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Why Have We Made Neglect So Complicated? Taking A Fresh Look At Noticing And Helping The Neglected Child.

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Abstract

The experience of chronic neglect is extremely harmful to children's physical, emotional, cognitive and behavioural development. As an area of research it has been traditionally described as neglected, and as an arena of practice it is viewed as complex and intractable. Over the last few decades, however, there has been a body of evidence building up to help with the understanding of the impact of neglect upon children and to guide intervention. This paper draws on experience as a researcher in the field to present some thoughts on our current understanding of neglect, and how we can move forward with more appropriate responses. It argues that existing evidence is not being used to best effect and that current protective systems, like those in the UK, are still struggling to provide an effective response to neglected children. The language of neglect has become over-complicated and the systems and processes for assessment, planning and intervention are mired in bureaucracy. Some of these complexities are explored in more detail and a model is proposed that would support a more direct and straightforward response to children whose needs are not being met.

Key Words: neglect; recognition; response

KEY PRACTITIONER MESSAGES:

- Agencies and practitioners need to avoid being driven into developing complex responses by the complexity of neglect as a phenomenon.
- Separate 'child protection' and 'family support / child in need' pathways are not helpful for neglected children.
- In relation to a neglected child practitioners can consider what the child needs and what they need people to think about and do on their behalf.

Why Have We Made Neglect So Complicated? Taking A Fresh Look At Noticing And Helping The Neglected Child.

Of all forms of maltreatment, neglect leads to some of the most profound negative long-term effects on brain and other physical development, behaviour, educational achievement and emotional wellbeing (Stevenson, 2007). Neglect is not only damaging in early years, its effects in teenage years are often overlooked (Stein *et al.*, 2009). Neglect has been identified as a background feature in many Serious Case Reviews, including those relating to child deaths (Brandon *et al.*, 2012; 2013). These facts are particularly concerning because of the high incidence and prevalence of neglect across all high-income countries (Gilbert *et al.*, 2012).

This paper, which draws on many years' experience as a researcher in the field, presents some thoughts on our current understanding of neglect, and how we can move forward with more appropriate responses. This paper suggests that, despite an accumulation of theory and research evidence, neglect still appears to pose real challenges for policy makers and practitioners. The argument is that we are at a point where it would be helpful to take stock of the evidence that we already have and explore why there are persistent difficulties in putting the evidence about practice into practice. Of course there are still gaps in knowledge, but that does not mean that we should continue to suggest that lack of evidence is the reason for our difficulties with dealing with neglect. This paper will take a brief look back at the development of systems of protection, and consider some of the evidence about neglect that has accumulated over the last few decades. Although this paper is primarily intended to support debate rather than to present empirical findings it will be illustrated with some reference to the findings of two contemporary research

studies. One is a systematic review of the literature in which papers describing empirical studies published in English between 1995 and 2005 were assessed (Daniel *et al.*, 2010; 2011). Following a rigorous process of establishing their quality and relevance, 63 papers, describing empirical studies undertaken in various parts of the world were included to answer the questions:

1. What is known about the ways in which children and families directly and indirectly signal their need for help?
2. To what extent are practitioners equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause?
3. Does the evidence suggest that professional response could be swifter?

The second is an empirical review of neglect across the UK and a Scottish extension funded and undertaken in partnership with Action for Children (Burgess *et al.*, 2012; Daniel *et al.*, 2012).

The review:

- collected all available UK statistics about children already 'officially' labelled as neglected, as well as those in need and affected by parental substance misuse, mental health issues and domestic abuse;
- analysed policy documents;
- surveyed a total of 47 authorities (or Boards in NI) across the UK;
- carried out 6 focus groups with frontline practitioners across the UK; and
- obtained online poll results from 2,062 adults in the general public and 2,174 professionals (including social workers, police, health professionals and teachers)

in order to answer the research questions:

1. Do we know how many children are currently experiencing neglect in the UK?

2. How good are we at recognising children who are at risk of, or are experiencing neglect?
3. How well are we helping children at risk of, or currently experiencing neglect?

A straightforward approach to considering neglect from the perspective of the child will be explored.

A brief look back

Up until the 1970s neglect had been the main focus of formal protective systems in the UK:

From the late 19th century up to the 1970s, child neglect dominated in definitions of maltreatment. Annually, up to 90 per cent of cases were defined as neglect (Ferguson, 2011, p. 29).

