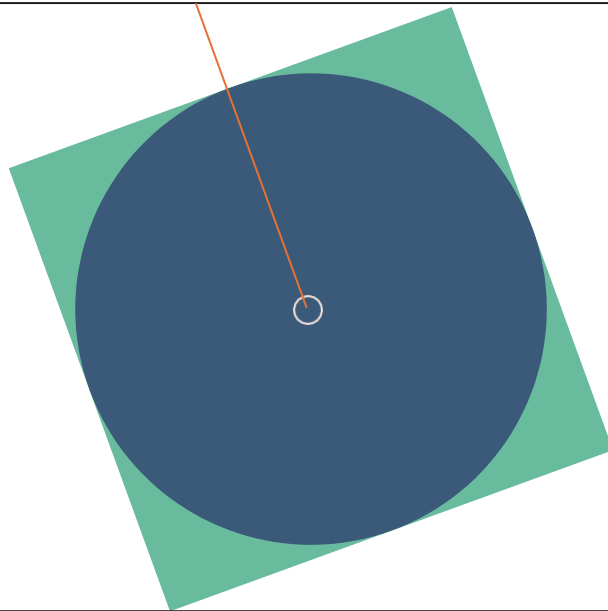October 2024

Care System Reform Performance Indicators
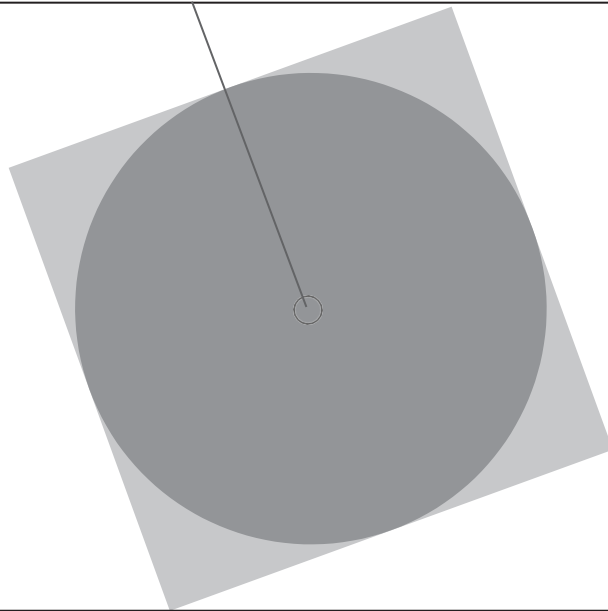
October 2024

Care System Reform Performance Indicators

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Contents

Abbreviations

CSO   Civil Society Organization

D4I   Data For Impact

IRS   Indicator Reference Sheets

MTEF   Medium-term Expenditure Framework

PAP   Prospective Adoptive Parents

RCF   Residential Care Facility(ies)

SIL   Supervised Independent Living

SSW   Social Service Workforce

UASC   Unaccompanied and Separated Children

Introduction

Around the world, many countries are striving to reform their care systems to ensure appropriate care for children without or at risk of losing parental care. These reforms are underpinned by a growing body of evidence illustrating the benefits of family-based care on children's development and the adverse impacts of institutionalization.[1] Care system reforms across countries largely focus on:

1. Strengthening the capacity of families and communities to care for their children
2. Addressing the care and protection needs of vulnerable or at-risk children to prevent separation from their families
3. Decreasing reliance on residential care and promoting reintegration of children
4. Ensuring that appropriate family-based alternative care options are available

In the context of ongoing reforms, there is a need for an assemblage of relevant data to monitor and evaluate the effectiveness of reforms, including progress toward deinstitutionalization and protection gaps that children face. Notably, submissions to the UN Committee on the Rights of the Child's Day of General Discussion 2021 on Children's Rights and Alternative Care point to data as an essential tool to monitor conditions for children in alternative care and to inform funding, policy, program, and other decisions about children's lives. For example, the availability of accurate and disaggregated data can directly inform government policy and practice by providing clear information on how the care system is functioning.

Care System Reform Performance Indicators

In 2021, the Data for Impact (D4I) team developed a care system reform logic model to provide a shared conceptual and measurement framework to guide planning and enable decision makers to accurately track progress and performance in strengthening national care systems at the country level.

In addition, a mapping exercise was conducted to identify indicators to measure the progress and outcomes of reforms at the country level. The exercise yielded 501 indicators across seven domains/system components.[2] These were identified through a review of various resources, including indicator handbooks, manuals, and toolkits. All indicators were reviewed to eliminate duplicated indicators or indicators perceived to measure the same construct, culminating in a reduction from 501 to 170 indicators.

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[1] Care reform refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote the reintegration of children, and ensure appropriate family-based alternative care options are available.

[2] The seven domains include governance, service delivery, financing, social service workforce, monitoring and evaluation, and norms and practices public attitudes and values.

Indicator Prioritization

An indicator prioritization exercise was undertaken to further narrow the list of indicators. D4I team members across different countries (Armenia, Columbia, Moldova, Rwanda, and Uganda) were invited to jointly review and refine the list of indicators across the different system components and care domains. The review process was guided by the CREAM criteria for selecting good performance indicators:[3]

1. **C**lear: precise, understandable, unambiguous
2. **R**elevant: appropriate to the subject
3. **E**conomic: data available/can be obtained at a reasonable cost
4. **A**dequate: ability to provide sufficient information to measure performance
5. **M**onitorable: availability of information, consistent over time, and open to independent scrutiny

This process yielded 43 indicators across different system components (Appendix A).

In 2022, D4I engaged members of the measurement taskforce to further review and confirm prioritization of a final set of indicators using the criteria outlined in Table 1. This process included a review of the alignment between this set, UNICEF's Statistical Manual for a Core Set of Child Protection Indicators in Europe and Central Asia, and a draft diagnostic toolkit for assessing administrative data systems for children in alternative care and adoption and Kafalah for global application. Those indicators with the same or similar indicators identified in these comparison documents are marked with an asterisk (*).

Table 1. Indicator Prioritization Criteria

	Criteria	Description
Evidence that the indicator is needed	Importance/Relevance	Is the indicator appropriate and relevant for measuring care reform progress at the national level?
	Applicability in different settings	The degree to which an indicator is relevant in diverse settings
	Usefulness	Does the indicator produce information which is needed and useful for decision making at the national level (e.g., will it help inform alternative care policy and programming)?
Appropriateness and monitoring merit of the indicator	Technical merit	Does the indicator provide a clear and focused measure of progress in relation to alternative care for children (e.g., there is a clear understanding of what changes in the value of the indicator mean)?

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[3] Schiavo-Campo, S. 1999. "Performance in the public sector," Asian Journal of Political Science, 7(2).

	Criteria	Description
	Credibility	Has the indicator has been recommended and/or used by leading experts and organizations represented in the Task Force?
Feasibility to collect and analyze data	Feasibility	Is it feasible to collect data for this indicator with reasonable and affordable effort?
	Existing system	Are systems and mechanisms needed to collect data for this indicator functioning?
	Data availability	Is data currently available to report on this indicator?

D4I then used the prioritized list of care system performance indicators to develop indicator reference sheets (Appendix B). The performance indicator reference sheets (PIRS) include full descriptions of each indicator, including a definition of the terms used in each indicator, the numerator and denominator, the method of measurement, the data source, and data disaggregation.

Appendix A. Performance Indicators by System Component

Governance

Indicator	Description
1. Legal and policy framework on formal alternative care	Existence of national legislation and policy on formal alternative care
2. Existence of a national care reform strategy	Existence of an up-to-date national plan of action or care reform strategy
3. Ratification to the Hague Convention	Ratification to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption
4. Gatekeeping system	Existence of gatekeeping system (procedures/mechanisms) for determining that a care placement is needed, and that an individual child's needs are matched with the proposed care setting
5. Minimum standards for alternative care provision	Existence of minimum standards of care for formal alternative care options
6. Licensing and inspection system	Existence of a system for licensing, inspection, and monitoring of alternative care service provision
7. Complaints mechanisms for children in formal care	Existence of accessible and child-friendly complaint and feedback mechanisms for children in alternative to safely report abuse and exploitation
8. Multisectoral coordination	The existence of a functioning, national, multisectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies for care reform

Service Delivery

Indicator	Description
Placement capacity	
9. Residential care facilities	Number of residential care facilities for children on a specific date[4]
10. Residential care facilities meeting minimum standards	Proportion of residential care facilities that meet minimum standards of care on a specific date
11. Closure/transformation of residential facilities	Proportion of residential care facilities closed/transitioned within a specified period
12. Approved foster families	Number of formal foster families on a specific date
13. Foster care placements	Number of formal foster families placed with children within a specified period[5]
14. Registered adopted parents	Number of registered prospective adoptive parents (PAP)
Stock	
15. Children living in residential care	Number of children in residential care on a specific date[6]
16. Children in alternative family and community-based care	Number of children in alternative family or community-based care on a specific date[7]
Flow (Entering and leaving care)	
17. Children entering residential care	Number of children entering residential care within a specified period[8]
18. Children entering foster care	Number of children placed in formal foster care within a specified period
19. Children who left residential care for a family placement	Proportion of children who left residential care for a family placement[9]
20. Children exiting foster care	Number of children who left foster care within a specified period.
Permanent family placement	
21. Adoptions	Number of children adopted within a specified period[10]
22. Children available for adoption	Number of children available for adoption on a specific date[11]
Case management	
23. Existence of valid-care order	Proportion of children in formal alternative care with a valid care order

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[4] Similar to UNICEF indicator 1
[5] Similar to UNICEF indicator 2
[6] Similar to UNICEF indicator 4
[7] Similar to UNICEF indicator 5
[8] Similar to UNICEF indicator 7
[9] Similar to UNICEF indicator 10
[10] Similar to UNICEF indicator 16
[11] Similar to UNICEF indicator 18

Indicator	Description
24. Existence of individual care plans	Proportion of children in formal alternative care who have an up-to-date individual care plan
25. Placement review	Proportion of children in formal alternative care whose placement has been reviewed within the last three months
26. Contact with parents and family	Proportion of children in residential care who have regular contact with family members.
27. Follow up after reunification	Proportion reunified children who received a follow-up visit by the case worker within a specified period

Social Service Workforce[12]

