Meeting Report

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Round Table Expert Meeting
Children's Care and DHS/MICS Data
September 9-11, 2014

McSilver Institute for Poverty Policy and Research
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New York

Better Care Network

Child Protection
Monitoring and Evaluation Reference Group

Contents

1. Background

The Better Care Network (BCN) and the Child Protection Monitoring and Evaluation Reference Group (MERG) organized a two-day round table meeting between 9-11 September 2014, to explore how data regarding the living and care situations of children can be better used to provide insight into their vulnerability, and to guide more targeted policies, services and interventions on their behalf. The round table meeting aimed to address the following questions:

- How can *existing* data from the Demographic and Health Surveys (DHS), the Multiple Indicator Cluster Survey (MICS) and other data sets be better mined to understand children's living and care arrangements?

- What *additional* data would be useful to collect regarding children's living and care arrangements?

Specifically, the round table meeting aimed to identify and discuss:

1. Available data within existing DHS/MICS questionnaires that is care-relevant, its potential and limitations in terms of use for monitoring children's care situations, and its links to child-well being outcomes.
2. Challenges and solutions for collecting, extracting and analyzing this data systematically.
3. The process for revisions, additions and clarifications of DHS and MICS questionnaires.
4. How to make the case for systematic use of care-relevant data with key country level actors.
5. Complimentary use of other relevant data sets (e.g. Integrated Public Use Microdata Series (IPUMS), Indonesian Family Life Survey (IFLS), national census data) to provide a more comprehensive picture of children's care situations.
6. Whether there is a need for additional indicators of care vulnerability.

2. Participants

The round table meeting brought together 25 experts in the field of care and in the use of household-level surveys and other relevant data sets. This included technical advisers from the DHS and MICS teams, UNICEF statistics and programme specialists in child protection and HIV/AIDS, the Innocenti Research Centre, the Social Policy Division of the OECD, research experts from Child Trends, the USAID Center on Children in Adversity, P4EC Russia, the Futures Institute, Save the Children, and Better Care Network. Academics from Columbia University, McGill University, Brigham Young University and the Children's Institute at the University of Cape Town also participated.

For a full list of participants see
https://drive.google.com/folderview?id=0BwyG1QZ3iVhxbjd5eGhfbzNIMzQ&usp=sharing_eid

3. Agenda

The round table meeting included a mix of presentations, discussions and group work sessions.

Day 1: The first day of the meeting focused on better mining of existing DHS/MICS data to improve understanding of children's living and care situation and their relationship to child wellbeing and outcomes.

Day 2: On the second day, participants explored other data sets that provide useful information about children's living and care arrangements (particularly within middle- and high-income countries) and discussed how different care indicators could be added to or revised within MICS/DHS surveys to obtain a clearer picture of children's vulnerability and inform interventions.

For copies of the agenda and list of presentations see:
https://drive.google.com/folderview?id=0BwyG1QZ3iVhxbjd5eGhfbzNIMzQ&usp=sharing_eid

4. Summary of presentations and discussions

DAY 1: Better mining of existing data

Session 1: Available data in DHS/MICS existing questionnaires that is care-relevant, its potential and limitations for use in monitoring children's care situations.

Presentation: Who cares for children and why we should care.
Florence Martin and Garazi Zulaika (BCN)

The evidence tells us that the family is the best place for children. This is reiterated in the Convention on the Rights of the Child (CRC) and the Guidelines for the Alternative Care of Children (the Alternative Care Guidelines), which emphasize the obligation of states to strengthen family care and prevent separation. To do this properly however, governments require information on families. This includes data on children's care situations, including family arrangements, parental survival status, care practices, and their impact on child wellbeing. Understanding *whom children live with and who cares for them* is key to designing policies and interventions to strengthen family care.

The DHS and MICS core questionnaires contain a number of indicators that relate to children's **living arrangements, survivorship of parents, and relationship to the head of the household,** which can provide critical insight into the care situation and vulnerability of children. However, this data is not collected in all countries, or is often not extracted or presented in national reports. Thus, awareness of it's potential for informing policies and interventions targeting at-risk children and families is low.

BCN conducted an initial analysis of these indicators from MICS/DHS data across a wide range of countries. Findings indicate:

- There is large diversity in children's living arrangement across countries. In some countries, close to 100% of children under 15 live with two biological parents, while in others, less than 30% do.
- Only a small minority of children under 15 are double orphans (meaning both of their parents are dead).
- Among the small minority of child under 15 not living with their parents:

  o the majority have **at least one living parent; and**

- o the majority are living with relatives (mostly grandparents)

- Children's living and care arrangements differ depending on the child's age, gender, geographical area, urban/rural status and the wealth of their household.

Discussion

Why data regarding living/care arrangements is needed and how it can be used:
A better understanding of the MICS/DHS data regarding children's care and living arrangements can help to:

- Determine the best way to intervene and direct support services to children and families
- Provide diverse, relevant interventions to different care situations (e.g. children living with grandparents, with non-relatives etc).
- Inform policies at the national, regional and provincial levels, particularly because results from larger-scale surveys such as DHS/MCS can be more convincing to policy makers than *ad hoc* studies.
- Highlight patterns in care, provide useful insights and prompt further investigation.

Current limitations of MICS/DHS data: Currently, MICS/DHS survey questions:

- Only cover children living in households, but not vulnerable children living elsewhere (such as on the street)
- Only identify the child's relationship to head of household and not to other people in the home.
- **Do not identify the primary caregiver of the child.**
- Do not explain how long ago a child lost a mother or father, or *why* a parent is not living in the household.
- Do not explain *why* children with living parents live with someone else.
- Ask only for biological relationships, apparently operating under the assumption that these indicate quality of care (which is not always the case).
- Lack consistency in the use and definition of categories (e.g. aunty, uncle, foster-care, nieces, nephews, domestic workers, servants etc).
- Do not differentiate between relatives by blood and by marriage (Hamilton's Rule suggests this is important).
- Do not specify who 'non-relatives' are (which could include many different kinship relationships).
- Do not differentiate between maternal and paternal relatives (while emerging research suggests this might be an important factor).
- Capture living arrangements, not *quality* of care; knowing who is in the household is not the same thing as measuring quality of care given to the child.
- Do not include adults older than 49 years of age (which is important as many orphans live with grandparents).
- Do not differentiate between categories of children who are not biologically related to head of household (except via classification of *servant*), in formal or informal foster care.
- Do not provide contextual information such as community child protection resources and extended family support for children.

