**Annex 1: Methodology**

A number of different methods were used to compile the evidence base for this report.

1. **Literature review.** A literature review was conducted by means of a systematic search of academic and other web-based databases[[1]](#footnote-1) and identification of additional materials, including unpublished literature by global experts. This search revealed 668 organizational reports, evaluations and academic peer-reviewed documents in eight geographical regions[[2]](#footnote-2) relevant to the focal questions of this paper, using a set of search words.[[3]](#footnote-3)Of the 668 documents, 582 were specific to the eight regions and 85 countries and 86 were of a general child protection and gatekeeping nature. The initial documents selected reflected a broad range of concerns relevant to the provision of protection and care for children and gatekeeping practices. These documents were then sorted according to their relevance. To facilitate a more in-depth review and analysis, a total of 540 documents rated relevant or very relevant were then scrutinized within a framework using the key search terms. Information was extracted from documents that described specific models, systems or strategies of gatekeeping. A full list of documents reviewed is included in the references and bibliography section of the working paper.
2. **Reference group**. The development of this paper was assisted by a reference working group drawn from leading experts in the gatekeeping field, to support and work with the lead consultant throughout the development of the working paper.[[4]](#footnote-4) An external reference group of experts in childcare and protection was also constituted by the Better Care Network (BCN) and UNICEF, to review and provide feedback to assist in the finalization of the working paper.
3. **Key informant interviews and consultation** with child-care and child protection experts at the national and international levels. A total of 23 key informant interviews were completed by means of telephone and internet voice calls to collect information for the country-specific case studies, while a further four experts were contacted and consulted on broader issues during the compilation of the paper. A list of persons consulted is contained in Annex 2.
4. **Identification and selection of five country case studies** based on an analysis of the literature, to ensure each provides representative evidence of mechanisms and processes along the continuum of decision-making and evidence of state, community-based or state–community partnerships in gatekeeping.

Researchers were only able to read and interview in three languages (English, Portuguese and Spanish).