Indicator	Description
28. Workforce assessment	Existence of a national workforce assessment and analysis carried out within the past four years.
29. Regulatory framework for the social service workforce (SSW)	Existence of a regulatory framework for the social service workforce at the national and/or subnational level
30. Licensing and registration of the social service workforce	Existence of a system of licensing and registration of social service professionals
31. Registered social service workers	Number of registered social service workers, by cadre
32. Social service workers with responsibility for children's care and protection	Number of social service workers with responsibility for children's care and protection per total child population per 100,000 children.
33. Vacancy rates	Vacancy rates of government social service workforce positions, by cadre
34. Minimum Standards and competency framework	Existence of minimum standards and a competency framework for social work education and training
35. Existence of a functional national professional association for social service practitioners	Existence of professional associations relevant to the social service workforce recognized by the national government as legitimate and legally approved

Financing

Indicator	Description
36. Costed national plan	Existence of a costed government strategy/plan for children's care and protection
37. National MTEF incorporates costs for care system reform and alternative care	Existence of a national medium-term expenditure framework (MTEF) which includes costs for care system reform and alternative care provision
38. Budget allocation for children's care and protection	Proportion of the government budget allocated to children's care and protection

Social Norms

Indicator	Description
39. Advocacy and communication strategy	Existence of a national advocacy strategy promoting family-based care for children without parental care.
40. Awareness-raising campaigns	Existence of awareness-raising campaigns to support child's rights to live in a family/promote family-based care for children without parental care

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[12] The social service work force related indicators were reviewed as against those in the Results-Matrix-for-SSW-Strengthening.pdf (socialserviceworkforce.org) and
https://www.socialserviceworkforce.org/system/files/resource/files/Social_Service_Workforce_Mapping_Toolkit.pdf

Monitoring and Evaluation (M&E) and Information Systems

Indicator	Description
41. National indicators on formal care	Existence of a national set of indicators on formal care with periodic targets
42. Existence of an administrative system	Existence of administrative data system(s) that track and report data on children in formal care at the national and sub-nation level, disaggregated by age, disability, sex and parental status
43. Registry for formal care providers	Existence of a national database/registry for all formal care providers (by district/geographic location), updated within the past year

Appendix B. Performance Indicator Reference Sheets (PIRS)

Governance

Governance, in the context of care reform, refers to the systems, structures, policies, and processes put in place to oversee and regulate the provision of alternative care services for children. Care reform governance typically includes the following components:

a) Legal and policy framework (i.e., policies, legislations, and regulations supportive of effective care)

b) Gatekeeping procedures

c) Mechanism for authorising care services and ensuring minimum standards of care are met

d) Mechanisms to address complaints, grievances, and violations of rights within the care system

e) Multi-stakeholder collaboration

This component is aimed at ensuring effective and accountable management of care services, promoting the rights and well-being of children in care, and continuously improving the quality and effectiveness of care provision.

Indicator 1: Legal and policy framework on formal alternative care	
Definition	Existence of national legislation and policy on formal alternative care that specifies: • 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
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established national legislation and policy specifically addressing formal alternative care for children, providing the necessary legal basis and guidance for the provision of alternative care services. Measurement of this indicator will determine the degree to which there is a legal and policy framework in place that meets the guidance and minimum standards on formal care set out in the UN Convention on the Rights of the Child, 1990, Guidelines for the Alternative Care of Children, 2009, UN Convention on the Rights of Persons with Disabilities, 2008

Indicator 1: Legal and policy framework on formal alternative care	
	and The Resolution on the Rights of the Child adopted by the United Nations General Assembly on 18 December 2019
Measurement	As a policy indicator, this indicator specifies 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 the measurement of this indicator.
Data Source(s)	The primary data sources for this indicator are national legislation, regulations, or policy documents pertaining to formal alternative care
Disaggregation	Disaggregating the data by different aspects can provide additional insights. Potential disaggregation options include analyzing the specific types of alternative care addressed (e.g., foster care, residential care, adoption), or alignment with international standards and guidelines on alternative care.
Frequency	This indicator is typically assessed periodically, as legislative and policy changes may occur over time. It is recommended to review the indicator at regular intervals to ensure that the data reflects the status of national legislation and policy on formal alternative care.
References	[Manual for the Measurement of Indicators for Children in Formal Care](#)

Indicator 2: Existence of a national care reform strategy	
Definition	Existence of an up-to-date national plan of action or care reform strategy
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis

Indicator 2: Existence of a national care reform strategy	
Rationale	This indicator assesses whether a country has a national strategy with precise goals and objectives, which specifies mechanisms to provide care for children separated from their families or at risk of separation, including measures to prevent family separation or strengthen families, and to ensure access to appropriate alternative family and community-based care options for children without parental care.
	A national care reform strategy provides a comprehensive framework to improve the overall well-being and outcomes of children in the care system. It also provides a clear framework for accountability and oversight within the care system. It establishes mechanisms for monitoring and evaluating the effectiveness of interventions, policies, and practices, ensuring that the system is responsive, transparent, and accountable to the needs of children and families.
	As a policy indicator, it allows for tracking progress, identifying gaps and ensuring that resources are allocated appropriately.
Measurement	The calculation for this indicator involves determining whether a country has an up-to-date national plan of action or care reform strategy. The data for this indicator can be collected through a review of national policy documents, strategic plans, official government publications, or reports related to childcare and protection. All strategies or action plans concerning the formal care of children within a country must be considered in the measurement of this indicator.
Data source (s)	The primary data sources for this indicator are official government documents, policy papers, or publications related to the national plan of action or care reform strategy. It is recommended to use the most recent and up-to-date sources available to accurately reflect the current status of the plan or strategy.
Disaggregation	N/A
Frequency	**Annually, on an agreed date.** This indicator should be assessed periodically to capture any updates or changes in the national plan of action or care reform strategy. It is recommended to review the indicator at regular intervals to ensure that the data reflects the current status of the plan or strategy.
References	[Measuring and Monitoring Child Protection System: Proposed Regional Core Indicators for East Asia and the Pacific](#)

Indicator 3: Ratification to the Hague Convention	
Definition	Ratification to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No) or Date of Ratification
Calculation	Qualitative analysis
Rationale	This indicator measures the status of a country's ratification or accession to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption. The Hague Convention is an international agreement aimed at safeguarding the best interests of children in inter-country adoptions and promoting cooperation among countries involved in such adoptions. Ratification to the Hague Adoption Convention demonstrates a country's commitment to promoting ethical and secure inter-country adoptions, protecting the best interests of children, and preventing the abduction, sale, or trafficking of children under the guise of adoption. It facilitates international cooperation and mutual recognition of adoption procedures between member countries, providing safeguards for children and PAP involved in inter-country adoption processes.
Measurement	Data for this indicator can be obtained from official government sources, such as the Ministry of Foreign Affairs or relevant international treaty databases/official treaty depositories. It is important to verify the accuracy of the data by referring to official government announcements, legal documents, or declarations of ratification. Ratification status may change over time, so it is essential to access the most current and reliable sources for accurate measurement of country ratification to an international treaty like the Hague Convention.
Data source (s)	Depository of Treaties
Disaggregation	N/A
Frequency	This indicator is typically a one-time measurement, as it reflects the status of ratification or accession to the Hague Convention by a country

Indicator 3: Ratification to the Hague Convention	
Additional notes	This indicator reflects the formal ratification or accession to the Hague Convention but does not provide information on the implementation or compliance with its provisions. Additional indicators related to the effective implementation of the convention's principles, such as the establishment of competent authorities or the adherence to the convention's requirements in inter-country adoption procedures, would complement this indicator in assessing a country's adoption practices comprehensively.
References	[Measuring and Monitoring Child Protection System: Proposed Regional Core Indicators for East Asia and the Pacific]

Indicator 4: Gatekeeping system	
Definition	Existence of gatekeeping system (procedures/mechanisms) for determining that a care placement is needed, and that an individual child's needs are matched with the proposed care setting
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established a gatekeeping system consisting of procedures and mechanisms to determine the need for a care placement and ensures that individual children's needs are matched appropriately with the proposed care setting. Gatekeeping involves the careful evaluation and decision-making process regarding the necessity and suitability of placing a child in alternative care. Effective gatekeeping helps to prevent unnecessary separation of children from their families, and ensures that alternative care placements, such as foster care or kinship care, are considered based on the child's best interests and children without parental care receive appropriate and continuous support in nurturing and stable environment that promotes their overall well-being.
Measurement	The data for this indicator can be collected through a review of relevant national policies, guidelines, protocols, or procedures related to the placement of children in alternative care. This review can be conducted by referring to official government publications, child protection frameworks, or by consulting with relevant government agencies responsible for child welfare and protection.
Data source (s)	The primary data sources for this indicator are official government documents or publications related to the gatekeeping system for care placement, including policy documents, guidelines, or procedural manuals related to the gatekeeping system. Decision-making protocols, decision criteria, or documented procedures for determining care placement.
Disaggregation	N/A
Frequency	This indicator should be assessed periodically to capture any changes in policies, procedures, or mechanisms related to the gatekeeping system. It is recommended to review the indicator at regular intervals to ensure that the data reflects the status of the gatekeeping system for care placement.

Indicator 4: Gatekeeping system	
Additional notes	This indicator focuses on the existence of a gatekeeping system and does not assess the effectiveness or quality of implementation. Additional indicators related to the adherence to gatekeeping procedures, monitoring mechanisms, quality assurance, or child participation can provide a more comprehensive understanding of the gatekeeping system's performance.
References	Better Care Network (BCN) Country Snapshots Tool for Assessing and Monitoring National Alternative Care Systems

Indicator 5: Minimum standards for alternative care provision

Definition	Existence of minimum standards of care for formal alternative care options
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established minimum standards of care specifically designed for formal alternative care options. Minimum standards of care provide guidelines and benchmarks for ensuring the well-being, safety, and development of children placed in formal alternative care settings, such as foster care, residential care, or adoption. Minimum standards refer to a set of established criteria and guidelines that outline the essential requirements and expectations for the quality of care provided to children in alternative care settings, such as foster care and residential facilities. Minimum standards establish a benchmark for the quality of care provided. The existence of minimum standards for alternative care provision at the county level is crucial for safeguarding the rights, well-being, and quality of life of children and promoting a consistent, accountable, and coordinated approach to alternative care services.
Measurement	This indicator should be determined by establishing the existence of minimum standards of care for formal alternative care options, including foster care, residential care, and guardianship. The data for this indicator can be collected through a review of national legislation, regulations, policies, guidelines, or official government publications related to alternative care.
Data source (s)	Official government documents or publications related to minimum standards of care for formal alternative care options
Disaggregation	Type of formal care setting
Frequency	Annually, on an agreed date
Additional notes	This indicator focuses on the existence of minimum standards of care and does not assess the quality of implementation or adherence to the standards. Additional indicators related to monitoring, evaluation, and enforcement mechanisms, capacity building efforts, or the involvement of relevant stakeholders can provide a more comprehensive understanding of the effectiveness of the minimum standards.
References	Manual for the Measurement of Indicators for Children in Formal Care