But the focus began to shift for a number of reasons. Radical social work rose in the 1970s and highlighted that the social problems social workers were addressing could be attributed to structural inequalities (Bailey and Brake 1975). Because of the close association of neglect with poverty, practitioners could especially feel as if they were policing the poor when responding to neglect. The emphasis upon anti-discriminatory practice in the 1980s also fed social work anxieties about being ‘judgemental’ and imposing so-called ‘middle-class’ values of parenting onto poor families. Ferguson (2011) describes a shift from the ‘inspection’ of homes by NSPCC officers towards local authority professional social workers, working more in partnership with families.

Earlier in the 1960s attention had been drawn to the ‘battered child’ (Kempe *et al.*, 1962) and attention to physical abuse grew. During the 1970s and early 1980s there was, also, a growth of awareness of the prevalence and effects of child sexual abuse (Finkelhor *et al.*, 1986). Systems

and structures evolved that were built around a forensic, investigative core and practitioners became highly focused on the investigation of, and response to, incidents of physical and sexual abuse, and the more chronic issue of neglect became eclipsed. Perhaps also, for social workers, there was a more tangible feeling of purposefulness and efficacy in investigating incidents rather than the grind of trying to carve out a small niche for individualised intervention within the mire of the all-too-evident effects of poverty.

However, in the early 1980s some very interesting findings were also emerging from the work of Egeland and colleagues from The Minnesota Longitudinal Study of Parents and Children which began in 1975 and which is ongoing. They looked at children in four categories of maltreatment and found the neglected children to show the poorest outcomes:

This is an unhappy group of children, presenting the least positive and most negative affect of all groups...These same children were also the most dependent and demonstrated the lowest ego control in the preschool and in general did not have the skills necessary to cope with the various situations (Egeland *et al.*, 1983, p.469).

Concerns about the way in which neglect was being overshadowed also prompted Wolock and Horowitz (1984) to publish their ground-breaking paper, the title of which has gone into the neglect lexicon: 'Child maltreatment as a social problem: the neglect of neglect.' In 1998 Stevenson described neglected children as 'bumping along the bottom' and highlighted the factors that were impeding effective practice (1998).

Thus, a re-attention to neglect was spurred which gradually built, and by the mid-1990s it was identified that child protection was too focused on investigation and too one-dimensional

(Department of Health 1995). The subsequent ‘re-focusing’ debate and the introduction of assessment frameworks encouraging attention to the ‘whole child’ aimed to broaden the approach and to encourage a focus on unmet needs (Department of Health *et al.*, 2000).

In 2000 Scourfield described ‘The rediscovery of neglect’ as a focus of professional attention. And neglect has certainly been rediscovered, and to such an extent that it is a major policy priority for many organisations and jurisdictions. The most recent edition of ISPCAN’s *World Perspectives* has also focused on neglect as one of two core themes (Dubowitz, 2012). But the extent to which we re-discovered the knowledge we already have about neglect and put it into practice is questionable. Looking back over the research of the last four decades it is clear that there is already more than enough evidence on which to base a good start at an effective response to neglected children.

Neglect is simultaneously simple and complex (Daniel *et al.*, 2011). When seen from the perspective of the child, neglect is quite simply the experience of needs not being met, and for some children this simple fact can lead directly, or indirectly, to their deaths (Brandon *et al.*, 2012; Sidebotham *et al.*, 2011). However, the formal protective systems, like those in the UK, that have developed around a forensic core, are notoriously complex and clumsy when it comes to dealing with chronic problems rather than one-off events:

The straightforward aim of providing help to neglected children has become obscured within the complexities of our formal helping systems. Legislation, policy and guidance have developed with good intentions, but have shaped a particularly unwieldy practice framework for neglect. We can lose sight of children and their needs in the clutter of

bureaucratic systems and language. An unhappy child is hidden within a thicket of jargon such as ‘definitions’, ‘referral’, ‘report’, ‘recognition’, ‘initial enquiry’, ‘threshold’, ‘investigation’, ‘response’, ‘evidence’, ‘assessment’, ‘planning’, ‘intervention’, ‘monitoring’, ‘package of care’, ‘protection plan’, ‘review’, ‘outcome’ (Daniel *et al.* 2011, p. 19).