**Key informant interview guide:**

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| **Principal areas to be addressed by the review** |
| 1. **What approaches and models of gatekeeping have been developed in the context of alternative care reforms in a range of country contexts, including different levels of income, different levels of government structures and public services, and different degrees of reliance on formal or informal care systems?**
 |
| 1.1 **IDENTIFICATION AND REFERRAL** |
|  | **Who identifies children of concern** (e.g. parents, family, community leader, community member, institutions, police, teacher, doctor, nurse)? |
|  | Please can you tell us the **type of concerns about a child that** results in them being referred for care and protection services? |
|  | What are the ways someone from the **public** (i.e. parent/sibling/family/community member) can make a referral of a child they are concerned about – e.g. by phone/in person, at a particular location/in writing?What are the ways someone who is a **professional** or **para-professional** (including a doctor, nurse, police, social worker, youth worker, community officer) can make a referral to another professional or para-professional of a child they are concerned about – e.g. by phone/in person, at a particular location/via a written form?Is there a standardized referral document used by all persons who **make** a referral? If yes, please could you provide a copy? |
|  | Who **accepts** a referral of a child **from the public** (e.g. police/social worker/lawyer/teacher/ staff or manager from an institution or other residential facility)?Is there a standardized document to record information that is used by all persons who **accept** a referral? If yes, please could you provide a copy?If there are no standardized referral forms, is the referral documented in any other way?Do all referrals, regardless of to whom they first go, then go to one professional or body/mechanism to be managed by them, i.e. social worker, child welfare committee? If yes, to whom?If no, who else can manage a referral? |
|  | Are there any criteria used to help decide whether to accept the referral or not? If yes, please could you tell us what they are? |
|  | What information is gathered during a referral and by whom? |
|  | Additional information |
| 1.2 | **DECIDING TO MAKE AN ASSESSMENT** |
|  | Who is responsible for deciding whether the child’s situation needs a formal assessment? |
|  | Are there any formal criteria or guidelines for helping decide whether a child’s situation should be assessed? **If yes**, what are these criteria? |
|  | Is there anything else that might influence a decision whether or not to assess a child’s situation? |
|  | Additional information |
| 1.3 | **USING A STRUCTURED ASSESSMENT PROCEDURE UNDERTAKEN BY A MEMBER OF A COMPETENT ADMINISTRATIVE OR JUDICIAL AUTHORITY OR DULY ACCREDITED BODY**  |
|  | If it is decided that a child’s situation (including family circumstances) should be formally assessed, is there someone from a competent administrative or judicial authority or a duly accredited body in charge of the assessment and who would have primary responsibility for conducting the assessment? |
|  | Which other professionals or para-professionals are involved in the assessment process? |
|  | Is there a mandated timeframe by which this assessment should be undertaken?Is this deadline usually met? |
|  | Please provide details of how an assessment is actually done – perhaps you could give an actual example. **What areas of the child’s well-being does an assessment cover** (e.g. child development, health/safety/care situation, including living arrangements, relationships and oversight by parents, other legal caregivers, and other immediate family/family resources/extended family)?Please share the format to show what is assessed. |
|  | Does **the child participate** in the assessment?If yes, what is their role/how are they involved/at what stages? |
|  | Is a **visit made** to the child’s place of residence in order to conduct the assessment? Within what period? If more than one visit is made, how many? |
|  | Do one or both **parents** participate in the assessment?If yes, please could you explain how they are involved and at what stages of an assessment process? |
|  | **Are other carers** involved in the assessment (i.e. siblings, extended family, legal guardians)?If yes, what is their role/how are they involved? |
|  | Are community leaders involved in the assessment?If yes, what is their role/how are they involved? |