Indicator 6: Licensing and inspection system

Definition	Existence of a system for licensing, inspection, and monitoring of alternative care service provision
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established a system for licensing, inspection, and monitoring of alternative care service providers. The system ensures that providers of alternative care, such as foster care agencies, residential care facilities, or adoption agencies meet specific standards and are subject to regular oversight to safeguard the well-being and rights of children in their care.
	The assessment, authorisation, and regular inspection of all formal alternative care providers are fundamental to ensuring appropriate and high-quality responses. Establishing a licencing and inspection system can enable the government effectively to monitor alternative care provision and ensure adherence to minimum standards of care by all alternative care service providers.
	This indicator measures whether care providers are authorized. Governments must be aware of care providers within their jurisdiction to ensure that any services provided comply with the law and any requirements or standards are set by the competent authorities.
Measurement	Measurement for this indicator involves determining whether a country has a system in place for licensing, inspection, and monitoring of alternative care service providers. The data for this indicator can be collected through a review of national legislation, regulations, policies, guidelines, or official government publications related to the licensing, inspection, and monitoring of alternative care service provision.
Data source (s)	Data sources include: a) legal documents, regulations, policies, or legislation related to licensing, inspection, and monitoring of alternative care services, b) publicly accessible registers or databases of licensed alternative care providers, or inspection reports, and c) inspection checklists, inspection reports, or documented procedures for conducting inspections of alternative care facilities.
Disaggregation	Type of formal care setting

Indicator 6: Licensing and inspection system	
Frequency	Annually, on an agreed date. This indicator should be assessed periodically to capture any updates or changes in the licensing, inspection, and monitoring system. It is recommended to review the indicator at regular intervals to ensure that the data reflects the current status of the system.
Additional notes	Additional indicators related to the adequacy of resources and capacity for oversight, the frequency and comprehensiveness of inspections, or the availability of sanctions for non-compliance can provide a more comprehensive understanding of the system's performance
References	[Manual for the Measurement of Indicators for Children in Formal Care](#)

Indicator 7: Complaints mechanisms for children in formal care	
Definition	Existence of accessible and child-friendly complaint and feedback mechanisms for children in alternative care to safely report abuse and exploitation
Numerator	N/A
Denominator	N/A
Unit of Measurement:	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established accessible and child-friendly complaint and feedback mechanisms for children in alternative care. These mechanisms enable children to safely report incidents of abuse, neglect, or exploitation and provide a platform for them to share their experiences, concerns, or suggestions regarding their care arrangements. An essential part of effective management arrangements for children's services is robust and accessible procedures that provide for the thorough, confidential, and speedy investigation of complaints and allegations by children against staff and other children. Ideally, this includes 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.
Measurement	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. Although the existence of complaints systems and accessibility to these systems are important, even more significant is the evidence of whether and how complaints are acted upon and the outcomes of these complaints.
Data source (s)	Policies, guidelines, or documented procedures that address confidentiality and anonymity within the complaint and feedback mechanism; policies, protocols, or documented procedures for follow-up, and ensuring the safety and protection of children reporting incidents
Disaggregation	Type of formal care setting and type of formal complaint system
Frequency	Annually, on an agreed date

Indicator 7: Complaints mechanisms for children in formal care	
Additional notes	This indicator focuses on the existence of accessible and child-friendly complaint and feedback mechanisms and does not assess the effectiveness or quality of implementation. Additional indicators related to the awareness and utilization of the mechanisms, response and follow-up processes, confidentiality safeguards, or child participation in decision making can provide a more comprehensive understanding of the functionality and impact of the mechanisms.
References	Manual for the Measurement of Indicators for Children in Formal Care

Indicator 8: Multi-stakeholder collaboration	
Definition	Existence of a functioning, national, multisectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies for care reform
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established a functioning, national, multi-sectoral, multi-stakeholder coordination mechanism responsible for overseeing national plans or strategies for care reform. The existence of a coordination mechanism facilitates collaboration and coordination among various sectors and stakeholders involved in care reform efforts to ensure effective implementation, monitoring, and evaluation of care reform initiatives.
Measurement	This indicator requires the collection and analysis of relevant data to determine the level of presence and effectiveness of the national coordination mechanism for care reform. The coordination mechanism should include: a) a formally established structure with clear roles, responsibilities, and decision-making processes, b) representatives from relevant government agencies, such as those responsible for child welfare, education, health, justice, social services, as well as representatives from civil society organizations (CSOs), academia, and individuals with lived experience, and c) a defined mandate and the necessary authority to oversee and coordinate care reform efforts at the national level. It should be backed by legal or policy frameworks that empower it to guide, monitor, and enforce compliance with national plans or strategies for care reform.
Data source (s)	Official government documents, terms of reference, or legislation establishing the coordination mechanism
Disaggregation	Potential disaggregation options include analyzing the composition of the coordination mechanism (e.g., sectors represented, stakeholders involved), regional or subnational variations in coordination efforts, or the level of engagement and participation of civil society organizations and communities
Frequency	Annually, on an agreed date
References	Tool for Assessing and Monitoring National Alternative Care Systems Measuring and Monitoring Child Protection System: Proposed Regional Core Indicators for East Asia and the Pacific

Service Delivery

Children without parental care or who are unable to live with their biological families require alternative care to ensure their well-being, development, and protection. Alternative care is provided in various forms, such as foster care, kinship care, residential care, group homes, or specialized institutions, depending on the needs and circumstances of the individuals involved. These services aim to ensure the well-being, development, and protection of vulnerable individuals, particularly children, elderly individuals, or individuals with disabilities.

Service delivery indicators can help provide data to assess/measure: a) placement, stock (number of children in care), the flow of children in alternative care (i.e., entering and leaving care), permanent family placement, and quality of case management. These indicators should be informed by data from a national data collection system and coordinated by appropriate government agencies to ensure proper aggregation.

Data generated for reporting on these quantitative indicators will be valuable for monitoring and making management and programming decisions when further disaggregated. The table below outlines the suggested categories of disaggregation. They vary slightly depending upon which indicator is being measured.

Table 2. Disaggregation categories

Disaggregation category	Description
Sex	• Female • Male
Age	The child's age will be given individually for each child during data collection. For the 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.
Ethnicity	Categories of ethnicity will need to be determined in each particular country's context
Parental status	• Both parents living • One parent living • No parents living • Unknown
Disability status	• Disabled • Not disabled
Formal alternative Care	• Residential care • Foster care (can be further disaggregated into different types) • Legal guardianship • Kinship care (where formalized)

Disaggregation category	Description
	• Support independent living
Residential care setting [13]	• Large-scale institution • Small group home • Infant/baby home • Specialized residential care • Emergency shelters • Transit/crisis centers • Boarding schools (if applicable)
Category of adoption	• Domestic • Inter-country
Types/Forms of foster care	• Emergency foster care • Short-term foster care • Specialised foster care • Long-term foster care • Respite/short breaks foster care • Fostering to adopt or pre-adoption foster care
Family placements	• Reunification with the birth parent • Foster care • Legal guardianship • Adoption or Kafalah (permanent family placement)
Permanent Family Placement	• Adoption • Kafalah
Community placement	• Supervised independent living (SIL)
Destination upon leaving care	• Death • Family placements • Community placement (e.g., SIL) • Other

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[13] Residential care refers to any group living arrangement where children are looked after by paid staff in a specially designated facility. It covers a wide variety of settings ranging from emergency shelters and small group homes, to larger-scale institutions such as orphanages or children's homes. Residential Care | Better Care Network

Indicator 9: Residential care facilities	
Definition	Number of residential care facilities for children on a specific date
Numerator	Total number of residential care facilities at a specified point in time
Denominator	N/A
Unit of Measurement	Number
Calculation	The sum of all residential care facilities, including both approved/licensed and unapproved/unlicensed
Rationale	The care system in many countries centers on a residential care approach and is primarily run by nonstate actors. Information from this indicator can be used to inform the inspection and monitoring of residential care facilities and can serve as evidence regarding progress in reducing the reliance on residential care.
Measurement	The indicator provides information on the number of residential care facilities (RCF) operating in a country at a specified point in time. RCF include all facilities that provide alternative care for children in any non-family-based group setting, including: • Shelters for emergency or temporary care • Places of safety • Transit centers in emergencies • Children's homes or orphanages • Children's villages • Boarding school (if applicable) • Special homes for children with disabilities • Small group-homes All RCF operating in the country should be totaled, regardless of their funding source (government-run, private, or non-governmental organizations [NGO]) and whether they possess a license or approval.
Data source (s)	Registry of alternative care provides, inspection reports, approval certificate/licenses
Disaggregation	• Licensing status (approved, unapproved) • Residential care facility type (transit centre, family-type homes, group-homes, etc) • Ownership (government, private, faith-based) • Administrative Division (e.g., regions and districts)
Frequency	Annual or semi-annual, or as agreed by the country
References	A Manual for Routine Monitoring of the Alternative Care in Ghana

Indicator 10: RCF meeting minimum standards	
Definition	Proportion of residential care facilities that meet minimum care standards on a specific date
Numerator	Total number of residential care facilities that meet minimum standards of care on a specific date
Denominator	Total number of residential care facilities for children assessed at a specified point in time
Unit of Measurement	Percentage
Calculation	(Total number of RCF meeting national standards)/(Total number of RCF assessed at a specified point in time) x 100
Rationale	This indicator provides information on the total number of RCF or children's homes which meet the minimum care standards for basic quality service provision outlined in the relevant guidelines, regulations, or standards. Adherence to the minimum quality standards is key to safeguarding children and ensuring a nurturing environment where they can thrive. In addition to being used for regulatory purposes, this indicator can be used to inform the development of programs to improve the quality of care in RCF.
Measurement	This indicator should be determined by counting the number of RCF that meet minimum care standards based on results from routine assessments. Minimum care standards need to have a clear threshold for determination.
Data source (s)	RCF assessment or inspection reports
Disaggregation	• Licensing status (approved, unapproved) • Residential care facility type (transit centre, family-type homes, group-homes, etc) • Ownership (government, private, faith-based) • Administrative division (e.g., regions and districts)
Frequency	Annual or semi-annual, or as agreed by the country
References	National Guidelines for Routine Monitoring of Alternative Care in Uganda Measurement framework of the Minimum Standards for Child Protection in Humanitarian Action (CPMS)

