





The Care Review – a boundary struggle in the making?



Some ideas of others guiding this session – what informs this view?

- *It's impossible to ask the right questions when you don't know the answers" (Dominique Manotti Escape 2013)*
 - *What is needed is sophistication not simplification. (NCERCC, repeatedly)*
 - *I am no longer accepting the things I cannot change; I am changing the things I cannot accept. (Angela Davis)*
 - *The more efficient you are at doing the wrong thing, the wronger you become. It is much better to do the right thing wronger than the wrong thing righter. If you do the right thing wrong and correct it, you get better (Russell L Ackoff)*
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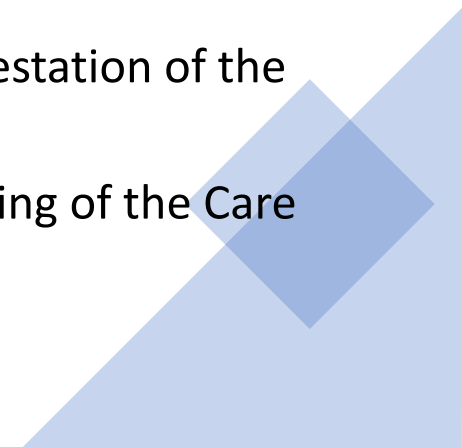
Approaching understanding the Care Review

- **Critique** – is necessary = process and procedural, culture and context, data and dynamics – the zone of learning is the zone of discomfort
- **Dialogue** – thesis, antithesis, synthesis = relationship, reflection – being curious, exploring, open communication towards consensus. Contestation and counterarguments are vital in a process of coming to an understanding.
- **Inclusive** = participation is not consultation, or collaboration – different ethics/methods

There has been a generalised, but not universal, willingness to collaborate with the conclusions of the Care Review, the result it has moved to Implementation immediately.

There has been no means for any contestation of the Care Review

We are yet to start with an understanding of the Care Review




Before the Care Review

Vicky Ford (then Minister for Children) to House of Commons launching Care Review

'Our Care Review' – who was the 'our'?



Before the Care Review

- **Social Work/Care and RCC did not act together as one to proactively propose what we wanted from a care review – mostly sectors and organisations spoke on their own behalf**
 - **NCERCC CYPN blog** = *If we don't make known what is in our minds, then our minds will be made up for us as decisions are taken without 'us'... We have the authority to be proactive, this stems from the care review being about us, who we are and what we do.... If the care review is announced, then those in care and working with and for care may only react in our thinking; if this is the case then it's already too late. It could be a case of making something less bad perhaps, rather than making it good from the start*
- 



Scottish Care Review

Scottish Care Review has been described as a ‘a review like no other’ - we needed the Care Review to be the sister or brother. Was it?

Scottish review was to place love at the centre of care – the Care Review places ‘relationships’ – is that the same or different?

NCERCC Blog [What is the relationship of care work and love? – NCERCC](#)

NCERCC Review [Special issue of love in professional practice – NCERCC](#)

It was not the same as the Scottish Review

It is not the same as Narey review – practical and achievable



Knowledge and our approach to it is a social construction


Identity and reality are constructed by our own experiences and those attributed by others – assertiveness/autonomy or compliance/collaboration


How?

Habitualisation

Berger and Luckman (1966) “any action that is repeated frequently becomes cast into a pattern...”

Thomas and Thomas (1928) behaviour = subjective construction of reality rather than by objective reality.






Knowledge and our approach to it is a social construction

In periods of moral panic ‘folk devils’ emerge (Cohen) – we must not be bystanders we must act (Cohen 2001)

Labelling – when there is a threat to values and interests a way is established of talking about that thing that brooks no argument


Exaggeration that is disproportional (elite engineered = to divert away from own inability or unwillingness to solve the social problem), distortion, prediction

Symbolisation (created identity = threat) damages identity

- Heightened level of concern (Goode and Yehoda 2009) – threat described as real, serious and caused by the wrongdoing of (others)
 - Stereotype 'sides' are created
 - Socially accredited 'experts' pronounce diagnosis and solutions
 - Ways of coping are evolved or resorted to (often embracing attributed identity)
 - Condition disappears submerges, deteriorates, is more visible
- 