|  | Are any other community members involved in the assessment?If yes, who and what is their role/how are they involved? |
|  | Is anyone else apart from those mentioned above able to participate in the assessment process? |
|  | Is there a **standardized assessment form** that anyone who makes an assessment is required to use? If yes, please could you provide a copy of the assessment form?If yes, is the assessment form usually used?Are there any guidelines/standards/criteria that help a professional make an assessment? |
|  | Additional information (note whether the above steps each taken separately or some of them are combined) |
| 1.4 | **DECISION-MAKING RELATED TO CHILDCARE** |
|  | If an assessment has been made – how is the **information analysed and used to make a decision**? This is particularly decisions that relate to either **preventing t**he child being **separated** from parental or family care or to place the child in care? What are the different types of decisions that can be made? What **factors influence** the decisions that are made, e.g. degree of risk to the child/availability of child and family support services/availability of alternative family-type care?Does the person/s that makes the assessment also make decisions whether to respond further to a child’s situation? If not, who will make the decision?Are other person/s involved in decision-making and if so who, how and when (i.e. parents/family/ other professionals/community leaders, judges, police, doctors etc.)?If yes, do these people come together to discuss and make decisions jointly? |
|  | What factors influence a decision to remove a child from parental care or from the care of another person who is the legal or actual caregiver for the child and:1. Place them in family-based alternative care, such as kinship care or foster care?
2. Place them in a residential facility?
 |
|  | Is there a process that allows a decision to be reviewed (as, for instance, if someone disagrees with the decision)?If yes, who can ask for such a review and when (including the child, parents, other caregivers, other concerned persons)? Please could you give an actual example? |
|  | Additional information |
| 1.5 | **MAKING AN ASSESSMENT/REFERRAL WITHOUT STRUCTURED PROCEDURES** |
|  | If there is no structured assessment procedure, please could you provide information on how the situation of a child and his/her family is assessed how it is decided whether the child and his/her family should be offered support? |
|  | Additional information |
| 1.6 | **SIGNPOSTING/ACCESS TO SERVICES AND MONITORING** |
|  | If a decision has been made to **provide family-based/community-based support** to the child and/or his/her family, who is the main person or body responsible for making the decision about which services will be offered? |
|  | What services are available that a child and his/her family can be referred to that would allow a child to remain in their family?Out of these services, which are the ones most often provided following referral? (Provide estimates of percentage for each option, if known) |
|  | If it has been decided to offer support to a child and their family **that does not involve the child being take** into care – is a **support plan made**? If yes, who is responsible for developing and writing this plan? Are the child and family members involved in creating the care plan and if so, how? Who else is involved? Perhaps you could give an example?Is this plan **regularly reviewed?** If yes, please could you provide details of how often the plan is reviewed, who makes the review and what the review process would usually entail? **Or:**If it has been decided to **place a child in alternative care** (i.e. residential, alternative family-type care) – **is a support plan made**?If yes, who is responsible for developing and writing this plan? Are the child and family members involved in creating the care plan and if so, how? Who else is involved? Perhaps you could give an example?Is this plan regularly reviewed? If yes, please could you provide details of how often the plan is reviewed, who makes the review and what the review process would usually entail?  |
|  | Is it possible for **a child to be directly placed in residential** care (either short term or long term) without any structured processes being undertaken? (i.e. without assessments and resultant decision-making, such as those we have already discussed)? **If yes** –1. Can the placement of a child directly into residential care be made by persons **who are not members of a judicial authority** or duly accredited body – e.g. can parents, other family members or other community members undertake this action?

