from or on behalf of children in formal care received a resolution, either judicial or non-judicial, during the last 12 months?	
10. How many complaints were dismissed by judicial or non-judicial bodies on formal grounds during the last 12 months?	
11. How many claims/complaints were dismissed by judicial or non-judicial bodies on substantial grounds during the last 12 months?	
12. What was the average time elapsed between the date of receipt of the complaint and the date of its resolution?	
13. How many complaints from or on behalf of children in formal care received a resolution in criminal, civil or family tribunals during the last 12 months?	
14. What was the average time elapsed between the date of receipt of the complaint and the date of its resolution?	
15. How many complaints from or on behalf of children in formal care were received by the child welfare system and resolved during the last 12 months by criminal, civil or family tribunals?	
16. How many resolutions on neglect, abuse, exploitation or torture of children in formal care have resulted in criminal and/or civil convictions during the last 12 months?	

Additional NGO survey (backed by official reports, press releases and court records, among others)

NGO survey to offer verification of the existence of, and measure the effectiveness of, accessibility and impartiality of the complaints mechanism	Number
<i>Survey questions</i>	
1. How many complaints on neglect, abuse, exploitation or torture were brought before your organization by or on behalf of children living under formal care during the last 12 months?	
2. How many of these complaints did your organization bring before local, regional or national authorities during the last 12 months?	
3. Did your organization resort to an existing complaints mechanism within the child welfare or other systems?	
4. In how many complaints related to neglect, abuse, exploitation or torture of children in formal care did your organization unofficially mediate between the affected child and child welfare authorities or affiliated persons during the last 12 months?	
5. How many of these mediations were successful?	
6. How many complaints about neglect, abuse, exploitation or torture of children in formal care has your organization brought before international bodies or organizations?	
7. Were these complaints brought forward before or after exhausting domestic remedies?	
8. How many complaints about neglect, abuse, exploitation or torture of children in formal care has your organization brought before the media?	
9. Were these complaints brought forward before or after filing a complaint with official authorities?	
10. From the total number of complaints in which your agency was involved, how many were resolved to the child's satisfaction?	

Policy Analysis Tool 3: Existence of system for registration and regulation

Completion of Policy Analysis Tool 3 provides information for Indicator 15.

Measurements

This instrument is intended to assist policy analysts in identifying and critically examining the existence and effectiveness of systems for registration and regulation of formal care providers for children and comparing them at the regional or global level. The measurement tool aims to offer a systematic method for benchmarking registration and regulation procedures in formal care services globally, thus facilitating assessment of the extent to which opportunities for scrutiny, review and improvement of conditions in formal care exist. Information for this tool may be gathered at the central level from country legislation, governmental ministries such as ministries of child welfare, and existing literature and reports, and at the local level from social service organizations, departments that directly deliver formal care services, welfare homes, community volunteer organizations, NGOs, transit centres and places of detention.

Scoring method

Each area for analysis focuses on two levels of enquiry: **laws** and **policy**. Either the area exists in law or policy, or both. Wherever it exists, then the survey question is given one point, and where it does not exist it is given zero. Thus, scoring would require completion as in the example below:

Example	Law	Policy
Subject area		
<i>Survey questions</i>		
Question 1	1	1
Question 2	0	1
Question 3	1	0
Question 4	0	0
Total	2/4	2/4

Existence of registration system	Law	Policy
<i>Survey questions</i>		
1. Is there an established system whereby any individual/agency that wishes to formally look after children either voluntarily, for profit or as part of a government function must register for approval with the government or an independent body?		
2. Where such a system as in 1 exists, is the individual/agency required to meet minimum standards for registration set by the government or independent body before such registration can take place?		
3. Is there an established system to regulate the status of registration through a process of periodic review of the registered individual/agency against a set of minimum standards?		
4. Does the registering authority have the legal mandate to de-register an individual/agency that fails to comply with the minimum standards set for registration?		
Total	/4	/4

Existence of inspection system	Law	Policy
<i>Survey questions</i>		
1. Is there an established system guaranteeing regular inspection visits by external, independent persons or bodies, such as inspectors or visiting committees, to places of detention where children in formal care are held?		
2. Is there a system guaranteeing regular visits to formal care placements by social workers or other government social welfare senior management representatives?		
3. If neither visits from independent persons nor from social welfare senior managers or social workers are guaranteed, are there any other mechanisms for regular scrutiny and improvement of formal care services?		
4. Is the purpose of regular visits to evaluate compliance of the formal care service with laws and standards?		
Total	/4	/4

Conduct of inspection	Law	Policy
<i>Survey questions</i>		
1. Are inspectors entitled to conduct unannounced inspections?		
2. Are inspectors entitled to conduct inspections on their own initiative?		
3. Are inspectors entitled to access all employees working in a formal care setting, including care workers and ancillary staff, in confidence?		
4. Are inspectors entitled to access the records of employees working in a formal care setting?		
5. Are inspectors entitled to access children looked after by the formal care service, in confidence?		
6. Are inspectors entitled to access the records of children in formal care?		
7. Are medical officers or public health services entitled to participate in inspections?		
Total	/7	/7

Results of inspection	Law	Policy
<i>Survey questions</i>		
1. Are inspectors required to submit reports on the findings of inspection visits, including their evaluation and recommendations?		
2. Is investigation and prosecution required when inspectors have found a potential violation of laws or standards concerning children in formal care?		
Total	/2	/2

Grand total of all survey questions	/17	/17
Percentage	/100	/100

Collation of scoring from Policy Analysis Tools

The tables below provide a simple means to generate an overview of the collated information from Policy Analysis Tools 1–3. Each table provides a summary of the three tools. In addition, it may be relevant to include here a summary of significant findings – both positive and negative – from the quantitative section of Policy Analysis Tool 2 for Indicator 14.

Indicator 13: Existence of legal and policy framework for formal care		Law	Policy
Subject area			
Prevention of separation of children and families		/8	/8
Preference for placement of children in family-based care		/5	/5
Use of institutionalization as a last resort and temporary measure		/4	/4
Child and youth involvement in placement decisions		/9	/9
Grand total		/26	/26
Percentage		/100	/100

Indicator 14: Existence of complaints mechanisms for children in formal care		Law	Policy
Subject area			
Existence of complaints mechanisms		/15	/15
Grand total		/100	/100
Percentage		/100	/100

Indicator 15: Existence of a system of registration and regulation		Law	Policy
Subject area			
Existence of registration system		/4	/4
Existence of inspection system		/4	/4
Conduct of inspection		/7	/7
Results of inspection		/2	/2
Grand total		/17	/17
Percentage		/100	/100



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