SYSTEM OF KEY INDICATORS OF INFANCY AND ADOLESCENCE
(SICIA)
Instituto de Infancia y Mundo Urbano (CIIMU). Barcelona.
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INTRODUCTION

Why a System of Indicators of Infancy and Adolescence?

The aim of the System of Key Indicators of Infancy and Adolescence (*Sistema de Indicadores Clave de Infancia y Adolescencia* - SICIA) created by the CIIMU is to provide an instrument for representing and conceptualising the reality of infancy (0-18), observing the specifications of Spain and the Autonomous Communities, especially Catalonia, and to enable the establishment of measures for comparison between other cities and regions in the rest of the world, especially Europe. The SCICIA constitutes a basic instrument of support to the Report on the State of Infancy and Families in Catalonia, produced biannually by the CIIMU. Said report, which also incorporates research of a qualitative nature, aims to present the evolution of the realities and living conditions of a collective that has historically constituted one of the sectors of the population with the highest levels of social invisibility.

It goes without saying that the set of social changes that is being produced in developed societies, which affect infancy and families, are of major importance. The drastic drop in fecundity, the low birth rate, associated to the large scale incorporation of women into employment; the major transformations of family structures and relationships, the crisis of such basic social institutions as the family and the school, and the increasing importance of other social agents, such as the media and Internet; the increase in poverty and the appearance of new forms of infant and juvenile exclusion, etc. constitute new problems that also require new policies that are more capable of incorporating current trends.

Systems of Indicators, in this sense, offer major advantages for the evaluation of the state and development of the population. Their synthetic nature and capacity for guiding decision making make them vital instruments for research and social policies. This does not mean, as is often thought, that indicators explain the causal relationships between the phenomena that they represent, nor that they make it possible to draw conclusions of a unanimous or necessary nature. But what is evident is the major relevance of the existence of periodical reports on infancy and adolescence that account for the situation of this sector of the population through quantitative analysis.

Although some of the lines of work and research have tried to define systems of indicators of a universal nature, there is no list of indicators that can be used successfully in all countries, among other reasons because what they aim to evaluate is often very different. For example, since 1980, UNICEF has aimed to supply statistics providing information about the progress in all countries in terms of infant welfare, and although these are indeed a valid reference, they are of little use when it comes to evaluating the situation of the infant population in developed societies in which the basic needs of most of the population are catered for. In this context, systems of indicators demand new criteria and new orientations that provide information that is

relevant to the specific problems, challenges and concerns of each society and which therefore assist in the formulation of policies and the appropriate assignation of resources.

The establishment of the System of Key Indicators for the quality of life of infants, despite being universal in nature, has had to move away from such universally applicable approaches and criteria as those supplied by such supranational organisations as UNICEF, UNESCO, and the WHO, and have tried, instead, to be more in line with the specifications of infancy in the urban environment of a developed society.

OBJECTIVES AND CHARACTERISTICS

The objectives of the SICIA are as follows:

- To offer society a **System of Key Indicators** that can show information about infancy and families in a continued and stable way.

- **To evaluate the quality of life** of children between 0 and 17 years of age and families in Catalonia and Spain to increase the knowledge and understanding of this reality.

- To establish comparisons on a territorial and temporal level

- **To detect the needs** of infants and families in a continued way over time, with special attention to new trends, emerging needs and future scenarios.

- **To guide policies** aimed at this sector of the population, evaluating their adequacy for the needs detected.

SICIA is a **collective work,** in a team, based on a **single theoretical concept** of infancy and the family and uses a **common methodology** for producing all of the indicators.

THEORETICAL PERSPECTIVE

Towards a new concept of infancy and adolescence

Any evaluation system that that aims to account for a specific reality must be organised on the basis of the formulation of a conceptual framework that lays the foundations for

the environments or contents to be subjected to vigilance and monitoring. In fact, any statistic or method of social accountancy is the result of a number of questions that are explicitly or implicitly based on presuppositions or hypotheses about the subject they are aiming to evaluate.

