Infants and Young Children in Alternative Care

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INTRODUCTION

This chapter addresses the challenging, data-poor, under-researched and documented area of alternative care for infants and young children (birth to eight years old) globally. It is widely recognized and embedded in the United Nations Convention on the Rights of the Child (UNCRC) (United Nations International Children's Emergency Fund (UNICEF), 1989), that the needs and well-being of children are best met in their families and the State has a responsibility to support this. However, it is estimated that at a minimum of 2.7 million children (0–17 years old) live in institutions, a figure that UNICEF (2020a) believe is the 'tip of the iceberg.'

In situations 'Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child' (United Nations (UN), 2009: 4), alternative care should be provided. The UN stress that this '…should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration' (UN, 2009: 4). Alternative Care should be provided in family-based care, which includes kinship care, provided by the extended family, and foster care or residential care (UN 2009). For children under three, family-based care is seen as the most appropriate course of action and residential placements should only be used in an emergency (UN, 2009, 2011). However, cultural, political ideology, religion and country-specific issues influence intervention in family life and the nature of the alternative care provided.

It is widely recognized that institutional care can negatively impact children's outcomes (UNICEF, 2020a). However, understanding what is happening globally for children who need alternative care, can only be estimated. There are huge variations in how data is collected, or not, and available data often lacks even basic details. It often fails to capture age, gender, informal care arrangements, the quality of care provided, and the impact of intervention methods used to support children who have experienced separation and trauma (SOS 2017a; UN, 2011, 2020a). This situation presents a considerable challenge in specifically understanding the experiences those from birth to eight. Given the additional vulnerability of this age group, it seems inconceivable that 30 years after the UNCRC was ratified by most countries, that there remain huge gaps in understanding the experiences of children requiring alternative care.

The subsequent sections in this chapter draw on a range of sources to support the reader to critically reflect on this complex terrain. The first section, theoretical perspectives, will introduce the work of Bronfenbrenner (1917–2005) on the bioecological theory of human development (Bronfenbrenner, 2005). His work in this area offers a framework for understanding the impact of the events that lead to a child requiring alternative care, how these events may affect development and the role of other factors such as policy, culture and country-specific issues. There will also be consideration of attachment and resilience theory. Both are important areas in understanding how the experiences of infants and young children have an impact on their holistic development. They also provide insights into the different ways infants and young children respond to separation, loss and trauma and the protective factors that can be developed to manage adverse situations across the life course.

The discussion will also focus on the factors that lead infants and young children to need protection, the nature of alternative care provision and how their right to protection, participation and provision as articulated the UNCRC (UNICEF, 1989) are embedded in legislation and policy. There will also be a focus on critiquing the impact of the UNCRC

as, despite so many countries ratifying the convention, there are global inconsistencies on how the rights agenda is implemented, how children are protected, and the quality of alternative care provided. The chapter will end by considering the implications for practice.

THEORETICAL PERSPECTIVES

This section explores a range of theoretical perspectives that aid understanding of child development and the complex needs of children who require alternative care. Sen (2018: 37) raises the importance of understanding development through different lenses and specifically highlights 'ecological theory, attachment theory, resilience theory and the social studies of childhood.' Wilkins, Shemmings and Corby (2012) also support the importance of an interdisciplinary approach and suggest that there are three broad theoretical approaches: psychological, social psychological, and sociological.

This multi-lens approach is vital because infants and young children are not a homogeneous group, nor is there one explanation about why alternative care is required. Furthermore, children unable to live with their parents may have experienced similar events but be impacted differently. For example, the nature of, duration and their age when the event took place, as well as the intervention method and alternative care provided by their specific country, all influence a child's holistic development.

Bioecological Theory of Human Development

The work of psychologist Bronfenbrenner is renowned for enabling a systematic approach to understand the complexities of the ecology of human development (Bronfenbrenner, 1979, 1992, 2005). His work has been influential not only in the United States but internationally and as Palacios (2009: 71) argued, there are three main areas that his work contributed to the research community: 'The Process–Person–Context–Time model, his proposal of a perspective named "ecology of human development" and the necessity of connecting research and social policy.'