Indicator 11: Closure/transformation of residential facilities	
Definition	Proportion of RCF closed/transitioned within a specified period
Numerator	Total number of RCF closed or transitioned/transformed within a specified period
Denominator	Total number of RCF for children on a specific date
Unit of Measurement	Percentage
Calculation	(Numerator / Denominator) x 100
Rationale	Countries worldwide have embarked on reforms to close or transform residential care. Closure may be voluntary or enforced by the relevant authorities if they do not meet the minimum care standards or as part of national efforts to scale back institutional care in the country. Transformation involves supporting RCF (or children's homes) to shift from 'institutional care' to more family-based and community-based care options. The transformation of institutional care for children has been driven by a growing recognition of the importance of providing family-based care and of the negative effects that institutional care can have on children's development. Another important factor in the transformation of institutional care is the realization that institutional care is often not cost-effective. This indicator can be used for measuring progress toward deinstitutionalization and/or inform planning and budgeting to support the reintegration of children or alternative family-based placement.
Measurement	This indicator should be determined by counting the number of residential facilities that have been closed or transitioned/transformed within a specified period
Data source (s)	Administrative records
Disaggregation	• Licensing status (approved, unapproved) • RCF type (transit center, family-type homes, group-homes, etc) • Ownership (government, private, faith-based) • Administrative division (e.g., regions and districts)
Frequency	Annually
References	Child Protection Outcome Indicators

Indicator 12: Prospective foster parents	
Definition	Number of parents approved/authorised to provide foster care placements on a specific date
Numerator	Total number of parents approved/authorised to provide foster care placements on a specific date
Denominator	N/A
Unit of Measurement	Number
Calculation	The sum of the total number of approved/authorised foster care parents authorized to provide foster care placements within a specified period
Rationale	Monitoring the total number of approved foster care parents indicates the extent to which a pool of suitable foster parents is available for foster care placements as an alternative to residential care. In addition, comparing this indicator with the number of children in formal foster care can help show the extent to which formal foster care is being utilized as a family-based alternative care option. For instance, if a larger number of approved foster parents is available compared to children in formal foster care, this would suggest that foster care is being underutilized and actions should be made to address this gap. It also provides useful information for planning and budgeting for training for foster parents to help them meet the needs of children in their care. Lastly, monitoring the number of approved foster care parents will help determine the success of efforts to screen and approve foster parents and whether changes in approaches are needed.
Measurement	This indicator is determined by counting the number of approved foster parents consistent with national laws and foster guidelines. Assessment of actual numbers of approved foster parents requires complete and reliable documentation, record keeping, and reporting by the relevant agencies.
Data source (s)	• Register of foster parents kept by foster care agencies, relevant government departments, and foster care placement committees. • Foster care applications, foster care screening and training reports, and foster care licenses
Disaggregation	• Sex • Age of prospective foster parent(s) • Marital status (married/single) • Administrative division (e.g., regions and districts)
Frequency	Annually
References	N/A

Indicator 13: Foster care placements

Definition	Proportion of parents approved/authorized to provide foster care placements that had at least one foster child placed within a specified period
Numerator	Total parents authorized/approved to provide foster care placements during the reference period that had at least one foster child placed in the household for at least one night during the reference period
Denominator	Total number of parents authorized to provide foster care placements on a specific date
Unit of Measurement	Percentage
Calculation	(Numerator/Denominator) x 100
Rationale	This indicator can help monitor overall trends in foster care as a family-based care option for vulnerable children. Information on the foster families with placements for alternative care can be utilized by decision makers to more effectively allocate resources and plan services for the improvement of the foster processes.
Measurement	This indicator is determined by counting the total number of parents authorized to provide foster care placements during the reference period that had at least one foster child placed in the household for at least one night during the reference period. The unit of data collection is the number of placements of children. The calculation should consider the different types of foster care placements: Emergency foster care, short-term foster care, specialized foster care, long-term foster care, respite/short breaks foster care, and fostering to adopt or pre-adoption foster care.
Data source (s)	Registries in the Social Welfare offices
Disaggregation	• Sex (Male, Female) • Age of foster parent(s) • Marital status (married/single) • Administrative division (e.g., regions and districts)
Frequency	Annual, semi-annually
References	N/A

Indicator 14: Prospective adoptive parents (PAP)	
Definition	Number of approved PAPs
Numerator	Number of approved PAPs
Denominator	N/A
Unit of Measurement	Number of individuals or couples
Calculation	The sum of the total number of approved PAP in a specified period
Rationale	PAP are individuals or couples who have initiated the formal adoption process and have met the initial criteria set by the adoption authorities. Monitoring the total number of approved PAP provides an indication of the extent to which a pool of suitable adoptive parents is available. In addition, comparing this indicator with the number of children placed in adoption can help show the extent to which adoption is being used as a family-based care option. This indicator can also help measure the success of efforts to recruit PAP and whether changes in approaches are needed.
Measurement	The calculation for this indicator involves counting the number of individuals or couples who have completed the required documentation, assessment, or screening processes and are officially recognized as PAP within a specified period. To gain a comprehensive understanding of the adoption process, it is recommended to complement this indicator with additional indicators related to the number of finalized adoptions, waiting times, and post-adoption support.
Data source (s)	The data for this indicator can be obtained through adoption agencies, adoption registries, or government departments responsible for adoption. The data can be collected through registration forms, application processes, or official databases maintained by the adoption authorities. It is important to ensure that the data collection process is standardized and consistent across all relevant adoption agencies or authorities.
Disaggregation	• Sex • Age of PAP • Marital status of PAP • Nationality • Type of adoption • Administrative division (e.g., regions and districts)
Frequency	The indicator can be measured regularly, such as on a quarterly or annual basis, to track the number or percentage of PAP
References	N/A

Indicator 15: Children living in residential care	
Definition	Number of children in residential care on a specific date
Numerator	Total number of children in residential care on a specific date
Denominator	N/A
Unit of Measurement	Number
Calculation	The total number of all children who currently live in a residential care setting; sometimes referred to as the 'stock' of children in residential care
Rationale	This indicator provides information on the number of children (0-17 years) in residential care. Reliable data on the numbers of children living in residential care is essential to help government authorities develop evidence-based services and policy responses that aim to: 1) reduce the number of children living in residential care; and 2) ensure placement of children in appropriate, preferably family-based, alternative care arrangements that meet their best interests, when necessary. It also provides useful information for planning and budgeting of alternative care services. Collecting data on the total number of children in residential care can be used to assess the success of deinstitutionalization efforts by allowing measurement of the ratio of family type to residential care use. Further disaggregation will help in identifying disparities in the use of residential care for different groups of children, including children with disabilities. Comparison with Indicators 17 and 19 on children entering and leaving formal care will support an understanding of the movement of children in and out of residential care as well as the static population.
Measurement	This indicator requires the collection of snapshot information (information showing the situation on a specific date). The total number of children living in residential care is measured by counting all children in residential care facilities of children's homes, whether private or government-run, approved/licensed, or unapproved/unlicenced.[14] This information should be collected from the RCF or children's homes that directly provide residential care for children.
Data source (s)	Admission and exit records Children's case files
Disaggregation	• Sex • Age at the time of placement • Age at the time reporting

Indicator 15: Children living in residential care	
	• Ethnicity
	• Parental status
	• Disability status
	• HIV status (positive, negative)
	• Residential care setting (see Table 2)
	• Length of stay in care
	• Ownership (Public, private, faith-based)
	• Administrative division (e.g., regions and districts)
	• Country of origin
Frequency	Annually
Reference	[Manual for the Measurement of Indicators for Children in Formal Care](#) [A Manual for Routine Monitoring of the Alternative Care in Ghana](#) [Statistical Manual for a Core Set of Child Protection Indicators for Europe and Central Asia](#)

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[14] 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.

Indicator 16: Children living in alternative family and community-based care

Definition	Number of children in alternative family and community-based care on a specific date
Numerator	Total number of children in alternative family and community-based care settings on a specific date
Denominator	N/A
Unit of Measurement	Number
Calculation	The total number of children living in formal alternative family-based care and community-based care options on a specific date
Rationale	This indicator provides information on the number of children (0-17 years) in alternative family and community care options. Collecting data on the total number of children in the alternative family and community-based can be used to assess the success of deinstitutionalisation efforts by allowing measurement of the ratio of family type to residential care use. Disaggregation also will help in identifying disparities in the use of formal alternative care for different groups of children, including children with disabilities.
Measurement	This indicator requires the collection of snapshot information (information showing the situation on a specific date). This indicator is measured as the sum of children living across different alternative family and community care options, sometimes referred to as the 'stock' of children. This includes children living in: • Foster care • Legal guardianship. • Kinship care (where formalized) • SIL
Data source (s)	The data are best-collected in-country from the **registers kept by competent authorities such as courts or social work offices.** To calculate the total number of children who entered these family-based care arrangements during the year, by reason(s) for placement, the competent authorities will need to maintain records on all entries of children into formal family-based care. Administrative records such a court orders.
Disaggregation	• Sex • Age at the time of placement • Age at the time reporting • Ethnicity • Parental status

Indicator 16: Children living in alternative family and community-based care	
	• Disability status • HIV status (positive, negative) • Length of stay • Type of family and community-based care setting (foster care, legal guardianship, etc.) • Administrative division (e.g., regions and districts) • Country of origin
Frequency	Annually
Reference	Statistical Manual for a Core Set of Child Protection Indicators for Europe and Central Asia

Indicator 17: Children entering residential care (new admission)	
Definition	Number of children entering residential care during the reporting period
Numerator	Number of children entering residential care within a specific period
Denominator	N/A
Unit of Measurement	Number
Calculation	Sum of the total of children placed in residential care or children's homes during a specified time, sometimes referred to as the 'flow' of children into residential care
Rationale	This indicator will provide information on the number of children entering residential care ('flow' of children into residential care), during a given timeframe. This indicator can help to monitor overall trends in the use of residential care. Information on the flow of children into residential care can be utilized by decision makers to more effectively allocate resources and plan services to support the transition of children from residential care to family-based care.
Measurement	This indicator is determined by counting the number of children who are newly admitted into residential care facilities during the specified period, and whether they were previously in formal care. Residential care encompasses a wide range of settings, from emergency shelters and small-group homes to the large-scale institutions.
	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 residential facilities themselves. Improved information systems that ensure that all childcare facilities and child welfare agencies collect this information regularly, using similar formats, will make this an easy measurement to undertake on a routine basis.
	Assessment of actual numbers of children placed in residential care requires complete and reliable documentation, record keeping, and reporting residential care facilities or children's homes.
Data source (s)	Placement/Admission registers
Disaggregation	- Age at the time of placement - Sex (Male/Female) - Ethnicity - Parental status - Disability status - HIV status (positive, negative)