The construction of a System of Key Indicators and the making of a Report on the situation of Infancy and Families, and one which advocates a global and integrating perspective of such a complex reality as is infancy, requires a broad conceptualisation that is able to cover not only the most deficient living conditions or the most representative areas of the supply of social services, but also the quality of life understood as the universally applicable measurement of welfare and the satisfaction of the infant and adolescent population and their families as a whole. They should also consider those quantitative and instrumental aspects that constitute the general category of resources available for the meeting of needs. So, in this report we will be approaching the realities of infancy on the basis of three basic ideas:

1. Infancy as a social group
2. Infancy in situations of risk
3. Infant and family policies

Infancy as a social group

Traditionally, the predominant social representation of infancy and adolescence has been based on the idea that this is a fundamentally passive stage of life, characterised by dependence, and, at most, a period of transition into adult life. The predominant image of the infant or adolescent has been that of a passive individual that shares the living conditions of adults or the social contexts into which they find themselves immersed. As Ferran Casas puts it so well "they are not yet adults, they still do now know what they want, they are not yet competent, they are not yet trustworthy, etc…"

From this perspective, infancy as a differentiated category does not exist, and evidence of its presence can only be observed through the filter of the adult condition.

On the other hand, until relatively recently, studies of infancy have taken a more individual perspective in their approaches, rather than a social one. The description and knowledge of the individual and psychological development of infancy has made a priority of analysing living conditions (living space, time to oneself, their activities, participation, their place in the distribution system, etc.).

From this approach, which is focused more on the study of the individual characteristics of the development of the infant than infancy understood as a social group, certain conceptual difficulties and serious consequences are derived:

First, the **statistical invisibility** of infancy: most of the existing information has not been collected systematically with the intention of speaking about infancy, but rather is information in which infancy is involved in some way or other. Although the category of "infancy" appears in the statistics, it does not do so as a different group characterised by special needs and rights. It is obvious that from this concept of infancy there is no reason to bring together data and construct statistical indicators about the active

presence of infancy and youth in society, about their participation in politics and associations, and in the family, about their behaviours and attitudes, about their satisfaction with life or about so many other things. To summarise, this information, despite recognising the presence of infants, does not take infants as a primary or differentiated unit of observation.

Secondly, the concept of infancy in terms of aggregating different individuals, rather than taking them principally as a social group, excludes the possibility of understanding the common aspects of subjects that share the same status within society. And it also excludes the possibility of making comparisons between different historical periods, societies and cultures, or examining the relationships that exist between the different components of a society. From the point of view of "infant statistics", the adoption of a focus of infancy as a social category enables us to stress aspects that are generally underestimated when adopting a focus centred on individual development. In other words, the option of approaching infancy as a social group allows us to observe the reality and collect data, information and indicators to describe it. The theoretical principle that guides this option focuses attention on the relationships between infants and other social groups and, consequently, on possible forms of inequality and discrimination that characterise it in terms of legal status, power, distribution of resources and social and economic opportunities.

Finally, the first focus presents us with infants that develop affectively and cognitively in isolation from the contexts in which they live, independent of the positive or negative influence they "suffer" depending on the condition of this context. Quite the opposite, in present times, the most recent contributions of socio-cultural psychology speak of active infants that construct their own knowledge, perceptions, values and sentiments in strict interaction with the contexts in which they live or those with which they are related, such as school, the family, peer groups or the media.

Therefore, the consideration of *infancy as a social group* and of the infant as a social agent that is constructed on the basis of interaction with the contexts of socialisation and development (family, school, health services, media, peer groups, etc.) are two key elements of this concept.

This approach to the concept of infancy involves focusing on the set of relationships that this section of the population has with the rest of society. It means, moreover, that infancy must be studied through the laws and regulations that define them as a specific component of society, and through all practices and activities by means of which they are expressed as an agent in the construction of their own selves. The consideration of infancy as a social group therefore involves, in theoretical and methodological terms, several important implications, both from the point of view of statistical information and from the point of view of adequate policies for this collective and its families.