Definitions and thresholds

In our systematic review of the literature we found a range of definitions had been used, developmental researchers tend to focus on the impact on children of unmet needs, thus using a broad definition, whereas researchers on the operation of protective systems tend to define neglect more narrowly as children labelled as such within formal systems. In one of the papers included in the review, Rose and Selwyn (2000) suggest that narrower definitions are used in the UK during times of scarce resources.

The range of ways in which neglect can be defined has contributed to over-complicating neglect. Different types of definitions are used in different ways and for different purposes. Definitions based upon the concept of unmet needs, whatever the cause, help practitioners to recognise neglect in its broadest sense and to focus on the development and well-being of the child. Overarching policy documents in the UK have tended to focus on prevention and early intervention, and to highlight the role of health and education professionals in promoting the well-being of children (Department for Education and Schools, 2004; Scottish Executive, 2005). These policies are implicitly based upon the concept of unmet needs and wider understandings of ways in which they may be neglected. When defining ‘neglect’ as a category for compulsory

action, though, definitions become tighter and focus very much on parental omission (HM Government, 2010). Narrow definitions are often also applied to ration services. Thus, neglect as a concept describing unmet need has to be turned into a label of ‘neglect’ for practice purposes.

This can make it very difficult for organisations and individual practitioners who need to work simultaneously with different conceptualisations of the phenomena of neglect and find ways to distribute resources accordingly. The implications of this can be seen in the different possible ways of answering the first question in our empirical review of neglect in the UK, ‘do we know how many children are currently experiencing neglect in the UK?’ The answer is ‘yes’ and ‘no’ – it depends what you mean by neglect.

It was relatively easy to find out about ‘neglect’. UK official statistics tell us that ‘neglect’ is the most common initial category of those made subject to a child protection plan, or reason for registration. The total number of children registered across the four UK nations citing neglect as the primary or a contributory reason as a proportion of the total registrations ranged from 50 per cent (Northern Ireland 2010) to 46 per cent (England 2011), with Scotland and Wales just below the English figures (Department for Education, 2010; The Department of Health, Social Services and Public Safety 2011a and b; Scottish Government, 2010; Welsh Assembly Government 2010). The actual numbers suggest that these represent roughly one in a thousand children. The numbers of children officially identified as ‘in need’ in England are much higher at three in a hundred. But all these pale into insignificance compared with the evidence from a prevalence

study that directly asked children and young adults about their experiences. This showed that 1 in 10 children may be experiencing some form of neglect (Radford *et al.*, 2011).

Less than half of the areas we surveyed could give us figures about the larger part of the iceberg, as opposed to ‘neglect’ as defined by the child protection systems. Statistics are collected differently in different places and things are labelled differently, and the statistics on ‘neglect’ depend upon children having been through complex investigative process. We know, and have known for years, that neglect is highly associated with parental mental health problems, substance misuse and domestic abuse (Cleaver *et al.* 2011), but there is no consistent collection of information about the children of adults affected by these factors even though this would be a relatively simple way to scope the scale of the issue. Overall we make it very difficult to know the scale of the problem locally and to plan services accordingly.

We have also complicated matters by becoming preoccupied with ‘thresholds’. For practitioners trying to negotiate services for children the threshold could be seen as the gulf between neglect (as defined by unmet need) and ‘neglect’ (as defined as an official category). This can be encapsulated as the difference between the formal state definitions of neglect and that given by a head teacher in a workshop who described neglected children as those ‘I worry about when I go home at night.’ What the head teacher wants is a way to access help for children whose needs are not being met. Much the same sentiment was expressed way back in 1987 by Helfer in a paper graphically entitled ‘The litany of the smoldering neglect of children’:

While these reporting laws provide a definition of neglect, in reality, neglect is what the school teacher, physician, social worker, judge, psychologist, or police officer ‘say it is’

at the time of the report...one should not get hung up on the definition of child neglect but rather get on with helping these children, who are being cared for in a manner far below our society's accepted standards (Helfer, 1987, p.301).

This issue of thresholds seems to be associated with confusion about whether the focus should be on:

1. the severity of the neglect and associated harm to the child or
2. the likelihood of the parents being able to accept help and make changes without the need for compulsory measures.

It is not surprising that when practitioners encounter severe neglect they seek the structure of forensic investigation and / or compulsory measures of care. These proceedings can act as a 'marker' of severity and of practitioner concern, and can galvanise action. However, in cases where parents are willing to accept help and work with practitioners, even where neglect is severe, compulsory measures may not be required, as long as there is a structured framework within which that support is provided, with clear agreement about what is to change, by when and what will happen if it does not. Equally, where the neglect is less severe, compulsory measures may be required to ensure that children get vital additional support if their parents cannot use, or do not want, support.