Learning and legislation are incremental

- One of the important themes of the Care Review for RCC can be traced back to the 1948 Act
 - It is the start of Residential Child Care being incrementally seen not as a place for the upbringing of young people but solely as an intervention.
 - The Curtis Report preceding the 1948 Act concluded '*measures should be taken to ensure that these children are brought up under conditions best calculated to compensate them for the lack of parental care.*' It proposed family based 'homely' care. It had an optimism that most children would respond.
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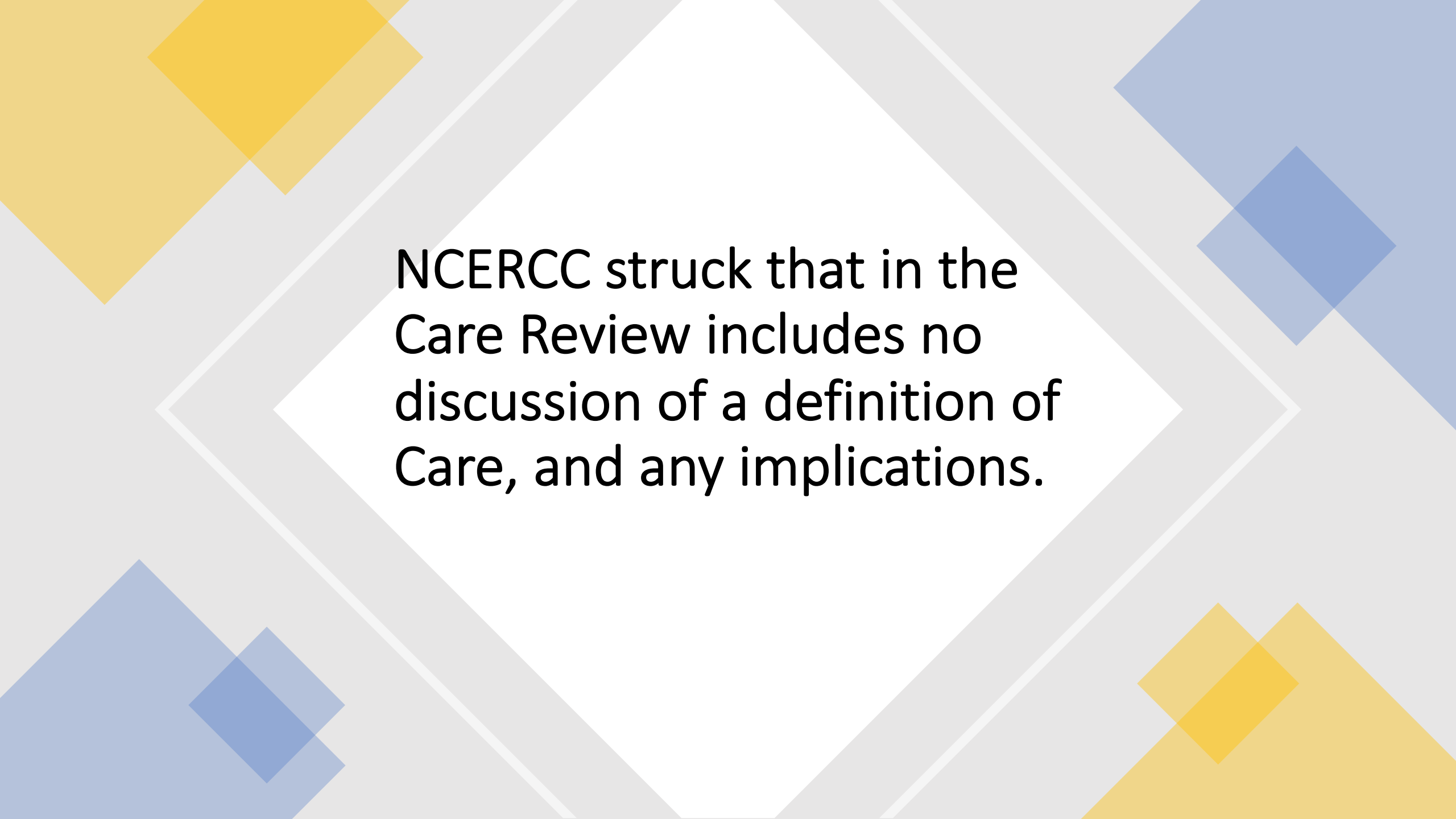
Heated discussions between leading child care thinkers.

Bowlby

- Family-based care
- Reluctant to endorse therapeutic benefits of systematic, specialised hostel-type provision.
- Aim = reducing/totally removing potential for young people to become 'taken into care' by removing the causes and thus need for cure of deprivation.
- This seems very similar to the position of the Care Review.

Winnicott

- As deprivation was never going to go away completely endorsed all provision.
- Not confident in the resilience of the ordinary family in all circumstances to provide the required structures for deprived young people.
- A small well-supported residential home, 'primary home provision', could provide a suitable 'facilitating environment' for young people.



NCERCC struck that in the Care Review includes no discussion of a definition of Care, and any implications.



Care

How did the Care Review approach the idea of care?

Is care the same as relationships?

What do we mean by Care?




Care is something we do and something that we are

Tronto = care as ‘a practice rather than a set of rules of principles ...It involves both particular acts of caring and a ‘general habit of mind’ to care that should inform all aspects of a practitioner’s life (1994 0126-7).

Care as something we do has 4 elements: attentiveness, responsibility, competence, responsiveness.

Caring for: Caring about: Caring with

Tronto explains

- ‘caring for’ includes hands-on care;
 - ‘caring about’ describes our emotional investment in and attachment to others;
 - ‘caring with’ describes how we act together to transform our world
- 

Care is something we do and something that we are

Sevenhuijsen = 'an ethic of care has responsibilities and relationships rather than rules and rights; it is bound to concrete situations, rather than being formal or abstract; and it is a moral activity rather than a set of principles to be followed' (p59)

Phelan (1999), being a carer is to act as an 'experience arranger', someone who creates opportunities in the real world for people to experience themselves as competent and successful. (Smith 2009)

'... children grow through being cared for and, in turn, caring. If children are not cared for, there is evidence that they cannot care for others.... Children in care need care. It is for this reason that care is the core of our profession, and this should not be forgotten... (Austin and Halpin 1989)

These are a devastating critique of any manualisation of care.

It is also a devastating critique of the proposals for unregulated settings, divorcing care from support.

Fundamental question for the 'Unregulated' NMS - If support must not have care included then what is it?



Caring care


Maier (1979) ... that someone truly is present, attentive and responsive. This comes in small ways such as the ruffling of hair or knowing what they take in their tea. Caring only comes meaningful when it is personal.

Who ruffles your hair if there is only support?

Who remembers what you take in your tea?

'... without this connection, without the feeling in the relationship, the people do not matter to each other' (Ricks 1992)

Care (if) emptied of its potential (becomes) a dried up expression for how to manage an underclass of disadvantage (Cameron 2003 p91-2)



**Relationships
= Care
Review**

The diagram consists of two circles connected by a right-pointing triangle. The left circle is orange and contains the text 'Relationships = Care Review'. The right circle is grey and contains the text 'Relationships Matter – discuss!'. The triangle is also orange and points from the left circle to the right circle.

**Relationships
Matter –
discuss!**



Care system = broken, or something else?

