



Thinking about adolescent neglect:

A review of research on identification,
assessment and intervention

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Children's
Society**

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Foreword

Recent research detailed in this report commissioned by Luton Safeguarding Children Board shows that one in seven 14-15 year olds are living with parents who neglect them in one or more ways. This may include a lack of emotional care, warmth and encouragement, young people not being adequately supervised or not being given sufficient physical care to preserve their health, and having little or no interest shown in their education. Their experience of neglect casts a long shadow on their present and future well-being, including their physical and mental health, involvement in risky behaviours and getting into trouble, educational achievement, and poor adult outcomes.

In this context it is very important that Local Safeguarding Children's Boards are able to provide clear guidance to professionals working in different agencies on how they should respond to this highly vulnerable group of young people. This report, based on the latest research, provides a robust evidence base in two main respects: first, in defining 'adolescent neglect', including the related implications for its identification and assessment, and; second, in developing effective practice, including a three tiered framework for prevention, early intervention and responding to ongoing needs. The key points are highly relevant to all those working in different agencies who have a responsibility for safeguarding young people, including senior managers, team leaders and practitioners.

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1 Introduction

This report draws on peer-reviewed and other research, 'grey' literature, official reports and guidance documents (from the UK and elsewhere) on neglect and especially on the parental neglect of adolescents (young people aged 11-17 years old). It also includes findings from interviews with practitioners and managers from specialist services that work with neglected young people.

This report forms part of a project commissioned by the Luton Safeguarding Children Board to consider what adolescent neglect is, and whether issues specific to the area might suggest that neglect of adolescents could or should be a particularly important concern for local agencies. The challenges in responding appropriately to adolescent neglect - including how to identify and assess neglect - were a key part of the project, and the report also describes evidence on effective practice.

The report includes detailed information on a range of key issues to take into consideration when working with young people who are being neglected, or where there could be the potential for neglect to develop within a family, and it should serve as a useful reference point for managers and operational staff in agencies who have a role in safeguarding. A summary version - specifically for those who may encounter adolescent neglect as part of their day-to-day work - is also available.

The reader should bear in mind that the research evidence around adolescent neglect is limited but developing. Much of it comes from studies of general child maltreatment where neglect was not the main focus, and where it was poorly defined or not defined at all. In addition, in many studies young people were treated

as one homogeneous group regardless of their age. There has also been variable quality in the methodologies employed in different studies. Overall, then, there are many gaps in the knowledge base around adolescent neglect, and the situation with regard to evaluation of practice is similar. The challenges that this poses in interpreting and acting upon research and evaluation findings are discussed throughout the report.

Specific points for practice are included at the end of each chapter – and in the following section there is an overview of key points from the whole report.

Key points - general

Definitions

Defining and conceptualising 'neglect' has proven to be a challenge for academic researchers and there is variation in how this has been done in studies which include findings on neglect. A range of methodological issues have also been manifest across research on this topic, not least that most studies have been on general child maltreatment rather than focused on neglect. This is particularly true for neglect as it relates to adolescents where there are very few published studies.

Measurement and prevalence

There is much evidence of the scale of adolescent neglect. Official data on Child Protection Plans and on Children in Need, alongside research into the prevalence of different types, shows that neglect is one of the most common experiences for young people aged 11-17 who are maltreated by their parents or carers.

Contexts

A wide range of factors can contribute directly or indirectly to a situation where a young person is neglected. These include factors related to an individual child (e.g. gender, disability) and their family (family structure, re-structure, parental problems, sudden events), but also their environment (e.g. living in a disadvantaged community), and wider societal issues (e.g. the attitudes of adults - including professionals – or inadequate support networks). However, young people from a wide diversity of backgrounds experience neglect and these findings should not be regarded as being comprehensive for knowing where and when it can happen.

Links to other forms of maltreatment of young people

Research indicates that neglect is often experienced in combination with other forms of maltreatment (especially emotional abuse) within the family, and some studies suggest that neglected young people are also more likely to suffer other forms of abuse. There is also newly-published work which asserts likely links to child sexual exploitation and problematic sexual behaviours by young people themselves.

Impact

The effects of exposure to neglect during adolescence include problems with mental and physical ill health, poor engagement with and attainment at school, difficulties with interpersonal relationships and a higher propensity to risk-taking behaviours.

Key points - practice

Professional reticence

Safeguarding professionals may hesitate to identify neglect of adolescent children, or, when they do, to minimise its significance (in the mistaken belief that teenagers are naturally resilient). This oversight may, in some circumstances, lead to extreme harm to young people (as shown by the findings of SCRs over recent years).

Responding

A three tiered set of initiatives and services - related to prevention, early intervention or longer term support (where neglect has become chronic and ingrained) - has been proposed as a helpful framework for effective responses to adolescent neglect.

Prevention

Initiatives to prevent the neglect of adolescents taking place can include general parenting education programmes for parents of older children or more targeted training for parents who experience difficulties in caring for and supporting their adolescent children (e.g. Teen Triple P). At the same time, approaches working to educate young people (for example in schools, or youth groups) which consider parenting and help young people to understand care and support norms may be useful in helping to raise their awareness. Community-wide programmes to improve support to families may also have benefits in offsetting the prospect of parental neglect occurring.

Identification / assessment

Although assessment tools for neglect are available those which have been tested have not been found work to well in relation to adolescent neglect. Initial identification of neglect may benefit from a CAF-type approach where different professionals share information, and more detailed assessment from using the Assessment Framework in a context of good knowledge about the potential contributory factors for neglect.

Intervention

Few interventions are solely focused on the neglect of adolescents - most services working with this age group are designed to address aspects of the externalising behaviour (e.g. offending) which may be associated with parental neglect (or other forms of maltreatment).

Evaluation

Evaluation of interventions which incorporate elements to address neglect suggest that:

- There is little evidence of positive outcomes for young people or their families who have been supported under national initiatives (such as the 'Troubled Families' programme), but this may be because of a failure to evaluate different modes of delivery (for differing levels of need, including more complex cases) in sufficient detail
- There is evidence that working in a way that focuses on the strengths and assets of adolescence can have benefits when responding to neglect
- Some more developed models of practice have been found to be 'effective' or 'show promise' for treating neglect through robust evaluation (i.e. randomised control trials) - e.g. Functional Family Therapy and Multi Systemic Therapy.

However, overall the research and evaluation evidence base is weak, poorly-theorised and has many gaps.

- Child protection practice is not well-suited to adolescents (and adolescents are more likely to be channelled into Child in Need forms of support)
- Effective interventions in situations of adolescent neglect may be enhanced with a 'Team Around the Child' approach where there are multi agency inputs relevant to the diversity of needs across different family members
- Some dedicated, specialist early intervention services working to support adolescents and / or their parents in different areas of England are claimed to have had success (e.g. voluntary sector projects)

Background

Child neglect - especially when it relates to young people during their adolescence - has proven to be a particular challenge for contemporary society to deal with.

