

**United Nations Economic Commission for Europe****United Nations Children's Fund****Expert meeting on statistics on children**

Geneva, Switzerland, 4–6 March 2024

Item 8 of the provisional agenda

**Statistics Finland's progress in a holistic mapping of data and statistics on children in line with the National Child Rights Strategy**

Note by Statistics Finland\*

*Abstract*

This paper describes Statistics Finland's task on the Measure 24 of the first National Child Strategy, which is based on the UN Convention on the Rights of the Child and promotes the implementation of the Convention. The Strategy was published in 2021. In accordance with the measure, Statistics Finland was tasked with producing a comprehensive picture of the state of knowledge about child wellbeing, identifying blind spots in the knowledge base, and making a proposal for a child data portal. The paper gives an overview of the background and the aims of the task, the work done so far, indicators covered and the conclusions.

The paper is a shortened version of the final report on Measure 24 of the National Child Strategy *Knowledge about children – Current status and development needs* prepared by Johanna Lahtela and Anna Pärnänen, Statistics Finland. The report is available online: [https://www.lapsenoikeudet.fi/wp-content/uploads/2022/08/Knowledge-about-children\\_measure24.pdf](https://www.lapsenoikeudet.fi/wp-content/uploads/2022/08/Knowledge-about-children_measure24.pdf).

**I. Introduction**

1. Finland's first National Child Strategy was published in 2021. The vision of the strategy is a child and family-friendly Finland where the rights of the child are respected. The aim is to

\*Prepared by Anna Pärnänen & Marjut Pietiläinen.

NOTE: The designations employed in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

mainstream children's rights and status so that children are consistently taken into consideration in all policies and activities alongside other members of society, and that children are informed of their rights. The strategy pays special attention to securing the status of vulnerable children and better recognising their needs (Finnish Government, 2021).

2. In accordance with the Measure 24 of the National Child Strategy, Statistics Finland was tasked with producing a comprehensive picture of the state of knowledge about child wellbeing, identifying blind spots in the knowledge base, and making a proposal for a child data portal. The aim was to combine information about children on a single website to promote the use of the data in a way that supports children's rights. To achieve a comprehensive picture of the data needs and use of data, the measure was carried out in close cooperation with stakeholders. The strong commitment of the stakeholders and the common will was crucial for the project.
3. The work has been rewarding and very necessary. Despite previous efforts to compile child data, no comparable overviews of the state of knowledge about children have been done before. This overview has been necessary because information about children is scattered, and there are many data producers. In addition, a wide range of users have different data needs. Although there is a wealth of information available about children — even a surprisingly large amount — there are still blind spots that need to be better addressed in the future. This paper provides an overview of the tasks carried out under the measure 24 of the National Child Strategy.

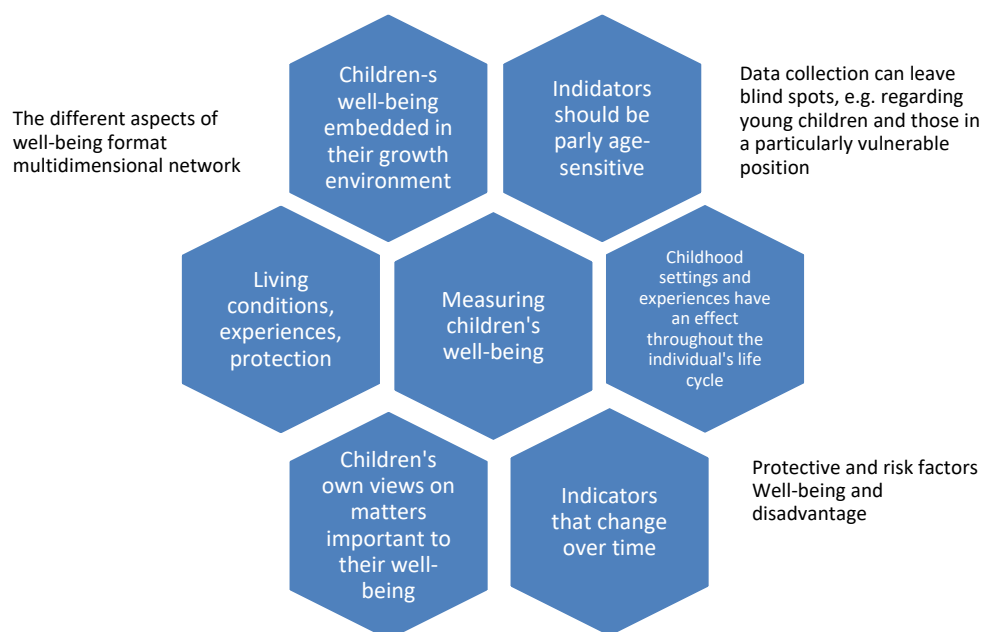
## II. How is the wellbeing of children measured?