Consensus view? = Our 'care system' has developed and been changed, added to, perhaps refined for many years but the connected things have in some instances become largely unconnected and at times these connected or unconnected parts most certainly do not "operate together".

Care Reviews methodology worldwide

James Anglin SIRCC conference 2019

Auspices – reviews are almost always government initiated

Review ethos – typically these include a belief in expert professional opinions and academic research.

System focus – usually one of: child welfare, child protection or children-in-care.

Purposes – modify the system, enhance practice, bring cost-efficiency, or make policy changes.


Precipitating factor(s) – regrettably, usually a death of a child, an abuse scandal, or a system/political crisis.

Reviewers – characteristically judges, lawyers, or senior (ex-) civil servants.

Design of review – single expert or team of professionals with some (often minimal) consultation.

Processes/Activities – select interviews, invited submissions, case record and policy analysis, literature reviews.

Outputs – a final report with findings and recommendations (often poorly implemented, if at all).



Leadership of the review needs to include children in care, care experienced people as well as professionals.

A chair who knows how the daily lives of young people in care are affected by child care practice is essential.

To establish reflective space it needs to be someone not from the existing 'care establishment'.

The Scottish Independent Care Review was chaired by a woman with lived experience in care and with astute skills of analysis and a fierce sense of accountability to the young people of Scotland.

She refers to her role as being a 'choreographer'



Apprehension - we asked people to send in a picture of their feeling approaching the Care Review











The Care Review

NCERCC has read 50-60 responses - whatever anyone wants to find in it can be found.

Conclusion = it neither 'make(s) hope possible rather than despair convincing (Raymond Williams)

There are some that accept the review unreservedly.

Others engage critically, some with more critique than others.

The Care Review itself has gaps and spaces (one person described the Care Review as 'A care system with all the messy bits taken out').

General

There is both a greater liberalisation and localisation as well as a greater control and centralisation.

It is not deregulating but reregulating.

Here's how.



The review recommends the creation of 3 new national bodies and a **National Children's Social Care Framework** which will “**set the objectives, goals and values and guide underpinning practice for all those delivering children's social care, accompanied by a balanced scorecard to measure success**”.

The three proposed bodies are:

- National Reform Board – “to oversee implementation of the review's recommendations and monitor system feedback”
- National Practice Group – “to take oversight of setting direction on questions of practice in children's social care, including the voices of practice, evidence and lived experience”
- National Data and Technology Taskforce – “to coordinate local authority and national action to achieve progress on use of data and technology”



It is apolitical
and ahistorical
in its portrayal
of children
and their
care.



The current context of the Care
Review is vital, and missing.

Knowing how we got here matters.

It does not address deprivation and
disadvantage, how scarcity and
rationing are constructed.

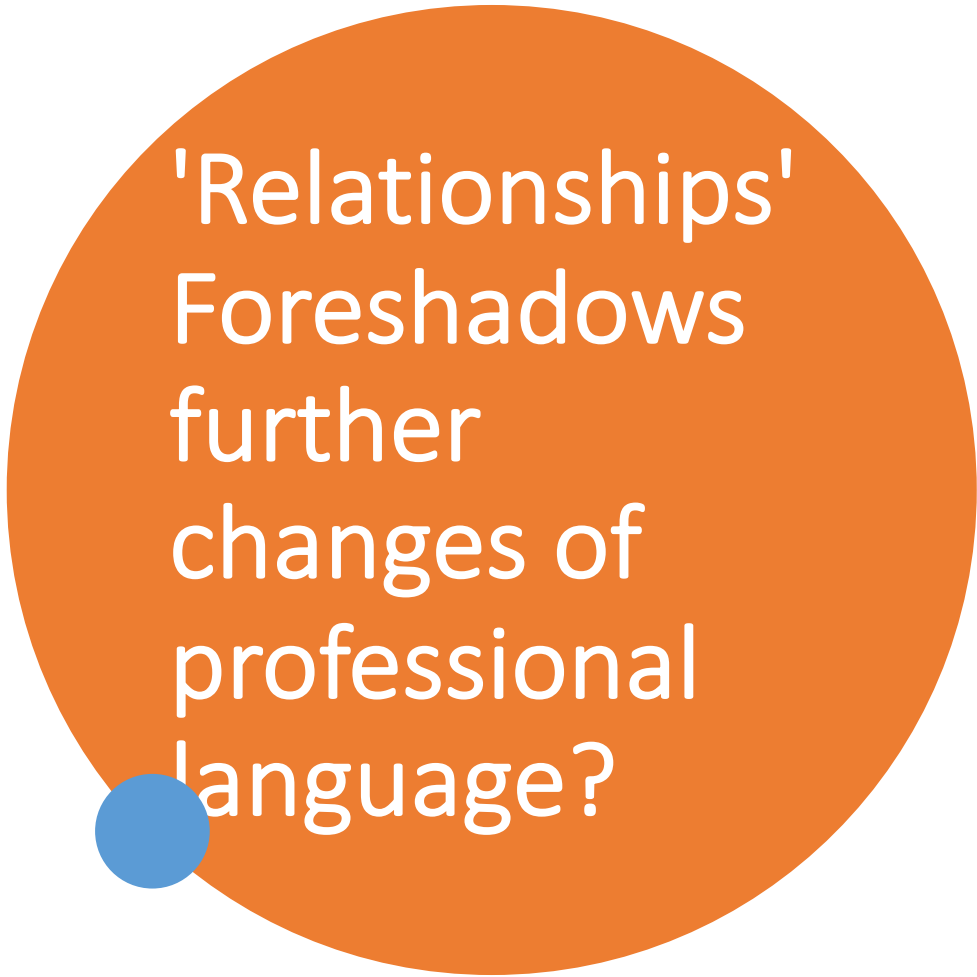
The Care Review is a continued antipathy to extra-family care (would things be different if we now termed fostering and group living as 'extra-family care?' alternative, substitute, supplemental)

There are some children at some time in their lives who for some reasons may benefit from not living in a family. They may need relief or recovery, safety or specialism, reparation before reunification. Residential Child Care offers a restorative space.