Challenges with data collection

- **Gaps:** Care-relevant data (such as relationship to head of household) is not included in MICS/DHS surveys in some countries.
- **Poor data collection**: Data on the ground is not always collected sufficiently, accurately or reliably.
- **Sample size**: Separating out single and then double orphans and then measuring within those groups—e.g. those living with grandparents, those living with other relatives, those living with non-relatives—decreases the size of samples and makes it difficult to generalize findings.

Suggestions for better use of existing data in MICS/DHS:

There is a need to explore what can be done with the *existing* data collected within the MICS/DHS and how it could be improved:

- Explore the relationship to **head of household** better to obtain a clearer picture of the household structure: e.g. if a child is the niece of the head of household and someone else in is the parent of the head of household, it can be *inferred* that the child is living with a grandparent.
- Clarify the classifications/definitions: e.g. who is considered a head of household, a servant, a niece/nephew, a cousin, a foster, as *other related,* or a non-relative.
- Compare outcomes for related and non-related children in the same household (e.g. children identified as related or non-related to the head of household) in areas such as child labour, child discipline and access to education.
- Push for questions related to care and living arrangements (e.g. child's relationship to head of household) to be included consistently across countries

Session 2: Living arrangements and care data, and links to child well-being outcomes

Presentation 1: Children's living arrangements and redefining vulnerability in the HIV/AIDS context. Chiho Suzuki (UNICEF):

Linking living arrangements to vulnerability: Recent research has resulted in a proposed change to the global indicators used to identify the most vulnerable children in the context of HIV/AIDS. Data derived from MICS, DHS and the AIDS Indicator Survey (AIS) in eleven HIV/AIDS-prevalent countries indicates that household wealth, **a child's living arrangement,** and household adult education (and in some cases, orphanhood status and the presence of a chronically-ill adult in the household) are linked to key health and social outcomes including school attendance, child labour, birth registration, stunting and uptake of the diphtheria-tetanus-pertussis (DPT3) vaccine.

As a result, the newly-proposed indicators of vulnerability include children:

- Living in a household in the lowest wealth quintile: poor households fare the worst
- **Not living with either parent**: **living arrangement is a strong marker of wellbeing,** as children living with those other than their parents fare worse on almost every outcome
- Living in a household with adults with no education
- With one or both parents dead (the effect of which is distinct from a child's living arrangements)

This analysis supports a broader approach to vulnerability that aims to enable policy makers and programme planners to target children and households for interventions, resources and services in areas beyond HIV and AIDS - including social protection (e.g. cash transfers), care, child protection and social policy.

Presentation 2: Using DHS data to understand the relationship between kinship care and access to education. Jini Roby (Brigham Young University).

Linking living/care arrangements to education: An emerging study by Roby & Nagaishi of households caring for orphans in five sub-Saharan countries confirmed (in most cases) earlier research with DHS data regarding 'Hamilton's Rule': **Children who are biologically related to the head of household are more likely to be enrolled in/attending school compared to children living with a non-relative.** Gender, location (rural/urban) and especially wealth were also found to impact school enrolment. Findings indicate that:

- **Blood relatedness in living arrangements is positively associated with better educational outcomes for children (in certain contexts)** – e.g. living with one or both parents is generally a protective factor for school attendance.
- Paternal orphans' school attendance tends to be significantly higher than maternal orphans in general.
- Maternal orphans are at a significant risk, even when living with their fathers.
- Children living with non-relatives are consistently at a disadvantage, whether they are orphans or non-orphans; many of these children may be domestic helpers or staff).
- **Overall, children are better off living with parents or grandparents compared to non-relatives.**

Discussion

Are care/living arrangements an indicator of vulnerability on their own? Or do they need to be linked to specific outcomes?

There is debate as to whether care/living arrangements of children can predict vulnerability in themselves, or are primarily useful when associated with children's outcomes such as in areas such as education or health (i.e. they are proxy indicators). A number of questions/points were raised:

- Do we have enough to conclude that certain outcomes are more likely depending on family structure? Is it enough to focus just on family structure/living arrangements or should we examine the impact on children in conjunction with other indicators such as household wealth? Does data on family structure and living arrangements have its own purpose?

- Do we focus on the outcomes, the risk factors, or both? If it is determined that certain living/care arrangements result in a negative outcome, do we focus on children who *already* have that outcome or those who are *at risk* of it? What is the best use of resources?

Should we create a new index on care, or enhance and use better mining of existing data sets?
Currently there are limited indicators within MICS/DHS regarding actual care arrangements; (data focuses on proxy measures such as relationship to head of household). One option would be to develop a separate set of indicators that focuses solely on collecting data on the issue of children's care.

- One example of a Care Index is the Loss of Parental Care Index (which has six indicators) developed to measure prevention of unnecessary separation in Russia. It was noted that working with this index proved challenging.
- To develop new indicators on care it is important to first review the existing data sets, to see what is missing and then try to fill the gaps.
- At this point, efforts may be better focused on identifying what relevant living/care arrangement indicators are *already* in the MICS/DHS but are not being collected or analyzed at the country level.

Session 3: Influencing the country level process: How do we make the case for systematic use of care-relevant data with key country level actors, and how do we support it?

Presentation: Country case study South Africa. Using data on household and care arrangements to inform national policy on children. Kath Hall (Children's Institute, University of Cape Town).