Infancy as a new concept of social exclusion

The evaluation must also make it possible to describe the living conditions of those particularly vulnerable infants, the vulnerability of which responds not only to the social condition of infants, but also to that of being negatively affected by factors and phenomena of an economic, social or cultural nature. Attention to this area, which is especially meaningful for infant policies that are more focused on the prevention and

protection of infants, must enable policies and professional practices that meet the needs detected and anticipate the effects of emerging phenomena. At the same time, however, solutions in this area do not recommend sector-specific treatment or mono-disciplinary orientations despite often emerging as fragmented policies.

Nowadays, as a consequence of major changes in technology and communication systems, social reality has either profoundly changed or is in a period of rapid transformation. The so-called economic globalisation, which as we know is due in no small measure to these changes, has led to huge transformations in the organisation of developed societies in the economic, social and family fields. To put it briefly, in the words of Fitoussi J. P. and Rosanvallon P. "there have been simultaneous crises in institutions that have created social links and solidarity (the crisis of the welfare state), in forms of relationships between the economy and society (labour crises) and in ways of forming individual and collective identities (crisis of the individual)[2] ".

So, in recent years the demographic reality, the economy, the Welfare State, family and school relationships, etc. have changed; working life seems increasingly more fragmented and unpredictable, relationships between generations have become more difficult, societies are becoming increasingly more homogenous, more multicultural, and at the same time, conflicts of identity are increasing.

Consequently, society has become more impenetrable and less decipherable using the traditional categories of knowledge. Not so long ago, belonging to a certain social class, academic qualifications, living standards, the place of residence, profession, the position of the family or political convictions would suggest a certain background or social standing. Industrial society had accustomed us to relatively stable and predictable social structures. Situations of need were concentrated on certain social sectors. The old industrial society involved conflicts that were basically centred on class dynamics.

Nowadays, this "coherence" is showing a tendency to dissipate. Now we have more social mobility, with greater opportunities for wealth in certain sectors, but it is also a more widespread share, or democratisation, as Beck and Giddens say, of risk. In the present day, the appearance of new needs and realities means that this risk can affect new collectives to the same extent that they stay away from them. In this context, new key factors have emerged as generators of social exclusion, such as for example:

- Ethnic diversification
- The alteration of age pyramids
- The plurality of forms of families
- The decrease in social protection
- The new economy and the impact on occupation

These factors, which do not usually occur in isolation, but are more likely to coincide, have a greater affect on some collectives, which include, as more researchers and experts are recognising, infants and adolescents. The precariousness of juvenile occupation, the lack of services for young infants, juvenile violence as a consequence of a lack of social integration, the impact of the media on new youth styles, values and

cultures, failure at school and the loss of the educational influence of schools, breakdowns in family relationships and new models for family relationships, the lack of social integration of immigrant children, the presence of so-called 'latch-key' children on the streets.... these are just a few of the examples of these problems.

Therefore, the risk of social exclusion is a complex phenomenon, the product of the articulation and coincidence of a set of circumstances, and which therefore requires integral methods of definition and management. Given this reality, the public policies of the Welfare State have become less operative, and less able to incorporate these new needs.

New infant and family policies

Finally, the observation of infancy necessarily requires the analysis of the set of institutional actions directed at the infant population. In this sense, it seems unavoidable that there should be an evaluation of their impact, and how they can or cannot benefit the full development of the rights and quality of life of infants. Certainly, in recent times we have witnessed major changes in the definition that we make of today's new infant policies, which from being fundamentally passive policies have come to be *integral and proactive policies.*

This is all the result of different factors, which include the aforementioned economic and social changes and which affect children all around the world. The development of a project on human rights after the Second World War and the increasing emphasis on the specific rights of children, especially since the 1989 passing of the United Nations Convention on the Rights of the Child. No less relevant is the change in perspectives of children on the basis of the new theoretical concept that we outlined above.

In this sense, activities for promoting the rights of children as made by different international organisations (mainly UNICEF and the Council of Europe), and several other international charities, have developed and increased spectacularly in recent years, always taking the Convention as a reference. As we have already said, both the concept of infants as a social group, with their specific rights as citizens, and the appearance of new situations of vulnerability and social exclusion that can affect this collective, will demand increasingly more articulation of new policies.

