CELCIS Centre for excellence for Children's Care and Protection

Children Without Parental Care and Alternative Care

Findings from Research

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Children without parental care: what the research tells us

The purpose of this short paper is to contribute evidence regarding the situation of children without parental care and suitability of alternative care.

Alternative care settings as described in the UN Guidelines for the Alternative Care of Children (UN Guidelines)[1] may be formal or informal in nature. The research studied for this paper primarily concerned formal care. This paper has also been written with reference to three particular models of alternative care: 'family-based care' as for example, foster care, 'small residential care settings' often known as small group homes, and 'institutions' identified in the UN Guidelines as 'large residential care facilities'.

In 'Moving Forward', the handbook written to accompany the UN Guidelines, Cantwell et al. (2012) refer to the 'necessity' and 'suitability' principles. The development of this paper has been guided by these principles. These principles recognise the primacy of preventing family separation and the premise that no child should be deprived of parental care unless this is carefully assessed as a necessary safeguarding measure. When such actions are taken they must always be in a child's best interests and any consequent decisions should ensure a child's 'full and harmonious development' (UN General Assembly 2009). In addition, the form of alternative care chosen for each child should be the most suitable to meet their individual needs, circumstances and wishes. This cannot include placement in institutions – – a form of care which should be gradually eliminated (UN General assembly 2009).

Although not always conclusive, the preponderance of evidence below provides an indication as to the necessity of providing a continuum of suitable care settings.

Why children are living in alternative care

Although there is no accurate number, children all around the world are being placed in all forms of alternative care for different reasons. These include removal from family due to risk of harm, death of parents, concerns for emotional and physical health and, abandonment and relinquishment often related to issues of poverty, social exclusion, stigma and discrimination[2].

What is also evident from a number of these studies is how many children, especially in middle and low income countries, are without parental care for reasons that could be addressed through better provision of family-support, increased access to local services

[1] UN General Assembly 2009

[2] Frimpong-Manso et al. 2019; Indias et al. 2019; Nsabimana et al. 2019; El-Sakka et al. 2018; Nyagwencha et al. 2018; Portwood et al. 2018; Duke et al. 2017; Gypen et al. 2017; Casares & Phommavong 2016; Goemans et al. 2016; Ruiz-Caseres & Phommavong 2016; Scott & Karberg 2016; Thoburn 2016; Berens & Nelson 2015; Strijbosch et al. 2015; Kang et al. 2014; Randle 2013; Berridge et al. 2012; Lloyd & Barth 2011; Larson 2010; Better; Care Network 2009; Fernandez 2008; Lee & Thompson 2008; Barth et al. 2007; Ahmad et al. 2005; Shin 2004

and programmes to combat stigma and discrimination. More targeted investment that prioritises prevention of family separation is required[3].

The limitations of evidence regarding alternative care

There are mixed conclusions in the research studied for this paper regarding suitability and how well individual circumstances of different children in family-based care and small residential care settings are being met. The rationale for this conclusion is précised below and draw on research that indicates the importance of taking into account interrelated variables when studying the impact of alternative care. These variables include such factors as a child's individual needs, circumstances and wishes being carefully assessed and understood, the context of their histories and experiences prior to entry into care, and capacity of the protection system in which the child is being cared for, including resources available. Consideration of the quality of the care setting is important but often lacking in studies, as is the wider context in which care is being provided. Overall, the variance in research findings highlights the difficulty of measuring children's outcomes in a manner that ensures all contributing factors have been examined.

Impact on children's outcomes prior to placement in alternative care

In order to accurately measure the outcomes of children who have experienced different forms of alternative care, some researchers have highlighted the importance of taking into consideration all the factors that might affect a child's development and well-being. These include the consequences of any experiences a child may have prior to placement in care. This is particularly relevant in light of consistent evidence highlighting the poor outcomes being experienced by children prior to their alternative care experience[4]. It is notable that research on the impact of alternative care often omits such factors. As a result, we must consider that overall evidence regarding the outcomes for children who have experienced different forms of alternative care may often be incomplete.