The importance of his contributions has been widely acclaimed, not only for the contribution to psychology but also because of their transferability to other disciplines (Hamilton & Ceci, 2005; Lerner, 2005). His theoretical perspectives have been used to support understanding of other social phenomena, such as child abuse, adoption and the place of the child in the community (Jack, 2000, 2001a; 2001b; Palacios, 2009. Indeed, as Pierson (2008: 87) contended, 'The contemporary significance of the ecological model cannot be overstated. It has provided a major starting point for understanding the link between children and their community.' For example, his work has influenced the development of new ways of working with families most in need, including the Head Start program in the United States (Department of Health and Human Services, 2019). This program informed the former English Sure Start initiative (Department of Education and Skills,1999) and the Assessment of Need for Children and Families framework (Department of Health, 2000). This was subsequently renamed as the Common Assessment Framework () and is now called the Assessment Framework (Horwath, 2019).

His work focuses on the systems that impact on a child's development and are represented visually as concentric and interconnected circles, often referred to as nested systems. The child is at the center and their development is influenced by the proximity of the systems, known as the *meso, micro, exo and macro*, with which they interact. For those requiring alternative care, it provides a model that enables the infant or child's experiences to be understood in relation to these different systems. These include their family, community, alternative care arrangement and how policy at a State and international level influences the services that protect them.

As his work developed, he realized that the original configuration did not enable a full understanding of child development and he introduced the *Chronosystem*, which acknowledged changes over time that can disrupt or enhance a child's development. In the last phase of his work, he began to explore the impact of what he termed 'Chaos' and how events could disrupt a child's development (Bronfenbrenner, 2005; Lumsden, 2012). These

include changes in international and national policy, political ideology about intervening in family life, resources, war, natural disasters, the specific care trajectory followed by the child including the quality of alternative care and other events, such as frequent moves and placement breakdown.

The final configuration of his theory provides a useful framework for developing a deeper understanding of the reasons for and the impact of, alternative care on child development, in different global contexts. The *Chrono* and *Chaotic Systems* enable insights into how situations change over time and the effect of man-made events, like war and natural disasters on the life trajectories of children at different ages and stages in their lives.

Attachment Theory

Understanding the attachment relationship is the focus of considerable and ongoing psychological research and attachment theory and its complexities are well documented elsewhere (Bowlby, 1969, 1988; Balbernie, 2015, 2017). It is also an area where new insights are continually emerging that reinforce the importance of nurturing care and how children who have experienced trauma can be supported. Research into neurological and brain development, especially the 'plasticity' of the brain and how its structure is influenced by human interaction, is particularly relevant (Balbernie, 2013;; Shemmings & Shemmings, 2019).

For this chapter, it is important to recognize that different categories of attachment have emerged, that broadly fall into two areas, secure and insecure attachment. The ultimate goal is for all children to have access to caregivers where they develop a secure attachment that enables them to feel safe and secure and explore their world. Secure attachment is also identified as one of the characteristics linked to resilience, discussed in the next section. Infants and young children with secure attachment behaviors in early childhood, develop a secure base from which to explore and experience the world. The prime driver in infancy emerges from the biological (experience expectant) need to develop

relationships but how they develop is dependent on the experience (experience dependent). In other words, the verbal and non-verbal communication between the infant and their primary caregiver has a pivotal role (Center on the Developing Child, 2017).

It is important to note that researchers believe that regardless of cultural background there is a 60/40 divide between 'secure' and insecure' attachments behaviors (Shemmings & Shemmings, 2011; Wilkins et al., 2012). Furthermore, a review of evidence by Jane Barlow and colleagues (2016: 12) suggested that: '…only two thirds of children are securely attached, and that disorganised attachment has a prevalence of 15–19% in population samples; up to 40% in disadvantaged populations and as many as 80% in maltreated populations.'

For those infants and young children who are in alternative care, this data must be understood with caution as each child's situation is different. Their lived experience must be considered within the family and community systems in which they reside. Assumptions cannot be made that other adults in their meso or micro systems did not fulfil an important attachment role (Shemmings & Shemmings, 2019). Furthermore, assessing attachment is extremely complex and requires a multi-professional approach. As Daniel, Wassell, and Gilligan (2010: 25) argue, professionals working with children and families need to be skilled in 'Observation of cycles of behaviours between the child and care-giver, attachment behaviours and care-givers initiatives and responses … not only in assessing the nature and level of the child's security within their primary attachment relationships, but also in formulating work to protect the child from neglectful of abusive care-giving….' However, social care and early childhood workforce's globally have low levels of qualifications (Rebello Britto, Engle, & Super, 2013).