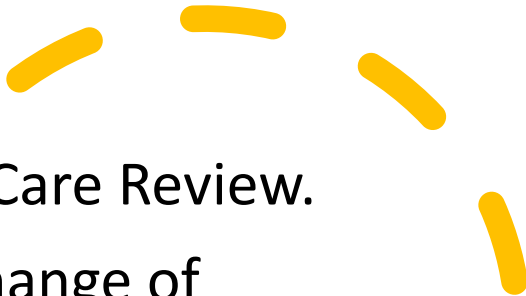
The Care Review is a reminder of 1948 = Bowlby summarised as 'better a bad family than Residential Child Care'

Sobering thought that next year 2023 will be 75th year we will have been discussing this issue.

The family focus actively cancels the needs of some children and some forms of care, notably Residential Child Care.



'Relationships'
Foreshadows
further
changes of
professional
language?



This word is ill defined by the Care Review.
One of many aspects with a change of
language.

What does this foreshadow?


see The Principles of Famspeak NCERCC
website

[Care Review Creative writing #2 – The
Principles of Famspeak – NCERCC](#)

Does the Care Review legitimate a cumulative existential threat to Residential Child Care?
Evidence?

Ofsted 'research' is quoted as finding 1/3rd of children in children's homes had fostering on their care plan but no fostering places available. ([Why do children go into children's homes? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/why-do-children-go-into-childrens-homes) Add to this the numbers in unregulated or what is now assigned as 'semi-independent.'


The financial savings foreseen by the Care Review appear to be equivalent to the loss of 1/3rd of Residential Child Care.

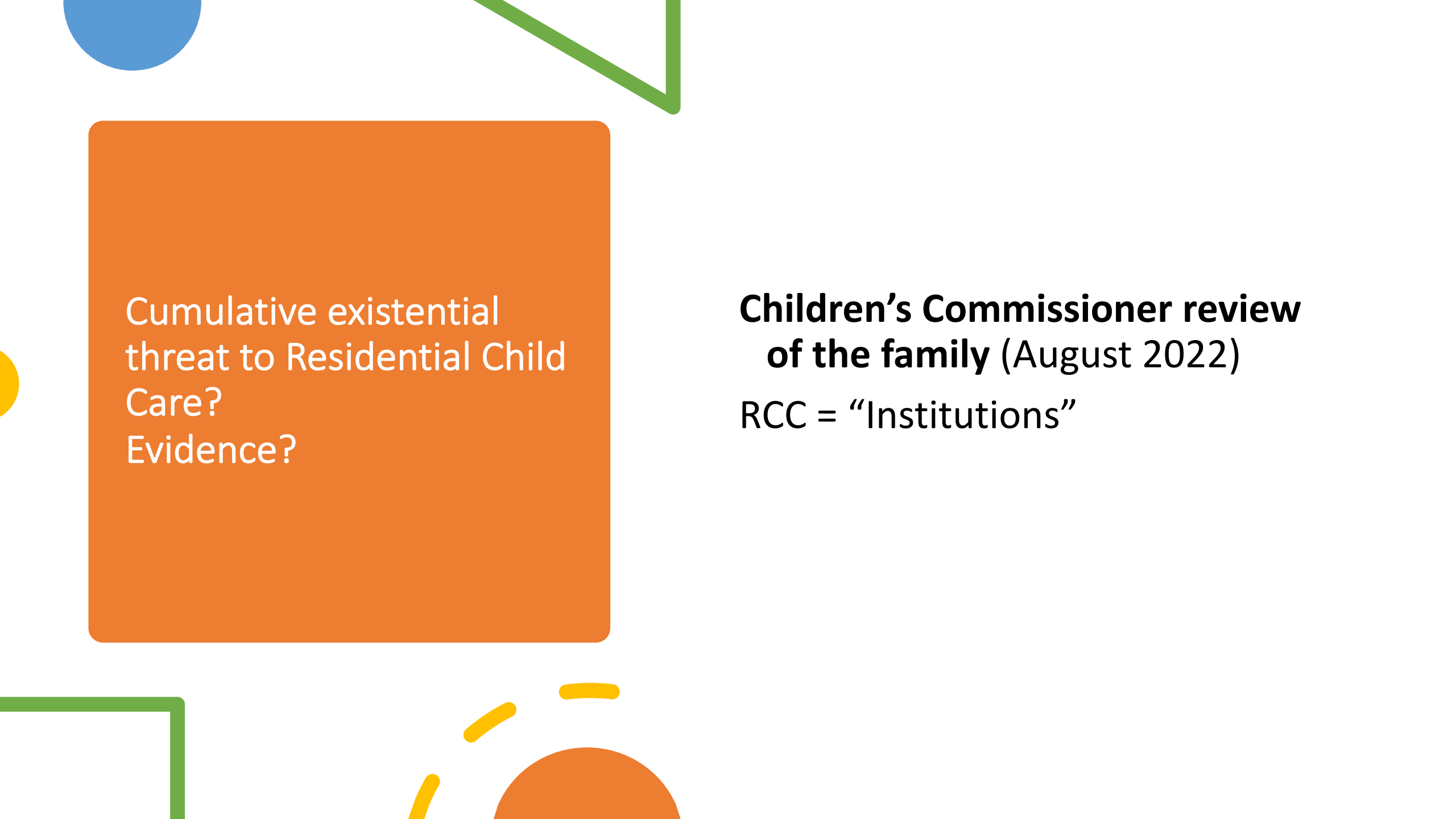


Cumulative existential threat to Residential Child Care? Evidence?