Social care and other professionals with a role in children's safeguarding have found it hard to identify, assess and respond appropriately to adolescent neglect (Rees et al, 2010; Hicks and Stein, 2013). This has been shown most disturbingly in the number of Serious Case Reviews where neglect of older children has been found to be a key feature (Brandon et al, 2013).

Defining and studying adolescent neglect has been exceptionally difficult for researchers (Stein et al, 2009). This may be partly due to the conceptual challenges that neglect presents as it is a form of maltreatment that is less readily pinned down than other recognised forms. It may also be due to a previously widely-held belief that neglect and emotional abuse were less damaging than other types of maltreatment (see Kaplan et al, 1999) - a culture that led to a 'neglect of neglect' in academic research (Wolock and Horowitz, 1984).

Recently there has been an increase in policy and practice activity around neglect. New initiatives have received support (e.g. training resources published by the Department for Education in 2012) and research has been commissioned and published (e.g. Burgess et al, 2013). However, there remains a conspicuous gap in knowledge of neglect as it relates to adolescents (Rees et al, 2011).

At the same time there is sufficient evidence of the extent of adolescent neglect - as a form of maltreatment

commonly experienced by young people in this period of their lives - and of the potential for harmful effects, for there to be an acknowledgement that adolescent neglect should be the 'business' of all in the field of safeguarding (Hicks and Stein, 2011) and that more needs to be done to improve understanding of neglect of children aged 11-17 (Rees et al, 2011; Raws, 2016).

It is in this context that this project - 'Thinking about adolescent neglect' - was commissioned by the Luton Safeguarding Children Board (LSCB) to support a new strategy to improve local responses to adolescent neglect.

Local context

Luton is a borough within the county of Bedfordshire in the South East of England.

Demographics

The town has 214,700 residents (Luton Council website - mid-year 2015 estimate) and has grown in size more rapidly than the national average in recent years. There are also particular features of the local population that are noteworthy in relation to this review:

- Relative to the general population of England there are higher proportions of adolescents in Luton (18,764 young people aged 11-17 live in the area - 8.9% of the overall population compared to a national average for this age group of 7.9%)
- There are more adolescent residents from minority ethnic groups, in particular young people of Asian (Pakistani and Bangladeshi) ethnicity

than in the general population, with 35% of young people aged 10-17 recorded as 'Asian' in the 2011 Census compared to a national average of 9% (Office for National Statistics / NOMIS website data).

Deprivation

In recent years the area has experienced increasing levels of 'deprivation' relative to the rest of England as shown in data published by the Department of Communities and Local Government. Under Index of Multiple Deprivation criteria Luton was ranked as the 59th most deprived local authority (out of 326) in 2015, an increase from 69th in 2010, and a rise when compared with earlier assessments - though with marginally different criteria - which showed the area at 87th in 2007 and 101st in 2004.

More detailed analysis of the profile of deprivation showed that in 2015 Luton was ranked 24th most deprived area in relation to 'crime', and 15th for 'barriers to housing and services'. The town also has pockets of specific kinds of deprivation (measured at neighbourhood - or 'Lower Super Output Area' level) which are within the top 10% of most deprived in the country. For example, nine neighbourhoods across the borough were given this ranking for 'income deprivation affecting children' (calculated in relation to receipt of welfare benefits) in 2015, and 15 for general 'income deprivation' (including people out of work, but also those in low paid jobs).

Child Protection

Proportionally fewer children were subject to Child Protection Plans in Luton than the

average for England, and fewer were registered with the initial category of neglect (Department for Education Children in Need statistics):

- 242 children became subject to a Child Protection Plan during the year to March 31st 2016 - equating to 43.1 per 10,000 children in the area (the national figure was 54.2 per 10,000). This shows a fall from the previous year - when a plan was registered for 54.8 per 10,000 children in Luton - whilst nationally the figures were relatively stable
- 35.5% of Child Protection Plans registered during the year to March 31st 2016 had the category of 'neglect', compared to a national figure of 44.8% for the same year.

Age profiles for Child Protection were not available.

A recently-published Ofsted inspection of children's services in Luton found that services 'require improvement' (Ofsted, 2016). Areas of provision that were commented upon by the inspectors which may be particularly relevant to adolescent neglect included:

- Strengthening of early help services - and an increase in early help assessments, with prompt responses to referrals from children's social care - but poor levels of feedback to referrers on progress
- A need to improve assessments as part of child protection (including clearer timescales and an outcome focus)
- A lack of child-centredness in Child Protection Plans and an absence of the voice of the child in case records and assessments

- A need to ensure that all children who go missing are offered Return Home Interviews
- High caseloads in the referral and assessment team in children's social care, and insufficient consistency in the quality of supervision for social workers, and the level of management oversight they receive
- A consultation with professional stakeholders (including staff within the Luton area and interviews with workers / managers of services in the voluntary sector working with neglected adolescents and their families)

The team who contributed to this project have also recently published a new study of adolescent neglect, and some of the findings from this research are included here (referenced as Raws, 2016).

Aims

This project was undertaken to:

- Consider 'what neglect is' for adolescent young people
- Look at the viability of tools to identify and assess adolescent neglect
- Consider learning from effective practice working with neglected adolescents

with the overall aim of increasing the knowledge and understanding of adolescent neglect amongst professionals in the Luton area who have a safeguarding role, and to support the development and delivery of the Luton SCB strategy on neglect.

A working group recruited from different agencies to represent professionals with a safeguarding role in the Luton area supported the project, contributing ideas at the outset and reviewing and commenting on drafts of the report.

Source materials for the review were acquired via a search of published peer-reviewed articles via the Thomson Reuters Web of Science database using appropriate search terms. Over 1,000 articles which might be relevant were identified in the first sweep, but a reading of abstracts reduced this to around 100, with a further reduction to 79 when some were unavailable or not published in English. Once these were fully read it was discovered that a significant proportion were not specifically on neglect (for example, a number focused on 'emotional maltreatment') further reducing the source material, though an additional group were also then sourced because of citation within these articles.

Methodology

The project incorporated elements to build on the previous work of the researchers involved all of whom have conducted literature reviews and primary research on adolescent neglect. It comprised two main elements:

- A review of relevant literature published since 2010 - to refresh and update an earlier review of research on adolescent neglect (Stein et al, 2009)

In addition a number of relevant items and of 'grey literature' (non peer-reviewed reports) were found via a Google search of websites including those of the NSPCC, Action for Children, the Social Care Institute for Excellence, the US Child Welfare Gateway, Chapin Hall, the Canadian Child Welfare Research Portal, and Child, Family, Community Australia.

