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Independent functioning of adults with moderate and severe intellectual disabilities in L'Arche Homes and residential care homes

Samodzielność dorosłych osób z głębszą niepełnosprawnością intelektualną w domach L'Arche i w domach pomocy społecznej

Abstract

The purpose of this study was to examine the extent to which adults with moderate and severe intellectual disabilities perceive themselves as independent, the degree to which they exercise this independence in everyday life, and whether these perceptions differ depending on their living environment. The research involved 31 residents of L'Arche homes (M = 46.41; SD = 7.46) and 40 residents of three residential care homes (M = 46.00; SD = 13.88). A diagnostic survey method was applied using an author-designed *Interview Questionnaire for Adults with Intellectual Disabilities*. Data analysis indicated that residents in both settings rated their independence relatively high. However, differences emerged in relation to specific activities. Residents of residential care reported greater independence in performing basic self-care tasks compared to those living in L'Arche homes, whereas L'Arche residents demonstrated a significant advantage in carrying out more complex activities.

Keywords: adults with profound intellectual disabilities, independence, L'Arche homes, residential care homes

Streszczenie

Celem badania było ustalenie, w jakim stopniu dorosłe osoby z głębszą niepełnosprawnością intelektualną czują się samodzielne i w jakim stopniu realizują tę samodzielność w codziennym życiu oraz czy jest ona różnicowana przez rodzaj zamieszkiwanego środowiska. Badaniami objęto 31 mieszkańców domów L'Arche (M = 46,41; SD = 7,46) oraz 40 osób z trzech domów pomocy społecznej (M = 46,00; SD = 13,88). Posłużono się metodą sondażu diagnostycznego i wykorzystano autorski

Kwestionariusz wywiadu z dorosłą osobą z niepełnosprawnością intelektualną. Na podstawie analizy danych skonstatowano, że mieszkańcy obu środowisk wysoko oceniają swoją samodzielność. Różnice pojawiają się w odniesieniu do konkretnych czynności. Pensjonariusze domów pomocy społecznej deklarują większą samodzielność w odniesieniu do podstawowych czynności samoobsługowych niż osoby żyjące w domach L'Arche, ale w przypadku bardziej skomplikowanych aktywności mieszkańcy domów L'Arche mają istotną przewagę.

Słowa kluczowe: dorosłe osoby z głębszą niepełnosprawnością intelektualną, samodzielność, domy L'Arche, domy pomocy społecznej

Introduction

The independence of adults with intellectual disabilities (ID) is one of the key issues in contemporary special education. In recent decades, alongside social transformations, changes in approaches to disability, and Poland's ratification of the Convention on the Rights of Persons with Disabilities in 2012, awareness of the need to support these individuals toward the greatest possible independence and social participation has increased. Independence – understood as the ability to carry out daily tasks with limited support – has become one of the most important educational and therapeutic goals in working with individuals with moderate and severe ID. The literature increasingly emphasizes that independence does not imply complete self-sufficiency, but rather the capacity to function based on one's own abilities with support tailored to the individual's needs.[1]

The concept of independence

The concept of independence occupies an important place in pedagogy, psychology, and the educational sciences, particularly in special education. It is understood both as a personality trait and as a developmental process that leads individuals toward increasing independence and responsibility for their own actions. In Irena Mudrecka's approach, independence refers to an individual's ability to regulate their behaviour and function in everyday situations. It encompasses not only the performance of basic activities but also the ability to cope with the demands of daily life based on one's own capacities, while simultaneously making use of appropriate support from the surrounding environment. From a psychological perspective, independence is linked to the concepts of self-regulation and life competencies. According to Self-Determination Theory proposed by Richard Ryan and Edward Deci,[2] the development of independence

[1] M.L. Wehmeyer, S.B. Palmer, *Adult outcomes for students with cognitive disabilities three years after high school: The impact of self-determination*, "Education and Training in Developmental Disabilities" 2003, No. 38(2), pp. 131–144.

[2] E.L. Deci, R.M. Ryan, *The "What" and "Why" of Goal Pursuits: Human Needs and the Self--Determination of Behavior*, "Psychological Inquiry" 2000, No. 11(4), pp. 227–268.

arises from the need for autonomy, understood as the striving to be the agent of one's own actions. Independence thus constitutes the practical dimension of this need – it manifests itself in concrete decisions and behaviours undertaken in everyday life.