Remarks by Isabelle Trowler Chief Social Worker

BBC R4 World at One 23 05 22 ([World at One - 23/05/2022 - BBC Sounds](#))


- 33.39 "What the review is saying is that there is too many children trapped in residential care at very high cost and money could be used so much more effectively if we bring it out of that part of the system"
 - 34.26 "...there are some incredibly complex children that will need very, very niche children's home settings and private sector might be able to do that"
- 



Cumulative existential
threat to Residential Child
Care?
Evidence?

**Children's Commissioner review
of the family** (August 2022)

RCC = "Institutions"



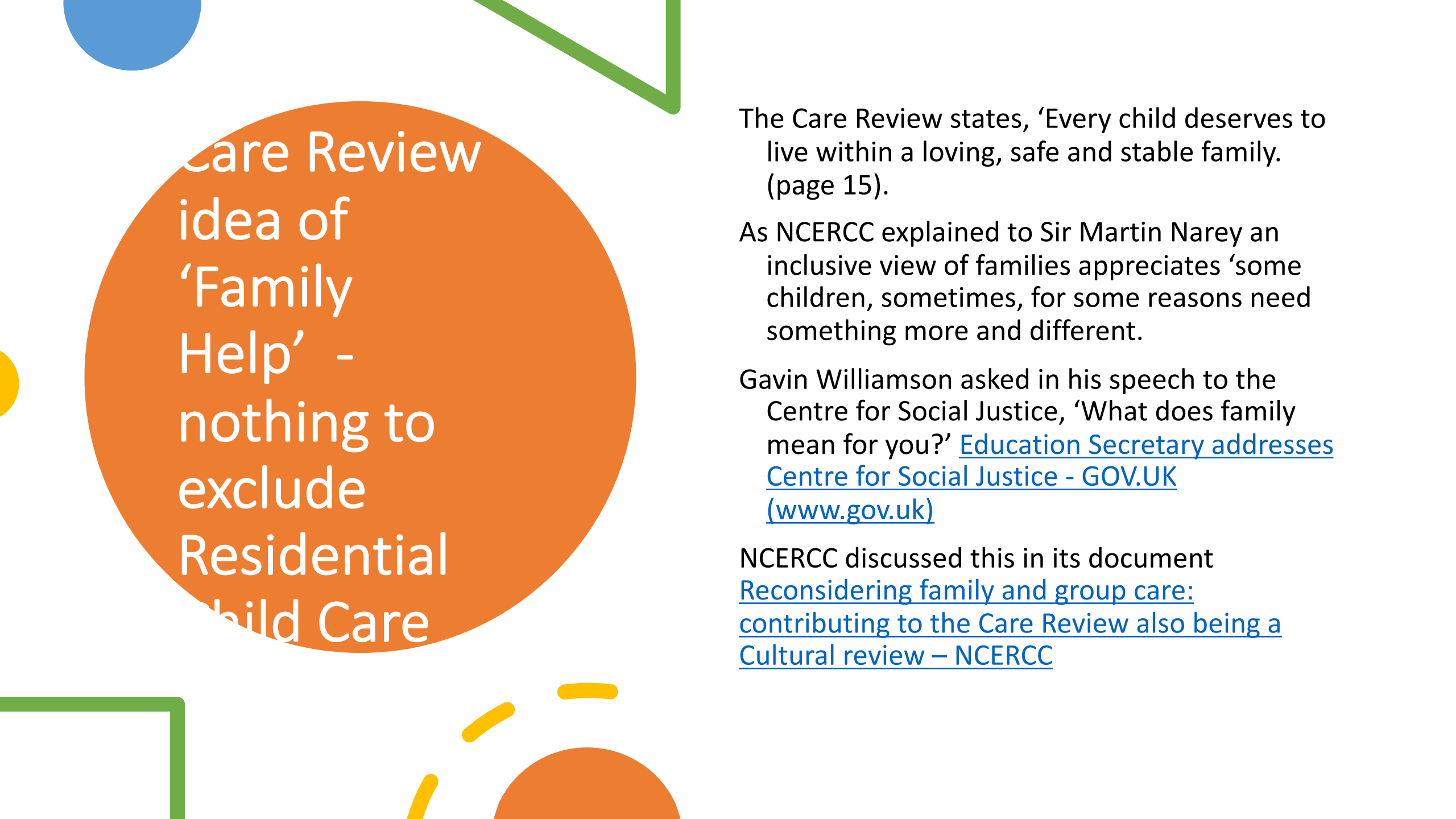
Cumulative
existential
threat to
Residential
Child Care?
Evidence?



Oxford research

(Anders Bach-Mortensen, October
2022)

Analysis of Ofsted inspections
concludes private sector “poorer
quality” and inferior service”
(though read section 14 for
reservations and implications)




Care Review
idea of
'Family
Help' -
nothing to
exclude
Residential
Child Care

The Care Review states, 'Every child deserves to live within a loving, safe and stable family. (page 15).

As NCERCC explained to Sir Martin Narey an inclusive view of families appreciates 'some children, sometimes, for some reasons need something more and different.

Gavin Williamson asked in his speech to the Centre for Social Justice, 'What does family mean for you?' [Education Secretary addresses Centre for Social Justice - GOV.UK](https://www.gov.uk/government/speeches/education-secretary-addresses-centre-for-social-justice) (www.gov.uk)

NCERCC discussed this in its document [Reconsidering family and group care: contributing to the Care Review also being a Cultural review – NCERCC](#)



Research into rightsizing residential child care is essential.

Rightsizing will come through

- collating all the diverse needs of all the children who are living in the Residential Child Care and who need to
- collating the diverse provision that is Residential Child Care (all the types of children's homes, residential special schools, Tier 4, etc), and its close associates such as intensive foster care, and the growing number of unregulated crisis or semi-independent settings.

A proper national audit of the needs of children in care

Specificity not Sufficiency = 'what works for whom' not 'what works'





Workforce

There is to be yet more research into the Residential Child Care workforce.