Although every reasonable effort was made to acquire as much relevant research and other published material as possible it is important to be aware that this is not claimed to be a systematic review.

2 What is 'adolescent neglect'?

In the first part of the report we will try to answer the overarching question 'What is adolescent neglect?'. Researchers, policymakers and practitioners have encountered many challenges in trying to adequately respond to what is apparently a simple question.

Our effort to provide a good enough answer entails providing answers to a number of other questions which flow from the main one - and the content here demonstrates the many efforts of others to define, conceptualise, measure and work to prevent or ameliorate adolescent neglect as well as the ongoing difficulty in attaining a clear and satisfying answer.

What is 'adolescence'?

The period of adolescence is one of huge change for the individual in relation to many aspects of their life - physiological, cognitive and social - and a time when the key goal becomes 'discovery of self' (Scannapieco and Connell-Carrick, 2005). It is generally defined as being from the onset of puberty to the time when a young person becomes independent from their parents, though there may be cultural differences in how adolescence is experienced or perceived.

In high income countries, adolescence has been characterised, or perhaps more accurately stereotyped, as a time of 'stress and storm' (a phrase coined in the early twentieth century but still often used in current debates - see Arnett, 1999). Recent research has revealed that there

may be neurological determinants of some aspects of adolescent 'storming', demonstrating that there are profound changes in brain structure during this period of development.

At the same time, the weight of research evidence suggests that not only do few young people suffer serious internal stress, or act out in challenging ways against parents or externalise their turmoil in other ways, but rather that it is parents themselves who become stressed during their child's adolescence (Steinberg, 2001).

If 'adolescence' is the period of transition from childhood to adulthood, constraining it to a particular timeframe is problematic for a number of reasons. This may be because physiological change can happen at different times for different young people (e.g. there is evidence that children may now be starting puberty earlier than in previous generations - e.g. see de Muinck Keizer-Schrama and Mul, 2001), suggesting that an age for the start of adolescence may be difficult to identify. In addition, the timing of a move to independence has, for many, become rather nebulous and often characterised by uneven progress and extended transition (e.g. note the increasing numbers of young adults who continue to reside with their birth parents well into 'adulthood' - ONS, 2012; and see MacDonald and Marsh, 2005; Stein, 2006).

Changes in the brain during adolescence

Studies using Magnetic Resonance Imaging (MRI) have shown that the area responsible for pleasure seeking (the limbic system) matures in early adolescence, but the corresponding area which allows for regulation, self awareness and decision-making (the pre-frontal cortex) continues to grow into the 20s. This may help explain the heightened propensity of some teenagers to engage in risk-taking behaviour (Steinberg, 2008; Sawyer et al, 2012; Albert et al, 2013) and also underlines that this is part of a natural predisposition rather than a conscious act of rebellion. Researchers have also highlighted the potential for learning in this period too - describing it as 'a time of opportunity' (see Blakemore and Mills, 2014).

A link to a short online presentation - a 'TED' talk - on 'The mysterious workings of the adolescent brain' is included in the Resources section at the end of the report.

Adolescence is a period that 'begins in nature and ends in culture' (Smetana, 2006) - and there are competing ideas on how best to encapsulate this (e.g. the World Health Organisation which uses the timeframe of 10-19¹, or the US Office of Population Affairs which includes 'young adulthood' as a category within adolescence and has extended the phase of transition up to 24 years old).²

However, most UK research has looked at children aged between 11 and 17 (cf Radford et al, 2011; Rees et al, 2011; Raws, 2016) - a compromise which takes an average age across the genders for the onset of puberty as the starting point, and the legal age for adulthood as the end point. In this review we used this age-range as the basis for exploring the available literature, although - as is detailed in the report - for some published research it was difficult to know whether a particular age-group had been identified or whether children of all ages had been included.

What is 'neglect'?

The challenges posed by the inherent complexity in adequately conceptualising neglect are reflected in the fact that the current evidence base is weak and poorly theorised. Neglect of adolescents in particular has rarely featured as a focus for research.

The 'official' definition, provided in guidance to children's services professionals for assessing and responding to neglect, says that it is:

'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. ... (it) may involve a parent or carer failing to:

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*

- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'

(Working Together to Safeguard Children, 2015)

This offers a helpful starting point for considering neglect, but it is also restrictive in many ways. For example, the highlighting of '*persistent failure*' suggests that neglect can only arise where not meeting needs is an ongoing, chronic feature of care³, the focus on '*failure*' of parents implies that only acts of omission - rather than things like abandonment or forcing a young person to leave home (acts of commission) - can constitute neglect, and the identification of parents or carers as the sole agents of neglect does not allow for a broader consideration of how neglect may work in relation to older children (where, for example, their own actions - such as refusing to comply with rules / boundaries - may exacerbate parenting deficiencies). In addition regarding neglect solely as the 'acts' (or inaction) of parents suggests that the impact of inadequate care and support is not important - but, as will be discussed further below, this may inhibit an appropriate response to neglect of adolescents due to the potential for individual variation in how young people experience (and respond to) neglectful parenting (see Rees et al, 2011).

Researchers have proposed different typologies for the conceptualisation of neglect (e.g. Horwath, 2007; Mennen, 2010). These have five or six-fold categorisations which include:

- **Educational** - absence of stimulation, poor / no support around school
- **Emotional** - lack of responsiveness, affection or interaction
- **Medical** - illness / health needs are minimised / denied and there is a failure to seek professional care
- **Physical** - homelessness / poor living conditions (unhygienic or unsafe), lack of appropriate clothing or food (sometimes split into two and referred to as 'care' and 'environmental' neglect)
- **Supervisory** - failure to protect a child from physical or other harm, absence of rules and boundaries for behaviour, abandonment or sub-contracting of care to inappropriate carers

These ways of breaking down neglect into more discrete components are helpful in thinking about the neglect of adolescents, as they highlight the array of different ways in which a young person can be neglected and offer a platform to think through in more detail how this could be manifest at different times during adolescence. But despite this a number of additional challenges remain in deciding what constitutes 'neglect' for young people in this age group. For example, does exposure to one type of neglectful care count as 'being neglected', or does it require a combination of different types (and how many)? How important is the time period - does a young person need to be exposed to neglectful acts over an extended period or are one-off incidents relevant? Does the 'severity' of the

experience play a part? And, how might all these considerations vary according to the type of neglect experienced?

An implicit assumption is also being made in putting forward any definition or typology for neglect - that there is a consensus when it comes to deciding what would be 'appropriate', 'acceptable', or 'normal' standards of parenting. However, research studies have shown that this is unfounded, at least in relation to some aspects of care and support. For example, a comparison of the judgments made in social work cases demonstrated a degree of variation across cases with similar features (Horwath, 2005; Easton et al, 2013).