Public policies are needed that, rather than the excessively fragmented and sector-specific nature of the programmes and personal care services available today, must be integral policies, involving more collaboration between the public sector and the private sector, and which promote prevention, insertion and promotion.

METHODOLOGY AND SOURCES OF INFORMATION

A priority task in making a System of Key Indicators is the identification and description of sources and databases of a stable nature that already exist in relation to infants and families. In some cases, it will be necessary to re-exploit the existing data, in others, we need to create our own sources to fill in any gaps in the data.

The construction of this System of Indicators involves:

o The exploitation of existing statistical data and secondary sources
o The establishment of agreements and conventions for collaboration with centres that produce data
o The exploitation and creation of primary sources.

1. The exploitation of existing statistical data and secondary sources

Official data: data from the statistics and surveys regulated by the 1997-2000 Legislative Plan for Spain. This is data managed by the INE (Instituto Nacional de Estadística) or by the different ministries and secretariats responsible. We are also referring to data managed by Councils, Autonomous Communities and European data.

Other stable data: periodical and trustworthy surveys.

Other non-stable surveys, but with relevant information.

Complementary sources (reports, research projects, quantitative and qualitative studies, etc.)

2. The establishment of agreements and conventions for collaboration with centres that produce data

A system of indicators aimed at the evaluation of the welfare of the infant and juvenile population requires different and heterogeneous sources of data. In this sense, one of the most frequent limitations is not so much the lack of sources of information, but rather their heterogeneity. This seriously affects the harmonisation of the data, as coordinating concepts and making them coherent, and the statistical definition and classification of the different sources is one of the most complex tasks for obtaining a reasonable level of systemisation. So, the availability of data focused on infancy supposes a major effort and requires the implication and collaboration of different data production centres that establish permanent collaboration agreements with the CIIMU and incorporate this task in their work plan. These institutions should not be mere transmitters of data, but rather genuine collaborating agents, who are implied in the process of producing and creating the System of Infant Indicators.

3. The exploitation and creation of primary sources

- Analysis of the intentions of public policies, programmes and services on a local level.
- Comparison with European recommendations and policies
- Creation of our own Instruments or adaptations of those already in existence.

STRUCTURE AND CONTENT

The Instrument is divided into ten areas:

Socio-demography

Population 0-17

1. Population 0-17 sex and age
2. Index of juvenile dependency

Fecundity and birth rate

3. Births
4. Present fecundity rate
5. Gross birth rate
6. Average age of maternity
7. Births by age of mother
8. Births out of wedlock by age of mother
9. Births in second or later marriages

Family

Population 0-17

1. Population 0-17 by age groups and type of household (family / non-family)
2. Population 0-17 by age groups and type of family nucleus
3. Population 0-17 by age groups and type of household (single person, nuclear, etc.).

Households

4. Households with population of 0-17 years by number of people.

Children in different nuclei

5. Children by age groups and type of family nucleus

Nuclei with children 0-17

6. Married nuclei with children 0-17 by number of children
7. Nuclei with established partners with children 0-17 by sexual orientation of couple and number of children
8. Single parent nuclei 0-17 by sex of the progenitor and number of children
9. Single parent nuclei 0-17 by sex and age groups of progenitor
10. Single parent nuclei 0-17 by age groups of children and sex of progenitor.

Family Policies

Social protection

1. Expenditure on family allowance as a percentage of Gross National Product
2. Public expenditure in monetary transfers to families. Percentage of direct financial subsidies for children under guardianship with respect to GDP.
3. Public expenditure on family services. Percentage with respect to GDP.

4. Public expenditure on old people of more than 65 years. Percentage with respect to GDP.
5. Social subsidies for the family and children. Percentage with respect to all subsidies.
6. Use of maternity subsidies with respect to number of births per year.
7. Use of maternity leave with respect to births per year.
8. Coverage level of subsidies for children under guardianship with respect to total minors of 0-18 years.