4. The wellbeing of children can be measured in many ways. For example, the OECD has outlined multiple domains and possibilities for measuring child wellbeing. The OECD divides the different dimensions of child wellbeing into three tiers: the outermost tier covers public policies, while the inner tiers concern children's living environment and their activities, behaviours, and relationships. These dimensions are divided further into different aspects, each with its own dashboard (OECD, 2021, see also the OECD Child Wellbeing Dashboard<sup>1</sup>.) The indicators should be age-sensitive and stage-sensitive, reflect children's own views on wellbeing, capture inequalities, and be responsive to the needs of children from different backgrounds, for example.
5. The different domains of child wellbeing form a multidimensional network (Figure 1). Multiple aspects of life such as living conditions, individual experiences and social protection affect wellbeing. In the case of children, social protection is emphasised because the younger the child, the more they depend on the adults around them. The obligation to protect children is also enshrined in the Convention on the Rights of the Child.

Figure 1. Measuring children's wellbeing is complicated

---

<sup>1</sup> <https://www.oecd.org/els/family/child-well-being/data/dashboard/>.



6. Childhood settings and experiences have an impact throughout the individual's life cycle. From a societal perspective, measuring child wellbeing is also important to ensure the functioning of society in the long term. For example, the number of adults actively engaged in society in the future can be influenced by limiting the factors of disadvantage that contribute to the risk of social exclusion.
7. However, children should not only be thought of as future adults. There are more than one million children in Finland, which means that around a fifth of Finns are under the age of 18. It is therefore important to know how children are doing right now. All children have the right to a good life and a society that supports their growth. This also means that efforts must be made to reduce illbeing.
8. Children's wellbeing is embedded in their growth environment. It is influenced by the family's income level and family relationships, the school environment, hobbies and the living environment. Indicators such as family wellbeing therefore play an important role in measuring child wellbeing. Children themselves also identify the family as an important source of their wellbeing (Poikolainen, 2014<sup>2</sup>)
9. Measuring child wellbeing is challenging because it is impossible to choose indicators that could measure the wellbeing of all children. For example, the needs of an infant are very different from those of a teenager. This means that different indicators are needed for children of different ages.

<sup>2</sup> Poikolainen, J. (2014) Lasten positiivisen hyvinvoinnin tutkimus – metodologisia huomioita. Nuorisotutkimus 32:2.