The literature identifies several dimensions of independence: the cognitive dimension concerns the ability to solve problems, assess situations, and anticipate the consequences of actions; the emotional-motivational dimension is associated with self-esteem, a sense of agency, and responsibility for decisions made; the social dimension, in turn, is manifested in the ability to assume social roles, cooperate with others, and respect the principles of communal life; finally, the practical dimension encompasses everyday life skills, including self-care, spatial orientation, money management, and the performance of household tasks.[3]

The independence of individuals with ID is relative in nature, as it is closely linked to the scope of environmental support.[4] It is not equated with complete independence, but rather with the ability to undertake actions and carry out everyday tasks in accordance with one's own capabilities. Beata Cytowska[5] points out that, in this perspective, independence denotes the capacity to function within the social environment with support provided, yet without total dependence on other people. At the same time, the significant role of the environment – both familial and institutional – is emphasized in creating conditions conducive to the development and maintenance of independence, which may either foster or limit its development.

Developing independence does not entail the withdrawal of support, but rather a change in its nature – from substitutive to supportive. The literature emphasizes that the goal of interventions is not to make a person with a disability independent of others, but to create conditions that enable active participation in social life and decision-making in accordance with one's own capabilities.[6]

In conclusion, independence constitutes both a goal and a key indicator of the effectiveness of support provided to individuals with ID. It is not limited solely to the ability to perform specific tasks, but also encompasses an attitude of responsibility, agency, and active participation in social life. Contemporary approaches in special

[3] I. Mudrecka, *Samodzielność* [in:] *Encyklopedia pedagogiczna XXI wieku*, Vol. 5, ed. T. Pilch, Warszawa 2006, pp. 597–601.

[4] R.L. Schalock, I. Brown, R.A. Cummins et al., *Conceptualization, measurement, and application of quality of life for persons with intellectual disabilities*, "American Journal on Mental Retardation" 2002, Vol. 107, No. 6, pp. 457–470.

[5] B. Cytowska, *Dorosłość z perspektywy osób z głębszą niepełnosprawnością intelektualną – wątki emancypacyjne*, "Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2019, No. 34, pp. 159–175.

[6] J. Głodkowska, *Być podmiotem i stawać się autorem swojego życia – paradygmat wsparcia w przygotowaniu osób z niepełnosprawnością do budowania własnej tożsamości i wzbogacania dobrostanu*, "Człowiek – Niepełnosprawność – Społeczeństwo" 2014, No. 4, pp. 9–44; M. Gołubiew-Konieczna, *Wspieranie osób z głębszą i głęboką niepełnosprawnością intelektualną i ich rodziców w drodze przez całe życie na przykładzie działalności Polskiego Stowarzyszenia na rzecz Osób z Upośledzeniem Umysłowym, koło w Gdańsku*, "Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2016, No. 24, pp. 169–182.

education assume that every person – regardless of the degree of disability – has the right to develop their independence and to participate in social life in a manner appropriate to their abilities and with appropriate support provided.[7]

Independence and autonomy: Relationships and differences

The concepts of independence and autonomy are often used interchangeably; however, the literature points to important differences between them. In psychology, autonomy refers to the capacity for self-governance based on one's own values and beliefs, as well as the freedom to make decisions.[8] It is an intrinsic need, rooted in a sense of agency, independence, and the alignment of undertaken actions with one's own goals. In pedagogy, by contrast, autonomy is often conceptualized as one of the key aims of education, signifying the capacity for self-directed learning, personal development, and decision-making within prevailing social norms and relationships with others.[9] By contrast, independence refers to the practical aspect of functioning – the ability to perform activities and tasks without the direct assistance of others. Thus, autonomy can be said to concern motivation and decision-making, whereas independence relates to action and execution. The two concepts are, however, interrelated: the development of independence fosters the strengthening of autonomy, while the experience of autonomy motivates individuals to undertake independent actions.[10]

Contemporary pedagogical concepts move away from viewing independence as complete self-sufficiency, emphasizing its relational nature – an individual becomes autonomous in relation to others, within an environment that supports their right to make choices and take responsibility.[11] Supporting the independence of adults with ID does not involve isolating them, but rather enabling them to make choices, even if this requires assistance in understanding the consequences of their decisions.

Independence of adults with more severe intellectual disabilities

Developing independence in adulthood is one of the primary goals of rehabilitation and lifelong education for individuals with moderate and severe ID. This process is associated with a shift in the social perception of disability – from

[7] B. Cytowska, *Dorosłość z perspektywy*…, pp. 159–175; R.L. Schalock et al., *Intellectual Disability: Definition, Classification, and Systems of Supports*, Washington, D.C. 2010, pp. 1–23, 45–67.