Researchers have also asserted that there will likely be cultural relativity around parenting norms (Rees et al, 2011). Variations in normative parenting practices have been found in different high income countries (e.g. in Canada, Italy and France - Claes et al, 2003), and there are likely to be variations within sub-groups of a population, for example on the basis of ethnicity or economic prosperity. Although others have stated that there is cross-cultural consensus on the basic needs for healthy child development (e.g. Stevenson, 2007) it is also important when thinking about a diverse population such as that in the UK to be conscious of potential difference and how this may link to what is neglectful, especially when expectations around family roles, issues of independence and the transition to adulthood may be viewed differently.

In addition - and most pertinently when considering *adolescent* neglect - there is little acknowledgement in either the official definition or the research typologies of how caring need is to a large degree determined by the age of a child. As the authors of one article noted:

'A caregiver must be able to adapt to the changing needs of a child. Failure to do so could constitute an act of maltreatment, depending on the developmental level of the child. For example, whereas close monitoring and physical proximity are expected with a new-born, a similar parenting style with an adolescent would be inappropriate, and, taken to extremes, emotionally abusive.'
(Cicchetti and Toth, 1995)

This appreciation of the significance of changing need as young people grow up has, for the most part, been missing from research on neglect, but more general studies of how parenting changes as a child becomes older have highlighted the increasing significance of the agency of adolescents - i.e. their capacity to think and act independently. For example, longitudinal studies have shown that problematic behaviour in adolescent girls led to reduced support and control by parents (Huh, 2006), and that young people who reported a negative relationship with parents were more likely to be aggressive or delinquent in early adolescence, to continue with these behaviours and to then report even worse perceptions of relationships with parents at a later point (Buist et al, 2004).

This also points to the relevance of the quality of the parent-adolescent relationship in mediating levels of care - i.e. that a less positive relationship may hinder parenting during adolescence - and to the potential importance of individual characteristics of the adolescent her/himself (e.g. temperament) which have a bearing on how the relationship operates.

The overall conclusion from this body of research is that it is vital to understand the bi-directional nature of parent-adolescent interaction in order to know how parenting 'works', or what may be contributing when it does not (when a young person becomes neglected). Parenting is not always something that is done to adolescents. They have their own stake in some aspects of how they are parented, and their actions can play an important part in determining their experiences. One example of this could be when a teenager refuses to say where they are going when they leave the house or will not comply with a curfew set by parents - both of which would compromise parental supervision and monitoring - but there are a multitude of ways in which a burgeoning desire for independence can manifest itself in the disruption of parental care.

Young people's perspectives on adolescent neglect

Young people's experiences, knowledge of, and views on, neglect have only rarely been canvassed through research and, when they have, are often embedded in wider studies of maltreatment (Daniel et al, 2010). As a result, much of what is known about neglect from young people's perspectives is piecemeal, and there is conflicting evidence on the degree to which young people generally understand the concept of 'neglect'.

Some research has suggested that children and young people have a clear understanding of what neglect is and can identify it among their peers. Two studies by Action for Children, including polls of 8-12-year-olds and discussion groups with 11-19-year-olds, reported that there was

Emotional / psychological maltreatment

A categorisation which fuses together a form of neglect (emotional neglect) with a form of abuse (emotional abuse) has been used in studies of maltreatment in recent years.

Some researchers have argued that the emotional elements of maltreatment can be downplayed in practice and may not be adequately captured in research, and that this hybrid categorisation can help to ensure improved understanding of how damaging emotional maltreatment can be (Wolfe et al, 2010).

The measure most often used in research on emotional maltreatment has been the Childhood Treatment Questionnaire which has subscales for each of the two domains - emotional neglect and emotional abuse - as well as one for physical neglect.

Adopting this categorisation may be one way of moving towards a more nuanced approach to understanding and measuring maltreatment - one that may be helpful in developing safeguarding practice, especially in the light of the limited current conceptualisation of neglect of adolescents. At the same time there may be drawbacks in combining abuse and neglect into one category, as it could be argued that these are distinct forms of maltreatment with their own separate consequences.

a good knowledge of the outward, physical signs of neglect among the younger age-group, and a sense that poverty can contribute to neglect and that emotional neglect can be worse than physical neglect among the older young people (Action for Children, 2010; Burgess et al, 2014).

Research specifically on the neglect of teenagers asked young people in focus groups to discuss how neglect should be defined, and found that they extended it beyond the 'official' definition with its emphasis on meeting basic needs. For example they said that it was neglectful for parents or carers not to equip children with social skills, morals and manners, and with self-care skills (including those needed for independent living), or to prevent children becoming obese. They also felt that prioritising a new partner over their children, or regularly making them babysit younger siblings, could signify neglect, and pointed to the neglectful practice of professionals (including foster carers) in not meeting the support needs of adolescents (Rees et al, 2011).⁴

In the same study young people were asked to consider scenarios where, for example, children were left unsupervised for a period of three hours during the day, or overnight, or obliged to cook their own meals, or fed a diet of fast food. Discussions focused on whether the different situations constituted neglect according to the age of the child involved (who could be 2, 9, 12 or 15 in the exercise). For situations where the child was aged 12 or 15 the young people found it difficult to come to a consensus and the groups concluded that neglect would be determined more by the abilities, skills and confidence of the children in the scenarios rather than by an absolute age cut-off. The young people who participated

in the research decided that what is neglectful is dependent on how an individual feels about, or is affected by their experiences.

Measuring adolescent neglect

Research studies which have sought to establish the prevalence of different forms of childhood maltreatment have employed a structured interview methodology with population level samples. The most widely-quoted of these in this country was commissioned by the NSPCC (Radford et al, 2011), although some of the format was also mirrored in a recent US study (Finkelhor et al, 2014). To look specifically at neglect in adolescence, young people aged 11-17 who took part in the NSPCC research answered questions via a computer, preceded by an initial statement to define neglect:

'When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are ill, or make sure they have a safe place to stay.'

They were then asked a first question, premised on the statement they had just heard: 'At any time in your life were you neglected?' - with the response options 'yes' or 'no'.

This was followed by a short series of yes / no, or 'how often' type questions about experiences they had had which would indicate neglect. For example, 'At any time in your life, did you have to go to school in clothes that were torn, dirty or did not fit because there were no other ones available?' and 'When you go out on your own or with friends your age how often do

your parents ask you who you are going out with?' A total of eight questions were asked covering physical care, supervisory and emotional forms of support. Adolescents were classified as having been neglected if they said 'yes' to the broad question or 'yes' (or 'hardly ever' / 'never) to any of the follow-ups.

What neglect meant was pre-determined in this study - and it was assumed, for example, that a 17-year-old should be treated in the same way as an 11-year-old.