Resilience Theory

Resilience theory emerged from debates concerning attachment, vulnerability, and resilience. Learning from professional practice evidenced how some children, despite living in adversity, developed normally and others, once in alternative care, made considerable progress (Fonagy, Steele, Steele, Higgitt, & Target, 1994; Sen, 2018). Therefore, despite the ongoing knowledge about neurological and brain development, attachment, and the potential lifelong psychological damage of abuse and trauma, 'patterns of development are not deterministic' (Sen, 2018: 34). Young children are competent and have the right to a strengths-based approach to intervention. As Daniel et al. (2010) purport each unique child needs to be viewed as individuals with potential and that *protective factors*, including high-quality early childhood interventions, can promote resilience. However, their 'potential' is dependent on the systems and adults with whom they interact. Some of these will promote their potential, develop their resilience, and others may inhibit.

Consequently, those working alongside infants and young children requiring alternative care have a pivotal role in facilitating change. Research has evidenced that resilience is not a fixed trait, rather it is fluid, variable and has different components, Daniel et al., 2010; Shemmings & Shemmings, 2019). Consequently, infants and young children's outcomes can be influenced by strength-based intervention strategies that recognize the uniqueness of each infant and young child's experience and promote protective factors to enhance resilience.

It is also argued that nurture and nature play a role in developing resilience (Daniel et al., 2010; Shemmings & Shemmings, 2019). Nurturing care by at least one adult can make a difference in enabling infants and young children develop the characteristics that 'resilient' children and adults appear to draw on three main areas, attachment, self-esteem and self-efficacy. In turn, these enable people to develop self-confidence, believe they can make a difference, and develop a range of strategies to enable them to problem solve.

In summary, this section has introduced three theoretical perspectives that aid understanding of the systems in which a child develops. All provide frameworks that facilitate understanding of the specific context of a child requiring alternative care and the intervention methods that can promote their holistic development and influence long-term outcomes. The rest of this chapter will draw on these to explore policy and alternative care provision in greater depth.

YOUNG CHILDREN'S RIGHTS TO PROTECTION AND PARTICIPATION

The UNCRC contains several Articles that are specifically pertinent to children who need protection, the quality of the care and services they should be provided with, and their right to be involved in decision making. There are also country-specific laws to protect children, for example, the Children Act (1989) (Legislation.Gov.UK, 2019), in England and Federal Law No 3 (Wadeema's Law) (UAE, 2016) in the United Arab Emirates. Global policies include the Sustainable Development Goals (UN, 2015).The goals focus on issues that directly or indirectly impact of childhood, including '…ending multi-dimensional poverty and violence in all its forms, to ensuring universal access to quality education, health, social protection, employability support, birth registration and other vital services' (SOS, 2017a: 3). These are all issues that affect infants and young children who need alternative care.

The rights of children to know and be cared for by their parents is addressed in Article 7 of the UNCRC. Article 9 comprises of four sections relating to the relationship between children and their parents and how the law should be used to intervene. It specifically indicates that children should not be separated from their parents against their will unless it is in their best interests. Article 19 also states that children have the right to stay in contact with both parents unless deemed to be harmful. If intervention is required and children need to live away from their parents for protection, Articles 19 and 39 discuss

safe caregivers, alternative environments that meet all their needs, and that they receive appropriate interventions to facilitate their recovery from the events they had experienced.

Article 12 of the UNCRC stresses the importance of a child's right to be heard and that their views are given serious consideration. This includes participation in legal or administrative processes and identifies that age and maturity of a child that needs to be taken into consideration. Article 12 is also relevant for those working with infants and young children as consideration needs to be given to how the views of the world's youngest citizens can be ascertained. Early childhood is a period of rapid holistic development, where infants develop from being pre-verbal, with total dependence on the adults around them, to being able to communicate, become mobile and take greater levels of responsibility for themselves. This means that infants and young children are particularly vulnerable, and their experiences within the family can be invisible to others. The adults parenting or working alongside infants and young children need to understand the different ways in which they communicate verbally and non-verbally. They also need to appreciate how adverse experiences impact on development and behavior. In other words, 'hearing' infants and young children, and taking their views in into consideration, is a complex, skilled task.

For those infants and children that require alternative care, Article 20 has guidance on the protective and alternative care services the State should provide. This includes due attention being given to the child's culture, language, ethnicity, and religion. For those infants and young children placed in alternative care, Article 25 recognizes the importance of their situation being reviewed regularly. For some children, adoption is an alternative and Article 21 provides extensive guidance on lawful adoption.