[8] E.L. Deci, R.M. Ryan, *The "What" and "Why"*…, p. 245.

[9] *Ibidem*; J. Swędrak, *O autonomii w pedagogice*, "Studia Sieradzana" 2014, No. 5, pp. 22–34.

[10] M.L. Wehmeyer, S.B. Palmer, *Adult outcomes*…, pp. 131–144.

[11] D. Podgórska-Jachnik, *(Nie)pełnosprawność a (nie)samodzielność w kontekście autonomii relacyjnej*, "Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2018, No. 32, pp. 59–75.

a care-based model, centred on control and dependency, to a supportive model that promotes participation, responsibility, and the right to make decisions. Just two decades ago, individuals with moderate and severe ID were largely deprived of opportunities for independent functioning – their life decisions were made by parents, teachers, or caregivers. Today, there is a growing awareness among both professionals and families, with individuals with ID increasingly recognized as full--fledged citizens, capable of personal development and active social participation.

Cytowska points out that fostering the independence of adults with ID is the responsibility of both the family environment and social support institutions, and that this process has a socio-institutional dimension.[12] In Poland, two types of environments play a particularly important role in this regard: L'Arche communities (Ark) and residential care homes (RCH). L'Arche communities operate on the principle of partnership – individuals with disabilities live together with assistants, sharing responsibilities and daily life. This model fosters the development of independence within relationships, through practical participation in community life: cooking, cleaning, organizing time, and, above all, co-deciding on everyday matters. Here, independence is understood relationally – as the capacity to co-create the community based on one's own abilities and will.[13]

The situation in residential care homes is often more complex. The institutional nature of these facilities – while providing safety and care – can limit the scope for practicing independence. Organizational decisions, schedules, and regulations frequently result in residents functioning under conditions of structural dependency, a phenomenon often referred to as the institutionalization of daily life. However, contemporary standards of practice in RCH increasingly promote the creation of so-called supportive micro-environments, in which residents can make minor decisions, participate in daily planning, co-organize activities, or influence the appearance of their surroundings.

In both L'Arche communities and RCH, the development of independence among individuals with ID largely depends on the attitude of caregivers – specifically, their ability to balance between providing support and overprotectiveness. As Jami Petner-Arrey and Susan Copeland[14] emphasize, fostering independence requires courage and trust: excessive protection can lead to passivity and a diminished sense of agency and responsibility.

Contemporary research confirms that individuals with more severe ID – despite cognitive limitations – demonstrate a need for independence and strive for active

[12] B. Cytowska, *Dorośli z niepełnosprawnością intelektualną w labiryntach codzienności. Analiza badań, krytyka podejść, propozycje rozwiązań*, Toruń 2011.

[13] J. Vanier, *Community and Growth*, London 2014, pp. 87–104.

[14] J. Petner-Arrey, S. Copeland, „*You have to care." Perceptions of promoting autonomy in support settings for adults with intellectual disability*, "British Journal of Learning Disabilities" 2015, No. 43(1), pp. 38–48.

participation in social life. The development of these competencies, however, depends on an environment that supports learning through action, reinforces positive behaviours, and fosters collaborative relationships with supporting individuals.[15]

Research problems

1. Is there a difference in self-assessed independence among adults with moderate and severe intellectual disabilities depending on the type of residence (L'Arche community vs. residential care home, RCH)?
2. To what extent are individuals with moderate and severe intellectual disabilities independent? And is their independence influenced by the type of residential environment?

Method, research tool, and research procedure

The study utilized a diagnostic survey method, employing a direct standardized questionnaire interview (PAPI – Paper Assisted Personal Interview). The *Interview Questionnaire for Adults with Intellectual Disabilities*[16] comprised 33 items covering daily life, sense of safety, interpersonal relationships, autonomy, and personal development. Most items were closed-ended, using either a four-point scale (1 – No, 2 – Rather No, 3 – Rather Yes, 4 – Yes) or a dichotomous Yes/No scale, with supplementary open-ended questions for elaboration. The instrument demonstrated acceptable reliability, with a Cronbach's alpha of 0.68.

The team of interviewers consisted of individuals with experience working with people with ID and who were appropriately trained. Participation in the study was voluntary; participants were informed about its purpose, the confidentiality of their responses, and their right to withdraw at any time.