This approach - whilst being a pragmatic means of attempting to measure neglect in the context of a sophisticated study to cover multiple forms of maltreatment within one data collection exercise - shows some limitations with regard to isolating neglect, highlighting the same problems that there may be with aspects of the research typologies detailed above.

A key problem is that the definitional statement, first question and the second one about clothing for school purport to identify neglect, but - as has been argued by a number of researchers in relation to research instruments for measuring neglect (see Rees et al, 2011; Charak, 2014) - they may instead be identifying poverty. A lack of food or appropriate, or clean clothing, or the poor condition of a child's home, or even a failure to adequately supervise a child, could all, in some circumstances, be rooted in economic deprivation rather than being because of a deficit in parenting capability.

This approach runs counter to the advice given in an earlier article which advocated a strict adherence to measuring discrete caregiver behaviours in order to study neglect (Straus and Kaufman Kantor, 2005) - largely because it is not necessary to conjoin the issues (and confound the

findings) as questions on household economic circumstances can be asked at a different point in the exercise allowing for cross-referencing during analysis.

A new study sought to avoid this pitfall as part of a broader aim to improve conceptualisation of adolescent neglect and to begin re-assess its extent and potential consequences for young people aged 11-17 (Raws, 2016). To conduct an initial exploratory study via an online survey in schools a self-report measure of the frequency of parenting behaviours was designed and developed in consultation with young people and adults. Initial discussions were held on what parents *should* do to care for and support their adolescent children, leading to a list of 25 discrete behaviours (e.g. 'help if you had problems'; 'show an interest in what you were doing at school').

These were piloted with around 500 young people in a panel survey, and cognitively tested with 12-14 year olds, to ensure clarity of phrasing (i.e. that questions were being interpreted by young people in the way intended by the researchers), and this led to a narrowing down to 16 items for the main survey. The items were grouped into four categories - educational support, emotional support, physical care and supervision - and young people were asked to say how often in the past year their parents or the adults they lived with had done each thing (with the response options 'Always', 'Often', 'Sometimes', 'Hardly ever' or 'Never').

The final version of the measure - on which findings presented in the report were based - saw a further refinement to a 12-item scale (three for each category - see Box 1, on the next page) as a result of initial analysis of how young people's responses linked together in the data. It was notable that some aspects of

parenting which might be regarded as being fundamental to good care - ensuring a child attended school, encouraging them to wash or shower regularly, or helping them learn things outside school - did not work well (perhaps because they were too commonly experienced by young people in this age group and sample, for example) and were not ultimately retained within the measure.

A questionnaire which included the new measure was deployed in a national schools survey and the 14 and 15 year olds taking part were also asked about risk-taking behaviours and their health and well-being (as well as their gender, who was in their family, etc.). Scores were generated for each form of parenting for each participant and these indicated that some parents rarely or never acted in ways which demonstrated care or support. Comparing young people who had experienced these low levels of parenting input with their peers who had had more support showed that more of them smoked regularly or drank alcohol to excess, and that they more often truanted from school. They also reported poorer scores for subjective well-being (e.g. life satisfaction and feelings of competence were generally lower).

Through a systematic comparison of young people's answers to all the questions it was possible to identify at what levels infrequent parenting inputs linked consistently to responses to the other indicators - the point at which parenting became 'neglectful' – and threshold scores for each category of parenting were determined for 'neglect', 'at risk' and 'cared for'. These scores were used for further analysis of the dataset to look at the contexts and associations of neglect.

For this study, then, aspects of normative parenting were defined in advance - and the questions were piloted and tested to check that they worked well together to measure the categories which were being studied - but the classification of neglect was only applied 'post hoc' in the light of linking specific low levels of parenting inputs to other (negative) responses. This had the benefit of not relying on young people's own assessment of whether they had been neglected or not - something they might have been averse to admitting - and made the 'assessment' of when poor parenting became neglectful a less subjective exercise.

This approach also had the benefit of allowing for variation between types of parenting behaviour within a family - i.e. a young person could experience emotional neglect (one of the most common forms according to this study) in isolation, or this could be combined with one or more of the other three types measured. And, although the data collection focused on Year 10 students, the measure could be used with other young people aged 11-17 in order to develop age-sensitive thresholds for neglectful parenting.

There are some limitations in this methodology - for example, the questions did not capture data on the quality of a young person's relationship with parents or carers - but the final measure provides a straightforward and very simple way to establish neglect for adolescents.

FIGURE 1: Final measure of parenting behaviours

In the last year how often did your parents, or the adults you live with ...

- ... show an interest in what you were doing at school?
- ... attend parents' evenings at school?
- ... keep track of how you were doing at school – by doing things like reading reports?

**EDUCATIONAL
SUPPORT**

- ... help you if you had problems?
- ... support you if you were upset?
- ... tell you when they thought you had done something well?

**EMOTIONAL
SUPPORT**

- ... make sure you saw a doctor if you needed one?
- ... take care of you if you felt ill?
- ... support you to look after your teeth and go to the dentist?

**PHYSICAL
CARE**

- ... ask you where you were going when you went out?
- ... like to know where you were after school?
- ... expect you to call or text to let them know if you were going to be home late?

SUPERVISION

Response options and scores

Never (0) Hardly ever (1) Sometimes (2) Often (3) Always (4)

Raws, 2016

Neglect in isolation? The importance of considering co-occurrence of maltreatment types

Estimates for the extent of neglect from research should be regarded with a degree of caution for a number of reasons to do with the source of data (official data is limited to officially categorised / recognised cases), the quality of research methodologies used, etc. But there is another important issue to take into account when considering how adequately they represent young people's experiences.

Much of the evidence suggests that it may be misleading to measure neglect in isolation. Research has established that different forms of maltreatment are often co-occurring (e.g. Dong et al, 2004; Cawson, 2000).¹ The NSPCC study discussed previously, concluded that 'specific types of maltreatment rarely exist alone and children and young people who experience one type of abuse often experience other forms' (Radford et al, 2011). A study in the US also found that although neglect was the form of maltreatment most often experienced alone 'co-occurring maltreatment experiences predominated' (Arata et al, 2007).

The study of neglect using official data also casts doubt on the value of an oversimplified view of neglect. An analysis of child protection case files by researchers in the US (Mennen et al, 2010) found that neglect was most often part of a 'pervasive pattern' - usually obscured by classification systems - with the following characteristics:

- Neglected children had more reports of maltreatment in their record than maltreated children who had not been neglected
- Neglected children experienced more different types of maltreatment than children who had not been neglected
- Different forms of neglect often co-occurred (e.g. 65.4% of those who had experienced supervisory neglect had also been emotionally neglected)

This led the authors to conclude, 'It appears that parents whose lack of monitoring and attending to their children is serious enough to bring them to the attention of child welfare authorities are likely to actively abuse their children as well.'

'What is adolescent neglect?' (A conclusion?)