10. The perception of what is considered wellbeing is constantly changing, and it is influenced by societal developments, political priorities, and common values and standards. As the world changes, new aspects of wellbeing also emerge. For example, because of the changes in the concept of family and the digital transformation, we now need indicators that did not exist in the 1990s. The indicators should therefore change in line with changes in society. On the other hand, permanent indicators are also necessary to monitor changes in wellbeing over time.
11. Wellbeing indicators are divided into objective and subjective indicators. Objective indicators measure resource-based wellbeing, while subjective indicators reflect individuals' own perception of their wellbeing. (Haanpää, Toikka & af Ursin, 2020<sup>3</sup>.) Subjective wellbeing cannot be measured using register-based data alone, but it also requires access to survey-based data.
12. Although we talk about measuring wellbeing, indicators often describe "illbeing". For example, in the National Indicators of Child Wellbeing, the indicators of "No close friends" and "Difficulties in communicating with parents" have been selected as indicators of social relationships. One of the reasons given for emphasising indicators of illbeing is that it is easier to measure illbeing than wellbeing (Ministry of Education and Culture, 2011). Indicators of illbeing can help identify the risk of social exclusion, for example.
13. However, it is also important to measure wellbeing. Indicators of wellbeing do not just measure whether children are doing well. Good family relationships or a healthy lifestyle are also protective factors that make it easier to cope with life's challenges (Poikolainen, 2014). Wellbeing indicators can thus reinforce good practice by highlighting strengths and positive factors. Particular attention should be paid to measuring the wellbeing of vulnerable children. The Finnish Terminology Centre defines vulnerable persons as follows: "A group of people who, due to factors beyond their control, do not have the same opportunities as other population groups and are therefore at risk of inequality."
14. All children are inherently vulnerable, as they do not have the same opportunities as adults to make decisions about their lives. However, some groups of children are more vulnerable than others. For example, migrant children, children with disabilities, children who have experienced violence, and children belonging to gender or sexual minorities are in a more vulnerable position than other children.
15. Nevertheless, indicators have their limitations. A single indicator does not necessarily tell the data seeker anything until the data are put into context and analysed. Contextualisation may be based on time series or on comparative data. On the other hand, indicators may also need to be supported with a broader interpretation and analysis of the phenomena. For example, does the increase in the number of child welfare notifications reflect an increase in general illbeing or a lower threshold for reporting issues?
16. The mapping of the knowledge about children's wellbeing has been an important data policy exercise. The report describes the current state of knowledge about child wellbeing and makes suggestions for improvement. The suggestions put forward in the report will help develop knowledge about children further.

---

<sup>3</sup> Haanpää, L., Toikka, E. & af Ursin, P. (2020) Alakouluikäisten lasten moniulotteinen elämäntyytyväisyys Suomessa. Yhteiskuntapolitiikka 85.

### III. Progress of the work

17. Measure 24 comprised three sets of tasks. The aim was first to produce a comprehensive description of the knowledge base on the wellbeing of children and young people. The second objective was to identify the data needs, data content and blind spots in the data. Third, Statistics Finland was tasked with planning a data repository with stakeholders that describes the situation of children and young people and facilitates finding and using data and monitoring the status of children in Finland. Another task was to make a proposal for a data portal, its implementation method, and its content, as well as for the implementation schedule. The work was carried out between March 2022 and February 2023.
18. The main objective of the measure was to produce a comprehensive description of the knowledge base. This was carried out by compiling all available indicators in a single roadmap (Excel file). The preparation of the roadmap required an in-depth investigation of different indicator websites, data sources, the indicators themselves and their production. The end result was a roadmap that provides a comprehensive picture of what kind of data on child wellbeing are produced in Finland, how the data are produced, and by whom. The roadmap served as a basis for the planning of the indicator website.
19. The mapping of blind spots was carried out throughout 2022, and a workshop on data gaps was organised for stakeholders in the spring of 2022. Statistics Finland also cooperated with Measure 25 of the National Child Strategy, led by the Ministry of Finance. In the measure, a survey was conducted among municipalities and hospital districts, and the questionnaire also included questions on what kind of data gaps had been identified at regional level. Blind spots were also mapped in other stakeholder meetings, and further observations were made over the course of the indicator work.
20. One of the tasks of the measure was to make a proposal for a data portal, its content, and its implementation method and schedule. The work started in the spring of 2022. The location of the data portal was discussed with the steering group<sup>4</sup>. This involved investigating whether Statistics Finland's website would be a suitable location for the portal. The task was carried out in cooperation with Statistics Finland's ongoing website renewal project to find a workable solution for the implementation of the child data portal.
21. In addition to the tasks described above, several awareness-raising measures were undertaken. The launch of the measure was announced by publishing a joint news release together with the Ministry of Social Affairs and Health. The measure was also presented in a webinar and at various stakeholder meetings. The awareness-raising measures carried out in the measure have been very successful. The articles, blogs and infographics have attracted a large number of views on Statistics Finland's website, as well as on Twitter.
22. A second workshop was organised on the outputs of the measure, findings on the current state of the knowledge base and suggestions for improvement. The workshop was attended