Incomplete and incomparability of research methodology

'Efforts to compare outcomes across placement settings have not only been limited in number, but they have also been complicated by methodological challenges' [5]

Factors contributing to overall inconclusive research findings regarding suitability of differing care settings include issues of insufficient rigor and incomparability of research

[3] See also Chaitkin et al. 2017

[4] Maclean at al. 2016; McSherry et al. 2016; Goeman et al. 2015; Strijbosch et al. 2015; Euser et al. 2014; Uliando & Mellor 2012; Healey & Fisher 2011; James 2011; Lloyd & Barth 2011; Larson 2010; Nowacki & Schoelmerich 2010; Berger et al. 2009; Fernandez 2008; Barth et al. 2007

[5] Portwood 2018:20

methods[6]. This includes inconsistency in or the total lack of definitions regarding the terminology used in different studies. For example, some use the term 'residential care', 'small group homes', 'foster care' and care in 'institutions' interchangeably and some studies simply refer to 'care' without providing any explanation These concerns are exemplified in the observation of Sherr et al. in their international study on alternative care and how of the 66 papers they studied 'all used different methods' (2017:40). In addition, in many of the studies, quality of care is not take into account. For example, there is seldom close attention to what carers are saying and doing to ensure nurturing, effective care of children.

Additionally, studies do not systematically consider all factors relating to children's prior experiences and other circumstances likely to affect their outcomes. In order to accurately measure the outcomes of children who have experienced different forms of alternative care, some researchers have highlighted the importance of taking into consideration all the factors that might affect a child's development and well-being. This is particularly relevant in light of consistent evidence highlighting the poor outcomes being experienced by children prior to their alternative care experience. The consistent call for additional and improved research is a further indication of the lack of definitive knowledge regarding the comparable quality and effectiveness of alternative care settings.[7]

Contradictory findings in relation to care settings

> *'Given the contradictory findings in the existing literature, along with the many unanswered questions that remain regarding the relative effectiveness of foster and residential group care, there is a clear need for additional research in this area and, particularly, for projects that address the methodological problems present in many earlier studies'*[8]

Whilst considering the concerns regarding shortcomings in research and the understanding that measurements of positive and negative outcomes for children may not be solely a result of their alternative care experience, the conclusions of different studies further highlight inconclusive results in terms of outcomes of children who have experienced different care settings. Thus a consolidation of research findings indicate it is not possible to categorically claim all family-based alternative care is in the best interest of all children or that care in small group homes is consistently unsuitable and harmful.

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[6] Portwood et al. 2018; Gypen et al. 2017; Li et al. 2017; Sherr et al. 2017; Goemans et al 2016; MacLean et al. 2016; McSherry et al. 2016; Portwood et. al. 2016; De Swart et al. 2012; James 2011; Larson 2010; Berger et al. 2009; Lee & Thompson 2008; van Ijzendoorn et al. 2008; Barth et al. 2007; Lawrence et al. 2006; Little et al. 2005

[7] Gutman et al. 2018; Portwood et al. 2018; Li et al. 2017; Sherr et al. 2017; McSherry et al. 2016; Portwood at al. 2016; Berens & Nelson 2015; Crettenden et al. 2014; Uliando & Mellor 2012; James 2011; Robst et al. 2011; Lee & Thompson 2008; Unrau et al.2008; van Ijzendoorn et al. 2008; Barth et al. 2007; Little et al.2005; Shin 2004

[8] Portwood et al. 2018:20

This is illustrated by the lack of consensus and a recognition that there are 'contradictory findings in existing literature'[9] regarding suitability of family-based and small residential care settings and outcomes of children who experience care[10]. As Thoburn (2016) highlighted, 'Unsurprisingly, given the differences in national contexts, care regimes, leaving care services and research methodologies, there is no readily available… estimate for the proportions of adult care leavers with positive and negative overall wellbeing…' (pp27).

For example, a body of research report positive outcomes of children who have experienced family-based alternative care[11]. This includes comparative studies that report indications of better outcomes being attained by children who experienced family-based care as opposed those in small residential care settings[12]. Studies also report positive outcomes of children who have experienced small residential care settings[13] including research that indicates small residential care settings for particular children can be more beneficial than family-based care[14]. These findings are especially relevant for children who require intensive specialist support - for example, the use of therapeutic group care in the USA. This echoes the conclusion drawn in another study on small group homes which calls on the reader to not 'underestimate the contribution they can make, the stability they can deliver, and the high quality care they can extend to children who have had terribly fractured lives' (Narey 2016:5).