This is emerging as the most important aspect absent from the Care Review.

There needs to be a whole children's workforce strategy.

Reopen CWDC

A new thorough qualification at Level 4 is needed.

Initial trials of a period of initial training (knowledge and experience) are showing a significant impact on knowledge and practice.

And on recruitment

Registered Managers are to register with Social Work England.


Residential Child Care is not social work.
Discussion over decades.

Social Work and RCC - a dialogue, distinct roles
and tasks in the life of a child.

Subsuming RCC into social work is a retrograde
step.

It is an act of colonisation, it wipes away the rich
tradition of Residential Child Care knowledge,
theory, and practice.

Residential
Child Care
as a profession
with its own
identity
The Care
Review is not
ambitious.

- Where is the ambition to build on the experience of such countries as Denmark, Germany and the Netherlands and their requirement of a graduate workforce alongside the vocational?
 - Where is the ambition for undergraduate courses to be developed?
 - Where is the recommendation for publicity campaigns?
 - Where is the call for state-provided bursaries so that, within ten years, residential child care is able to recruit staff of high quality, the majority of whom already hold a relevant qualification?
 - Where is the ambition for a training capacity existing in each region acting as national training college delivering evidenced based workforce development and support?
- 

Recruit 700 new Registered Managers and institute a leadership programme.





20% of homes do not have a Registered Manager = 700 = number actually required.



It does not address the reasons why those within the sector do not put themselves forwards to become Registered Managers.



There is a good reason for the level of knowledge (level 5) and management residential experience (5 years) being part of the current qualification requirements.



Allowances for kinship and foster care Not a word on the low pay of Residential Child Care workers.

NCERCC view is that a national pay scale and the same terms and conditions is needed for all RCCWs in all ownerships.


It could be enacted through LAs adopting Good Work plan as Best Value in procurement

The Good Work plan is a Government strategy set to reform employment law, with focus on the following key themes:

- Fair and decent work;
- Clarity for employers and workers; and
- Fairer enforcement.

The first act of the lead reviewer was to place the focus on private providers and outside of the DfE through involvement of the CMA.

There was not a parallel action to refer the sector to the Low Pay Commission though low pay is known as a significant deterrent to recruitment



Regional Care Cooperatives

Economists answer the question - What's going on?

Cannibal (Corporate) Care (from Nancy Fraser 2020)

A process of self-destabilisation

A tangle of dysfunction and domination – struggles over shape, control and reach

Cannibal because

- Feeds off everyone else, energy and creativity
- To cannibalise = to deprive of its functioning for the purpose of creating/sustaining another
- Astronomical = a celestial object that incorporates through gravitational attraction

Care Review does not comment on For Profit/Not for Profit

- Need to connect child care theory and funding = secure base

New discussions among economists

The market exists alongside the non-market – coexistence dependence – initially exploitation of RCCWs (low wages – vol orgs then LAs - and as LAs increased provision and pay T&Cs with rights outsourced) then expropriation (not adhering to LA T&Cs = an initial determining factor in reduction of costs - violable).

What's going on?

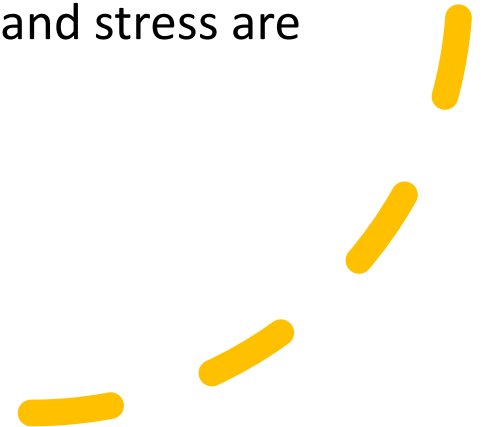
Aggregation = sizing up (both LAs and providers)

Appropriation (meaning acquisition or LA combination) - territorial gain

Acceleration (acquisition was likely to speed up) Everything today is seen as 'performative,' ever quicker, leaner. There is 'time compression' = diminishing length of placements, in programmatic time-limited approaches to placements, in defined intervention sessions of an evidence-based practice.

Activation - an expectation that all can do everything. Necessary for this is the reduction of boundaries developed over time to make things operate. The reduction may increase speed, yet it has a corresponding increase in anxiety, this maybe predominates a person's experience. Anxiety and stress are different.

Where do we end up? The 'exhausted self.'



The Care Review could have charted the development of Relational Commissioning.

Different ethic, different focus, different practice, different outcome

From – Now	To – New
Care focus	Child/children focus
Provider focus	System focus
Contract enforcer	System enabler
Transactions	Relationships and behaviours
Decision maker	Convenor for collective decision making
High bureaucracy low cost	Low bureaucracy high trust
Monitoring provider performance	Monitoring system performance and improvement support
Following national guidance	Developing local solutions

Managing of a scarce resource

Strategic planning is a collective activity in which system partners come together to understand available resources, explore local population needs, agree priorities and make resource allocation decisions looking across health services (and in some cases, across health, social care and wider public services).