The empirical data were analyzed using Statistica 13.3. While these results are part of a larger research project reported in the monograph *Selected aspects of the quality of life of adults with moderate and severe intellectual disabilities* (2024), the present article adds value by providing an in-depth analysis of independence among adults with moderate and severe ID residing in residential care homes (RCH) and L'Arche communities. Statistical analyses, including the Mann–Whitney U test and chi-square test, were conducted to identify significant differences between groups, a procedure not applied in the original monograph. A significance level of $p < 0.05$ was adopted.

[15] M.L. Wehmeyer, S.B. Palmer, *Adult outcomes for*…, pp. 131–144; D. Podgórska-Jachnik, *(Nie) pełnosprawność a (nie)samodzielność*…, pp. 57–71; I. Dimitriadou, *Independent living*…, pp. 153–159.

[16] A. Franczyk, W. Kurcz, *Wybrane aspekty jakości życia dorosłych osób z głębszą niepełnosprawnością intelektualną*, Opole 2024, pp. 143–145.

Characteristics of the study group

The study included 71 adults with ID, classified as moderate (18.3%) or severe (81.7%), aged 23 to 68 years (M = 46.19; SD = 11.25), including 43 women (60.6%) and 28 men (39.4%). The sample was non-randomly selected. Participants were individuals capable of independently responding to questions posed during the direct standardized questionnaire interview.[17]

Table 1. Level of intellectual disability among adults with moderate and severe intellectual disabilities by type of residence

Degree of disability	Residents of residential care homes		Residents of L'Arche communities		Total	
	N	%	N	%	N	%
Moderate	10	25.0	3	9.7	13	18.3
Severe	30	75.0	28	90.3	58	81.7
Total	40	100.0	31	100.0	71	100.0

Source: Authors' own elaboration.

Table 2. Sex of adults with moderate and severe intellectual disabilities by type of residence

Type of residence	Female		Male		Total	
	N	%	N	%	N	%
Residential care homes	24	55.8	16	57.1	40	56.3
L'Arche community	19	44.2	12	42.9	31	43.7
Total	43	100.0	28	100.0	71	100.0

Source: Authors' own elaboration.

More than half of the respondents (56.3%) were residents of three residential care homes (RCH) located in the Opole Voivodeship, while the remaining 43.7% were residents of seven L'Arche communities operating in Poland. The average age of respondents in both groups was 46 years.

Results

The first step was to determine whether there were differences in self-assessed independence between residents of residential care homes (RCH) and residents of L'Arche communities. The data are presented in Table 3.

Based on the data analysis (Table 3), it can be concluded that both residents of residential care homes (RCH) and residents of L'Arche communities rate their independence similarly and relatively high. No statistically significant differences

[17] *Ibidem*, p. 9.

were observed between the groups ($p > 0.05$). Respondents were also asked about the tasks they are able to perform independently (Figure 1).

Table 3. Results of the Mann-Whitney U Test comparing residents of residential care homes and L'Arche communities in terms of perceived independence

Question	Residents of residential care homes (N = 40)			Residents of L'Arche communities (N = 31)			Z	p
	M	Me	SD	M	Me	SD		
Do you feel independent?	3.53	4	0.78	3.48	4	0.99	–0.251	0.802

M – mean, Me – median, SD – standard deviation

Source: Authors' own elaboration.

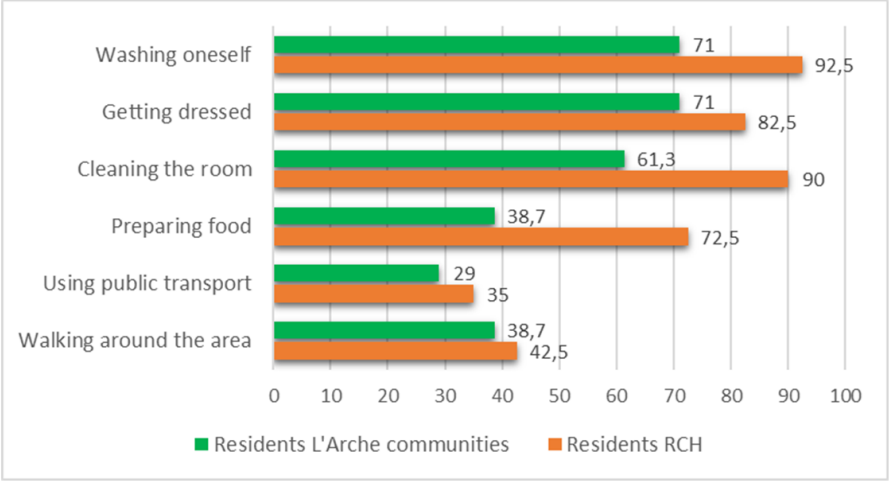

Figure 1. Self-reported abilities of adults with moderate and severe intellectual disabilities regarding tasks they can perform independently

Source: Authors' own elaboration.