**If yes,** please can you tell us how this would take place, including whether or not this can be done without any communication and involvement of a competent administrative or judicial authority or a duly accredited body? If a child is placed directly into residential care in this way, would there be any **subsequent oversight and review of this decision**?**If yes, who has responsibility** for this oversight and review process and what would that process involve? Would the process differ between child placements into state-run and private residential care?1. Can a **referral of a child directly to a place of residential care be made by a member of a competent administrative or judicial authority** or duly accredited body or mandated professional e.g. police, social worker, para-social worker, nurse, doctor, teacher?

**If yes,** please can you provide information about how this would take place?If a child is placed in residential care in this manner, would there be any subsequent oversight and review of this decision?**If yes,** who has responsibility for this process and what would it involve?Would the process differ between child placements into state-run and private residential care? |
|  | Additional information |
| 1.7 | **REMOVING A CHILD FROM PARENTAL CARE** |
|  | If it is recommended, following assessment, to remove a child from parental care or from the care of the legal or actual caregiver, **is it necessary for this** recommendation to be taken **to a judge or another** legal or administrative body for their decision? |
|  | If yes, is there a special family court/family (or children’s) judge/magistrate/administrative body where this decision is made? At what level (sub-district, district, provincial, national)? |
|  | If yes, does the judge/magistrate/administrative body decide where the child shall be placed? |
|  | Does the **child** have the opportunity to **participate** in this decision-making?Is the child able to have their own lawyer or someone to **legally represent** them and their point of view? |
|  | Do the parents/legal caregivers have the opportunity to participate in this decision-making and if yes, how? |
|  | Are extended families members given the opportunity to participate in this decision-making and if yes, how? |
|  | Can community leaders/members make legal decision instead of a judge or magistrate? |
|  | Additional information |
| 1.8 | **ALTERNATIVE CARE AVAILABLE** |
|  | What types of **alternative care are available** if it is decided to separate the child from their family, i.e. in an emergency or in the long term/short term? |
| 1.9 | **FAMILY REINTEGRATION** |
|  | If a child who has been separated from their family and placed in alternative care (but **not an institution**) **and is able to return back to their parents**/family/primary caregivers/extended family, please could you describe the process and if/how the child and their family are supported? For instance, who makes this decision and how?If a child who has been **placed in residential care** and it is decided they **are not able to return to their own parents** or extended family, is there a process where their case is reviewed and a decision can be made to place them in alternative forms of family-type care, e.g. foster care, guardianship? For instance, who makes this decision and how?Please could you give an example? |
|  | In such a case, **is a new support/care plan** developed? If yes, please could you give details of how this plan is decided upon and who has responsibility for developing and monitoring it?What are the **challenges for children being returned** from institutions to family or family-type care?  |
|  | Additional information*[Note:* *Need to differentiate between a child who is separated and returned to his/her primary caregivers (due to being lost, separated in crisis) and a child who is removed from parental care and reintegrated into his/her family, as the processes will be different]* |
| 1.10 | **DATA COLLECTION** |
|  | Are details of referrals, assessments, decisions, plans and outcomes put into an individual child's case file?Does any or all of this the information gathered during referral, assessment, decisions and outcomes get put into any type of database? If yes, what kind of database and under whose authority/responsibility is the data maintained and kept? At what level is the data aggregated, i.e. local, regional, national?If yes, who is then able to access this information?If not put into a database, what is done with any case information that has been collected? |
| 1.11 | **TRAINING** |
|  | Have the individuals responsible for carrying out any of the above-mentioned processes received **training** for this, e.g. identifying children at risk, assessing a child and their family’s situation? If yes, please could you provide details? |
| 1.12 | **STANDARDS** |
|  | Has the state issued any performance indicators or standards that are to be met during the decision-making processes? |
| 1.13 | **CHALLENGES** |
|  | Please can you mention up to three challenges that professionals/para-professionals face when they have to make assessments and decisions? |
|  | Additional information |
| 1.14 | **RECOMMENDATIONS** |
|  | In your experience, **what gatekeeping practices really work** and result in making the best decisions for a child – especially decisions that prevent their being placed in alternative care?Please can you provide up to **three recommendations** you think would improve the ‘gatekeeping’ processes we have discussed so far, to help bring about more appropriate and effective care decisions for children? Please could you suggest what **else should be done to reduce the number of children being placed in care?** What gatekeeping mechanisms should be in place **to reduce the number of children being sent to institutions?**In your opinion, what are the **gatekeeping mechanisms that are contributing to children being sent to residential care**? In your opinion, what are the **gatekeeping mechanisms that are contributing to children being sent to other forms of alternative care?** |
| 1. **What is the current evidence on the effectiveness of these models and approaches in supporting better care and placements of children?**
 |
|  | Do you think the processes we have discussed today, are resulting in better decision-making for children and decisions that are in the best interest?If yes, please explain?If no, why? |
| 1. **What is the role of gatekeeping approaches and mechanisms in strategies to deinstitutionalize care systems and what is the evidence so far?**
 |
|  | Has there been an increase or a reduction in the rate/number of children being placed in residential care? Has there been an increase or a reduction in the rate/number of children being placed in other forms of alternative care?Has there been an increase or reduction in the rate/number of children receiving support services in their families, with separation from families averted? |
|  | Additional information |
| 1. **What is the role of gatekeeping in relation INFORMAL CARE and what are the approaches and models used to support appropriate and effective care decisions and responses for children in informal care\*?**