Studies are also available indicating some troubling outcomes of children who have been recipients of family-based care with researchers reporting on both their own findings and those of others[15]. Furthermore, studies illustrate how some children do not 'feel at ease in a foster home' (George et al 2003:349) whilst for example, Li et al. (2017) explain how not all children 'because of their experiences, may be able to cope with close relationships in a substitute family' (Li et al. 2017:9). Healey and Fisher writing about children in foster care have also noted what they term a "loyalty bind" (2011:1827). This is a situation experienced by foster cared for children with a strong attachment to their parents causing them to 'struggle with this switch in loyalty and attachment' (ibid) and thus 'inhibiting emotional responses more systematically over time' (ibid).

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[9] Portwood et al. 2018:20

[10] Gutman et al. 2018; Portwood et al. 2018; Li et al. 2017; Maclean et al. 2016; Portwood et al. 2016; Thoburn 2016; Goemans et al. 2015; Strijbosch et al. 2015; Kendrick 2013; See also Berger et al 2012; James 2011; Preyde et al. 2011; Robst et al. 2011; Larson 2010; Lee & Thompson 2008; Doyle 2007; Little et al. 2005

[11] McSherry et al. 2016; Healey & Fisher 2011; Preyde et al. 2011; Fernandez 2008; Pecora et al. 2006; Ajdukovi & Sladovi 2005; Pecora et al. 2003; Zimmerman 2003

[12] Li et al. 2017; Strijbosch et al. 2015; Lee et al. 2011; Robst et al. 2011; Barth et al. 2007

[13] Thorburn 2016; Portwood et al. 2015; Crettenden et al. 2014; De Swart et al. 2012; James 2011; Preyde et al. 2011; Lyons et al. 2009; Lee & Thompson 2008; Ajdukovi & Sladovi 2005; Little et al. 2005

[14] McSherry et al. 2016; De Swart et al. 2012; Lee & Thompson 2008; Davidson-Arad 2003

[15] Gypen 2017; Randle 2013; Unrau et al. 2008; Doyle 2007; Mullan et al. 2007; Lawrence et al. 2006; Reilly 2006; Gibbison & Paul 2005; Pecora 2005; Shin 2004; Whiting & Lee 2003; Buehler et al. 2000; Blome 1997

In addition, a body of research has illustrated some poor outcomes of children who have experienced small residential care settings[16]. Some studies report comparative outcomes of children who have experienced family-based care or small residential care settings[17].

No study considered for this paper reported on overall positive outcomes of children who had experienced care in institutions. However, attention is drawn to the lack of studies in an international context related to impact of institutional care and how such studies 'are fraught with difficulties in understanding, comparisons and conclusions' (Sherr et al. 2017:49). In addition, due to lack of published research in middle and low income countries, concerns have been expressed about an over reliance in international literature on two particular studies: the Bucharest Early Intervention Project (BEIP) and the English and Romanian Adoptees (ERA) study. For example, there is a concern that these studies do not necessarily typify outcomes for children in institutional care in other parts of the world. This is illustrated by Berens and Nelson's (2015) comment that the BEIP is 'limited by its contextual specificity' (p391). Authors of a report issued by Catholic Relief Services (2017) noted the rigour of the Bucharest study and they also emphasis that the results relate to a particular context and 'may be limited' as a result (p4).

Of great importance is children's protection from harm wherever they are cared for. Whilst many children have a safe and caring experience, maltreatment has been identified in all forms of alternative care. For example, Hobbs et al. (1999) concluded that ' a foster child is 7–8 times and a child in a residential home 6 times more likely to be assessed and reported by a Paediatrician for physical or sexual abuse than a child in the general population' (p1246). Likewise, in their study on foster care, Pecora et al. (2003) reported how 21% of 'of the alumni had experienced some form of maltreatment from a member of their foster family (p17). Reports indicate the exposure to abuse whilst in small residential care settings[18] and how this maltreatment is predominantly inflicted by the alternative care giver. This substantiates the need for rigorous standards of care as outlined below.