Table 4. Self-reported responsibilities of adults with moderate and severe intellectual disabilities by type of residence

Do you have any daily responsibilities?	Residents of residential care homes		Residents of L'Arche communities		Total	
	N	%	N	%	N	%
Yes	30	75.0	29	93.5	59	83.1
No	10	25.0	2	6.5	12	16.9
Total	40	100.0	31	100.0	71	100.0

$Chi^2 = 4.28$, $df = 1$, $p = 0.04$

Source: Authors' own elaboration.

Analysis of the results illustrated in Figure 1 indicates that residents of residential care homes (RCH) more frequently than residents of L'Arche communities reported being able to bathe, dress, and clean their rooms independently. These skills were declared by the vast majority of RCH residents and by three-quarters of L'Arche community members. Most RCH residents (72.5%) reported being able to prepare meals, compared to 38.7% of L'Arche community members. Activities performed significantly less frequently in both groups included using public transportation and walking independently around the neighbourhood.

Three quarters (75%) of residents of residential care homes reported that they have responsibilities, whereas in the group of L'Arche community residents, the vast majority (93.5%) did. The results of the chi-squared test indicate a statistically significant association between having responsibilities and the type of living environment ($\chi^2 = 4.28$; $p = 0.04$). Individuals with ID were asked: *What do you do? What responsibilities/shifts do you have?* The following statements were noted: *I help fold laundry into the wardrobe, I clean my room, I clean the stairs* (RCH, F, 25); *I peel potatoes, set out plates, put plates in the machine and put them away in the cupboard. I have a lot of work* (RCH, M, 61); *I wipe the tables on Thursdays, and sweep the floor on Saturdays* (RCH, M, 46); *In the kitchen – I prepare plates, wash pots* (RCH, M, 52); *I clean the corridor, in the dining room I arrange plates and cutlery* (RCH, F, 51); *According to the schedule: household, prayer, cleaning, bringing vegetables and fruits from a friendly foundation* (L'Arche, M, 31); *Collecting dishes after lunch, operating the dishwasher* (L'Arche, M, 41); *Cleaning common areas and my own room (e.g., mopping the floor), laundry, ironing, washing dishes* (L'Arche, F, 52); *I put dishes in the dishwasher, mop the floor, pray* (L'Arche, M, 47). In summary, in both groups, there are shifts assigned according to a set schedule.

Table 5. Declarations regarding shopping among adults with moderate and severe intellectual disabilities by type of residence

Do you go shopping?	Residents of residential care homes		Residents of L'Arche communities		Total	
	N	%	N	%	N	%
Yes	22	55.0	27	87.1	49	69.0
No	18	45.0	4	12.9	22	31.0
Total	40	100.0	31	100.0	71	100.0

$Chi^2 = 8.41$, df = 1, $p = 0.004$

Source: Authors' own elaboration.

Among residents of residential care homes, slightly over half (55%) reported that they do shopping, whereas in L'Arche communities this percentage was significantly higher, at 87.1%. Residents of L'Arche communities engage in this activity significantly more often than residents of residential care homes ($\chi^2 = 8.41$; $p = 0.004$).

Table 6. Results of the Mann-Whitney U Test comparing residents of residential care homes and L'Arche communities in terms of meal preparation

Question	Residents of residential care homes (N=40)			Residents of L'Arche communities (N=31)			Z	p
	M	Me	SD	M	Me	SD		
Do you participate in preparing your own meals?	1.85	1	1.25	3.16	4	1.21	–3.864	< 0.001

Source: Authors' own elaboration.

Analysis of the results of the group differences test regarding meal preparation indicates that residents of L'Arche communities (M = 3.16; Me = 4) participate in preparing meals for themselves to a significantly greater extent ($p < 0.001$) than residents of RCH (M = 1.85; Me = 1). Respondents were also asked which tasks they perform independently. The following statements were recorded: *Sometimes I make jelly or pudding. The staff prepares the food, but I serve myself, except for soup because it's hot* (RCH, F, 45); *I make sandwiches on my own* (RCH, F, 63); *Only sandwiches; I can get cold cuts from the canteen and make sandwiches in the kitchenette myself, I also make tea* (RCH, F, 46); *I often prepare my own breakfast, help with cooking lunch, and sometimes make salads* (L'Arche, F, 43); *In the morning I prepare breakfast for myself and help prepare it for those who get up later* (L'Arche, F, 50); *I set the table, sometimes peel or cut something* (L'Arche, M, 50). Analysis of other statements shows that in RCH, staff often perform all the tasks. In contrast, in L'Arche communities, residents are actively involved in preparing meals for the entire community.