---

<sup>4</sup> Steering group members represented following organizations: Finnish National Agency for Education, Mannerheim League for Child Welfare, Secretary General for the National Child Strategy / Prime Minister's Office, Finnish Institute for Health and Welfare, Itla Children's Foundation, Diverse Families Network, Central Union for Child Welfare, Statistics Finland, State Youth Council, the Ministry of Social Affairs and Health, Social Insurance Institution of Finland and SAMS-Samarbetsförbundet kring funktionshinder

by a wide range of experts from different stakeholders, including data producers, data users and data administration staff. The results of the workshop were also utilised when drawing conclusions on the improvement of the knowledge base.

#### IV. Child wellbeing indicators

23. Indicators play a key role in the use of statistical data. Indicators are key figures that at best enable broad and complex matters to be presented in a simple way. They are also needed in target setting, monitoring, planning and decision-making, including in the monitoring of children’s wellbeing.
24. The indicator work started with a review of the theoretical framework for the wellbeing of children and young people. For example, the methods for the measurement of child wellbeing and the concept of wellbeing as a whole were outlined based on the OECD report entitled “Measuring What Matters for Child Wellbeing and Policies”. The early stages of the work involved getting acquainted with previous indicator work carried out at national and international level.
25. In addition, different sources of indicators were mapped. The initial mapping already showed that the data volume was likely to be large, as more than 40 initial sources of data were identified. Due to the large amount of data, it was deemed necessary at an early stage to establish a reference model for the classification of the wellbeing indicators. The reference model served as the basis for a knowledge base that consists of child wellbeing indicators.
26. The reference model was based on earlier models of wellbeing, but the aim was to keep the different domains of wellbeing manageable. It was therefore decided that the model should have a total of eight wellbeing domains (Figure 2) including: health and wellbeing, hobbies and leisure, social relationships, inclusion and participation, school and early childhood education and care, housing and living conditions, safety, and services, benefits and social support. The ninth domain, demographic indicators, describes the demographic structure of the child population.

Figure 2 Reference model for the domains of wellbeing

Demographic indicators	Health and wellbeing	Hobbies and leisure	Social relationships	Inclusion and participation
<ul style="list-style-type: none"> <li>•Children in the population</li> <li>•Children and immigration</li> </ul>	<ul style="list-style-type: none"> <li>•Physical health</li> <li>•Mental health</li> <li>•Lifestyle</li> <li>•Functional capacity</li> </ul>	<ul style="list-style-type: none"> <li>•Hobbies</li> <li>•Leisure</li> <li>•Housework</li> </ul>	<ul style="list-style-type: none"> <li>•Family and relatives</li> <li>•Friends</li> <li>•School community</li> </ul>	<ul style="list-style-type: none"> <li>•participation</li> <li>•Participation at school</li> <li>•Societal trust</li> </ul>

School and ECEC	Housing and living	Safety	Services, benefits and social support
<ul style="list-style-type: none"> <li>• Participation in education</li> <li>• Participation in ECEC</li> <li>• Enjoying school or ECEC</li> <li>• Learning</li> </ul>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Income level</li> <li>• Employment</li> <li>• Material standard of living</li> </ul>	<ul style="list-style-type: none"> <li>• Violence and crime</li> <li>• Sexual violence and harassment</li> <li>• Safety in intimate relationships and at home</li> <li>• Bullying</li> <li>• Accidents</li> </ul>	<ul style="list-style-type: none"> <li>• Social services</li> <li>• Healthcare services</li> <li>• Social benefits</li> <li>• Other social support</li> </ul>