Despite the international policy focus on protecting children, ensuring they have the appropriate support and services, protecting infants and children is complex. Countries that have ratified the UNCRC are still failing children that are the most in need of protection

and high-quality provision. As UNICEF (2019b) suggest, 945 million children live in areas where the Sustainable Development Goal targets, especially those concerned with protection, will not be met. The Covid 19 pandemic that swept the world in 2020 can only exacerbate this figure (UNICEF, 2020b).

The SOS (2017b) report on the care of children reinforces the complexities of protecting children and understanding the lived experiences of those who need alternative care. For example, 49.5 per cent of the world's children live in Asia, yet not all births are registered (Flagothier, 2016). It is also difficult to know the exact whereabouts of all children '…many other children living outside of parental care remain unaccounted for in Asia. For example, trafficked children, children living in brothels, children recruited by armed forces and armed groups, independent child migrants, and other unaccompanied and separated children' (Flagothier, 2016: 14).

While there are multiple unknowns about the numbers, whereabouts, and quality of alternative care, there is considerable evidence about the reasons why children need protecting and the impact of trauma on child development. Research highlights that child abuse, family violence, parent's inability to meet their children's evolving needs, war and conflict, natural disasters and epidemics are key factors why children and young people need protecting globally (UNICEF, 2017, 2018 Sen, 2018). According to UNICEF (2017), nearly 300 million children aged 2–4 experience violent discipline by their caregivers and one in four children live in families where their mothers are abused by their partners. Furthermore, abuse is not restricted to their families, it can occur in early childhood centers, schools and the wider community as well as online. Children also require alternative care because of the death of one or both of their parents, a situation particularly challenging for communities where HIV and AIDS are prevalent (UNICEF, 2016). Additionally, for those living in communities typified by war and conflict, there are other humanitarian challenges (UNICEF 2018; 2019a; WHO 2018). It is estimated that over 75 million children under the age of five live in areas of conflict and 'In the worst cases, children are at risk of immediate

harm from targeted and indiscriminate attacks, as well as abuses such as sexual and gender-based violence, abduction and recruitment into armed forces and groups' (UNICEF, 2019a: 2).

Early experiences of violence, whether in the family of the communities in which infants and young children live, can negatively impact on their holistic development across the life course. There is an ever-growing literature base on, what has become termed as Adverse Childhood Experiences (ACES) (Burke Harris, 2018; Black et al., 2017; Center on the Developing Child, 2016), and the critique of them (Lumsden 2018; Walsh, McCartney, Smith, & Armour, 2019). The original work in this area was by Felitti and colleagues (1998), who identified ten types of ACEs that could impact on a child's development, including all types of abuse, domestic violence and substance misuse by parents. For those experiencing multiple adverse experiences, the probability of experiencing health and social and emotional issues across the life course is heightened. In fact, for all children growing up in dangerous environments, the impact on the physiology of the body can be immense, and for those children living in extreme poverty and areas of war and conflict, the challenges can be more complex:

> When children grow up in conflict, their physical scars are easy to see. Their mental scars are hidden and take longer to heal. Toxic stress from experiencing or witnessing traumatic events can have a devastating impact on children's learning, behaviour, and emotional and social development. And the longer a violent conflict lasts, the deeper its impact will be. (UNICEF, 2019: 2)

One of the huge challenges for protecting infants and young children is the fact that abuse usually takes place in the privacy of the home environment, by the adults who are meant to care for them, and on whom they are reliant (Lumsden, 2018). Therefore, as General Comment 7 (UNICEF, 2006) rightly highlights, infants and young children need enhanced levels of protection because of their vulnerability. Moreover, governments have a responsibility not only

to safeguard but to take '… positive steps to support their recovery from trauma while avoiding stigmatization for the violation they have suffered' (UNICEF, 2014: 16). Understanding this complexity is crucial in appreciating the quality of alternative care infants and young children require, whether in the short, medium or long term. However, it is important to note here that even in high-income countries the social care and early childhood workforce is typified by low levels of qualifications and poor working conditions including low status and pay.