Poverty and social exclusion

9. Poverty risk rate after social transfers for population aged 0 to 16 years
10. Poverty risk rate after social transfers by type of home
11. Children of 0 to 17 years that live in a home where no member is employed
12. Persistent poverty rate by age groups and sex
13. Incidence of poverty and persistent poverty by age groups and sex
14. Percentage distribution by age groups of non-poor people, poor people, and persistently poor people
15. Households according to difficulties to cover costs by composition of the household
16. Households according to capacity for saving by composition of the household

Education

Schooling

1. Pupils according to stage of education and type of centre
2. Infant, primary and secondary pupils by type of centre
3. First cycle infant education pupils (0-3 years) by age groups and type of centre
4. Primary education pupils (6-11) by type of centre
5. Obligatory secondary education pupils (ESO) (12-16 years) by type of centre
6. Post-obligatory secondary education pupils by type of studies (Professional Training or University Entrance)
7. School rate of first cycle infant education (0-3 years)
8. Infant care centres by type of centre
9. Offer of places and unmet demand in the first cycle of infant education (0-3 years) by type of centre

Finance

9. Expenditure on education in percentage of GDP
10. Expenditure on education in relation to GDP by legal title of centre
11. Expenditure in relation to GDP by pupil and legal title of centre

Academic results

12. Level of education attained by the population between 25 and 64 years.
13. Level of education attained by the population between 25 and 35 years.
14. Academic results in obligatory secondary education by title of centre
15. Basic competence of pupils by thematic areas.
16. Comparison of attainment of competences in the Catalan and Spanish linguistic areas.

Transition from School to Work

1. Population of 16 years that has worked at any time during the last year (2004):
2. Population of 16 and 17 years by activity / inactivity (distinguish between students and non-students):
3. Unemployed population of 16 to 17 years:
4. Population of 16 and 17 in employment:

Health and Quality of Life

Mother-child health:

1. Distribution of pregnancies depending on age of mother
2. Abortion rate depending on age of mother
3. Newborn children by weight, weeks of gestation and type of birth

Death rate:

4. Infant and perinatal mortality by causes
5. Mortality by sex, age groups, and main diagnostic causes
6. Mortality for external causes by sex, age groups and types of cause

Morbidity:

7. Congenital defect rates in the different types of product of the gestation
8. Main cause of hospitalisation by sex, age groups and diagnostic cause
9. Illnesses of obligatory declaration by sex and age groups

Health care:

10. Types of health care used by children under 20 years by sex and types of service used

State of health:

11. Perceived state of health by sex and age groups.

Diet:

12. Eating habits by age groups.

AIDS:

13. Declared AIDS cases by sex and age groups
14. Declared AIDS cases for children under 19 years and transmission group

Employment health:

15. Accidents at work with sick pay by sex and age of worker and seriousness

Risk behaviours:

16. Victims of traffic accidents by sex, age, types of vehicle, and seriousness and zone
17. Starting of drug treatment by main drug consumed and age groups
18. Hospital casualty cases related with the consumption of psycho-active substances by sex, age groups and types of substances consumed.

Mental health:

19. Distribution of the 10 most frequently diagnosed categories in mobile child psychiatric units
20. Patients cared for in infant, juvenile and mental health centres by sex.

Identity and Cultural Consumption

Material culture

1. Cinema attendance at least one time a year by age groups, frequency and level of family income.
2. Regular TV viewing by sex, age groups and frequency.
3. Regular radio listening by age groups and frequency.
4. Purchase or rental of video or DVD movies by sex, age groups, social class and number of movies
5. Use of videogames and other apparatus by sex, social class, frequency of play and apparatus.
6. Magazine readership by age groups, title, and level of family income.
7. Book readership by books, sex, age groups and frequency

Corporal culture

8. Sports activities performed during the last 30 days by sex, age groups, social class and types of activities.

Leisure culture

9. Leisure activities performed during the last 40 days by sex and age groups.
10. Availability of leisure time by sex and age groups.