27. The next step was to start the actual compilation of indicators in an Excel file to serve as a roadmap. Initially, the mapping covered all indicators describing children and young people aged 0–29. However, it soon became clear that the volume of data would be considerably larger than anticipated and could become unmanageable. It was therefore decided to limit the indicators to children aged 0–17. Second, it was decided to focus on nationally produced data because combining internationally coordinated data resources with other child data is challenging. Third, the indicators selected for the roadmap had to be based on data that were regularly produced for a time series to be available. This restriction excluded individual and one-off studies from the mapping. Fourth, the indicators were limited to those directly related to child wellbeing. This meant that the object of measurement of the indicator had to be either the child or the family of the child. As a result, indicators such as the cost of various services or measures taken by municipalities and schools were excluded.
28. Even after these restrictions, the volume of data describing child wellbeing was huge: overall, around 2,400 indicators were compiled for the roadmap. When looking at the indicators as a whole, it is important to note that the indicators do not form an immutable database. New background variables may be added to the register data, or the data content of the surveys may change. Sometimes even the data producer can change, as has been the case with the Child Victim Survey and statistics on early childhood education and care, for example. The list of indicators therefore continuously evolves over time, at least to some extent.
29. Finally, the indicators were further categorized into smaller sets within the different domains of the reference model. This enabled more detailed examination of the data content, blind spots, and data overlaps in the domains to be carried out. For each domain, the distribution of the indicators by age group was also examined. In addition, the main sources of data were identified for each domain, as well as weaknesses in the knowledge base.
30. The classification stage revealed the limitations of the earlier “siloes” reference model: One indicator can belong to more than one wellbeing domain at the same time. For example, bullying at school can belong to the school and early childhood education and care domain, but it can also belong to the safety domain. The roadmap also indicates all alternative wellbeing domains to which the indicator could belong. The roadmap was also colour-coded to indicate whether the indicator described wellbeing/protective factor or ill being/risk factor. This provided an overall picture of the content of the indicators.
31. The age range of the children in question is also indicated in the indicator roadmap. The age data are divided roughly into three groups: 0–6, 7–12 or 13–17. The comment field of each indicator provides detailed information about whether the data are available by age group or broken down by another age-based classification, for example. The age breakdown can sometimes create obstacles for using the data. For example, in many registers, the data are available for young people aged 15–19 or 15–24. In this case, it would be difficult to use the

- data to describe child wellbeing. Especially individuals who are closer to the end of the age range of 15–24 are at a very different stage in their lives than the minors in the group.
32. The gender variable is available for around two thirds of the indicators. The gender breakdown does not take into account non-binary persons. The indicators measuring only one gender describe birth and abortion among adolescents.
  33. The background variables of language, citizenship or socioeconomic status are only available for a few indicators. The availability depends on the topic and background data. For example, the language variable is more often available for indicators related to education than for other topics.
  34. The largest producers of indicators are THL (approx. 850 indicators), Statistics Finland (approx. 800 indicators), various recurrent surveys of universities (approx. 450 indicators), and Kela (approx. 200 indicators). Other data producers include various authorities and organisations.
  35. Surveys are used to collect information about the subjective experience of wellbeing. Subjective wellbeing indicators measure life satisfaction, exercise habits, experiences of violence and social relationships, for example. Slightly more than half the indicators in our dataset are based on only 15 surveys. Eight of these surveys focus solely on children and young people, while the remaining seven are either population-wide surveys or surveys that ask adults questions about their children or family. Surveys mainly collect information about a specific topic such as hobbies or experiences of violence. An exception to this is the School Health Promotion Study, which produces extensive data on several wellbeing domains.
  36. The survey-based indicators are updated less frequently than the register-based indicators. Surveys focusing solely on children are carried out every two years at most. The longest update interval is ten years (see e.g. Statistics Finland's Time Use Survey). Due to lack of permanent funding, the continuity of surveys is also less certain than in the case of register-based statistics. The challenge with survey-based data is that they inevitably have blind spots because some children are unable to answer the surveys themselves due to their age, literacy or other reasons.
  37. Register-based indicators describe the use of services, becoming a victim of crime or living conditions, for example. The indicators compiled in this measure are based on more than 60 different registers. Some aspects of wellbeing, such as hobbies and leisure or inclusion and participation, are difficult to measure using register-based data alone.
  38. In Finland, register-based resources are extensive and often cover almost all children, regardless of their age or background. Most registers exclude only children who do not reside permanently in Finland. These include asylum seekers and undocumented children.
  39. In addition to their good coverage, the advantage of using register-based indicators is that they are regularly updated, typically once a year. Some indicators are updated several times a year, even monthly. These include Kela's benefit data.
  40. However, not all register-based data available have been compiled into indicators. For example, a lot of wellbeing data are collected at maternity and child health clinics and in school healthcare that are currently unavailable for research purposes. There is also a lack of information about children of prisoners or children who have run away from substitute care, for example. It is likely that the data exist somewhere in the customer files of the prison administration or the police, but they have not been compiled into statistics. The reason for this may be the lack of harmonisation of recording practices and information systems, which



makes it difficult to compile statistics, or simply that the register data are not publicly available.