A definition must not be a padlock, it should be the key. So, as a starting point for a more simple framework for dealing with neglect we suggest practitioners ask themselves:

- What does this child need?

Recognition and response

The systematic literature review was entitled ‘noticing and helping’ the neglected child, rather than using the well-worn phrase ‘recognition and response’ specifically because it has become jargonistic and conflates two very different aspects of the protection of children from neglect. ‘Recognition’ or, noticing that a child may need something, is actually not that complicated, and the evidence from the existing literature suggests that those who encounter children in their work are pretty good at spotting when a child is not happy. For example, a study of the views of 20 experienced public health nurses in Finland showed they were confident in recognising maltreatment of children:

‘It’s a feeling ...that something isn’t right. It’s an instinct and a feeling of something being terribly wrong. I guess it comes from tiny details when you link one thing to another’ (Paavilainen and Tarkka, 2003, p.52).

Of parents:

‘They are lonely and have no social networks, grandmothers or others. They have no friends. They are so busy with their own lives that there is no time for the children. The children are left on their own.’ (p. 53).

Appleton (1996) also found that health visitors in England could identify vulnerable children.

Our empirical review confirmed that this is still the case across the UK (Burgess *et al.*, 2012). Of the staff polled in universal services, 81 per cent agreed that they had come across children they suspected were being neglected. Professionals across the board are increasingly aware of such children and of their responsibilities to these children. Focus group participants said that over the

last two or three years practitioners have become increasingly aware of neglect, and are also more likely to make referrals to social care and social work services.

Although neglect is less clear-cut than other forms of abuse there is more awareness than there was and earlier identification. Staff from agencies, such as housing, know what to look for when they are going into homes for other reasons (Focus group respondent).

Noticing that a child might need some additional help, therefore, may not be the problem. Where difficulties arise is with the ‘response’ or ‘doing-something’ element because for practitioners, especially those in universal services, there is a requirement to engage with a complex system. Appleton (1996) had reported that health visitors’ anxieties centred on what they should do as a result of their concerns because of their perception of high thresholds for access to services. This has remained an enduring perception. In 2011, poll respondents felt they could not obtain help for the children at an early enough stage. Many professionals in universal roles reported that the most helpful improvement would be if they were able to report less serious suspicions before they get worse (41% of health professionals, 46% of pre-school and nursery staff and 55% of primary school staff) (Burgess *et al.*, 2012).

Front-line practitioners often know that children need some kind of help, yet often have anxieties about whether they should legitimately offer that help themselves, and face blocks to accessing services on children’s behalf. A distance has, therefore, developed between common-sense empathy with the unhappiness of hungry, tired, un-kempt and distressed children, and an overly bureaucratic and anxiety-ridden system for reaching out to help them.

In our empirical review we found that there are many children about whom a range of people may be concerned and who are known to communities and professionals but who are not actually receiving adequate direct help. We often hear concerns about children ‘slipping through the net’. But in fact it appears that, rather than slipping through the net they are, in effect, stuck in the net. Being stuck in the net for long periods of time before receiving help can contribute to further developmental delay and problems that can then affect subsequent response to help, for example, children who are eventually looked after from home may come with significant problems (Farmer and Lutman, 2010). We have a tendency to prolong children’s period of being stuck in the net by undertaking complex assessment processes.

‘Assessment’ is an activity around which an industry has grown and about which there is much confusion and anxiety. The underpinning concepts of assessment frameworks such as that produced for England and Wales (Department of Health 2000) are elegant and firmly rooted in developmental theory. It has been found that the core assessment record for those age 11 and above can be used to support the assessment of neglected adolescents, who are often overlooked (Rees *et al.*, 2011) The structured ecological approach to the factors that affect children’s development is clear and logical, and the fact that they are built around children’s needs makes them eminently suitable for the assessment of child neglect. Gathering information about these factors may be time-consuming and require a certain amount of multi-agency coordination, but it is not intrinsically complex. And, again, such information has been long available: Gaudin (1993) produced a manual on neglect which remains one of the most helpful and still highly relevant overviews of neglect:

Assessments should include examination of problems, causes, and barriers at all system levels, that is, individual, family, organizational/community, and cultural. It is equally important to identify and acknowledge the strengths, coping skills, and resources of parents and other family members that may be mobilized to reduce the risk of further maltreatment. The availability and accessibility of informal social network supports and formally organized supportive services should also be considered in the assessment (p.24).