There is no straightforward answer to the question posed at the outset of this review. Neglect can come in a number of different forms related to the different aspects of providing care and support to a maturing young person - and studies suggest that these may co-occur in

different combinations for different adolescents. For many young people who suffer neglect there is a likelihood that they will also encounter other forms of maltreatment at some point in their childhood - although some may not and the assumption should not be made that this will always be true.

In terms of *when* a situation of poor parenting becomes neglectful there could be a wide range of different factors which determine this - including the age and capabilities of the young person involved - and this has led some researchers (including Professor Howard Dubowitz, who, with a group of academics, put neglect onto the research agenda in 1984) to conclude that arriving at a single, global definition is perhaps unlikely because the concept is so driven by context (Dubowitz, 2007).

The challenges in adequately conceptualising and defining neglect reverberate through research to study possible contexts and potential consequences of adolescent neglect, and how to best respond to it, as we will discuss in the following chapters of the report.

POINTS FOR PRACTICE

Efforts to define and conceptualise neglect suggest that for practitioners working with adolescent neglect:

- It may be helpful to think of the typologies which have been used to research neglect, to consider the different possible forms of neglect a young person can experience (e.g. the four-fold categorisation used in new research - emotional, educational, physical and supervisory - Raws, 2016).
- The 'lived experience' of a young person - what they feel is neglectful about how they are cared for - is particularly important for this age group.

3 The contexts for adolescent neglect and its possible consequences

Although the evidence is far from comprehensive research has been published which describes some of the contexts where adolescent neglect may be more likely to happen and the possible consequences when it does.

The contexts for neglect

A recent comprehensive review of research found that, although there was evidence that some family or structural factors may be associated with neglect of children generally there was little to distinguish what might be particularly distinctive for neglect as opposed to other forms of maltreatment for adolescents (Stein et al, 2009).

Where it has been suggested that context may have a bearing on neglect the characteristics of young people and / or their families which may be relevant include:

Gender

Studies that have looked at the different experiences of boys and girls have found that there may be some relationships between gender and the type of neglect experienced during adolescence or its consequences. For example, that in their mid-teens boys may be more likely to be neglected in relation to supervision than girls (Raws, 2016) - although, interestingly there was no correlation with gender for the other types of parenting studied in this research. Other research indicates that boys who have been neglected may experience more victimisation within

intimate relationships ('dating violence') than boys who have not (Wekerle et al, 2009) and that girls who have been neglected may be more liable to experience general victimisation as they grow older (Tyler, Johnson and Browridge, 2009).

Ethnicity / culture

Researchers have suggested that ethnicity and cultural difference may play a part in different normative parenting practices, while at the same time highlighting the challenge this presents in defining neglectful parenting (Rees et al, 2011). Some research into the links between ethnicity and parenting styles has been done - especially in the US and in relation to 'delinquency' amongst adolescent males - finding that parents in minority ethnic families may allow their children more freedom ('premature autonomy') than those in white families, and that this links to offending, etc. (e.g. Dishion et al, 2004). And a study of the mother-son relationship between youths of Moroccan origin living in the Netherlands and those of indigenous young people found that Moroccan boys were more likely to have a 'neglectful' type of relationship with their mother than their Dutch counterparts (Veen et al, 2011). Overall, however, how to translate findings on this topic from the few studies that have been done in other countries to a UK context is difficult to know and this is an issue where more research is needed.

Disability

Research has indicated that disabled children may suffer disproportionate levels of neglect. A key study from the US analysed official records and found that certain disabilities led to higher risk – e.g. children who were deaf or hearing impaired were twice as likely to be neglected than non-disabled peers, and those with behaviour disorders were seven times more likely to be neglected (Sullivan and Knutson, 2000).⁵ A meta-analysis of prevalence studies of violence (including different forms of maltreatment) against children with disabilities found a greater risk of neglect than for children who did not have a disability, although there was 'substantial heterogeneity between estimates', and the authors noted the overall lack of research on neglect (Jones et al, 2012). Another review of the empirical evidence that has led to '... the presumptions that children with disabilities are at increased risk for maltreatment, and that parents with disabilities are more likely to perpetrate abuse and neglect' found that the evidence for both was 'equivocal' because of methodological limitations (Leeb et al, 2010).

Family structure and re-structure

There is a higher risk of neglect where a family is headed by a lone (usually female) parent (Swift, 1995; Daniel and Taylor, 2006), suggesting that in some cases separation of parents can contribute, although the re-constitution of families when a step parent is introduced (sometimes along with their children) can also lead to neglect – e.g. a shift in the focus for parental attention, and an increased tendency for older adolescents to be forced out of home (see Rees and

Rutherford, 2001; Rees and Siakeu, 2004). An emphasis on the role that mothers play in child care has led to a dearth in studies of the father's input, and his potential stake in neglect (or in mitigating neglect). More often research has highlighted the risks a maltreating father can bring to a household, rather than the protective role he may play (see Dufour et al, 2007 for a discussion of on the complexity of the issues around fathering and neglect). Larger families with more children resident have also been found to be a situation where neglect is more likely to happen (Bovarnick, 2007).

Parental issues or problems

Parental alcohol or drug misuse is known to be associated with neglect (Advisory Council on the Misuse of Drugs, 2003; Tunnard, 2004). Young people whose parents suffer from mental ill health at higher risk of neglect (Ethier et al, 2000). Cleaver, Unell and Aldgate's (2011) review of 'parenting capacity' in relation to meeting children's needs adds households where there is domestic abuse, or those where a parent or carer has a learning disability to these potential contributors to reduced parenting capacity, and helpfully describe issues faced by children at different developmental stages.

Sudden events

The onset of neglect can be related to unanticipated events – 'stress points or life changes, for example bereavement, redundancy, divorce or illness' (Evans, 2002) – and older children are more likely than younger children to experience these events at some point in their lives.

Many researchers have highlighted the importance of not solely placing the 'blame' for neglect on parents - particularly on mothers (e.g. see Flood and Holmes, 2016). They argue that neglect within a household is always at the centre of a set of other contributory factors (detailed on these pages) and that it is vital to understand that social and material issues play their part and that 'societal neglect' (e.g. poor levels of agency support) underpins intra-familial neglect (Hooper et al, 2007).

Factors located outside the family, but which have a pervasive influence on family life and may link to neglect include:

Absence of wider support networks

Young people whose families have less social support – from extended family, community or professionals – are more likely to experience neglect (Hooper et al, 2007), although this may be mitigated by the support of a young person's own peer networks.

Socio-economic factors

The links between socio-economic factors (housing, employment, poverty etc) and child abuse and neglect have been a focus for international research, but there are problems in translating this into the UK context (see Rees et al, 2011, Bywaters et al, 2016).