Indicator 17: Children entering residential care (new admission)	
	• Reasons for placement in residential care • Residential care setting (see Table 2 for a full list) • Ownership (public, private, fixed-base operator) • Administrative division (e.g., regions and districts) • Country of origin
Frequency	Annually, following completion of the specified time frame
References	Child Protection Outcome Indicators

Indicator 18: Children entering foster care (new admission)	
Definition	Number of children placed in formal foster care during a specified period
Numerator	Total number of children placed in foster care during a specified period
Denominator	N/A
Unit of Measurement	Number
Calculation	Sum of total of children placed in foster care or children's homes during a specified time, sometimes referred to as the 'flow' of children into foster care
Rationale	This indicator will provide information on the number of children entering foster care (in-flow of children in foster care), during a given timeframe. This indicator can help to monitor overall trends in the use of foster care as a family-based care option for vulnerable children. Information on the flow of children into foster care can be utilized by decision makers to more effectively allocate resources and plan services for the improvement of the well-being of children in foster care. Comparing this indicator with the number of children in residential care can help show the extent to which formal foster care is utilized as a family-based option for alternative care. Comparing this indicator with the number of approved foster care parents can help to understand the supply and demand for foster care.
Measurement	This indicator is determined by counting the number of children who are newly placed in foster care (i.e., placed with a foster parent or foster family) during the specified period, and whether they were previously in formal care. This includes children placed in different foster care options (e.g., short-term or long-term. The unit of data collection is the number of placements of children).
Data source (s)	Foster care placement records kept by competent/authorized authorities, such as courts or social work offices
Disaggregation	• Foster care options (short-term, long-term, emergency foster care, specialized foster care, and pre-adoption foster care) • Age at the time of placement • Ethnicity • Sex (Male/Female) • Parental status • Disability status • HIV status (positive, negative, **unknown/not tested**) • Reasons for placement

Indicator 18: Children entering foster care (new admission)	
	• Administrative division (e.g., regions and districts) • Country of origin
Frequency	Annually
References	[Statistical Manual for a Core Set of Child Protection Indicators for Europe and Central Asia](#)

Indicator 19: Children exiting residential care for a family placement

Definition	Proportion of children who left residential care for a family placement within a specified period
Numerator	Number of children who left residential care for a family-based placement
Denominator	Number of children who left residential care during the year[15]
Unit of Measurement	Children (age 0-17 years)
Calculation	(Numerator/Denominator) x 100
Rationale	This indicator allows authorities to track the rate at which children are leaving residential care for a family-based setting. Disaggregation by type of family placement can help to plan and budget for supportive services for specific types of family-based care (e.g., prioritization of family reunification efforts). If a small number of children is leaving residential care for a family placement, efforts to place children with families may need to be strengthened.
Measurement	This indicator requires that data be compiled for all children under 18 years who have left residential care for a family-based placement within a specified period. This indicator requires that data sources document the destination of individual children as they exit residential care.
	The number of children leaving residential care for a family placement should be collected from information sources at the level of the individual child (i.e., the residential care facilities or children's Homes that directly provide residential care for children). Family placements include reunification with birth parent or extended family (kinship care), foster care, legal guardianship, and adoption.
Data source (s)	• RCF exit records • Individual case files at RCF
Disaggregation	• Age at the time of leaving care • Sex • Type of care provision • Disability • Destination when leaving care • Decision to leave care made by • Geographic location • Country of origin/ethnicity

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[15] This is the number of children leaving any form of residential care during the year in the country added up

Indicator 19: Children exiting residential care for a family placement	
Frequency	Annually
References	[UNICEF Manual for the Measurement of Indicators for Children in Formal Care](#)

Indicator 20: Children exiting foster care	
Definition	Number of children who left foster care within a specified period
Numerator	Total number of children aged 0-17 who left formal foster care within a specified period
Denominator	N/A
Unit of Measurement	Number
Calculation	Sum of the total children aged 0-17 leaving formal foster care within a specified period
Rationale	This indicator measures the outflow of children aged 0-17 who are in formal foster care. This indicator, when set against entry data and the stock data, offers a useful insight into the throughput of children in formal foster care and the length of time they spend there. The data are also useful for planning and budgeting for community-based support services based on existing and expected numbers of children leaving formal foster care and returning to their families, starting independent life, etc.
Measurement	This indicator requires that data be compiled for all children under 18 years who have left foster care within a specified period, and the destination of the child upon leaving foster care. The coverage should include all formal foster care arrangements in which children are living and receiving some care.
	Data on children leaving foster should be collected from information sources at the level of the individual child (e.g., administrative records or court orders by the competent authorities or in the case management system). Destination upon leaving care may include death, family, or community placement (see desegregation in Table 2).
Data source (s)	• Administrative records (e.g., court orders registered by a competent authority or other administrative records kept by foster care agencies)
	• Case management system, which details the individual case records of children as kept by the case manager or social services
Disaggregation	• Sex
	• Ethnicity
	• Parental status
	• Disability status
	• Age at the time of entering foster care
	• Age at time of leaving foster care
	• Destination upon leaving foster care

Indicator 20: Children exiting foster care	
	• Administrative division (e.g., regions and districts)
Frequency	Annually
References	Statistical Manual for a Core Set of Child Protection Indicators for Europe and Central Asia
	Administration for Children and Families (ACF) Performance Indicators (Metrics)

Indicator 21: Adoptions	
Definition	Number of children adopted during a specified period
Numerator	Total number of children newly adopted during a specified period
Denominator	N/A
Unit of Measurement	Number
Calculation	Sum of total children placed in adoption in a specified period. 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.
Rationale	For children who have no possibility of remaining with parents or relatives, adoption can provide a permanent option for family-based care.[16] Information on the flow of children into adoption allows monitoring of the overall trends in the use of adoption. Furthermore, 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.
Measurement	This indicator is determined by counting the number of children who are placed in adoption each year, and whether they were previously in formal care. This includes children placed in domestic and inter-country adoption.
Data source (s)	Adoption registers by the competent national authorities for a country
Disaggregation	• Type of adoption (domestic, inter-country) • Age at time of adoption • Sex • Ethnicity • Parental status • Disability status • HIV status (positive, negative) • Type of formal care setting before adoption • Administrative division (e.g., regions and districts)
Frequency	Annually, following completion of the specified time frame Ongoing collection of these data should be done by a central state authority responsible for adoptions
References	Manual for the Measurement of Indicators for Children in Formal Care

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[16] Adoption is one of the options used to provide permanent care for children who are unable to live with their families. The adoption

Indicator 22: Children available for adoption	
Definition	Number of children available for adoption on a specific date
Numerator	Number of children eligible for and waiting to be adopted on a specific date
Denominator	N/A
Unit of Measurement	Number
Calculation	Sum of total children eligible for and waiting to be adopted on a specific date
Rationale	Monitoring the number of children eligible for and waiting to be adopted can help relevant authorities to prioritise identification of PAP, and to conduct background checks and matching for a successful adoption to take place. Over time, and when calculated as a rate, these data can help identify whether the objectives of family preservation and adoption are being met. It also provides useful information for planning and budgeting of services.
Measurement	This indicator measures the count of children who meet the legal criteria for adoption. It is determined by counting the number of children declared adoptable by a competent or authorized authority.
Data source (s)	Court records National adaption databases or registries
Disaggregation	- Sex - Ethnicity - Parental status - Disability status - Age group - Administrative division (e.g., regions and districts)
Frequency	Annually
References	Transformative Monitoring for Enhanced Equity (TransMonEE) Excel-based data base of indicators from Moldova A Manual for Routine Monitoring of the Alternative Care in Ghana

process establishes a permanent, legal parent-child relationship between a child and their adoptive parent(s).

Indicator 23: Existence of valid court/care order	
Definition	Proportion of children in formal care with a valid court/care order
Numerator	Number of children in formal care with valid care order
Denominator	Total number of children in formal care (see indicator # 1)
Unit of Measurement	Percentage
Calculation	This indicator is calculated as: (Number of children in formal care who have a valid care order)/(Total number of children in formal care) x 100
Rationale	This indicator is a measure of gatekeeping mechanisms for children entering formal care. Gatekeeping is an essential tool in diverting children from unnecessary initial entry into alternative care and reducing the number of children entering residential care. Information from this indicator will help the governments and authorities charged with children's care and protection to understand whether children are placed in alternative care by a competent authority.
Measurement	This indicator requires the collection of snapshot information (information showing the situation on a specific date. 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 indicators 15 and 16 (children living in formal alternative care, such as residential care and alternative family-based care).
Data source (s)	Court records, individual child case files
Disaggregation	• Type of formal alternative care • Age group at the time of admission • Parental status • Disability status • Administrative division (e.g., regions and districts)
Frequency	Annual
References	National Guidelines for Routine Monitoring of Alternative Care in Uganda

Indicator 24: Existence of individual care plans	
Definition	Percentage of children in formal care who have an up-to-date individual care plan
Numerator	Number of children in formal care who have an individual care plan
Denominator	Total number of children in formal care
Unit of Measurement	Children < 18 years
Calculation	This indicator is calculated as: (Number of children in formal care who have an up-to-date individual care plan)/(Total number of children in formal care) x 100
Rationale	A holistic care plan articulates the needs and assets of each child and family and outlines a response to every aspect of a child's development by identifying which support services and resources will be needed. The existence of the care plan is evidence that an assessment of the child and family was conducted by an authorized social worker. Existence of individual care plans is also an indication of the quality of residential and family-based formal care. 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 must be planned. It is important that a written plan of these needs exists and that it documents who are involved in meeting the needs and appropriate timescales for care.
Measurement	This indicator requires the collection of snapshot information about a child's individual care plan. A care plan is a written document which outlines how, when, and who will meet the child's developmental needs. In measuring this indicator, children must be only considered to have a care plan when a written care plan exists. Care plans must be prepared before a child's first placement and reviewed regularly (i.e., at least every three months). At a minimum, an individual care plan should include a record of the child's developmental needs and services required to meet those needs, arrangements for the current and longer-term care of the child, support that will be provided, who will provide it, the objective, and expected outcomes. It should also include information on the level of family involvement and contact. A care plan is considered up to date is it has been developed or reviewed in the preceding 12 months. 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 Indicators 15 and 16 (children living in formal care). The number obtained in Indicators 15 and 16 will serve as the denominator. 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