The task of making sense of all that information, known as ‘analysis’; and deciding what help the child requires and from whom, or ‘planning’ is, admittedly, more complex. But there is material to help with that task. We have more than enough research evidence and theory to help with understanding children’s developmental needs and parental capacity to meet them. Horwath and Morrison’s (2001) model for exploring capacity and willingness to change remains the most helpful for assessing parental motivation to change and to change within a quick enough timeframe to match the child’s developmental trajectory. It can also help with deciding whether compulsory measures may be required.

For every situation there has to be assessment, discussion with the family, and negotiation between professionals in order to establish the level of unmet need, the associated risk of harm and the extent of real opportunity for change without the need for compulsory measures, or indeed with compulsory measures. Once the information has been brought together, planning entails deciding who will do what, when and how to ensure that the child’s needs are met. It takes time and thought to undertake a proper analysis of all the information, but it takes a lot

more time and resource to undo the damage of ill-judged intervention. However, because organisational processes underpinning assessment are so complicated, practitioner energy is sucked into dealing with the complexity of the system rather than with analysing the needs of the child. All this be summed up from the child's perspective as:

- What does this child need me to think about?

Intervention

Our empirical review showed that the general public do want services for families to be funded. Of poll respondents, 62 per cent want projects which support families before problems get worse (Burgess *et al* 2012). This would chime with aims of moving towards early intervention, although there seems to be some confusion about the concept. There is a need for refinement of what 'early' means. 'Early' can mean during early years, or early in the stage of the problem whatever the child's age. In some contexts 'early' means that help is provided quickly once the need is identified – but this may not be early in the actual stage of the problem, it may be that practitioners have not been aware of the child until something triggers their attention. When a child is encountered who appears to be experiencing some signs of neglect that is not very severe there are several possible scenarios. First, looking back, this may a family where:

- the care has, until recently, been good, but something has changed to dip levels of care;
- the care has always been characterised by less severe levels of neglect; or
- there has been very severe neglect, but something has changed to improve the care.

Then looking forward this may be a family where:

- the care is on a downward trajectory and will become very severe neglect;
- the care will stay the same; or

➤ the care will improve.

Intervention may, or may not, change the trajectory for the better depending on how well it is tailored to match the circumstances and how tractable those circumstances are. Put simply, providing the right services early in the stage of the problem and / or as soon as the problem is identified is more efficient and more effective than waiting until the problem has become more entrenched (Allen 2011). That we still struggle with this is partly due to a prolonged fuzziness associated with ‘re-focusing’ that never quite re-focused. Particularly tenacious has been the tendency to equate the protection of children with ‘child protection’ processes, namely the forensic investigative element of the system. Rather than broadening understandings of what might constitute protecting children from a range of harms associated with unmet need, including needs for immediate protection, the dominant model is to categorise situations as either ‘child protection’ or variously ‘family support’ or ‘child in need’.

This model is simply inadequate for neglected children because of the extent to which the risks of harm flow from the damage caused by unmet needs. Rather, integrated approaches, where the forensic investigative approaches are embedded within broader service responses, are optimal for situations of child neglect. Intervention where intensive and sustained family support is coupled with a close focus on whether the child’s circumstances are improving has been shown to be effective (Long, 2012). It has also been shown that forensic investigative aspects of protection systems can be incorporated within more holistic approaches that encompass early intervention and family support (Stradling and McNeill, 2009). Separate ‘family support’ and ‘child protection’ pathways are not helpful for neglect; instead they should both be seen as stages on the one pathway. Effective family support is protection, effective protection is supportive.

In our empirical review we did hear of many services for children of all ages and their parents, provided within statutory and voluntary frameworks across the UK. However, the huge variety and complexity of arrangements leads to a baffling array of options, and information about services and who they are provided to is not collated systematically. Clearly, there is a considerable amount of resource being deployed on service delivery. But activity to measure the outcomes of service provision is not commensurate with this investment, although people are trying:

What we want to know is what services we have been providing for whom and on what basis can we assess whether we are successful. We need a consistent data set, so we can aggregate that data. We have agreed an outline with other agencies what that data set should look like. I am cautiously optimistic that we will have meaningful information and then can plan services accordingly (Survey respondent).