Using evidence to advocate for policy change in South Africa: The Children's Institute analyzes and uses data regarding children's living and care arrangements from an annual General Household Survey (GHS) in South Africa, to advocate to the government for targeted support to vulnerable children and households. This aims to combat incorrect assumptions and misinterpretation of data, which has contributed to some ill-informed policy decisions and targeting of resources in recent years.

1. **Child-headed households:** Contrary to general assumptions, data from the GHS for 2000-2007 indicates that the proportion of children living in child-headed households in South Africa did NOT increase, and that most children in child-headed households were NOT orphans (80% had a living mother). Advocacy was required to dissuade the government from promoting residential care for children in child-headed households, and redirecting resources to support their families instead.

2. **Social and care grants:** When Foster Care Grants in South Africa (intended as a child protection measure to support children placed with foster families due to abuse or neglect) were opened up to relatives caring for orphaned children and began to deal with more diverse family situations, it placed a severe burden on the care system, which resulted in a lapsing of grants. The grants became mixed up with social protection measures. Advocacy is required to redirect resources so that children in kinship care receive Child Support Grants, and Foster Care Grants are reserved for children who really need them.

Child-centred data on care and living arrangements provide governments with a means to monitor progress, can illustrate causality and complexity, provide policy makers with compelling numbers/statistics, and can guide interventions for vulnerable children and families. It can also highlight the disparity between policies and interventions and the reality

for children on the ground. However, data needs to be collected, interpreted and communicated accurately.

Discussion

Making the case for care data: Suggestions for ways to convince countries and policy makers about the importance of collecting and analyzing care/living arrangement data include:

- **Identify a goal or purpose** for the data: for example, be able to explain to policy makers why care/living arrangement data should be analyzed and what will be the result (e.g. a specific of intervention). This can help to create a demand for the data.

- **Link data to outcomes** to explain how children's living/care arrangements impact their wellbeing in different domains. This can help to convince countries to collect and analyze data on children's living and care arrangements, and to provide a more compelling argument for making changes or additions to MICS/DHS surveys.

- **Remind governments regarding their obligations to the CRC** and promote family structure/living arrangements as a means to improving child wellbeing. Governments need to know *who* the families are so that they can support families and prevent separation.

- **Emphasize the importance of understanding *who* cares for children** in order to make a difference in their lives, and to determine *who* most needs intervention.

- **Use analysis of existing data** on children's living arrangements to demonstrate how it impacts their lives. Publish academic papers and accessible policy briefs, and present data at conferences/workshops.

- **Target multiple actors** including policy makers, civil society organizations, academics and media. This includes engaging with researchers and practitioners so that they understand the critical policy questions that should inform their analysis and interpretation of data.

- **Highlight that support for families is a good investment** because it helps families to raise healthy children, is the most effective means of protecting children, and there is a moral imperative to help children.

Shaping DHS/MICS at the country level: DHS/MICS surveys can be used as a model for national surveys and can be helpful for collecting comparable data across countries. The challenge is to establish the best set of questions for DHS/MICS given that countries may ultimately phase these surveys out in favour of their own surveys, and deviate from the core indicators:

- Individual countries can change and add questions to the DHS/MICS surveys to link with their local context (which reduces comparability across countries).
- Countries may incorporate DHS/MICS surveys into their own existing national surveys, or simply use them as models. Ideally they will stay consistent enough with DHS/MICS to allow for comparability.

- Regional analysis of DHS/MICS data can demonstrate how countries that share history, culture, and economics are better or worse at producing positive outcomes for children and what the differences are.
- There needs to be caution about relying too heavily (and solely) on DHS/MICS data as it may not provide a full and accurate picture of children's situations.

Session 4: Technical guidance from MICS: Integrating care-relevant analysis

Brief informal presentation: MICS Household Questionnaire
BO Pedersen and Claudia Cappa

Overview of the MICS Household Questionnaire: The first step in administering the MICS Household Questionnaire involves listing all the household members, obtaining the name of the head of household (as defined by members of the household), and then collecting age and demographic information. The interviewer then determines if anyone else is eligible for a separate interview. Categories of household members include: family members (cousin, aunt, uncle, son in law, etc), servant, and other. These categories are determined by each country and may vary.

Each child under 15 is asked whether their natural mother is alive, and if so whether she lives in the household. If not, the child is asked where she lives: in another household in country, in an institution, abroad, or unknown. The same questions are then asked about the child's father. If children live without either biological parent, they are asked who their **primary caretaker** is. (Otherwise, there is an assumption that the primary caretaker is the mother).

- The MICS Household Questionnaire indicates **relationship to head of household** but NOT who provides care.
- MICS does a percent distribution on children's living arrangements: those living with both, neither, mom, dad, and missing information (within that, further sub-categories indicate: mother alive, mother dead, both dead, etc.).
- Marital status is collected but does not indicate if the respondent is living with the person they are married to.
- MICS includes a questionnaire for children under 5 and collects data on child labour, education and discipline for children ages 5-14.

Discussion

Suggestions for amendments to MICS Questionnaire:

- Ask *all* children under 15 who their primary caretaker is (even if biological mother lives in the household), as it may not be their mother. Make sure that person represented as the caretaker is the one providing actual care (e.g. who is feeding the child, washing their hands, paying for their clinic visits).
- Ask each parent if he/she has children who are not living in the household and if so, where they are living.
- Use data in the fertility section (such as where children live, if a child has died) to compile a clearer picture of the family structure and care arrangements.
- Find a way to better identify non-biological relationships: e.g. co-habiting parents (for example child living with biological mother and non-biological father).
- Collect better union histories and details of union status.

DAY 2: What other data/indicators relevant to care may be needed?

Session 1: Complimentary use of other relevant data sets (IPUMS, Census data, IFLS, etc.) Can we provide a more comprehensive picture relevant to children's care at national, regional and global levels using household-level data?