Full and meaningful participation of children in decision making

'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.' (UNCRC 1989 Article 12). Not only is it a right for children to participate in decisions

[16] Delgado et al. 2019; Gander 2019; Gypen 2017; Strijibosch et al. 2015; Crettenden et al. 2014; Dregan et al. 2011; Barth et al. 2007; Lee et al. 2007; Shin 2004

[17] Portwood et al. 2018; McSherry et al. 2016; Strijibosch et al. 2015; Preyde et al. 2011; Bulat 2010; Ajdukovi & Sladovi 2005

[18] Lorenz 2018; Biehal et al. 2014; Uliendo & Mellor 2012; Whiting & Lee 2003; Hobbs et al. 1999; Parkin & Green 1997; and in family-based care Benedict et al 1994

affecting them[19] but evidence clearly shows the importance of policy makers and service providers listening to children and understanding what is important to[20]. Their full and meaningful participation can most effectively lead to 'improved decision-making'[21] and better quality of care services[22] As highlighted by Fox et al. (2000) 'Viewed more specifically from a client-centered program evaluation perspective…children provide critical consumer feedback' (p3-4) that can influence service delivery process and outcomes. In addition, there is also evidence that children are likely to be better protected from abuse, when their participation rights are respected[23].

What children say about alternative care choices

Research such as that published by Family for Every Child (2013) informs us that children 'have strong preferences about their care, and offer insights into which forms of care are most likely to be in their best interests' (p35). Most importantly, studies that considered the views and perspectives of children found very differing experiences and ideas about the form of care that best suits them, as well as their wish to be involved in, and kept informed about, care decisions. It has been noted, however, that deciding what is in the best interests of a child means taking into account all relevant information available, this may ultimately require a decision that best safeguards the well-being of a child but does not necessarily meet their specific wishes (Cantwell et al. 2012).

"It is your life and you know who will care for you. You can see for yourself who will love you and who will treat you like a slave." (A boy in Malawi, cited in Mann 2004:33)

"We would like to be given a choice about where we live because we know best where we will be well-treated – but we are not asked." (A girl in Malawi, cited in Mann 2004:33)

[*It] "was the happiest period of my life, because we felt part of a family for the first time.* " (A child cited in Luke & Coyne 2008:406)

"Some of them don't make it like it's your home . . . so you've got to ask to get a drink or ask to have a shower . . . when everyone else just does what they want. And if they've got their own children there, you feel really different to them." (A child cited in Luke & Coyne 2008:407)

[younger children] *"are better in foster placements because it's important for them to have a family."* (A child cited in Narey 2016:21*).*

[19] Groza & Bunkers 2017; Family for Every Child 2013; Cantwell et al. 2012; Bessell 2011; European Social Network 2011

[20] Randle 2013; Gaskell 2010

[21] Involved by Right 2013:8

[22] Mansell et al, 2007; Family for Every Child 2013; European Social Network 2011; Dickson et al. 2009; Cashmore 2002

[23] Pearce 2011

"*…residential care homes work for a number of young people for reasons that are probably far too complicated than I can ever fully explain. But I do know that for me and a number of other young people, care homes were the BEST option, not the last resort option and they did some amazing work with us during our time there*." (A young person cited in Narey 2016:6)

Some children have told researchers about positive experiences and how they felt safe and happy in family-based alternative care[24]. Others recalled the poor experience of such care[25]. Some children have spoken about good experiences and a sense of belonging in small residential care settings[26]. For example, during interviews with children in care commissioned by the Children's Commissioner for England, children were 'overwhelmingly positive about life in a children's home' (Narey 2016:5) and many expressed 'a preference for living in a home rather than being fostered' (Narey 2016:5)[27]. However, others described negative situations[28].

The suitability principle

Consideration of the 'suitability' principle (Cantwell et al 2012) means each child's individual needs, wishes and circumstances should be carefully assessed and the most appropriate care provided in response. This requires attention to quality of care irrespective of the setting and, in particular, a focus on stability and continuity of care for a child.

Adherence to the principle of suitability requires different care options being made available. A number of studies[29] identify different circumstances in which children may require alternative care that affirms this need for options. For example, the provision of

- Support for children who have been exploited or living on the street and who are not immediately ready to adapt to family life.
- Intensive and specialised care for children whose prior traumatic experiences and resultant behaviours mean that it may initially be more nurturing and sustainable for a group of carers to be available.
- Care and protection for unaccompanied and separated child refugees and migrants who are on the move. Some of whom who may only remain a few days or weeks in one location, and some of whom may not be prepared to participate in family based care after many months of coping alone.