Indicator 24: Existence of individual care plans	
	numerator and the denominator on the same agreed census date.
Data source (s)	Individual child case files
Disaggregation	- Type of formal alternative care - Age group at the time of admission - Sex - Parental status - Disability status - Administrative division (e.g., regions and districts)
Frequency	Annually
References	- Manual for the Measurement of Indicators for Children in Formal Care - National Guidelines for Routine Monitoring of Alternative Care in Uganda - Statistical Manual for a Core Set of Child Protection Indicators for Europe and Central Asia | UNICEF Europe and Central Asia - Child Protection Working Group (2014). Inter-agency guidelines on case management and child protection. Geneva: CPWG. Retrieved from https://alliancecpha.org/sites/default/files/technical/attachments/cm_guidelines_eng_.pdf

Indicator 25: Placement review	
Definition	Percentage of children in formal care whose placement has been reviewed within the last three months
Numerator	Number of children in formal care whose placement was reviewed in the last 3 months
Denominator	Total number of children in formal care
Unit of Measurement	Percentage
Calculation	(Numerator/Denominator) x 100
Rationale	Placement review means the periodic review of the circumstances of a child placed in formal care. Measurement of this indicator is important to ensure that children remain in formal care for the shortest period 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-centered placements to aid reunification and different types of permanent placements where a reunification is no longer an option. The discussions and decisions made at a formal review meeting should be recorded. Drawing a comparison between this indicator and Indicator 24 on care plans can serve as a valuable means of validating the quality and adherence to care plans. The review process should encompass an assessment of the child's progress and the reasoning behind decisions concerning their future care.
Measurement	The information sources for this indicator consist of organizations or entities directly responsible for providing formal care to children. Additionally, competent authorities like courts or social work offices may possess information related to formal review processes. Certain organizations that conduct formal reviews for children maintain records of these reviews, simplifying the measurement process. It is crucial to include documentary evidence of a formal review meeting in the measurement, which may be stored in the child's local file or with the relevant authority responsible for formalizing the review decisions. To ensure accuracy and relevance, the numerator of this indicator should be collected concurrently and from the same group of children as Indicators 15 and 16 (children living in formal care), which serves as the denominator.
Data source (s)	Child case files
Disaggregation	Data are disaggregated by sex, age at the time of review, age at the time of the census, ethnicity, parental status, disability status, type of formal care setting, and country of origin

Indicator 25: Placement review	
Frequency	Annually, following completion of the specified time frame. Records should reflect an initial assessment within 6 weeks of placement, and regular reviews thereafter.
References	Manual for the Measurement of Indicators for Children in Formal Care

Indicator 26: Contact with parents and family

Definition	Proportion of children in residential care who have regular contact with family members
Numerator	Number of children who have had a family visit within the last 3 months
Denominator	Total number of children in residential care
Unit of Measurement	Percentage
Calculation	(Numerator/Denominator) x 100
Rationale	Maintaining regular contact between children in residential care and their parents, guardians, or adult family members is essential for preserving family connections, promoting emotional well-being, and supporting the child's overall development. Regular visits can contribute to the child's sense of stability, identity, and attachment, as well as provide opportunities for ongoing assessment of the child's needs and progress. This information provides valuable insights into the level of family contact and can guide efforts to strengthen family connections and support the well-being of children in residential care.
Measurement	To measure this indicator, records indicating family visits for each child are needed from all information sources
Data source (s)	• Case management systems maintained by residential care facilities. • Individual case files of children in formal care • Visit logs or registers maintained by RCF.
Disaggregation	• Sex • Age at the time of entering residential care • Age at the time of census • Ethnicity • Type of formal care setting • Disability status • Parental status • Frequency of visit • Location of visit and country of origin
Frequency	It is recommended that this indicator be measured at least annually. This indicator can also be measured on an as-needed basis. For residential care facilities with poor performance in this area, occasional unannounced inspection is encouraged.

Indicator 26: Contact with parents and family	
References	[Manual for the Measurement of Indicators for Children in Formal Care](#) [Child Protection Outcome Indicators](#)

Indicator 27: Follow up after reunification

Definition	Proportion of reunified children who received a follow-up visit by the case worker within a specified period
Numerator	Total children reunified who received a follow-up visit from a social worker within a specified period
Denominator	Total children reunified within a specified period
Unit of Measurement	Percentage
Calculation	(Numerator/Denominator) x 100
Rationale	Follow-up visits by case workers play a crucial role in monitoring the well-being and progress of children who have been reunified with their families. These visits ensure that the reunification process is successful and that the child's needs are being met. Regular follow-up visits provide an opportunity to assess the child's adjustment, address any challenges or concerns, and provide necessary support to both the child and their family. This indicator allows the authorities to track the number of children benefiting from post-reunification follow-up, which supports quality care for children.
Measurement	This indicator is calculated by counting the number of children reunified with their families who are followed up by a case worker within a specified period. To calculate this indicator, records should be kept on the number of children reunified with the family within a specified period. These data serve as the denominator.
Data source (s)	Child case files, reunification records, case management systems, or databases maintained by child welfare agencies or service providers. It is important to note that data sources may vary depending on the specific context and availability of information within the child welfare system. Data validation and triangulation from multiple sources are recommended to ensure the accuracy and reliability of the findings.
Disaggregation	• Sex • Age at the time of reporting • Age group • Parental status • Disability status (disabled, not disabled) • Administrative division (e.g., regions and districts)
Frequency	Annual
References	A Manual for Routine Monitoring of the Alternative Care in Ghana

Social Service Workforce

The social service workforce (SSW) in child protection includes a variety of workers—formal and informal, paid and unpaid, professional and paraprofessional, governmental and non-governmental—that make the social service system function and contribute to promoting the rights and ensuring the care, support, and protection of children (Better Care Network and Global Social Service Workforce Alliance. 2014).

An adequate and well-trained SSW is required to develop and deliver a range of services to vulnerable children and families. For example, developing alternative family-based care requires the availability of social services at the community level and a skilled social service workforce to implement them.

The following indicators cover different aspects related to planning the workforce (Indicators 28-33), developing the workforce (Indicator 34), and supporting the workforce (Indicator 35).

Indicator 28: Workforce assessment	
Definition	Existence of a national workforce assessment and analysis carried out within the past four years
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	N/A
Rationale	The goal of workforce mapping is to facilitate deep reflection and understanding of the current status of the SSW, to ensure that the workforce is well-planned, developed, and supported to effectively work with children and families. After implementing a set of surveys and data-gathering tools, mapping results describe the size, scope and structure of the workforce, as well as policy, legislation, education, child protection, and professionalization mechanisms and systems within a country that contribute to planning, developing, and supporting the workforce. Mapping provides much of the information toward the indicators outlined in this Results Matrix and identifies priority areas for strengthening the workforce. Guidelines for workforce mapping, as well as the example tools and surveys referenced in this document, can be found in the Social Service Workforce Mapping Toolkit.
Measurement	**RATING:** 1: Not in place at all 2: In early stages 3: In late development 4: Finalized and in use **Definition of rating:** 1: No workforce assessment carried out in the last four years or workforce assessment yielded significant incomplete data 2: Plans are underway to carry out an assessment 3: A workforce assessment is in progress 4: A workforce assessment has been completed in the past four years and findings have been validated and endorsed by the National Leadership Group and/or relevant national key stakeholders
Data source (s)	Verification of workforce analysis report and data gathered relevant to the results matrix
Disaggregation	N/A

Indicator 28: Workforce assessment	
Frequency	At least every four years
References	[Results Matrix for Social Service Workforce Strengthening](#)

Indicator 29: Regulatory framework for the SSW	
Definition	Existence of a regulatory framework for the social service workforce at the national and/or subnational level
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	Qualitative analysis
Rationale	A regulatory framework for the SSW aims to set the standards for the SSW working with children, families, and communities. The regulatory framework may be defined in a single document or multiple reports, but to be considered part of a national regulatory framework, all related document(s) must be officially approved or endorsed by the appropriate governmental entity. The regulatory framework should be consistent with national policy frameworks so that the responsibilities, skills, required training and standards in the workforce regulatory framework align with the structures and services outlined in the relevant policy frameworks. The document(s) or information that constitute the national regulatory framework for the SSW should cover the following: • **Defined qualifications** that describe the mandate/responsibilities, roles/functions, skills, required training, and standards for different cadres of professional and paraprofessional social service workers at various levels, including additional detail for those working directly with children • **A description of the registration or licensing process that is required for each cadre**, and how such requirements can be obtained • **A description of a system for staff supervision and performance evaluation** that is regularly implemented and is used to guide staff compensation and continuing training • **Defined interactions among and between social service cadres:** Roles and responsibilities among social service cadres are defined in the regulatory framework to specify how these cadres should interact with one another, including the interaction between governmental and non-governmental workers and between community-based workers and national workers • **Defined interactions across sectors:** Roles and responsibilities among social service cadres are defined in the regulatory framework to specify how cadres should interact across relevant sectors, such as child protection, health, education, and justice

Indicator 29: Regulatory framework for the SSW

Measurement	**RATING:** 1: Not in place at all 2: In early stages 3: In late development 4: Finalized and in use **Definition of rating:** 1: There is no normative framework that includes these elements 2: Framework including these elements is in the early drafting stages 3: Framework including these elements is in late drafting and/or approval stages 4: Framework including these elements is finalized, has been approved and is in use
Data source (s)	Content analysis of the framework and/or related documents (the national scheme of service, policies outlining the roles and functions of the workforce, the constitution or bylaws of entities providing licensing or registration of social service workers, and other documents about the benchmarks listed above) by following these steps: (1) screen all relevant documents to separately assess the scope of the national regulatory framework for the social service workforce; (2) develop an analytic grid covering key areas of interest to allow standardized analysis and comparison of documents; (3) review each document according to the analytic grid; and (4) review the entire grid to identify overlaps and gaps. Where multiple national documents exist, all relevant documents should be reviewed and assessed as a whole. For example, if documents are cadre-specific, all such documents must be gathered and reviewed to determine the collective rating for each benchmark.
Disaggregation	N/A
Frequency	Annually, on an agreed date. This indicator should be assessed periodically to capture any updates or changes in the regulatory framework. It is recommended to review the indicator at regular intervals to ensure that the data reflects the current status of the system.
References	Results Matrix for Social Service Workforce Strengthening Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children