Presentation 1: World family map- family trends and child well-being.
Laura Lippman (Child Trends)

Child Trends, a non-profit research centre, produces an annual **World Family Map** study that investigates how family trends and characteristics impact children's welfare around the world. Using data from multiple data sets (DHS, IPUMS, ISSP, LIS, PISA, WVS and others), it monitors global changes in the areas of family structure (including living arrangements), family socioeconomics, family processes and family culture, focusing on 16 indicators that have been linked to child outcomes. While there are some limitations with the available data sets, research indicates that **family structure**—in particular the number of parents that children live with and whether they are cohabiting or married parents—has implications for children and merits further investigation:

- **Health outcomes**: Family instability (divorce, dissolution of cohabiting relationship, widowhood, repartnership) is related to negative health outcomes, as it may compromise parents' ability to provide the kind of consistent and attentive care that is most likely to foster good health in children.

- **Education outcomes**: Whether a child lives with one, two or no parents has an impact on the child's education (literacy, enrolment, grade repetition). In all regions, children living without their parents have the worst educational outcomes.

Elements of an ideal data set include: Longitudinal or cohort data, multiple respondents (including children), an examination of the relationship between household members, comprehensive background information on household members, and data across domains of child wellbeing.

Discussion

- **Gaps in the data:** Knowing how many adults are in the household and the living arrangements only provides information about the *probable* care givers (i.e. it is a proxy indicator); it would be useful to capture much more comprehensive detail about family structure and background including parental health, employment, education, family process, communication, warmth, and quality of care relationships.

- **Advocating at the country level:** Dissemination of this data (which highlights the implications of living arrangements/family structure for children's welfare) could be a useful tool for advocating with countries to collect/analyze care data in their surveys.

- **Collecting care data:** It is important to find a way to collect all this data related to child welfare outcomes and build capacity in country so that researchers and policymakers

know how to use it and why it is important.

- **Global comparisons:** It is useful to see variation across countries and regions regarding family trends and their impact on child welfare, and where there are strengths and weaknesses.

- **Family instability:** Care needs to be taken that data linking family instability to negative outcomes for children is not used to bolster conservative agendas that do not honour non-traditional families, or try to proscribe married two-parent families.

Presentation 2: Family vulnerability. Dominic Richardson (OECD):

A number of surveys across the OECD use different indicators to capture data regarding children's wellbeing to inform policy and target services. Similarly, there is a wide range of interventions to support families across the OECD, with countries defining vulnerability and eligibility for social protection support differently. Indicators used to indicate family vulnerability include persistent poverty, family joblessness, housing insecurity, juvenile crime; only Korea uses **family structure**. Emerging OECD research indicates the benefits of integrated social services as a more cost-effective model for supporting vulnerable families; however, the evidence base for family support services/interventions is still weak.

Capturing data on children outside of families: A study of health behaviour of school-aged children in 2010 helped to demonstrate the proportion of children living outside of families (in residential care) and growing up outside of their family of origin care. Surveys were administered at schools so that they could capture children not living in households, who were often missed by other data sets. However, the surveys did not include children not attending school.

Discussion

Family support: There is a wide range of integrated family support across OECD countries, but evidence is still lacking regarding the impact of support on children's welfare and cost-effectiveness.

School surveys: School surveys could potentially be used in some developing countries as a way to measure children in care, but they risk missing children under 5 years old and children not in school.

What can developing countries learn from OECD? It would be useful to link family structure to wellbeing and to include a time factor: e.g., How long has the family been like this? When did the mother/father leave the household?

Session 2: Developing better indicators for care vulnerability: Do we need additional indicators?

Presentation: Country case study Russia- Indicators for prevention of separation
Jo Rogers (P4C Russia)

A **Loss of Parental Care Index** was recently developed and piloted in 14 regions of Russia to monitor how effective the childcare system is at preventing unnecessary family separation. Six indicators (three qualitative and three quantitative) monitored whether children

genuinely needed to be removed from parental care and whether they had been referred to appropriate services. Findings indicated that there was a tendency to remove children from parents and place them into residential services as a first measure, rather than a measure of last resort, and that there was an important need for stronger support services for families, particularly to address problems in communication, behaviour and relationships.

The Index indicators were found to be relevant, useful and effective in monitoring preventative family support, and in providing a multifaceted perspective that includes children and family viewpoints. The potential to use the indicators in other contexts and for further piloting is under discussion. They could be used for examining informal care (e.g. children living on the streets), or in other cultural contexts (and small studies have already been conducted in Maldives and India using such indicators).

Discussion

- **Care indicators:** The Loss of Parental Care Index provides a useful example of care indicators. In particular, inclusion of data regarding disability and children's voices is important.

- **Children outside the formal care system:** Some of the indicators have been used in a study of children in India who lived with parents but were considered 'street children'; there are now discussions as to whether similar studies can be conducted in Russia.

- **Children's voice:** Obtaining children's voices can help to paint a fuller picture of the care situation. In the survey in Russia, children often had different responses than caregivers.

Session 3: Group Work/Poster session: What care indicators are needed to get more comprehensive and relevant data for better policy and services?

Participants were divided into teams of 3 or 4 and asked to come up with their wish list for the kind of indicators/data on care that should be collected within household surveys

Suggestions for useful care data:

- Identify caregiver(s) in household including male, female, '**primary**', alternative, additional (there may be multiple)
- When parents absent: identify how long and why, frequency of contact (using a sliding scale), if provide financial support, their proximity, if they died – when, basic demographics
- When children absent: Where are they? What are they doing? How long have they been gone?
- Capture parental involvement in care (e.g. how much time spent in care-giving activities), quality of care, and define care-giving activities.
- Differentiate between maternal and paternal relatives/households.
- Differentiate between relatives by blood and marriage
- Specify who non-relatives are
- Interview *all* children (including non-related ones)
- Add question regarding pre-primary school attendance (currently in MICS but not DHS)
- Ask adults about previous care history and their care/upbringing/family structure; this could demonstrate intergenerational repetition of care arrangements
- Disability (of parents/child), education, household income/resources, substance abuse.