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[24] Children's Commissioner for England 2018; Gaskell 2010; Dickson et al. 2009; Luke & Coyne 2008; Anglin 2004; Gardner 1996; Gill & Bogart 1981; Johnson et al. 1995

[25] Gaskell 2010; Dickson et al. 2009; Luke & Coyne 2008; Whiting and Lee 2003; Johnson et al. 1995

[26] Narey 2016; Thoburn 2016; Berridge et al, 2012; Gallagher & Green 2012; Gaskell 2010; Anglin 2004

[27] Portwood et al, 2018; Barry 2001; Sinclair & Gibbs 1998

[28] Berridge et al, 2012; Gaskell 2010; Barry 2001

[29] Family for Every Child 2018; Family for Every Child 2014; Uliando & Mellor 2012; Hicks et al. 2009

- Support for young people who no longer wish, or, from the onset do not want to live in a family-based care setting (e.g. where children have experienced multiple placement breakdowns in family-based care settings).
- Care for a young person who leaves home due to the violence, discrimination and rejection by their family and wider community due to their sexual orientation, and who may wish to be in a community of other young people with similar experiences as a place of safety and solidarity.
- Support for young people who are leaving detention or, have committed crimes which leave them unaccepted by the local society they are moving back into

The evidence is clear that instability can have a detrimental effect on many aspects oa child's development and it also indicates that child care systems have yet to successfully deliver on continuity of carer for all children in alternative care. Notably, the research that informed this paper, noted the weakness in child care systems that result in lack of stability for children placed in family-based care[30]. For example, Uliando & Mellor (2012:2282) provide 2001 data on children in foster care in a province of Australia of whom, 7% had experienced one placement, 65% had had four or more placements, and 11% had 10 or more placements. Likewise, Minty (1999) writing about foster care in the UK and Holland reported foster care breakdowns of between 20% and 50%. This situation is resoundingly highlighted in the words of one child:

"I'm not a parcel and to me in the past seven years it's as if people have been shifting me from place to place like I'm a parcel, but I'm actually a human, people just don't realise that it does get to them and it does actually affect the way kids behave."
(Mullan et al 2007:429

Quality of alternative care settings

'in spite of reports that some children suffer maltreatment within out-of-home care that is at times, worse than that which led to their removal from their parents' (Uliando & Mellor 2012:2281).

Research considered for this paper confirms the importance of quality of alternative care - across the range of care options - in contributing to safe and positive experiences for children[31]. This includes standards that promote and uphold all children's rights and ensures:

[30] Leloux-Opmeer et al. 2017; Goemans et al. 2016; McSherry et al: 2016; Thoburn 2016; Strijbosch et al. 2015; Goemans et al. 2015; Randle 2013; Uliando & Mellor 2012; Healey & Fisher 2011; James 2011; Lloyd & Barth 2011; Robst et al. 2011; Berger et al. 2009; Fernandez 2008; Unrau et al. 2008; Doyle 2007; Lawrence et al: 2006; Shin 2004; George et al 2003; Minty 1999

[31] Bullen et al: 2017; Duke et al. 2017; Berens & Nelson 2015; Better Care Network & UNICEF 2015; Euser et al. 2014; Kendrick 2013; Randle 2013; Berridge et al. 2012; Cantwell et al. 2012; Gallagher et al. 2012; Global Initiative to End All

- A child centred caring environment that focusses on the attainment of optimum outcomes and a good quality of life for children - care that secures positive results and sustainable solutions for children including their social, physical and emotional development and attention to their well-being
- Protection of children from all forms of neglect, abuse and exploitation
- A small ratio of carers to children that best facilitates personal response to children's individual needs and circumstances in a caring and trusting manner and allows for strong, caring and trusting relationships
- Children's full and meaningful participation in decisions that affect their life
- Children's basic needs for care are met - for example, nutrition, hygiene, clothing, warmth, shelter, and privacy
- Access to specialist services, especially health, psychosocial support, special education needs, legal procedures etc.
- Children are not isolated but live amongst and actively engage with the community - are able to interact freely with other community members and are included in community activities.
- Respect for children's customs and values - unless these place them at harm
- An environment that focusses on the needs of children rather than a strict regime that concentrates on needs of staff/carers
- That alternative care provision also prioritises consideration of a child's relationships with family and friend relationships, and facilitates the continuity of these relationships unless they are harmful to a child.
- Siblings are not separated