UK-based studies which have looked at the interrelationships between parenting styles and social class (Shucksmith, Hendry and Glendinning, 1995), and between supervisory neglect and social class (Wight, Williamson and Henderson, 2006) have found associations which may link to neglect, but it remains unclear how this applies specifically to adolescents. One recent self-report study used a child-centred measure of material deprivation -

of things that young people said they 'need for a normal kind of life' (Main and Pople, 2011) - as part of a set of measures to consider associations with different levels of parenting inputs, and found that 'neglectful' levels of parental behaviours were more often present where young people said that they lacked some of the possessions, experiences or resources that their peers had.

Research findings around this topic tend to reinforce the assumptions that poverty and neglectful or abusive parenting are inextricably linked. In some examples the methodologies used that led to these findings employed sampling techniques focused on official records (which only include maltreatment that has been officially assessed and responded to by the authorities and tend to be biased to particular socio-economic classes).

Some researchers have argued that the material deprivation of families is a key contributory factor in neglect and, more recently, that 'austerity' and cuts to services have led to increases in neglect (e.g. Burgess et al, 2014). Yet two comprehensive reviews of the research on poverty and child maltreatment published by the Joseph Rowntree Foundation in the last ten years have both concluded that citing poverty as the principal foundation for abuse and neglect is a misleading

oversimplification of a situation that remains ambiguous. The authors of the earlier study asserted that the majority of parents who live in poverty have adequate parenting capacity, but that those who are poor and who also fail to parent well do so for reasons other than the deprivation they are experiencing (e.g. because of personal characteristics, their own backgrounds etc.). The report's authors found that 'the way parents relate to their children does not simply arise out of economic adversity or advantage' (Katz et al, 2007). The authors of the more recent review concluded that there was evidence to say that poverty was so often a feature of the context for neglect that it should have the status of a 'core association' with abuse and neglect, but that it is not 'a necessary or sufficient factor in the occurrence of child abuse and neglect' (Bywaters et al, 2016).

At the same time, because of the many ways in which young people can experience being neglected, there is research which shows that children in more affluent families may be more

psychologically isolated from their parents and as a result be more likely to experience emotional neglect (Luthar, 2003; Luthar and Latendresse, 2005).

Community profile

Some studies have shown associations between 'rates of child maltreatment and neighbourhood poverty, housing stress and drug and alcohol availability' (e.g. review by Freisthler, Merritt and LaScala, 2006), and this suggests that adolescents in these communities may be at increased risk of neglect. One might extend this list of the potential factors present within disadvantaged communities to include gang activity. However, there is no evidence linking neglect at home to gang involvement, and the conceptualisation of gangs in the UK has been challenged because of a failure to adequately apply relevant criteria when labelling groups of young people as 'gangs' (see Smithson et al, 2013).

POINTS FOR PRACTICE

Research on the contexts for adolescent neglect shows that a wide range of different factors can play a part in increasing the chance it may happen in the first place, contributing to its onset, affecting the type(s) of neglect which occurs, prolonging its course, and hindering efforts to address it.

Amongst other points for practice this might mean:

- Awareness and understanding of the different factors that can contribute to neglect should inform the assessment and review process.
- Being alert to the importance of family structure / re-structure and sudden events as possible causes of neglect and the saliency of transitions in children and families' lives as a precursor to potential neglect.
- Understanding that where there are problems for parents (such as substance misuse, mental ill health, or physical health difficulties) a whole family assessment should also be done to consider whether the needs of adolescents are adequately being met. At the same time, in families where there are some of these problems, parenting capacity may be impaired only episodically and support by services can reduce the impact of this.
- Although poverty is closely linked to neglect it should not be assumed that financially poor parents will necessarily neglect their children. Poverty can exacerbate some challenges with the capacity to parent (e.g. because parents may be stressed or depressed), but studies have also shown that materially-wealthy families may be as likely to neglect their adolescent children (e.g. in relation to emotional neglect) as less affluent ones.

The possible consequences of adolescent neglect

Although the potential consequences of neglect have been studied in some detail a large proportion of the published research manifests the same methodological deficiencies discussed earlier in the report - principally those related to clarity of definition and leading to potential ambiguity around the nature, timing or type of neglect which is being studied.

In terms of understanding the 'impact' of neglect there is also the particular obstacle that most studies are based on analysis of cross-sectional data (where data was collected at just one point in time) rather than longitudinal data (sequenced data collection over an extended period). This means that, although there are a variety of findings on the problems which are co-terminous with neglect - that young people or their parents or professionals report, or official records convey at the time of a study - evidence of the outcomes from neglect where a direct pathway can be plotted between exposure and effect is less easy to find.

This is not to say that the problems which are 'correlated' (or 'associated') with neglect in adolescence are not important. A contemporaneous link between neglect and difficult issues in young people's lives can help inform understanding of how to respond to neglected adolescents. But there is less clarity than for 'causation' which adds a more powerful insight into the evolution of difficulties resulting from experiences of neglect and how corrosive exposure can be over time.

In this section research with findings on the issues which are correlated with

neglect is presented and studies that offer more robust findings on outcomes are also described.

Potential consequences of neglect

A number of studies which include findings on issues associated with neglect demonstrate that those who have been, or are being neglected, have many difficulties in their lives which can range across different aspects (see Table 1, pp26-28):

- Physical health
- Mental health
- Well-being
- Peer relationships
- Risk-taking behaviours
- Education
- Offending / anti-social behaviour
- Vulnerability to (other forms of) abuse
- Potential to become a perpetrator of neglect and abuse

A few studies show contrary findings to the overall picture of negative consequences (e.g. Kools et al, 2009).

The evidence here is piecemeal, in that it comes from research focused on different types of neglect, or an ill or narrowly-defined category of neglect, or was generated from a broader study of 'maltreated' children. Some studies also only collected data from a sample with specific characteristics (e.g. young people in foster care in the Kools et al study).

It is noteworthy that:

- Much of the published research has been on issues that may be regarded as being 'troublesome' for adults to contend with (on risky externalising behaviours like offending and substance misuse - referred to as 'delinquency' in US research) rather than on the harm to physical, mental

health or well-being that afflicts the young people who suffer from neglect.

- Separating the potential consequences of neglect into discrete categories can be difficult - e.g. in the short term early onset of sexual activity may be classified as being harmful to physical health (perhaps because of extra vulnerability to sexually transmitted diseases), but in the longer term this may also impact negatively on a young person's mental health.
- There can be 'extreme' consequences of neglect, including the neglect specifically of young people during their adolescence - as the evidence from Serious Case Reviews has demonstrated.