Ostrom Common Pool Resourcing

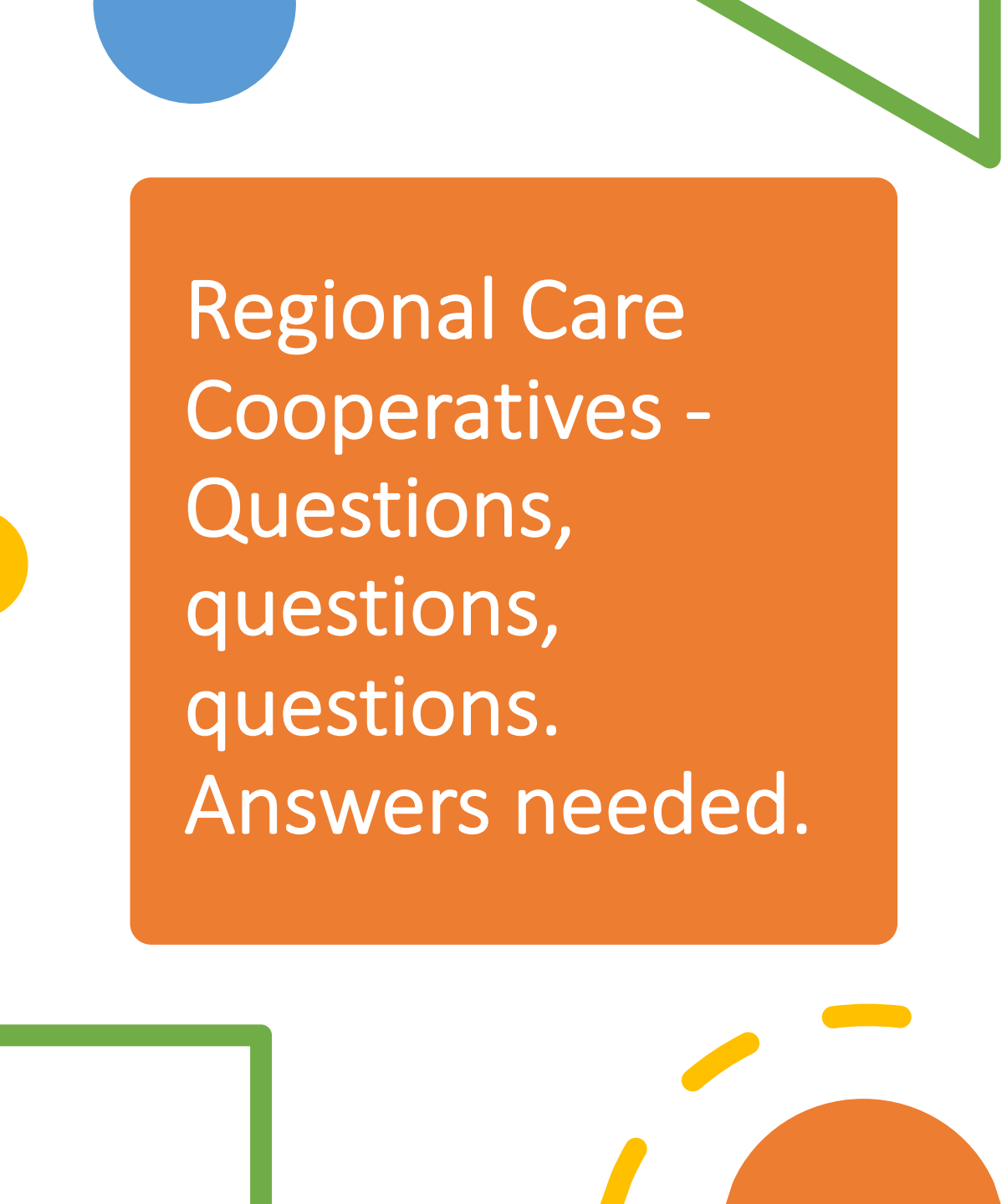


Regional Care Cooperatives

NCERCC not met a single person in a local authority as a commissioner, or provider in any ownership, thinks this is an innovative idea with any merit whatsoever.

It is said it said to be similar to regional work in adoption, and with Scotland. Responses have said there are more dissimilarities to the degree it is not similar at all.

All providers of all ownerships would need to register with the Regional Care Coop. All placements will come through the RCCoop. This would bring an end to spot purchase. Important to know the reason spot purchase predominates.



Regional Care Cooperatives - Questions, questions, questions. Answers needed.

- Could it be that a LA, without any homes, could request a placement and it be in a home owned by another LA with its own homes?
- All providers will need to register and pay a fee?
- If caps on profits are included then what is the likely effect?
- Would the Registered Manager have the right of refusal of an admission as in current legislation?
- RCCoops look likely to reinforce compliance?
Works with fewer number strategic suppliers = larger providers?
- How will current datasets lead to the creation of homes for high level complex needs? Higher level complexity in need or provision is entirely unrecognised in the Care Review.
- Where will the new workforce for RCCoop come from? What experience will they have?
- Who would want to be the CEO of the RCCoop?
- The Board of the RCCoop is representatives of the LAs. Isn't that the same as for regional frameworks now?
- Greater use to be made of boarding schools - Should they not be on the RCCCoop?

Regulation 44s and IROs

It is said the removal of these roles and tasks is because the review was told they were ineffective.

So, act to make them effective!

Removal of the roles is also removal of the safeguarding of their triangulation with Ofsted. Triangulation is a key aspect of safeguarding. It has not been written about for some years. It has become another lost word of the social work/care vocabulary. It is not a 'soft' word, though unspoken its presence has been powerful. You remove it at peril.

If the 'watchers' are no longer watching, then who watches the remaining 'watchers'? Who keep Ofsted and social workers/team managers transparent and accountable?

Practical = How will Ofsted create their key lines of inspection without the monthly Regulation 44s? Does this foreshadow a light touch standardised inspection?



New Care Standards

One size fits all is the new future?

This was explicitly decided against at the time of writing the National Minimum Standards and Quality Standards. There was a reason why there was a pyramid of intensity. The argument was against minimum.

The ambition at the time of writing the Quality Standards was for all sectors to have their own Quality Standards.

Residential Child Care has had a 'raising of the bar' several times over the 20 years of standards and it has been all to the good, each time the sector has responded.



**A new
National
Social Care
Framework**

Crucial question - How does the NCF lead to new models of RCC?

What if the only way for the regeneration of RCC will come outside of regulated care?

Is this the intention of the 'nudge' of the Care Review?