Indicator 30: Licensing and registration of the SSW	
Definition	Existence of a system of licensing/registration of social service professionals
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	N/A
Rationale	The licensing/registration of social service professionals is central to maintaining and upgrading the quality of the work. Licensing refers to the act of being legally recognized as a professional practitioner, whereas registration is usually linked to the act of submitting information to be included as part of a professional registry. Either can require passing an exam and being legally mandated to practice under a certain job title. Often, maintaining an annual license requires completing a certain amount of continuing education hours. Certification reflects a certain qualification or level of training that may be required to be licensed or registered.
Measurement	**Rating:** 1: Not in place at all 2: In early stages 3: In late development 4: Finalized and in use **Definition of rating:** 1: Work has not started to define a licensing/registration system 2: System is in the early development stages including piloting 3: System is in the late draft stage, early final roll-out, or only applied in limited scope or areas 4: System is finalized and in broad use
Data source (s)	The website, constitution, or bylaws of entities providing licensing or registration of social service workers. Verification through workforce mapping utilizing the worker survey, professional association, and government survey tools.
Disaggregation	N/A
Frequency	Annually, on an agreed date. This indicator should be assessed periodically to capture any updates or changes in licensing/registration system. It is recommended to review the indicator at regular intervals to ensure that the data reflects the current status of the system.
References	Better Care Network (BCN) Country Snapshots

Indicator 31: Registered social service workers	
Definition	Number of registered social service workers, by cadre
Numerator	Total of registered social service workers
Denominator	N/A
Unit of Measurement	Number
Calculation	Total of registered social service workers by cadre
Rationale	The indicator aims to provide insights into the size and composition of the SSW, allowing for monitoring, planning, and policy development in the field of social services. Tracking the number of registered practitioners within each cadre over time helps assess workforce capacity, identify gaps or imbalances in specific professional categories, and inform decisions regarding training, recruitment, and resource allocation in the social service sector.
Measurement	The 'number of registered social service workers, by cadre' refers to the quantification of social service professionals who are officially registered or licensed within specific cadres or categories. It measures the total number of individuals who have met the required qualifications and regulatory standards to practice within various social service professions. Cadre refers to the specific professional categories or job titles within the social service sector. Examples of cadres may include social workers, psychologists, counsellors, community health workers, or any other relevant roles identified in a particular context. This indicator involves collecting and quantifying data on the registered professionals within each cadre. It is important to note that the indicator focuses specifically on registered or licensed social service workers, excluding individuals who may be working in similar roles but are not officially recognized or regulated by relevant authorities. The measurement process should be repeated periodically or as required to track changes in the number of registered social service workers by cadre and monitor workforce dynamics in the social service sector.
Data source (s)	The data for this indicator can be collected through various sources, such as government registration boards, professional associations, or regulatory bodies responsible for overseeing social service professions. These entities often maintain databases of registered practitioners within each cadre.
Disaggregation	Cadre
Frequency	The data can be collected annually or as per the reporting requirements of the relevant regulatory bodies
References	[Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children](#)

Indicator 32: Social service workers with responsibility for children's care and protection	
Definition	Number of social service workers with responsibility for children's care and protection (per total child population per 100,000 children)
Numerator	Number of government social service workers with responsibility for child protection during the past calendar year
Denominator	Total population of children under 18 years in the latest calendar year available
Unit of Measurement	Number
Calculation	(Numerator/denominator) x 100
Rationale	Monitoring this indicator provides insights into the adequacy of the social service workforce dedicated to children's care and protection. By tracking the number of social service workers responsible for children's care and protection, it becomes possible to assess if there is an appropriate workforce to handle the workload and meet the needs of children and families in need of support. It helps identify any gaps or shortages in terms of staffing and allows for better resource planning and allocation to ensure effective child protection services.
Measurement	The definition of the social service workforce is "an inclusive concept referring to a broad range of governmental and non-governmental professionals and paraprofessionals who work with children and families and communities to ensure children's healthy development and well-being."
Data source (s)	Personnel records, job descriptions, and other human resource documents
Disaggregation	• Government • Non-government
Frequency	The data can be collected annually or as per the reporting requirements of the relevant agencies and organizations responsible for child protection
References	Better Care Network (BCN) Country Snapshots Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children

Indicator 33: Vacancy rates	
Definition	Vacancy rates of government social service workforce positions, by cadre
Numerator	Number of vacant positions at a specific date
Denominator	Total authorised/approved position
Unit of Measurement	Rate/Proportion
Calculation	(Number of Vacant Positions / Total Authorized Positions) x 100
Rationale	Monitoring the vacancy rates provides critical information for workforce planning and resource allocation. High vacancy rates can lead to increased workload and stress on existing staff, potentially affecting their job satisfaction and retention. This indicator, therefore, helps government agencies and policymakers understand the extent of staff shortages or gaps in specific social service cadres, enabling them to prioritize recruitment efforts, allocate resources effectively, and ensure adequate staffing to meet service demands. For example, this information can help authorities proactively address staff shortages, including timely action to address recruitment challenges, initiate targeted campaigns to attract qualified professionals, implement retention strategies, create a conducive work environment to improve workforce stability, job satisfaction, and overall staff morale, or explore alternative staffing models to ensure continuity of services and minimize the negative impact on vulnerable populations.
Measurement	Measuring the indicator "vacancy rates of government social service workforce positions, by cadre" involves collecting and analyzing data on the number of vacant positions within each cadre of the SSW vs. authorised/approved positions in government ministries, departments, and agencies responsible for children's care and protection. Ensure that the data includes the cadre/category of each position and the total number of vacancies for each cadre. Cadres refers to the specific professional categories or job titles within the social service sector. Examples of cadres may include social workers, psychologists, counsellors, community health workers, or any other relevant roles identified in a particular context.
Measurement	Collection and analysis of human resource data and documents for the Department of Social Welfare (or relevant department)
Data source (s)	Data can be collected through workforce surveys, review of administration records from government departments or social service agencies responsible for child protection, or extracted from human resource systems of social service agencies or government departments
Disaggregation	By cadre Administrative division (region, district)

Indicator 33: Vacancy rates	
Frequency	The data can be collected periodically, such as quarterly or annually, depending on the reporting requirements and availability of updated vacancy data
References	[Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children](#)

Indicator 34: Minimum Standards and a competency framework for social work education and training	
Definition	Existence of minimum standards and a competency framework for social work education and training
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	Qualitative analysis
Rationale	Having minimum standards and a competency framework is crucial for ensuring the quality and consistency of social work education and training programs. It provides a basis for program accreditation, curriculum development, assessment of student learning outcomes, and continuous improvement in social work education and training institutions. The presence of such standards promotes professionalism, prepares competent social work practitioners, and enhances the overall effectiveness of social work practice. By monitoring this indicator, policymakers, regulatory bodies, and educational institutions can ensure that social work programs meet established quality standards and prepare graduates with the necessary knowledge and competencies to contribute effectively to the field of social work.
Measurement	This indicator assesses the presence of established minimum standards and a competency framework for social work education and training programs. It measures whether there are specific guidelines, requirements, or regulations in place that define the minimum standards for program accreditation and the competency areas expected to be covered in social work education and training.
Data source (s)	Using a combination of methods, such as document analysis, surveys, and interviews, can provide a more comprehensive understanding of the existence and effectiveness of minimum standards and a competency framework for social work education and training. For example, document analysis can help assess the presence and comprehensiveness of minimum standards and a competency framework within documents from accreditation bodies or regulatory agencies responsible for social work education and training.
Disaggregation	N/A
Frequency	The data can be collected annually or as per the reporting requirements of the relevant regulatory bodies
References	Better Care Network (BCN) Country Snapshots

Indicator 35: Existence of a functional national professional association for social service practitioners	
Definition	Existence of professional associations relevant to the SSW recognized by the national government as legitimate and legally approved
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	Qualitative analysis
Rationale	Having a functional national professional association for social service practitioners is important for advancing the profession, ensuring high standards of practice, and supporting the professional growth and well-being of practitioners.[17] The association serves as a collective voice, providing a platform for networking, knowledge sharing, and advocacy, which can contribute to the overall development and recognition of the SSW. Monitoring this indicator can guide efforts to establish or strengthen national associations to address the needs of social service practitioners, promote professional development, and contribute to the overall advancement of the profession.
Measurement	This indicator assesses the presence and functionality of a national professional association dedicated to social service practitioners. It measures whether there is an established association that represents and supports social service professionals, promotes professional development, advocates for the profession, and fosters collaboration and networking among practitioners. **Rating:** 1: Not in place at all 2: In early stages 3: In late development 4: Finalized and in use **Definition of rating:** 1: Work has not started to establish a professional association; none in existence 2: Either formerly existing professional association is inactive and/or steps have been put in place to start a new one, such as establishing leadership and draft constitution

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[17] A professional association is defined as a body of persons engaged in the same profession, formed usually to control entry into the profession, maintain standards, and represent the profession in discussions with other bodies. Professional associations advance the professional status, prominence, improvement and expansion of the social service workforce. Typically, these are professional associations of social work or child and youth care workers but can be further defined at the national level, in accordance with the nationally developed definition of the social service workforce.

Indicator 35: Existence of a functional national professional association for social service practitioners

	3: The association is in the final stages of drafting a constitution and being recognized as a formal entity, has held board or leadership meetings, has begun a process to register members
	4: The association is fully recognized, has a constitution, has members enrolled and actively supports a range of activities
Data source (s)	Two methods may be used separately or in tandem: (1) review relevant documents that describe the Rationale and structure of the professional association; (2) conduct key informant interviews to establish the existence and professional association's purpose, structure, and functionality [18]
Disaggregation	N/A
Frequency	Annually, on an agreed date
References	[Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children](#)

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[18] Combining different sources, such as government data, practitioner perspectives, and professional association insights, can provide a holistic view of the existence and functionality of a national professional association for social service practitioners.

Financing

These indicators relate to MTEF budget allocations and expenditures, service cost estimations, and funding contributions from development partners for care system strengthening, and provision of service for children without or at risk of losing parental care.