ALTERNATIVE CARE

This section is specifically concerned with exploring the nature and complexities of alternative care for those children who are unable to live with their birth parents. Petrowski, Cappa and Gross (2017) highlight that alternative care provision is influenced by each country's history of caring for children in need of protection and societal views. For example, in the twentieth century, Russia and Central and Eastern Europe viewed children who needed protection as a problem and institutional care emerged as the prominent alternative care provision. Today, families in these countries who experience social and economic challenges, see institutional care for their children as a positive alternative. This is different from many African communities where bringing up children is a shared practice between 'parents, extended family and the larger community' (Petrowski et al., 2017: 391). Kinship care is therefore strong in these communities. However, this tradition is finding that specific issues such as HIV, war, and conflict and economic and financial instability as well as extremes of poverty have meant that extended families and communities cannot meet all the needs and the number of institutions has grown (UNICEF, 2014).

The thresholds for alternative care also vary globally. Each country has its own perspectives about intervening in family life and corporal punishment. There are also gender inequalities and different approaches and priorities concerning child protection policies and procedures (Fox-Harding, 1997; Lumsden, 2019; SOS, 2017b; Eurochild, 2019a). Additionally, in countries that have developed fostering services such as England

and the United States, the context of individual circumstances may mean that high-quality residential care provides a more therapeutic environment for older children and young people (Allen & Vacca, 2011).

In England, the Children Act 1989 (Legislation.Gov.UK, 2019), makes it clear that alternative care should only be used as a final act. Wherever, possible children should remain in the care of their biological family with support or live with a member of their wider family (Kinship care). If they are placed in alternative care, which in England is usually a foster home, the focus is on reuniting them with their family. Most children do return home and it is only where this is not a possibility that they remain in long-term care or are placed for adoption (Neil, Hodson, & Taylor, 2019). The latter tends to be for the infants and young children who cannot return to live with their birth family and is most frequently used for those aged 0–2 (Neil et al., 2019).

In countries with embedded systems of foster care, the nature of the foster placement is classified by the length of time the child is likely to need alternative care and the specific purpose of the placement (Thoburn, 2007, 2010; Hill, 2014; Baginsky, Gorin, & Sands, 2017). Table 39.1 provides the definitions of the British Government (Gov.UK, 2019) which reflect the research findings of Rowe and Garnett (1989) into different types of foster care placements. They also reflect the breadth of foster care placements in the United States (Maluccio, 2006).

[TS: Insert table 39.1 here]

As previously highlighted, it is only possible to roughly estimate how many children are in which type of alternative care (Aber, Biersteker, Dawes, & Rawlings, 2013; SOS, 2017a). Work to redress this has been undertaken by Petrowski et al. (2017) who reviewed formalized institutional and foster care country data from 142 countries. The review reinforced that a child's social and emotional development is further adversely affected by institutional care in comparison to poor quality foster care. The countries where

institutional care was most prevalent were in Central and Eastern Europe and the Commonwealth of the Independent States that include Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. However, this needs to be understood in relation to their history and societal views about institutional care previously highlighted.

More recently UNICEF (2020a) has developed a toolkit to support countries to gather the data to support a shift from institutional care for children. The Eurochild *Opening Doors* project (2009) also addresses this issue and aims to drive change for children and others requiring alternative care in Europe, from institutions to community care (Eurochild, 2019a). They define community care as '…a spectrum of services that enable individuals to live in the community such as housing, healthcare, education, employment and specialised services, such as personal assistance for persons with disabilities and family-based or family like care for children' (Eurochild, 2019a: 1).

The report by the European Expert Group on the Transition from Institutional to Community-based Care (Eurochild, 2019a), that reviewed the progress of 19 countries, highlight that while progress has been made across Europe, there is considerably more work to be undertaken. For example, they state that in the Czech Republic 'Institutional care also prevails in providing out-of-home care for children 0–3 years, thus violating the rights of the child' (Eurochild, 2019a: 3). Greece still has failed to implement clear processes to move forward this agenda and in Belgium, nearly 13,000 children, mainly with disabilities, are living in institutions, including infants (0–3 years old). These include '5,583 children in institutional care in the French community … 372 children are between the age of 0–3; this figure, however, excludes 300 babies and children that live in hospitals. There are 7,917 children in institutional care in Flanders of whom … 466 are children below the age of five' (Eurochild, 2019b: lines 10–14).

In Croatia, the number of children under the age seven living in institutional care is on the increase, mainly because of a lack of State support in this area (Eurochild, 2019c), while Spain ensures children under the age of six are in family-based care, yet they still do not have a national strategy for a family and community-based care system (Eurochild, 2019d).