- Identify mother's employment status (as household instability can be a risk factor).
- Examine family relationships, marital status and stability, including temporal dimensions: how long has this person been married/single/divorced/widowed
- Link types of family structure/living arrangements to outcomes (including child labour, child discipline)
- Obtain data on vulnerable children *outside* of households
- Obtain more data on children ages 15-18
- Focus on the experience of the child.

Suggestions for collecting care data:

- Harmonize surveys (MICS, DHS and others) including consistency in definitions and categories (e.g. family membership, relatives, non-relatives)
- Ensure accuracy of data. Focus on collecting data more systematically, reliably and accurately, and in a way that allows for flexibility and nuance; make sure questions are asked and understood correctly
- Bridge research with policy: ensure key findings are shared with to relevant policy makers

Making changes to DHS/MICS: Keep it simple! Any recommendations for changes or additions to the questionnaires should be kept relatively simple, to make it easier to persuade those in charge of designing the surveys.

Discussion:

Suggested indicators generally fall under four categories used in Child Trends' research: 1) Family structure; 2) Family economics; 3) Family processes; 4) Family culture

Level of data required: What do we actually need to know? There is a risk of becoming too precise in terms of categories (such as aunt, uncle, cousin, etc.) as it decreases the size of samples and makes it difficult to generalize. It will never be possible to deal with every type of permutation, so we must determine which are the really important relationships to identify and define?

Suggestions for the most important categories include:

- Grandparents of child (given what we know about elderly caregivers and their needs)
- Siblings of child
- Adoptive or foster parents of child: e.g. making sure that children who are *informally* fostered are identified within surveys
- Step-parents of child: There is research emerging that parents may treat step-children less favourably than biological children
- The relationship to head of household for children who do not live with their parents.

Defining primary care giver: Surveys would ideally identify the primary caregiver of a given child (which is often assumed to be the mother). This would involve:

- Defining the concept: Is the primary caregiver the person who washes the child? Takes them to the clinic? Provides financial support? The legal definition is: the person who is responsible for the child and makes decisions about the child.

- Taking into account that there could be multiple caregivers (mother, father, siblings) in a household; different people may provide different aspects of care to one child, or take care of different children within the household.

Defining household members: Households may be defined differently across countries and surveys, limiting comparability. Some household surveys (such as MICS) are limited to collecting data on household members as defined by national censuses from country to country. This means that in some countries, people who have not been residing in the household for the previous three months are still considered family members, while in other countries they are not. Other surveys (e.g. South Africa) use a narrower census definition of family membership but ask questions about who has contact with the child, even if they do not live in the household.

Session 4: The process for revisions, additions and clarifications of DHS and MICS questionnaires

Presentation 1: The process of revisions to the DHS questionnaires and modules
Tom Pullum (Measure DHS):

DHS surveys collect information on indicators that are in high demand (fertility, child mortality rates, HIV and malaria prevalence, etc.). Indicators are selected based on cost, whether they can be measured reasonably objectively, and the needs and interests of specific countries. Survey teams go to clusters (a neighbourhood or village) to list households and draw a sample, with women mainly interviewing the cluster's women.

- *First measures* include: wealth index, survivorship of parents, height and weight of children under 5 (but information on under 5s is missed if the mother is not in the household)

- *Second measures:* All women in the household age 15-49 are asked about their children, including information about nutrition (food and liquid consumption), diarrhea, cough, fever, immunization, and treatment received, but they are not asked who took the child for such treatment or why the child was not taken.

Interviewing children: In recent years there has been pressure to include younger aged children (those under 15) in interviews, but this is unlikely to happen.

Revising the questionnaires:

- A new questionnaire is coming out in January 2015. The revisions involved an elaborate process involving a number of different agencies that work with data.
- There are limited opportunities to change the core DHS questionnaires. However, the optional module questionnaires are currently being revised and may be a good place to target input or revisions.
- Revisions require institutional review board (IRB) approval from ICF and USAID as well as the country involved.
- In each country where a DHS survey is due to take place, a committee is formed of government and NGO representatives to decide on the questionnaire content. Collaboration with the committee could be beneficial and it might be one way to add or revise indicators (while keeping USAID informed)

Analyzing the existing data:

- A standardized country report is produced after each DHS survey and mainly includes health-related data.
- There may be scope to analyze the existing data further to obtain a more complete picture of household data.
- A new version of the StatCompiler is due to be unveiled. It would be helpful if this could capture living arrangement data (e.g. where is the child living)

Presentation 2: The process of revisions to the MICS questionnaires and modules
Bo Pedersen/Claudia Cappa (UNICEF):

In recent years, MICS has become much stricter and rigorous in terms of methodological testing of content. MICS has a small team (5-6 members), including a regional coordinator who works with consultants to provide support to surveys, and operates as the implementer of the surveys. As with DHS, the surveys reflect the particular interests of the countries involved; each government ultimately makes the decision as to what content/indicators are included.

Revising the questionnaires:

- A huge amount of time, work and testing goes into revising MICS content, and is typically driven by groups who fund and conduct the field testing of potential indicators.
- New indicators/modules are usually piloted in a few countries before being incorporated broadly.
- Adding new indicators/questions to MICS involves working through UNICEF's data analysis unit. Each question needs to be tested for reliability, validity, etc., which can be extremely time consuming.

Analyzing the existing data:

- A report is issued after each MICS survey and available for free. This includes analysis of a sub-set of the survey data collected.
- To go beyond this, it is necessary to download the full data set and do further analysis (either in collaboration with the UNICEF MICS team or individually).
- Data sets are not standardized and require some knowledge to access. (The MICS compiler requires development).