41. The following section describes the existing child wellbeing knowledge base by domain. The figures present the distribution of the indicators by age group and background data. The description of each domain starts with an overview of the type of indicators included in the domain. This is followed by a description of the main data sources and a few examples of the indicators. The purpose of the example indicators is to give an idea of the different types of indicators and background data available. Finally, the domain's strengths, weaknesses and data gaps are summarised.
42. The following restrictions were followed when compiling the indicators: the indicator must describe children aged 0–17, the indicator must describe either a child or a family with children, and the indicator must be produced on a regular basis.

## V. Blind spots in knowledge about children

43. One of the tasks of the measure was to identify the blind spots in knowledge about children. This was done in several ways during the work. In May 2022, a workshop on data gaps was organised. The participants included people who used child data in their work and representatives of various children's organisations.
44. Measure 24 of the National Child Strategy collaborated with Measure 25, led by the Ministry of Finance. The aim of Measure 25 was to create models to promote the implementation of child-oriented budgeting and the monitoring of outcome data in municipalities and wellbeing services counties. The survey of regional operators carried out under Measure 25 also included questions related to the work in Measure 24.
45. The questions concerned the identified gaps in knowledge about children and young people, and what kind of data is needed. Forty responses were received in the survey. Information about data gaps was also obtained in various stakeholder meetings. For example, the implementers of the measure met with representatives of the Sámi Parliament, participated in the work of the working group on the knowledge base on violence against children and met with various actors involved in child wellbeing projects.
46. Data gaps were also identified during the compilation of the indicators and the preparation of the roadmap.

## VI. Challenges in the current state of knowledge

47. The mapping work highlighted many challenges concerning the current state of the knowledge base. The challenges be summarised in eight themes. The first theme relates to the extent of the knowledge base. The large number of child wellbeing indicators, more than 2,400, shows that a wealth of information is available about children. However, this information is very scattered in multiple places, which means it is difficult to use and makes it difficult to create an overall picture of the state of children's wellbeing. Information about children is scattered because there are so many data producers. The main data producers are

THL, Statistics Finland, universities and Kela. Other data producers include research institutes, higher education institutions, and the central government and local administrations.

48. Another finding was that although a lot of information is available, there are clear gaps in the knowledge base. The lack of information is clearer among certain groups of children such as immigrant or disabled children, children under school age, or sexual and gender minorities.
49. The third point related to the coordination of data production. There is no single body that coordinates the production of data on children. This lack of coordination is reflected in many ways in the state of the knowledge base. On the one hand, a lack of coordination leads to data gaps, where no particular body is responsible for satisfying specific data needs. On the other hand, it can lead to overlapping data. Different surveys ask the same questions in slightly different words, thus creating an unnecessary burden on respondents. Due to the long-term nature of the work, sufficient resources should be allocated to coordination.
50. Fourth, there is limited cooperation between data producers. This lack of cooperation leads to a situation where some data producers compete for the same data resources. This especially applies to schools and data collections organised in schools. According to reports, schools find implementing various surveys somewhat burdensome in their daily school life because the surveys always involve informing parents and dealing with data protection and authorisation procedures.
51. The fifth point is related to the continuity of data, which is not always guaranteed, and depends on the resources available. In Finland, there are currently only a few subjective child wellbeing indicators whose continuation is secured with funding.
52. The sixth key aspect describing the knowledge base on children is the poor combinability of the data. Because the information is scattered in multiple places, it is difficult to combine different data sources. When one data producer has access to variables that measure subjective wellbeing and another to variables that expand the possibilities of using the data, but these data are not combined, the possibilities of using the data become limited.
53. Furthermore, the needs for regional-level data are currently insufficiently met. Such data would enable the monitoring of the development of child wellbeing, the use of services and resources, and costs at the regional level. In addition, comparative regional-level data is needed to identify good practices better within the reference group and to exchange experiences between regions.
54. In Finland, a lot of information about children's wellbeing is collected at maternity and child health clinics and in school healthcare. This information is used in healthcare for monitoring child wellbeing. However, it is not used at the national level to create an overall picture of the state of children's wellbeing. The information collected at maternity and child health clinics and in school healthcare forms an untapped data resource, the use of which would significantly improve the state of the knowledge base.
55. Some of the above aspects of the state of the knowledge base have already been discussed previously, for example, in the report on the National Indicators of Child Wellbeing (2011). However, many of the issues that were raised at the time have not been followed up. There is a lot of use for information about children. Monitoring children's wellbeing is important because childhood experiences are reflected well into adulthood. Many resources are also invested in children through education and healthcare. The improvement of the knowledge base is therefore of paramount importance, and efforts should be made to continue this work in the future.