Studies[32] provide guidance on conditions contributing to the realisation of the above mentioned standards of care including:

- Strong leadership, governance and management including arrangements put in place by a nominated State body responsible for all aspects of oversight, standard setting, regulation, accountability and monitoring of alternative care provision
- Statutory standards of care and effective monitoring and evaluation of care providers in meeting those standards - including quality indicators that reflect and promote evidence-based child development strategies and child care practices
- Care providers are systematically regulated and authorised to provide alternative care and monitored against quality standards
- National and local multi-sectoral structures and systems for the delivery of alternative care including a well-functioning child protection system and a range of care services

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Corporal Punishment of Children 2012; Furnival 2011; Hermenau et al. 2011; Little et al. 2005; Anglin 2004; Hobbs et al. 1999

[32] Moore et al. 2018; Groza, & Bunkers 2017; Health Information and Quality Authority 2017; Better Care Network & UNICEF 2015; Randle 2013; Berridge et al. 2012;Gallagher et al. 2012; Uliando & Mellor 2012; European Social Network 2011; James 2011; McCormick 2011; Hicks et al. 2009; Doyle 2007; Anglin 2004; Minty 1999

- Development and application of gatekeeping mechanisms including tools and processes of case management for assessment, care planning, family reunification, ageing out of care, and other sustainable solutions – that ensure careful decision making and matching of carers and children
- Careful recruitment and training of carers – whose primary motivation is a genuine desire to support and care for a child
- Careful selection and recruitment of adequate numbers of appropriately qualified, trained and motivated staff - including care staff in sufficient numbers to provide children with individual care
- Clearly identified access of carers and staff to constructive support and supervision
- Strong care team leadership and clearly agreed aims and methods between carers/staff
- Responsible and effective use of resources
- Active use of rigorously collated data and other information as a resource for planning, delivering, monitoring, managing and improving care
- Advocacy tools to inform/ improve public assumptions regarding children and alternative care

Summary of Conclusions

Whilst acknowledging the search for evidence that informed this paper has been drawn from academic journals and other sources published in the English language, nevertheless, the lack of data available in these sources drawn from middle and low income countries has also been noted.[33] This is particularly important when drawing conclusions that might inform the development of care that is appropriate to different contexts including differing cultural and geographical settings[34].

In conclusion the evidence studied for this paper suggests:

- Many children, especially in middle and low income countries, are without parental care for reasons that could be addressed through access to family-support and local services provision. More investment is needed to prioritise the prevention of family separation.
- There are mixed conclusions in the research studied for this paper regarding suitability and how well individual circumstances of different children in family-based care and small residential care settings are being met.
- Although not always conclusive, the preponderance of evidence indicates the necessity of providing a continuum of suitable care settings. This includes provision of high quality family-based alternative care as a primary option and the use of small residential care when 'such a setting is specifically appropriate,

[33] Scott & Karberg 2016

[34] Sherr et al. 2017; Biehal et al. 2014

necessary and constructive for the individual child concerned and in his/her best interests'[35].

- Whilst many children have a safe and caring experience in alternative care, maltreatment has been identified in all forms of alternative care - as also in families in the community. This confirms the necessity of rigorous standards of care.
- Children have a right to participate in decisions that affect their life including those made in relation to alternative care and children can have strong preferences about their care, including the setting that suits them best.
- Not only is it a right for children to participate in decisions affecting them, but evidence clearly shows the importance for policy makers and service providers in listening to children and understanding what is important to them.
- Research confirms the importance of quality of alternative care in contributing to safe and positive experiences for children.
- More rigorous research that measures impact of different care settings – most especially longitudinal research – should incorporate all factors that can impact on children's outcomes. Most especially this research is needed in middle and low income countries.

References

The full bibliography that has informed the writing of this paper, can be accessed here:

https://www.celcis.org/files/9615/6768/8649/References_-_Children_Without_Parental_Care_and_Alternative_Care.pdf

[35] UN General Assembly, 2009

About CELCIS

CELCIS is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care.

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