Consolidation of MICS/DHS surveys

- The possibility of doing one consolidated global survey is interesting; however, it is currently useful to use data from both DHS/MICS as they cover different countries.
- The advantage of having two survey mechanisms is that the countries can alternate, e.g. capture date from MICS in some years, and then DHS in others.
- In some cases countries may welcome a survey from the UN (the MICS) more than from the U.S. government (the DHS), particularly because DHS has a stipulation that countries must make the data available, so it may be useful to keep both surveys separate.

For copies of all of the presentations and resources see:
https://drive.google.com/folderview?id=0BwyG1QZ3iVhxbjd5eGhfbzNIMzQ&usp=sharing_ei
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5. Conclusions

The round table meeting provided a useful overview of the opportunities and challenges involved in collecting data regarding the care and living situations of children. Key points emerging from the presentations and discussions include:

- The CRC and the Alternative Care Guidelines emphasize the obligation of states to strengthen family care and prevent separation. This involves collecting and analyzing data to understand *who children live with and who cares for them.*

- DHS, MICS and other surveys contain useful data regarding children's living and care arrangements that is currently not being collected, analyzed or used to the full potential across countries.

- Better analysis of *existing* data on living and care arrangements, as well as collection of *additional* data, could provide useful insight into patterns and trends of care, and help to inform interventions and policies for vulnerable children and families.

- There is evidence that children's living arrangements impact their wellbeing, with research linking them to outcomes in education and health. Further research to explore the link between children's living arrangements and outcomes in different domains could play an important role in determining interventions for vulnerable families.

- Revisions to MICS/DHS questionnaires could help to produce additional and better data regarding children's care situations. While the process involved in amending the surveys is challenging and time-consuming, there may be opportunities to target changes at the individual country level, and to develop a small set of rigorously field-tested indicators for inclusion. More can also be done to advocate with countries to include *existing* care-relevant indicators within their MICS/DHS surveys (e.g. relationship to head of household).

- More efforts are required to advocate to policy makers and programme heads regarding the importance of collecting, analysing and using data on children's care and living arrangements to inform interventions for vulnerable families.

6. Next steps

The round table meeting resulted in broad agreement to work towards the development of new care indicators for potential inclusion within DHS/MICS surveys, and to make better use of care data already available within existing data sets. Next steps proposed include:

Develop a care module for inclusion in household surveys:

1. Establish a technical working group (made up of the participants and institutions at the round table meeting, academics and practitioners) to work towards the development of

a care module within the next three years.

2. Hire an experienced institution to manage the process. This would involve:

   - Conducting an in-depth review of existing data sets (DHS/MICS and others) to identify key care indicators that are missing in current research and are important for children.
   - Selecting and field-testing these care indicators at national level (potentially as part of the World Family Map project) and linking to outcomes.
   - Using the results to develop a care module made up of a small number of indicators (5-10) that can be proposed for inclusion within household surveys such as MICS/DHS in three years' time.
   - Developing a strategy to advocate for use of care indicators.

3. Promote the initiative and advocate for care indicators by publishing academic articles, editorials, presenting at conferences and potentially collaborating with World Family Map on a child care theme. Make efforts to involve both academics and practitioners.

Advocate for better use of existing care data:

1. Develop an **Inter-Agency Technical Brief** that outlines the importance of household-level data in understanding and monitoring trends in children's living arrangements and care status. Highlight existing data that is relevant to children's care situations within DHS/MICS and how it can be used by care and child protection practitioners to inform policy and programmes. [CP MERG]

2. Develop **care profiles** for selected countries. These would provide an overview of patterns and trends related to children's living and care arrangements through analysis of existing MICS/DHS data. [BCN]

3. Publish academic articles to highlight existing findings regarding children's care situations based on analysis of MICS/DHS data, and potential for further research.

Annex I: List of Participants

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Background Note
Round Table Meeting on Children's Care and DHS/MICS data
CP MERG Technical Working Group on Children without Parental Care
Better Care Network and Save the Children

Introduction

National household surveys provide critical data to monitor population level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from Measure DHS and USAID since the mid-1980s in over 90 countries. Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s, in over 60[1] countries. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families.

The **Child Protection Monitoring and Evaluation Reference Group (CP MERG)** was established in 2010 as a global forum for collaboration, coordination and shared learning on child protection monitoring, evaluation and research. A **Technical Working Group on Children without Parental Care (TWG CWPC)** was formed as a sub-group of CP MERG to strengthen the methodologies and data collection systems to measure and monitor the situation of children at risk of, or deprived of parental care, and the impact of responses and systems in place to ensure they are provided with appropriate care (including measures to prevent separation and the provision of appropriate alternatives care options).[2] The TWG has identified developing inter-agency guidance on the use of population census and surveys, including DHS and MICS, to promote more systematic and comprehensive collection, use and analysis of statistical data relating to children's living arrangements and care situations, as key to ensuring more effective policy responses at international, regional and national levels.

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[1] Although DHS covers over 90 countries and MICS covers over 50 countries, some of the countries are covered by both and not all data is available for all countries.

[2] The co-chairs of the TWG are Better Care Network and Family For Every Child.

Background

The importance of the DHS and MICS data sets to children's care situations began to be recognized widely in the context of countries with high HIV prevalence, particularly in Sub-Saharan Africa. Analyses of the data on survival of parent status ('orphanhood') was produced and used to inform policy and programming at national and global levels to assist and respond to the particular needs of Orphans and Vulnerable Children (OVCs). Many of these studies have focused on the implications of parental loss to child well-being and have been used to measure the impact of HIV related interventions on these children and their families.[3] The 'orphan crisis' highlighted in seminal reports such as Children on the Brink (1997, 2000, 2002 and 2004)[4] revealed the devastating impact of the HIV AIDS pandemic on children's care situations, and well-being with spiraling numbers of parental deaths in high prevalence countries leading to high percentages of children being left to care by extended families or communities, in child headed households or through barely functioning alternative care systems, particularly residential care facilities.