*[\*Informal care being any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body]*  |
|  | Is it common for the care of children to be **transferred informally from parents to extended** family members (kinship care) or to non-relative care, either for an extended period of the child’s life or permanently?**If yes,** who are the people most often accepting children who are placed informally by parents for care (for example, grandparent, aunts, uncles)? What are the common circumstances in which these types of informal arrangements are made, and how long do they usually last?  |
|  | Do these **processes have any links with the formal** state child protection gatekeeping processes discussed above?If yes, please could you describe these linkages and how they work?If no, why do you think they do not link?Do you feel that the state needs to provide more oversight to these care arrangements? Why/why not?  |
|  | Are informal caregivers encouraged to come forward to receive appropriate support from the local authorities for the child's care?  |
|  | **Additional information****IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT IN RELATION TO WHAT WAS DISCUSSED TODAY?** |
|  | **THANK YOU!** |
|  |  |

**Key informant interview guide: *when requesting information about community-based mechanism (used for Rwanda and Uganda)***

This questionnaire is seeking to understand how decisions are made about children’s care, if they are made at the family/extended family level or at the community level without involving the formal care system. It also seeks to understand when and how it would be decided at the family/community level to involve the formal care system. This interview is about actual practice and implementation.

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| **1.1 IDENTIFICATION OF A CHILD AT RISK OF SEPARATION IN THE COMMUNITY** |
|  | Please can you tell us about any factors that could put a child at risk of separation from their family? |
|  | Who in the community would identify a child who is at risk of separation from family care (e.g. parents, family, community leader, community member)? |
|  | What would influence their decision to tell someone about their concerns for the child and who would they refer the child to in the community? Would this be a community chief or someone else?  |
|  | If it was decided the child should be transferred into the care of someone in his or her extended family or outside of his or her own family, who would be involved in making this decision? What would influence their decision-making? |
|  | **OR**Would a member of the community refer a child at risk of separation to a state social worker or other professional or para-professional worker (for example, police/social worker/lawyer/teacher)? If yes, to whom would this referral be made?If yes, what factors might inform the community member’s decision if they decide to refer the child to a professional or para-professional worker? |
|  | Is there a standardized mechanism that a community member would use to make a referral to a professional or para-professional worker? If yes, please could you provide details? Also if yes, what information is gathered/provided during the referral process? Would this referral process be documented? If yes, by whom?  |
|  | Is the child able to participate in any step of the decision-making process? |
| 1.2 | **USING A STRUCTURED ASSESSMENT PROCEDURE UNDERTAKEN BY A MEMBER OF A COMPETENT ADMINISTRATIVE OR JUDICIAL AUTHORITY OR DULY ACCREDITED BODY**  |
|  | If it is decided that a child’s situation (including family circumstances) should be formally assessed, is there someone from a competent administrative or judicial authority or a duly accredited body in charge of the assessment and who would have primary responsibility for conducting the assessment? |
|  | Which other professionals or para-professionals are involved in the assessment process? |
|  | Please provide details of how an assessment is actually done. Is there a standardized form that is used? **What areas of the child’s well-being does an assessment cover** (e.g. child development, health/safety/care situation, including living arrangements, relationships and oversight by parents, other legal caregivers and other immediate family/family resources/extended family)? |
|  | Does **the child participate** in the assessment? If yes, what is his/her role? How are children involved/at what stages?Is a **visit made** to the child’s place of residence in order to conduct the assessment? |
|  | Do one or both **parents** participate in the assessment? If yes, please could you tell us about how they are involved and at what stages of an assessment process? |
|  | **Are other carers** involved in the assessment (i.e. siblings, extended family, legal guardians)?If yes, what is their role/how are they involved? |
|  | Are any other community members involved in the assessment?If yes, who and what is their role/how are they involved? |
| 1.3 | **DECISION-MAKING RELATED TO CHILDCARE** |
|  | How is information from an assessment used to make a decision, particularly as it relates **preventing t**he child being **separated** from parental or family care?  |
|  | What factors influence a decision to remove a child from parental care or from the care of another person who is the legal or actual caregiver for the child?  |
| 1.4 | **SIGNPOSTING/ACCESS TO SERVICES AND MONITORING** |
|  | If a decision has been made to **provide family-based/community-based support** to the child and/or his/her family, who is the main person or body responsible for making the decision about which services will be offered?What services are available to which a child and his/her family can be referred that would allow the child to remain in their family?Is a support plan made? |
| 1.5 | **REMOVING A CHILD FROM PARENTAL CARE** |
|  | If it is recommended, following assessment, to remove a child from parental care or from the care of the legal or actual caregiver, **is it necessary for this** recommendation to be taken **to a judge or another** legal or administrative body for their decision?If yes, is there a special family court/family (or children’s) judge/magistrate/administrative body where this decision is made? At what level (sub-district, district, provincial, national)?Is the child able to participate in this process? |
|  | Is it possible for **a child to be directly placed in residential** care (either short term or long term) without any structured processes being undertaken (i.e. without assessments and resultant decision-making, such as those we have already discussed)?**If yes,** please can you provide information about how this would take place?If a child is placed in residential care in this manner, would there be any subsequent oversight and review of this decision?If yes, who has responsibility for this process and what would it involve? |
| 1.6 | **ALTERNATIVE CARE AVAILABLE** |