Indicator 36: Costed national plan for care reform	
Definition	Existence of a costed government strategy/plan for children's care and protection
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	Qualitative analysis
Rationale	This indicator assesses whether the government has developed a comprehensive strategy or plan specifically focused on children's care and protection. It measures whether such a strategy or plan exists and if it includes a detailed cost estimation or budget allocation for implementing the outlined actions and interventions. Having a costed government strategy or plan for children's care and protection is crucial for ensuring adequate resources and a coordinated approach to address the needs and rights of children. It demonstrates a government's commitment to prioritize children's well-being, provides a roadmap for interventions, and enables efficient allocation of resources to effectively safeguard and support children.
Measurement	The indicator focuses on the existence/presence of a comprehensive strategy or plan specifically focused on care reform and examines if it includes a detailed cost estimation
Data source (s)	Relevant government publications, such as policy documents, strategic plans, or reports related to children's care and protection
Disaggregation	N/A
Frequency	Annually, on an agreed date
References	Measuring and Monitoring Child Protection System: Proposed Regional Core Indicators for East Asia and the Pacific

Indicator 37: National MTEF incorporates costs for care system reform and alternative care	
Definition	Existence of a national MTEF, which includes costs for care system reform and alternative care
Numerator	N/A
Denominator	N/A
Unit of Measurement	N/A
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has established a national MTEF that incorporates the costs associated with care system reform and alternative care interventions. It measures the existence and integration of these costs within the MTEF, which is a strategic budgeting tool used to allocate resources and plan government expenditure over a medium-term period. Having a national MTEF that includes costs for care system reform and alternative care is crucial for ensuring adequate financial resources are allocated to these critical areas. It enables governments to prioritize and plan for the necessary investments, reforms, and interventions needed to strengthen the care system and promote effective alternative care options for vulnerable children.
Measurement	Review the national MTEF documentation to identify if it explicitly includes costs for care system reform and alternative care
Data source (s)	National MTEF documentation
Disaggregation	N/A
Frequency	Consider the regular review cycle of the MTEF within the country. Typically, the MTEF is a medium-term planning tool covering a specific period, often ranging from three to five years. Measurement can align with the review and update of the MTEF, providing an opportunity.
References	Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children

Indicator 38: Budget allocation for children's care and protection	
Definition	Proportion of the government budget allocated to children's care and protection
Numerator	Total government budget allocated to children's care and protection in a given fiscal year (FY)
Denominator	Total government budget allocated to all sectors in a given FY
Unit of Measurement	Currency (e.g., USD, EUR, etc.)
Calculation	Total government budget allocated to children's care and protection in a given FY/ Total government budget allocated to all sectors in a given FY x 100
Rationale	This indicator measures the total amount of financial resources allocated by the government in a specific FY for children's care and protection. It includes budgetary allocations towards programs, services, and initiatives aimed at ensuring the well-being, development, and safety of children. Monitoring the budget allocation helps identify the financial resources dedicated to children's care and protection. It enables policymakers and advocates to assess whether the allocated funds are sufficient to meet the needs and demands of various programs, services, and initiatives aimed at ensuring the well-being and protection of children. This information can guide decisions on resource prioritization and allocation.
Measurement	The calculation for this indicator involves summing up the budgetary allocations specifically designated for children's care and protection across all relevant sectors, ministries, or departments. It is crucial to exclude any non-relevant budget allocations that may be included under a broader category. It is beneficial to disaggregate the data by sectors or departments responsible for children's care and protection, such as healthcare, education, social services, and justice. This breakdown provides a more comprehensive understanding of resource allocation and facilitates targeted analysis and policy recommendations.
Data source (s)	Government's official budget documents
Disaggregation	• Level (National level, Sub-national level (e.g., region, district) • Sectors or departments
Frequency	Annually, reflecting the fiscal year of the government
References	[Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children](#)

Social Norms

This includes indicators to assess measures to promote positive social norms related to alternative care, including the promotion of wider societal awareness of the importance of family-based care.

Indicator 39: Advocacy and communication strategy	
Definition	Existence of a national advocacy strategy and communication promoting family-based care for children without parental care
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis. The indicator assesses whether a national advocacy strategy promoting family-based care for children without parental care exists.
Rationale	This indicator assesses whether a country has a national advocacy and communication strategy to promote family-based care options, such as foster care, kinship care, and adoption, for children without parental care. Family-based care is widely recognized as the optimal care arrangement for children without parental care, as it provides a nurturing and stable environment essential for their healthy development. A national advocacy strategy can mobilize stakeholders, raise awareness, and advocate for policy reforms and resource allocations to support family-based care options.
Measurement	The indicator can be measured by establishing the presence or absence of a documented national advocacy strategy promoting family-based care for children without parental care. A national advocacy strategy should: • Be approved and validated by relevant stakeholders in-country • Be publicly available
Data source (s)	The primary data sources for this indicator are official government documents, policy papers, or publications related to the national advocacy strategy for promoting family-based care for children without parental care. It is recommended to use the most recent and up-to-date sources available to accurately reflect the current status of the plan or strategy.
Disaggregation	N/A
Frequency	Annual
References	Tool for Assessing and Monitoring National Alternative Care Systems

Indicator 40: Awareness-raising campaigns	
Definition	Existence of awareness-raising campaigns to support child's rights to live in a family/promote family-based care for children without parental care
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has any existing awareness-raising campaigns used to support child's rights to remain in family-based care
Measurement	Supportive and engaged communities are critical to raise awareness and sustain action for family-based care "Awareness-raising campaign" could include: • A public campaign/event at the community, district, regional, or national level that brings awareness support a child's right to family-based care • These may be funded or led by national government, local government, child-led active groups, NGO/CSO, IPs, donors, or citizen initiated • A rally or march of like-minded people would also count as an awareness-raising campaign • These could include fundraising events, but fundraising is not a requirement for the event to be counted under this indicator Campaigns should advocate for preventing unnecessary separation of children from families and promoting the benefits of family-based care
Data source (s)	The primary data sources for this indicator are official government and/or implementing partner documents such as communication plans, campaign speeches, event/workshop agendas or reports, or publications related to awareness-raising campaigns to support child's rights to live in family-based care for children without parental care. It is recommended to use the most recent and up-to-date sources available to accurately reflect the status of the campaigns.
Disaggregation	N/A
Frequency	Annual
References	[Tool for Assessing and Monitoring National Alternative Care Systems](#)

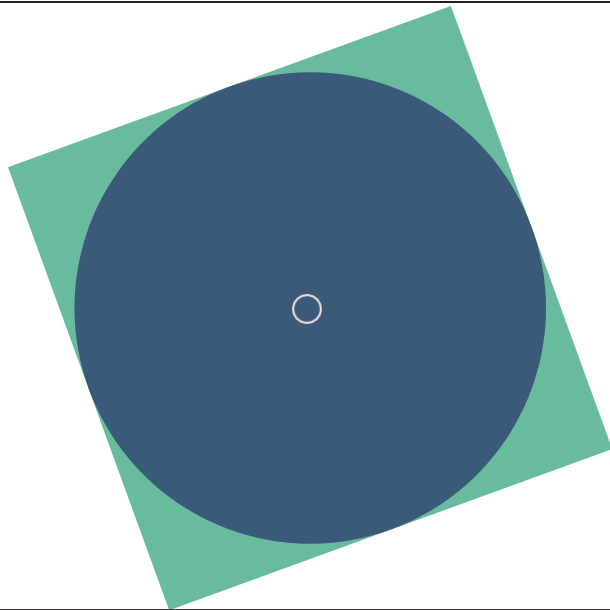## Monitoring and Evaluation (M&E) and Information System

These indicators are meant to assess data collection, information management, and reporting systems; systems for tracking children across the continuum of care; M&E-related policies and frameworks; high-quality research and analytical work; project/program-specific M&E; and information and knowledge sharing.

Indicator 41: National indicators on formal care	
Definition	Existence of a national set of indicators on formal care with periodic targets
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has an existing set of national indicators to measure formal care against a set of periodic targets. Establishing a systematic framework for monitoring and evaluating of formal care services is essential. A national set of indicators with periodic targets enables countries to assess the effectiveness, efficiency, and equity of formal care systems, identify areas for improvement, and track progress toward policy objectives and goals. A robust and reliable set of data helps to facilitate decision-making and program adaptation. To reduce duplication and siloed approaches, it is recommended that national government and in-country stakeholders working in the child protection and care reform sector align the indicators, as much as possible, used to measure formal care for children.
Measurement	A set of national indicators on formal care should include indicator definitions for topics such as: • Legislation and policy for alternative care • Children in alternative care- foster care, residential care, supervised independent living, kinship care, other forms of informal care, adoption, and family reunification and system deinstitutionalization
Data source (s)	The primary data sources for this indicator are national-level monitoring and evaluation documents outlining the results framework and detailing indicator definitions for formal care
Disaggregation	Formal care setting
Frequency	Annual
References	[Tool for Assessing and Monitoring National Alternative Care Systems](#)

Indicator 42: Existence of an administrative system	
Definition	Existence of administrative data system(s) that track and report data on children in formal care at the national and sub-national levels
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has administrative data system(s) that track and report data on children in formal care. An essential part of an effective care reform system to monitor children's services is a robust and reliable set of data for decision making and program adaptation. This requires a data system where government, implementing partners, and service providers can input, analyze, and report on disaggregated data on children in formal care over time. According to UNICEF, the 2017 Data for Children Strategic Framework identifies administrative data as a priority area for action (UNICEF, Using Administrative Data for Children).
Measurement	Administrative data is defined as "information on individual children, families, and service providers collected and stored as a part of the operation of government services and systems. Administrative data includes information collected as part of alternative care inspections, gatekeeping, case management and monitoring of services" (Better Care Network). Administrative data systems are structured databases or information management systems designed to collect, store, manage, and analyze administrative information generated by organizations, institutions, or government agencies as part of their day-to-day operations. Examples of an administrative data system include: • Health Management Information Systems • Civil Registration and Vital Statistics systems • Education Management Information Systems • National Identification Systems Data in the system should include metrics on children, their families, and the services they receive disaggregated by gender, age, race, ethnicity, and socio-economic status as possible.
Data source (s)	Online database link to dashboards; database-generated reports and/or visualizations on data for children in formal care by administrative level; database user guide or facilitation guide specifying data available in system

Indicator 42: Existence of an administrative system	
Disaggregation	Geographic location/administrative level, formal care setting
Frequency	Annual
References	[Better care Network (BCN)-Country Snapshots](link)

Indicator 43: Registry for formal care providers	
Definition	Existence of a national database/registry for all formal care providers (by district/geographic location), updated within the past year
Numerator	N/A
Denominator	N/A
Unit of Measurement	Binary (Yes/No)
Calculation	Qualitative analysis
Rationale	This indicator assesses whether a country has a national database or registry for formal care providers, where the data has been updated within the past year. It is vital for governments to understand the types and numbers of formal care providers in their jurisdiction to adequately ensure services provided comply with local law and are aligned with standard guidelines.
Measurement	Measurement involves establishing if a country has a comprehensive national database or registry that contains information on all formal care providers, including their locations by district or geographic area. Formal care includes residential care facilities, adoptive parents, and foster care families, etc. Examples of a national database or registry include: • Register of adoptive parents • Register of foster carers • Register/data base residential care facilities or children homes Data should be routinely updated based on system and provider capacity (we recommend quarterly but at least annually) to ensure that data is accurate, and providers can make informed decisions based on this data.
Data source (s)	Report of formal care providers by geographic location generated from the national database/registry
Disaggregation	Geographic location (district) Formal care setting/provider cadre
Frequency	Annual
References	N/A