Musical culture

11. Listening to music and attending concerts by sex, age groups and frequency
12. People that have purchased audiovisual material during the last 3 months by age groups and level of family income

Digital culture

13. People with mobile telephones by age groups and level of family income.
14. Use of mobile telephone for different functions among young people aged 15 to 29 years.
15. Use of computer by sex, age groups and social class
16. People who accessed Internet during the last year by sex and age groups.
17. Use of Internet during the last year by sex, age groups and frequency

Poverty and social exclusion

Poverty
1. Relative poverty
2. Persistent poverty

First aid
3. Population cared for by first aid social services by sex
4. Infant population cared for by first aid social services by sex, age.

Specialised care
5. Infant population cared for by EAIA by sex and age groups
6. Infant population cared for by EAIA by technical situation
7. Resources and professionals for specialised care

Protection of infants
8. Population 0-17 under protective measures
9.a. Infant population under protective measures of foster families by type of fostering
9.b. Number of Foster families
9.c. Number of adopting families by type of adoption
9.d. Pre-adoption foster children by characteristics of adoption
10. Infant population in Institutional care by type of centre and origin
10.a Residential infant protection resources by number of places
10.b Residential infant protection resources by title and sex
11. Foreign infants and adolescents cared for by emergency services and care programmes
12. Young people cared for by the Interdepartmental Plan over 18 years of age

Juvenile Justice
13. Young people from 14 to 18 years in internship by type of measure, age
12. Young people under care of different Juvenile Justice programmes by age and sex and type of crime or delinquency committed.
14. Young people from 14 to 18 years under measures of open environment by measure, age, sex and type of crime or delinquency committed.

Bad Treatment and Violence
- Against young boys and girls
- Between peers (Bullying, gender violence between adolescent couples...)
- Against adults (by boys and girls)

Gender (Transversal)
Employment market

1. Activity rate. By sexes and age groups.
2. Unemployment rate. By sexes and age groups.
3. % temporary work. By sexes and age groups.
4. Average wage by worker. By sexes and age groups.

Politics

5. Members of youth associations.
6. % of members of youth associations in management positions. By sexes.

Education

7. Gross rate for access to Second Stage secondary education. By sex and qualifications.
8. First and second cycle university entrance pupils by modality. By sexes
9. Pupils enrolled for Medium Level training cycles. By sex and type of cycle.
10. Pupils enrolled for Higher Level training cycles. By sex and type of cycle.
11. Distribution by sex and types of studies. By universities.
12. Gross rate of population graduating by education and qualification. By sexes.

Media and advertising

13. Frequency of appearance of stereotyped roles in different advertising media by type.
14. Stereotype according to Sex.

Use of time

15. Hours spent on diverse activities. By sexes and age groups.

Images of bodies

16. Aesthetic modulators. Number of aesthetic operations by sex.

Affectivity and sexuality

17. Under 18 pregnancy rate per 1000.
18. Number of legal abortions by age range.

Health
19. Incidence of eating disorders. By sexes
20. Psychological disorders. By sexes.
21. Use of the day after pill.

Gender related violence
22. Number of denunciations for sexual aggression among young people.
23. % women mistreated that refer to violence at the start of a relationship.

Immigration (Transversal)

Demography:

1. Population 0-17 by sex, age groups and nationality
1. Births by age and birthplace of the mother

Family - Nuclei:

2. Population 0-17 by nationality and single parent type of nucleus
3. Population 0-17 by nationality and marriage type of nucleus
4. Population 0-17 by nationality and established partnership type of nucleus

Family - Households:

5. Population 0-17 by nationality and dimension of household
6. Population 0-17 by nationality and type of household

Family - Characteristics of head of household:

7. Population 0-17 by <u>link to parents</u> and <u>place of birth</u> of the head of household
8. Population 0-17 by <u>place of birth</u> of the head of household and <u>professional category</u> of the head of household
9. Population 0-17 by <u>place of birth</u> of the head of household and <u>professional situation</u> of the head of household

Housing:

10. Population 0-17 by <u>place of birth</u> of the head of household and <u>housing facilities and services</u>
11. Population 0-17 by <u>place of birth</u> of the head of household and <u>type of tenancy of the house</u>

Education:

13. Foreign students by sex, nationality, stage of education and title of the centre
14. Evaluation of Policies, Programmes and Services