## VII. Proposals for improving the knowledge

56. The implementation of Measure 24 – the overall description of the knowledge base, the identification of blind spots and the designing of the data portal – has highlighted clear needs for development. The state of the knowledge base on children could be improved through several measures described below.
57. The production of child data needs to be coordinated. Finland should have a body that regularly monitors the state of the knowledge base on children. The coordinator's role should also include ensuring that the knowledge base is improved so that blind spots are covered, and data needs are met. This would be done in close cooperation with the different data producers in a designated coordination group. The data coordination should also aim to investigate opportunities for closer cooperation in the collection of survey-based data to avoid overlapping data collection, to reduce the burden on respondents, to minimize competition for data resources, and to free resources for data analysis.
58. Opportunities and barriers to using previously untapped data for secondary purposes should also be investigated. Untapped data refers to the main potential sources of data for secondary purposes, such as data collected at maternity and child health clinics and in school healthcare. These data are collected primarily for monitoring children's health and for use by healthcare professionals. This would be a reliable source of data because the data are collected by professionals, and sufficient guidance could also ensure consistency in data registration. The data collected at maternity and child health clinics and in school healthcare would be valuable because data are collected on the entire age group in principle. This would also allow better monitoring of the state of wellbeing of vulnerable children, while respecting data protection requirements.
59. In terms of the improvement of the knowledge base as a whole, the main thing would be to compile knowledge about children as comprehensively as possible in a single data resource to create a child data repository. If all data were combined in a single data repository, the accessibility of the data would significantly improve. In principle, the data repository would contain comprehensive background data. The possibility to combine register-based and survey-based data would also enable more detailed analyses of children's wellbeing. Building a data repository would also improve the production of regional-level data on child wellbeing, as comprehensive regional data would be available as background variables.
60. Regarding register-based data, efforts should be made to harmonise the definition and measurement methods of the key wellbeing indicators. This would support the regions in monitoring child wellbeing, allocating resources and adopting good practice, both at the municipal level and at the level of wellbeing services counties.
61. Since easy access to information is essential, it was proposed that a data portal for child wellbeing indicators be built that is linked to the child data repository. One of the bottlenecks of data portals is the updating of data, which often must be done manually. A data portal connected to a data repository could be automatically updated.
62. Ideally, the data resources of the different data producers would be combined in a shared data repository. A child data portal could then be built on the data repository. The data portal would be linked to an indicator service, which would enable the publication of the child data portal (Child wellbeing indicators). The data repository would enable more effective use of the data to support policymaking and to provide researchers with customised datasets.

63. Qualitative data and links to individual reports could also be added to the portal. This would further strengthen the knowledge base on children and make it easier to find information about vulnerable children, for example.
64. Overall, the improvement of the knowledge base is a process which should start with the designation of the coordinating body and the establishment of the coordination group. To be successful, the improvement of the knowledge base on children requires extensive cooperation between experts, research institutions, ministries, and agencies. The work depends on good and innovative cooperation between the different data producers to achieve a workable outcome.