As a growing body of evidence was gathered and programmes deployed to respond to the AIDS crisis, it also became clear that other factors beyond parental death were affecting children's care situations and their well-being outcomes. Research findings in a range of countries in Eastern and Southern Africa, for example, highlighted that while 'orphanhood' was a key indicator of child vulnerability, other factors seemed to play a much greater role in terms of child well-being and development, including household poverty but also gender.[5] Furthermore a range of mostly qualitative studies has deepened out understanding of the diversity of children's care arrangements and living situations in both emergency and non-emergency contexts, including in countries with low HIV prevalence. There has been increasing recognition of the critical role informal care plays in a range of contexts, and the need to understand this better to inform social policies and programmes targeted at particularly vulnerable children and their caregivers. [6]

The HIV AIDS crisis served to focus the attention of policy makers in the aid community on the importance of family care, the diversity of care arrangements, and the need to strengthen the capacity of parents and other caregivers in the context of stresses and emergencies. During the same period a parallel process was taking place at global and national levels, informed by a different set of research. A growing body of empirical research in psychology and neuroscience demonstrated the importance of investment in the early years for children to support this critical period of child development. Findings into the negative impact of emotional deprivation and institutionalization for younger children further

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[3] Beegle, K., Filmer, D. Stokes, A., and Tiererova, L. (2010). Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa. *World Development,* p. 1727-1746; Mishra, Vinod, and Simona Bignami-Van Assche. 2008. Orphans and Vulnerable Children in High HIV- Prevalence Countries in Sub-Saharan Africa. DHS Analytical Studies No. 15. Calverton, Maryland, USA: Macro International Inc.; Ainsworth, M. and Filmer, D., 2006. "Inequalities in Children's Schooling: AIDS, Orphanhood, Poverty, and Gender" *World Development* 34(6): 1099-1128, 2006

[4] Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action UNAIDS, UNICEF and USAID Retrieved at
http://www.bettercarenetwork.org/BCN/details.asp?id=9519&themeID=1001&topicID=1006

[5] Campbell, P., Handa, S., Moroni, M., Odongo, S. and Palermo, T. (2010) 'Assessing the "orphan effect" in determining development outcomes for children in 11 eastern and southern African countries', Vulnerable Children and Youth Studies, 5: 1, 12 — 32

[6] Roby, J (2011) Children in Informal Alternative Care. Discussion paper. UNICEF, New York. Retrieved at http://www.bettercarenetwork.org/BCN/details.asp?id=25477&themeID=1002&topicID=1013

reinforced the critical importance of parental care and a family environment.[7] This realization is also at the core of the United Nations Convention on the Rights of the Child adopted in 1989 and almost universally ratified, and more recently, of the Guidelines for the Alternative Care of Children welcomed by the UN General Assembly in 2009.[8] Reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, are ongoing as a result in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[9] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being. Initiatives are ongoing, including under the US Government Children in Adversity Action Plan to improve the enumeration of children outside of family care, including children in institutional care and children associated with the streets. Better Care Network, Save the Children and Family for Every Child, among others, have each highlighted through their work the potential for more systematic mining of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households who are not living with a biological parent.[10] Initial analysis of this data for a small number of countries has shown how critical that data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. Other important initiatives, such as Child Trends' World Family Map Project have highlighted the potential of using

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[7] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from
http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from
http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[8] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at:
http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[9] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from
http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

[10] See for examples, Martin & Sudrajat (2007) Someone that Matters, Save the Children; Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

internationally comparative data to map trends in family structures, family processes and culture and explore the links between these indicators and certain outcomes of child well-being.[11]

The fact that this data is available and, in most cases already collected but not extracted or analyzed systematically, points to an immediate need that can be relatively easily addressed without major investment of resources or time. What is lacking at this stage is clear guidance for data collection agencies and data users, including national authorities, UNICEF country offices, policy and research bodies as well as donors, about the importance of this data and how it can be systematically extracted and used. Similar data is used routinely in high income countries to inform policies targeted at particularly vulnerable families, with the clear aim of strengthening parental capacity and addressing risk factors associated with child-family separation and loss of family care.[12] Ensuring similar analysis is conducted in low to middle income countries based on available household level surveys should be a priority, particularly taking into account the fact that this would have little resource implications for these countries. This would provide a rich and critical information basis for national authorities, donors and service providers to inform child and family centered policies and services.

Purpose

The aim of this initiative is to inform the development of an inter-agency technical brief that explains what household level data is available through DHS and MICS that is critical to better understanding and monitoring of trends and patterns in children's living arrangements and care status, and how the data can and should be extracted and used to inform policy and programmes at country and international levels. The brief will be targeted to child protection practitioners in UN agencies, INGOs and NGOs and will provide information to support them to engage with national government and statistical agencies to influence the DHS and MICS processes at country level.

Scope of Work

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators (Access to education for example). When extracted and analysed together, this data provide critical information about percentage distribution of children who are not living with a biological parent and the survival status of that parent. It highlights patterns and trends in children's living arrangements and 'orphanhood' at both national but also sub-national level and can be disaggregated to offer important analysis of factors such as gender, age, wealth, geographical location, that may be relevant to children's living situations, protection and well-being.

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[11] Child Trends (2013) World Family Map: Mapping Family Change and Child Well-Being Outcomes
http://www.bettercarenetwork.org/BCN/details.asp?id=30279&themeID=1001&topicID=1011
[12] See for example, OECD Family Database: http://www.oecd.org/social/soc/oecdfamilydatabase.htm

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but is rarely extracted and analysed in the national reports, despite its clear relevance to children's care situations. Although that data is an imperfect proxy indicator for caregiving arrangements, it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

This data in combination with data on poverty, access to basic services, gender, violence, and other indicators of vulnerability can inform strategies on how best to target social protection and family support programmes to ensure appropriate care for children. In most high-income countries, this is precisely how this data is used and yet this has not become standard practice in most middle to low-income countries.[13] The DHS and MICS surveys provide a unique opportunity to do so with very little if any need for further investment or resources and huge returns.