|  | What types of **alternative care are available** if it is decided to separate the child from their family, i.e. in an emergency or long term/short term? |
| 1.7 | **FAMILY REINTEGRATION** |
|  | If a child who has been separated from their family and placed in alternative care (but **not an institution**) **and is able to return back to their parents**/family/ primary caregivers/extended family, please could you describe the process and if/how the child and their family are supported? For instance, who makes this decision and how?If a child who has been **placed in residential care** and it is decided they **are not able to return to their own parents** or extended family, is there a process where their case is reviewed and a decision can be made to place them in alternative forms of family-type care, e.g. foster care, guardianship? For instance, who makes this decision and how?Please could you give an example? |
|  | In such a case, **is a new support/care plan** developed? If yes, please could you give details of how this plan is decided upon and who has responsibility for developing and monitoring it?What are the **challenges for children being returned** from institutions to family or family-type care?  |
|  | Additional information*[Note: Need to differentiate between a child who is separated and returned to his/her primary caregivers (due to being lost, separated in crisis) and a child who is removed from parental care and reintegrated into his/her family, as the processes will be different]* |
| 1.8 | **DATA COLLECTION** |
|  | Are details of referrals, assessments, decisions, plans and outcomes put into an individual child's case file?Does any or all of this the information gathered during referral, assessment, decisions and outcomes get put into any type of database? If yes, what kind of database and under whose authority/responsibility is the data maintained and kept? At what level is the data aggregated, i.e. local, regional, national?If yes, who is then able to access this information?If not put into a database, what is done with any case information that has been collected? |
| 1.9 | **TRAINING** |
|  | Have the individuals responsible for carrying out any of the above-mentioned processes received **training** for this, e.g. identifying children at risk, assessing a child and their family’s situation? If yes, please could you provide details? |
| 1.10 | **STANDARDS** |
|  | Has the state issued any performance indicators or standards that are to be met during the decision-making processes? |
| 1.11 | **CHALLENGES** |
|  | Please can you provide examples of up to three challenges that face professionals/para-professionals when they have to make assessments and decisions? |
|  | Additional information |
| 1.12 | **RECOMMENDATIONS** |
|  | In your experience, **what gatekeeping practices really work** and result in making the best decisions for a child – especially decisions that prevent their being placed in alternative care?Please can you provide up to **three recommendations** you think would improve the ‘gatekeeping’ processes we have discussed so far, to help bring about more appropriate and effective care decisions for children? Please could you suggest what **else should be done to reduce the number of children being placed in care?** What gatekeeping mechanisms should be in place **to reduce the number of children being sent to institutions?**In your opinion, what are the **gatekeeping mechanisms that are contributing to children being sent to residential care**? In your opinion, what are the **gatekeeping mechanisms that are contributing to children being sent to other forms of alternative care?** |
| 2. | **What is the current evidence on the effectiveness of these models and approaches in supporting better care and placements of children?** |
|  | Do you think the processes we have discussed today are resulting in better decision-making for children and decisions that are in their best interests?If yes, please explain?If no, why? |
| 3. | **What is the role of gatekeeping approaches and mechanisms in strategies to deinstitutionalize care systems, and what is the evidence so far?** |
|  | Has there been an increase or a reduction in the rate/number of children being placed in residential care? Has there been an increase or a reduction in the rate/number of children being placed in other forms of alternative care?Has there been an increase or reduction in the rate/number if children receiving support services in their families, with separation from families averted? |
|  | Additional information |
| 4. | **What is the role of gatekeeping in relation INFORMAL CARE and what are the approaches and models used to support appropriate and effective care decisions and responses for children in informal care?** |
|  | Is it common for the care of children to be **transferred informally from parents to extended** family members (kinship care) or to non-relative care, either for an extended period of the child’s life or permanently?**If yes,** who are the people most often accepting children who are placed informally by parents for care (for example, grandparent, aunts, uncles)? What are the common circumstances in which these types of informal arrangements are made, and how long do they usually last?  |
|  | Do these **processes have any links with the formal** state child protection gatekeeping processes, discussed above?If yes, please could you describe these linkages and how they work?If no, why do you think they do not link?Do you feel that the state needs to provide more oversight to these care arrangements? Why/why not?  |
|  | Are informal caregivers encouraged to come forward to receive appropriate support from the local authorities for the child's care?  |
| 5. | **Additional information****IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT IN RELATION TO WHAT WE HAVE DISCUSSED TODAY?** |
|  | **THANK YOU!** |

1. Including Science Direct, Wiley online, Taylor & Francis online, Springerlink, JSTOR and Sage Journals, UNICEF, the Better Care Network and other agency websites, Google and Google Scholar search engines. [↑](#footnote-ref-1)
2. Eight regions, as per UNICEF regional classification: industrialized countries; Central and Eastern Europe (CEE) and the Commonwealth of Independent States (CIS); East Asia and the Pacific; East & Southern Africa; Latin America and the Caribbean; the Middle East and North Africa; South Asia; and West and Central Africa. [↑](#footnote-ref-2)
3. Search words included, ‘gatekeeping’; ‘child care’; ‘child protection’; ‘decide’; ‘decisions’; ‘assess’; ‘assessment’; ‘prevention’; ‘refer’; ‘referral’; ‘admit’; ‘admission’; ‘case’; ‘criteria’. [↑](#footnote-ref-3)
4. Members of the reference working group comprised Jini Roby, Andrew Dunn, Peter Evans, Emily Delap and David Tolfree, with support from Hugh Salmon, Head of Family for Every Child Technical Consultancy Unit. [↑](#footnote-ref-4)