Outside Europe, institutional care appears to be the main system in a range of countries. According to SOS (2017b: 6) who estimate that 8 million children are 'living in alternative care are thought to be in unregistered institutions.' However, developing systems that protect children's rights to provision and protection and providing high-quality preventive family support, is incredibly challenging when many communities are '…facing downward spirals of poverty, poor health, violence, exploitation, and despair, placing strains on state welfare budgets and global development efforts' (SOS, 2017b: 3).

IMPLICATIONS FOR PRACTICE

Despite the UNCRC and the extensive research into the impact of institutional care, attachment, resilience, brain development and early trauma and abuse, there is no dominant approach globally to alternative care. The work of UNICEF and other organizations, such as SOS (2017a; 2017b) and Eurochild (2019a) reinforce the continued lack of data, the ongoing use of institutional care for very young children, as well as the fact that the fate of so many living away from their parents is invisible. This situation reinforces that call from UNICEF (2020a) that governments need to strengthen their data so that they can improve their protection work with children and work toward redressing the numbers in institutional care.

There is marked inequality in the lives of children requiring alternative care experiences depending on where they live, the discrepancies between low, medium, and high-income countries are marked. Yet, the use of institutional care, for very young children, is still an issue in countries that fall within the high-income bracket (Eurochild,

2019a). However, shifting practice continues to be problematic and is systematic of broader and deeper issues concerning how children in the early childhood period are viewed in different societies and cultures.

This situation is compounded by global differences in how Early Childhood Development Policies, including how those for social protection, are developed and implemented (Aber et al., 2013). It is difficult to obtain exact data about the lived experiences of all children globally (UNICEF 2017), though Ulkuer and Sherrod (2013: xii) suggest that 'Over 200 million children under 5 years fail to achieve their full potential due to challenges such as undernutrition, poor health, environmental toxins, and lack of opportunity for learning and responsive care.' It is very unlikely that this will change dramatically over the coming years, despite the Sustainable Development Goals (UN, 2015). Consequently, policy makers and those working in the sector must understand the full range of adversity faced by infants and young children and how these can change across the life course. It is crucial that the role of early childhood policy in mediating adversity is not only recognized but acted upon (Rebello Britto et al., 2013).

Improving family support in the perinatal period and beyond, should serve to reduce the numbers requiring care outside the family. For those that do need alternative care, provision should be able to meet their complex needs. This not only requires data about the numbers and experiences of children but a highly qualified professionalized workforce, that is graduate-led and embraces continual professional development. Research is constantly expanding our knowledge of the importance of the earliest years and practitioners, professionals and foster carers working alongside children and families need to keep abreast of these. However, this continues to be aspirational. Even in high-income countries the social care and early childhood workforce is typified by poor working conditions.

In a complex and challenging world, the UN through the UNCRC has a vital role in recognizing good practice. However, they also need to ensure that they hold countries to account that systematically fail to address the protection and provision for the world's youngest citizens. All children need to be visible and their rights enshrined in the UNCRC prioritized.

SUMMARY

This chapter has addressed some of the challenges for the world's youngest citizens who need alternative care. The core thread is that runs through this chapter is that the global community is failing those children most in need of protection and high-quality services. Despite the Articles that address alternative care in the UNCRC, data is insufficient. Organizations can only estimate the millions of children who require protection, many remain invisible and practice is variable. The factors for this reflect the history and societal expectations of different countries as well as the wider issues being grappled with, depending on whether you are in a low, medium, or high-income country.

The different theoretical lenses presented provide frameworks for both understanding the issues and developing positive interventions. However, despite all the research and practise wisdom about the potential impact of adverse experiences including trauma, abuse, conflict, war, domestic abuse, lack of an attachment figure, separation, and social, economic and health infrastructures, across the life course, translating this into policy and practice appears to require a paradigm shift. Change is happening and the inclusion of early childhood development in the Sustainable Development Goals, as well as the importance of addressing violence to children and women, poverty, health, and education, provides a positive platform to ensure that the voices and rights of those who need alternative care remain firmly on the agenda.

For all studying and working in this area it is important to appreciate that high-quality intervention can and does make a difference to infants and young children. Experiences such as early deprivation, trauma, and abuse does not have to mean that development is irreversibly impeded. We can make a substantial difference by ensuring that support for families is prioritized in all countries to prevent the need for alternative care. For infants and young children for whom alternative care is the only option, their right to the highest levels of protection and provision needs to be recognized by all. Those working alongside them or developing the policies and allocating resources always need to remember that 'History is *not* destiny' (Fonagy et al., 1994: 234).

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