**In conclusion –
it does not ...**

It does not counter the last resort use of Residential Child Care.

It does not introduce meaningful assessment to ensure the right placement first time.


It does not address right place at the right time for the right child.

It does not remedy the serial and hierarchical use of RCC.

It does not address the attribution made by and contribution of others in the outcomes from RCC. In the Case for Change there was recognition that the outcomes from RCC were affected by factors 'upstream.' Why is this absent in the final report?

It does not make clear that the role and task of RCC is determined by the system in which operates. You get positive RCC in positive children's services.

It does not make clear that what happens in RCC is a correlation of factors before and outside of RCC that it has to try to address. Magic and miracles are not addressed nor is the 'impossible task' of a child arriving after many years when placement earlier would have had better outcomes.



After the Care Review



After the Care Review

Govt response – respond ‘later in the year’ – since then ‘turbulence’ - some aspects = meetings at DfE (and being taken forwards as options for Ministers?) = Regional Care Cooperatives, research into workforce (?recruitment)

Likely? – cost prohibitive (Big question = Do the maths add up?) – 15% cut in LA overall spending

Unfolding of a project or fragmenting eg Children’s Commissioners past and present taking leading positions

Culture/Consensus – or continuing challenge and contestation?

Diverse groups left feeling CR was exclusive and do not feel represented – heard eg IROs R44s (DfE now gathering in views) also Children in Care (tho orgns gathered in (Become, Coram) – but are critical of outcome of CR)

Experts by Experience – some are expressing being disenchanted during and after

Experts practice group – selection with a purpose? RCC provider and practitioner voice

‘Dissenting and questioning voices are to be discovered, submerged beneath the dominant discourse’ (Butler and Drakeford 2005).

Does the Care Review provide Resilience for RCC?

I HAVE	I AM	I CAN
Trusting and loving relationships with others: parents, siblings, teachers, friends.	Loveable: the child possesses, or is helped to develop, qualities that appeal to others.	Communicate: the child is able to express feelings and thoughts, and listen to those of others.
Structure at home: clear rules and routines, comprehensible and fair sanctions when breached, praise when followed.	Loving: the child is able to express affection to others, and is sensitive to their distress.	Solve problems: the child can apply themselves to problems, involve others where necessary, and be persistent.
Role models: parents, other adults, peers, siblings, who model good behaviour and morality.	Proud of myself: the child feels they have the capacity for achievement and resists discouragement.	Manage my feelings: the child knows and understands emotions, recognises the feeling of others, and controls impulsive behaviour.
Encouragement to be independent: people who offer praise for growing autonomy.	Responsible: the child accepts and is given responsibilities, and believes that their actions can make a difference.	Understand my temperament: the child has insight into their personality and that of others.
Access to health, education and social care: consistent direct or indirect protection for physical and emotional health.	Hopeful and trustful: the child has faith in institutions and people, is optimistic for the future and is able to express their faith within a moral structure.	Seek out trusting relationships: the child has the ability to find people “peers or adults “in whom they can confide and develop mutual trust.

Ten tests for the Care Review

Overall - does it make another Residential Child Care possible?

People and parenting

What does it have to say about the people doing the caring task, the Residential Child Care Workers?

How does it show it understands the assessed needs of the children needing care?

Does it recommend that all forms of residential accommodation for children must provide care as well as support?

Practice

Does the Care Review establish the means for the national delivery of workforce development?

Does it recognise that the current level 3 is not fit for purpose and needs to be a new level 4?

Does it state the need for the development of allied professions such as psychiatry, psychology, therapies, education, play?

Promotion

Does it include the call for a Government led recruitment campaign?

Does it establish the means for the positive stories and outcomes of Residential Child Care to be appreciated and disseminated?

Policy

Is there a definite plan for the development of Residential Child Care to expand the sector to offer the range of settings seen previously?

Is there a definite plan explained for the development of specialist care for high level and complex needs that can end unregulated provision?

Pay

The focus has been on profits not the people who do the caring.

Does the Care review recommend the same pay and terms and conditions for all Residential Child Care Workers?

Does it recognise and address the fact that low pay guarantees a continual drift from residential care and recommend solutions?

Planning


Does it create a sector by LAs being directed to conduct a needs audit so that it is the assessed needs of young people that establishes planned provision as local as possible as specialist as necessary. A needs audit will lead to local, regional, and national planning.

Profession

Does it give residential child care professional status?

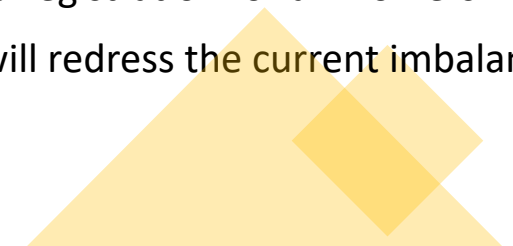
Does it call for the establishing of a professional association of and registration for all workers in Residential Child Care?

This will redress the current imbalance in children's services.



Ten tests for the Care Review

Overall - does it make another Residential Child Care possible?



Place

Does it place residential care as an equal and valid choice amongst other options?

Does it end the use of residential care as a 'last resort'?

Permanency

Does the Care Review include a 'freezing protocol' to place on hold any placement move that has not been assessed as being in the child's best interests?

Does the Care Review recognise a children's home as a home, not an intervention?


Does the Care Review act to eradicate the 'care cliff' at 16/18 and recommend Staying Put not Staying Close?

Does it demonstrate leadership asserting that the right place, at the right time in the best location is the most efficient method of spending, and the most effective in meeting needs and assuring positive outcomes?

Participation

Does the Care review recognise that consultation is not participation?

What does the Care Review have to say about the adoption of the United Nations Convention on the Rights of the Child?



Ten tests for the Care Review Overall - does it make another Residential Child Care possible?