## VIII. Indicator website

65. One of the tasks of Measure 24 was to outline a child data portal, its implementation method, and its content, as well as the implementation schedule. In practice, this meant considering where the indicator website for data on child wellbeing should be located, and what technical solutions should be used.
66. The implementation of Measure and the design of Statistics Finland's indicator website coincided. Statistics Finland is in the process of renewing its website. One of the tasks on the agenda in the autumn of 2022 was to design a website for the production and publication of indicators. Combining the two projects had both beneficial and limiting effects on the website redesign and the National Child Strategy measure. The projects were combined so that the sets of indicators identified in the National Child Strategy measure could be used to pilot the redesign team's user interface design. The ready-made indicator sets made the work of the user experience designer easier, as the sets could be used in the design work to help identify which indicator sets would be easy to find and access and would be interesting and necessary from the end users' perspective.
67. The design of the user interfaces of the indicator service and the underlying technical solutions were based on feasibility. The designs are therefore based on existing open database interfaces. Without a clear link to a specific site and its constraints, the interface design of the indicator site could remain detached, and its feasibility could not be ensured. The aim was that the interface design would be realistic and feasible to implement.
68. Statistics Finland's own site constraints determine the functionalities and visual look of the website. The design in the pilot phase was therefore primarily based on the child data in the databases of Statistics Finland. The starting point for the implementation is to use data available in databases and the possibility to use interfaces, which allows the automation of the data content update process. Automatic updating of the data content via open interfaces would ensure the continuity of the site, as sites based on manual updating often fail due to a lack of resources. In principle, the site will therefore not support the importing of data in Excel format, for example. The inclusion of child wellbeing indicators other than those produced by Statistics Finland would require the use of shared databases and interfaces.
69. More detailed specifications determining the use of interfaces and the requirements for the data provided through them should be developed in a follow-up project. Combining data from other data producer organisations on the website will be resolved later if the construction of the indicator website for child data is to be pursued. However, this work will require additional resources. A precise schedule for creating a service that includes all the

key indicators of child wellbeing cannot yet be determined, as the work would first require the harmonisation of data and implementation of shared interfaces.

70. Regarding the objectives of Measure 24, it has already been possible to think about the technical solutions for the presentation of the data. The preliminary design of the indicator website is based on the idea of displaying 20–30 key indicators per wellbeing domain. The view may contain key figures, graphs and/or tables. The indicators for the pilot may be selected from those that are available in Statistics Finland’s existing database tables. Database tables can include many different indicators with different background variables. The aim is to make data available on the portal at multiple levels. For example, the user could check only the key indicators but could easily find more detailed data by background variable if necessary. The visual design is still at the conceptual stage.

## **IX. Conclusions**

71. The report presented the main outputs of Measure 24 of the National Child Strategy. More than 2,400 child wellbeing indicators were identified. Despite the abundance of information, there are blind spots in the knowledge base on children. They concern vulnerable children and children under school age, in particular. In the measure, the following proposals for action to improve the knowledge base on children were made.
72. The production of child data should be coordinated.
73. Cooperation on the collection of survey-based data should be enhanced.
74. Opportunities and barriers to using untapped data for secondary purposes should be identified.
75. Regarding register-based data, efforts should be made to harmonise the definition and measurement methods of the key wellbeing indicators at the regional level.
76. A child data repository should be created.
77. A data portal for child wellbeing indicators that is linked to the child data repository should be constructed.
78. Data gaps and development needs have already been highlighted previously in various contexts, and individual projects have been carried out to develop knowledge about children. Many actors have their own aspirations and goals in this area. However, child wellbeing is a very broad subject area, both in terms of data content and how the data are produced. A comprehensive change cannot be achieved through individual efforts, but close cooperation between different actors is needed to achieve the objectives. The first step should be to bring together experts on child data to set common objectives and measures to achieve them.
79. Inclusion and cooperation should also be extended to children. Currently, the knowledge base on child wellbeing does not sufficiently take into account children’s own perspective on their wellbeing. Additionally, not all children are able to report on their wellbeing in surveys. The right of the child to be heard should also apply to information about children.