Summary

In seeking an answer to the question, *Is there a difference in self-assessed independence among adults with moderate and severe intellectual disabilities depending on the type of residence?*, it was found that both residents of RCH and residents of L'Arche communities rate their independence similarly and relatively high. However, clear differences were observed with regard to specific activities. Residents of RCH reported higher levels of independence in bathing, dressing, and cleaning their rooms than individuals living in L'Arche communities. This is likely facilitated by the structure and organization of institutional care, which requires greater self-reliance in daily tasks due to the relatively low staff-to-resident ratio. These differences may also be explained by the fact that L'Arche communities included a slightly higher proportion of residents with severe intellectual disabilities (95%) compared to the RCH included in the study (75%). Nevertheless, it cannot be conclusively stated that residents of RCH are more independent than those living in L'Arche communities. This may be true for basic self-care activities, but

for more complex tasks – such as performing daily responsibilities, preparing their own meals, or going shopping – residents of L'Arche communities appear to have a significant advantage.

The results obtained confirm the importance of the residential environment for the level of independence and activity of adults with moderate and severe ID. They align with a broad body of research examining the role of the living environment in shaping independence. According to Michael Wehmeyer and Sheryl Palmer,[18] as well as Robert Schalock and colleagues,[19] the independence of individuals with ID is relational and contextual – it depends not only on the individual's competencies but largely on organizational conditions, institutional culture, and the attitudes of supporting persons.

These findings are consistent with studies conducted by Cytowska,[20] Ioanna Dimitriadou,[21] and Janice Sandjojo[22] and colleagues, which indicate that independence among adults with intellectual disabilities is not a one-time achievement but a developmental process dependent on available forms of support, opportunities for social participation, and the quality of relationships with supporting individuals. Both the present study and prior research emphasize the importance of environments that encourage decision-making, shared responsibility, and the gradual replacement of substitutive assistance with supportive guidance.

In conclusion, the independence of adults with moderate and severe ID should be understood as a dynamic and contextual process, the quality and extent of which are largely determined by the living environment. The research findings confirm that both residential care homes (RCH) and L'Arche communities provide distinct yet complementary conditions for the development of independence, and their experiences may serve as inspiration for further efforts to promote a dignified, person-centered, and as autonomous as possible life for individuals with ID.

Recommendations

Based on the obtained results and analysis of the literature, the following recommendations can be formulated:

[18] M.L. Wehmeyer, S.B. Palmer, *Adult outcomes*…, pp. 131–144.

[19] R.L. Schalock et al., *Intellectual Disability: Definition, Classification, and Systems of Supports*, Washington D.C. 2010.

[20] B. Cytowska, *Dorośliz niepełnosprawnością*…, pp. 15–35.

[21] I. Dimitriadou, *Independent living of individuals with intellectual disability: A combined study of the opinions of parents, educational staff, and individuals with intellectual disability in Greece*, "International Journal of Developmental Disabilities" 2018, No. 64(2), pp. 97–106.

[22] J. Sandjojo, A.M. Zedlitz. E.E., Gephardt., J. Hoekman, *Self-management by people with intellectual disabilities: perspectives from people with intellectual disabilities, representatives, and support staff*, "Journal of Applied Research in Intellectual Disabilities" 2018, No. 1, pp. 138–150.

1. **Expanding residents' decision-making space in RCH** – not only in the area of self-care, but also regarding daily planning, meal preparation, organization of tasks, and shopping, which fosters the development of more complex forms of independence.
2. **Reducing overprotectiveness in favour of supporting independence** – staff should assist residents gradually, accompanying them in activities and gradually withdrawing support, rather than performing tasks on their behalf.
3. **Drawing on the experience of the L'Arche community model** – particularly regarding shared responsibilities, accountability for common spaces, and building partnership-based relationships, which can also be adapted in institutional RCH settings.
4. **Incorporating the perspective of individuals with intellectual disabilities in evaluating support quality** – in line with the participatory approach, subjective perceptions of independence and agency should serve as important indicators of the effectiveness of educational and care interventions.

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