It would seem more efficient to take a strategic approach to this so that each area is not required to re-invent the wheel.

Respondents described a tendency for some children and families to ‘bounce’ in and out of services. Services are in place for a short time and then withdrawn when the urgency recedes. There was a view that, in some cases, families have too many services involved and the help is not clearly focused. The focus on the impact on the child has been lost. They also noted the lack of specialist treatment services for parents facing difficulties in their own lives (see also Farmer and Lutman 2010). And there were big concerns about the impact of cuts, both upon families and upon services. Staff in universal services would like to see:

- more treatment services for adults in relation to substance misuse, mental health problems and domestic abuse (32%);
- more time (29%), more resources (27%) and more advice (34%) on how to help struggling families;
- clearer guidance from employers or government on when to intervene (33%) (Burgess *et al* 2012).

83 per cent of social workers want to undertake more direct work with children and families to help them. And what prevents this has been the topic of much recent debate and highlighted in the Munro review of child protection:

The demands of bureaucracy have reduced their capacity to work directly with children, young people and families (Munro, 2011, p.6).

These aspirations chime with the accumulating evidence about effective intervention (e.g. see Berry *et al.*, 2003; Davies and Ward, 2011; Moran, 2009; Thoburn 2009; White *et al.*, 2008). The evidence points to the need to build comprehensive packages of support that are clear, focused, and address the issues at each ecological level. In particular there is evidence that the provision of direct support for children is of especial value. Intervention also has to include attention to the *processes* underlying service use and change, and it can hinge on the quality of the relationship between practitioner and parent and/ or child. Authoritative intervention combines understanding of the factors affecting parents with realism about parental capacity and willingness to change based on close observation of evidence about the child's experience of care (Tuck, 2012). And, crucially, intervention to support neglected children has to be provided on a long-term, not episodic basis, but, again, we have known this for a long time:

Since neglecting families often generate multiple reports to protective services, many *different* protective service workers may be involved with the same family over a period of years. This method of delivery is outmoded and cannot be condoned. Ongoing long-term service given by a given protective service worker with a family can be invaluable...

For those children who remain with their families, these services must continue until they are old enough to fend for themselves. While the cost of this type of intervention, including that which is necessary for the school system, is almost prohibitive, the cost of not caring for these families is enormous (Helfer, 1987, pp 308 and 311).

In summary, this can be captured as:

- What does this child need me to do?

Conclusion

We do not need any more research to tell us that neglect is bad for children or that a public health approach should be taken to eradicating the causes of neglect. We do not need any more research to tell us that professionals in the universal services are disillusioned with attempting to tell children's social care about children they are worried about or that social workers want to use their skills in direct work with children and families. And we certainly do not need any more research telling us that intervention has to be concrete, comprehensive, sustained and brokered by good relationships. What we need to ask ourselves is – 'why have we made it so complicated to put this received wisdom into practice?'

The fact is that neglect *is* a complex phenomenon. The causes are many, the factors that affect parenting are many, the ways in which children's development is affected are many. Recognising and responding to neglected children is not a mechanistic activity, it requires empathy with a child's plight. The process of assessment and planning, if done properly, constitutes really intense work – it does require proper thought and attention. And the provision of long-term support that meets the child's and parents' needs is not straightforward. Effecting change is hard and requires emotional engagement to form relationships; it takes time and entails prolonged proximity with mess, dirt, sadness, chaos and distress.

However, we have allowed the complexity of the phenomenon to drive us into an unnecessarily complex form of response and we have failed to fully exploit the evidence we already have. Systems need to change to become more child-focused and in many areas across the UK there are local initiatives aimed at streamlining children's journeys to help, as advocated by Munro (2011). However, the Children's Improvement Board (2012) noted the tendency for 'incremental rather than whole-system change'.

This paper argues that we need to reach out quite directly to those children in need in a much more straightforward way and that whole-system change can be guided by the fundamental questions:

- What does this child need to grow and develop, and what does his or her family or carer need to provide a nurturing environment?
- What does this child and their family or carer need me to think about?
- What does this child and their family or carer need me to do?

We might also want to add another question:

- What does this child need me to feel?

Without feeling we cannot have the required empathy for the child's plight or the parents' struggles.

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