In order to develop inter-agency guidance that clarifies the potential use of DHS/MICs data to monitor patterns and trends in children's living and care situations and their relevance to child and family centered policies, a number of steps will be taken.

A round table meeting of key experts in DHS/MICS, M&E, and children's care will be held as a first step. The meeting will discuss and provide direction on the following questions:

1) Available data in DHS/MICS existing questionnaires that is care relevant, its potential and limitations in terms of use for monitoring children's care situations and their links to child-well being outcomes;
2) Challenges in getting that data collected, extracted, analysed systematically and solutions to addressing those challenges.
3) Need for potential revisions, clarification of the questionnaires, analysis framework and country report format;
4) Influencing the country level process- how do we make the case for systematic use of the data with key country level actors and support it.
5) Developing better indicators of care vulnerability- do we need additional indicators?
6) Complimentary use of other relevant data sets (IPUMS, Census data, IFLS)- can we provide a more comprehensive picture?

Following the round table meeting, the chairs of the CP MERG Technical Working Group on children without parental care will develop of a draft technical brief setting out the importance of the household level data on understanding and monitoring trends and patterns in children's living arrangements and care status, explain how that data can be collected and used and for what purpose, who needs to be available and at what stage to ensure it is. The draft will include country examples using that data and highlighting the potential for analysis.

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13 See for example, the US Census Bureau (2012) Families and Living Arrangements report at
http://www.census.gov/hhes/families/; also OECD Family Database:
http://www.oecd.org/social/soc/oecdfamilydatabase.htm

The draft brief will be reviewed by members of the TWG and the broader CP MERG core group and a final version agreed and disseminated to key stakeholders.

A strategy to advocate for better use of DHS/MICS data on children's care will be developed by the TWG, including recommendations for additional indicators and revisions to the DHS/MICs methodology and definitions, if deemed important. Follow up meetings with key agencies and donors responsible or working in support of DHS/MICS will be held to disseminate the technical brief and support its use and implementation.

Output
- 1-2 day expert roundtable meeting
- Technical brief to clarify and guide the use of care relevant data from DHS/MICS, including a number of country analysis examples.
- TWG strategy to follow up on additional indicators, revised questions and definitions.

Lead responsibility
- Florence Martin, Better Care Network (Co-chair of CP MERG Technical Working Group together with Family For Every Child)
- Sarah Lilley, Save the Children (Co-chair of CP MERG)

Timeframe: May - December 2014

Participants:

Participants will be members of the TWG and additional experts who will be participating in the round table meeting and the development of the technical brief.

AGENDA

Round Table Meeting on Children's Care and DHS/MICS data

Tuesday 9th September 2014: Better mining of existing data

9.00- 9.20: Welcome and introductions

9.20- 9.40: Presentation

Florence Martin and Garazi Zulaika (Better Care Network): Who cares for children and why we should care

9.40- 10.40: Discussion

Available data in DHS/MICS existing questionnaires that is care relevant, its potential and limitations in terms of use for monitoring children's care situations.

10.40- 11.00: Coffee break

11.00- 11.30: Presentations (Living arrangements and care data and links to child well-being outcomes)

Chiho Suzuki (UNICEF): Children's living arrangements and redefining vulnerability in the HIV AIDS context

Jini Roby (Brigham University): Using DHS data to understand the relationship between kinship care and access to education

11.30- 12.30: Discussions

Challenges in getting that data collected, extracted, analysed systematically and solutions to addressing those challenges.

12.30- 13.45: Lunch

13.45- 14.00: Presentation

Kath Hall, (Children's Institute, University of Cape Town): Country case study South Africa. Using data on household and care arrangements to inform national policy on children

14.00- 15.15: Discussion

Influencing the country level process- how do we make the case for systematic use of care relevant data with key country level actors and how do we support it.

15.15- 15.30: Coffee break

15.30-16.30: Group Work- Next steps

- **Outline for an Inter-Agency Technical Brief** targeted to child protection practitioners in UN agencies, INGOs and NGOs that will provide information to support them to engage with national government and statistical agencies to influence the DHS and MICS processes at country level.

- **Technical guidance from DHS/MICS:** Integrating care relevant analysis in DHS/MICS country reports.

16.30- 17.00: Feedback and wrap up

Wednesday 10th September 2014: What other data/indicators relevant to care may be needed?

9.00- 9.40: Presentations

Other data sets- Complimentary use of other relevant data sets (IPUMS, Census data, IFLS, etc.)

Laura Lippman (Child Trends): world family map- family trends and child well-being

Dominic Richardson (OECD): Family vulnerability

9.40- 10.40: Discussion

Can we provide a more comprehensive picture relevant to children's care at national, regional and global levels using household level data?

10.40- 11.00: Coffee break

11.00- 11.20: Presentation:

Developing better indicators for care vulnerability- do we need additional indicators?

Jo Rogers (P4C Russia): Country case study Russia- Indicators for prevention of separation

11.20- 12.30: Group Discussion

What other indicators could be added to get more comprehensive and relevant data for better policy and services?

- Family Care Indicators (MICS child development module and beyond)

- Prevention of separation indicators

- Children outside of family care indicators (children who were placed in formal care, children who left family care?)

12.30- 13.45: Lunch

The process for revisions, additions and clarifications of DHS and MICS questionnaires

13.45-14.15: Presentations

Tom Pullum (Measure DHS): The process of revisions to the DHS questionnaires and modules

Claudia Cappa (UNICEF): The process of revisions to the MICS questionnaires and modules

14.15-15.15: Discussions

15.15- 15.30: Coffee break

15.30-16.30: Group Work- Next steps

- Improving Care Indicators: strategy for follow up?
- Global report on children's care?

16.30- 17.00: Feedback and wrap up