

# PROTOCOL AND TOOLS FOR A NATIONAL CENSUS AND SURVEY ON CHILDREN IN RESIDENTIAL CARE



© UNICEF/UN074437/Dormino

## Rationale

Many countries still lack accurate statistics on the number, characteristics and well-being of children living in residential care institutions. Official records typically capture only a small fraction of the actual number of children in residential care, and children living in privately owned centres are often not counted. Therefore, there is an urgent need for countries to invest in efforts to produce accurate and comprehensive listings of all existing residential care facilities; they also need to undertake, at regular intervals, thorough counts of the children living in these facilities in order to strengthen official records. Periodic data collection about the well-being of children in residential care will also be necessary to improve service delivery. All this information will serve to strengthen government capacity to design effective care reform and respond to the specific needs of children living in residential care.

A child's care status impacts his or her health, developmental outcomes and general well-being, both during childhood and later in life. Children outside of a family setting are more likely than their family-based peers to experience abuse, neglect, exploitation, lack of stimulation, poor nutrition and toxic stress, with lifelong physical and psychological repercussions. Moreover, children living in institutional settings are frequently missing from official statistics since reporting for many indicators, particularly those that comprise global monitoring frameworks such as the Sustainable Development Goals (SDGs), rely heavily on data collected through household surveys.

To address this gap, the Data and Analytics Section at UNICEF Headquarters has developed a data collection protocol and tools for conducting a census of residential care facilities, the enumeration of children, and a survey of child well-being that can be replicated and adapted in a variety of country contexts.

## Scope

This is the first-ever comprehensive package developed to collect data on children living in residential care settings. It is comprised of a protocol that outlines the recommended steps for gathering the data; 12 data collection tools; and a comprehensive implementation package covering all aspects from design to dissemination of the findings.

These objectives are achieved through two phases of data collection: Phase One aims to collect data on the number, location and basic characteristics of all residential care facilities in a country as well as the number and basic characteristics of all children living in these institutions. Phase Two is a follow-up survey on a representative sample of children living in such facilities to collect data on selected measures of well-being.

For Phase One, data are collected on key characteristics of the residential care facility (such as staffing, length of operation, registration/licensing status, etc.). A roster is compiled to generate a complete listing of all residents living in the facility and to record their basic characteristics, such as age and sex. An Observation Checklist is also completed to capture information about the facility's infrastructure, the availability of basic amenities, and any obvious signs of health or safety issues. Finally, a physical count and visual verification is conducted to confirm the presence of all children listed as residents in the roster.

For Phase Two, questionnaires include modules adapted from those used in the Multiple Indicator Cluster Surveys and other widely-implemented surveys as well as some other validated measures.

Questionnaires are administered to caregivers and social workers for a representative sample of children under 15 years of age living in the facilities. Direct interviews are also conducted with a representative sample of adolescents aged 15 to 17 years and their social workers. For children and adolescents of all ages, basic information about their background is captured. For children under age 5, data are collected on a range of topics, including early child development, child functioning, exposure to non-violent and violent disciplinary methods, and treatment and care-seeking for illnesses. The questionnaire also includes a module on anthropometry to collect height and weight information for each selected child. For children 5 to 14 years old, questionnaires contain modules on topics including child functioning, work and activities, exposure to non-violent and violent disciplinary methods, and foundational learning skills (administered directly to children 7 to 14 years old). For adolescents aged 15 to 17 years, data are collected on functional difficulties, work and activities, exposure to non-violent and violent disciplinary methods, violence and unintentional injuries, and resilience.