Given the spread and nature of problems that are linked to neglect, there is also an implication that there will be longer term difficulties for at least some of the young people who experience neglect. There is little direct evidence of this, but logic

suggests that those who struggle at (or exit) school and become involved in risk-taking behaviours or offending are less likely to achieve economic independence and stability in adulthood. A policy review in the UK on risk factors which inhibit life chances suggested that many of the factors that have been linked to neglect in childhood (e.g. living with parents who had poor mental health, living in a deprived neighbourhood) could also combine to impair adulthood (HM Treasury, 2007 quoted in Rees et al, 2011). In addition large-scale studies of longitudinal datasets from the US have now shown that childhood maltreatment leads to poorer physical health in adulthood (Spatz Widom et al, 2012) and to a lower likelihood of achieving 'economic well-being' - e.g. being in employment or owning a home in mid-life (Currie and Spatz Widom, 2010). These studies may have indicative findings of the likely longer term outcomes for young people neglected in adolescence, but they were based on data that only covered maltreatment in earlier childhood.

Table 1: Research studies with findings on the potential consequences of neglect for children and young people

	Studies showing link to neglect	No links found
PHYSICAL HEALTH	<ul style="list-style-type: none"> • Increased rate of teen pregnancy (Thornberry et al, 2001). • Low monitoring (supervisory neglect) > early sexual activity (Miller, Benson and Galbraith, 2001; DeVore and Ginsburg, 2005; Wight et al, 2006). • Early 'consensual' sexual intercourse (James et al, 2009). • Predictive of teen birth - more strongly than sexual abuse (Noll, 2013). • Serious injury or death (Brandon et al, 2013). 	Emotional abuse of 14-18s predicted disordered eating / emotional neglect did not (Mills (2015).~
MENTAL HEALTH	<ul style="list-style-type: none"> • 'Daily stress' (Williamson et al, 1991). • Internalising problems -e.g. depression (Thornberry et al, 2001; Vasnoyi, Hibbert and Snider, 2003). • 'Hopelessness' and 'suicide proneness' (Arata et al, 2007) • Low general psychopathology (PTSD, dissociation and depression (Weschler-Zimring, 2011). • Emotional neglect > depression (Gomez, 2015).~ • Suicidality (Hadland, 2015).~ 	Emotional abuse predicted increases in depression and anxiety but emotional neglect did not (Hamilton, 2013).~
SUBJECTIVE WELL-BEING*	<ul style="list-style-type: none"> • Raws (2016) - lower levels of life satisfaction, competence, relatedness and future optimism. Multiple neglect types > worse levels. 	
PEER RELATIONSHIPS	<ul style="list-style-type: none"> • Bullying victimisation (Cullingford and Morrison, 1997 in Moran, 2007). • Dating violence victimisation in boys (Wekerle et al, 2009). • General victimisation higher for girls only (Tyler et al, 2008). 	No link between neglect and peer influence on risk taking for young people in foster care (Kools et al, 2009).
<i>Continued on next page</i>		

Table 1: Research studies with findings on the potential consequences of neglect for children and young people

	Studies showing link to neglect	No links found
RISK-TAKING BEHAVIOURS [^]	<ul style="list-style-type: none"> • Substance misuse - alcohol, illegal drugs and / or tobacco (Barnes et al, 2000; Thornberry et al, 2001; Vazsonyi et al, 2003; Claes et al, 2005; Cleveland et al, 2005; Aarons, 2008; Raws, 2016). • Polydrug use (Alvarez Alonso, 2016). • Running away from home (Rees and Lee, 2005; Safe on the Streets Research Team, 1999). • General 'risky behaviours' - may have included gang activities, arrest, physical assault, substance misuse and unprotected sex (Thompson et al, 2012). 	<p>Neglected young people (involved with social care) no more likely to report substance (Traube et al, 2012; Vaughn et al, 2007).</p> <p>No association between 'risky behaviours' (linked to illness or injury) and neglect (Kool et al, 2009).</p>
VULNERABILITY TO ABUSE	<ul style="list-style-type: none"> • Child sexual exploitation (Hanson, 2016) • Intra-familial sexual abuse (Allnock, 2016) 	
EDUCATION (engagement / achievement)	<ul style="list-style-type: none"> • Behavioural issues at school (Aunola et al, 2000; Vasznoyi et al, 2003; Williams and Kelly, 2005). • Neglected boys more engaged than neglected girls (Tyler, Johnson and Brownridge, 2008). • More likely to drop out of school (Thornberry et al, 2001) • Achievement (Spera, 2005). 	<p>No link to achievement for fostered children (Kools et al, 2009).</p>

Continued on next page

Table 1: Research studies with findings on the potential consequences of neglect for children and young people

	Studies showing link to neglect	No links found
OFFENDING / ANTI-SOCIAL BEHAVIOUR [^]	<ul style="list-style-type: none"> • Ongoing neglect led to a higher likelihood of reoffending - for young people receiving youth justice and social care interventions (Ryan, 2013). • Many US studies on the criminogenic impact of neglect (e.g. Thornberry, 2001; Thornberry, 2010; Mersky, 2012). Australian study with similar findings (Stewart et al, 2008). 	<p>Physical and supervisory neglect did not predict delinquency. (Snyder and Merritt, 2014).</p> <p>Neglect not linked to sexual or violent offending - unlike physical abuse and sexual abuse (Asscher, 2015). Similar findings for young people with an 'intellectual disability' (VanDerPut, 2014).</p>
PROPENSITY TO BECOME A PERPETRATOR	<ul style="list-style-type: none"> • Intergenerational transmission of maltreatment (Thornberry et al, 2013) • Harmful sexual behaviours (Hackett, 2016) • Intra-familial sexual abuse (Allnock, 2016) 	

* 'Subjective well-being' relates to children's own assessments of how their lives are going. Two key elements are 'life satisfaction' and the experience of positive or negative emotions. The related issue of 'psychological well-being' - children's sense of meaning and purpose - is also often covered in research studies.

[^] Some US studies could be included in both categories under the general title of 'delinquency'.

~ These studies used CTQ scales of emotional maltreatment.

Outcomes of neglect during adolescence

Studies which dissect the life course of childhood and reflect in more detail on the timing of abuse or neglect have been rare - and there have also been competing theories around how exposure in different periods may have more or less significant outcomes (see Kaplow and Widom, 2007).

To summarise the arguments made, one theory suggests that exposure in early childhood is most harmful due to the likelihood of impact on developmental milestones, leading to negative outcomes throughout subsequent periods (Schore, 2002; Cicchetti and Valentino, 2006; Miller-Johnson, Loeber and Hipwell, 2009). The other perspective is that older children may be more severely affected by exposure because of their greater understanding and awareness (Sampson and Laub, 2005; Eftekhari, Turner and Larimer, 2004).

Research which answers the complex questions posed by these theories is inconclusive, although one study in particular does offer some compelling findings. Data collection for the Rochester Youth Development Study (RYDS) began in 1988 and the project followed developments in the lives of a group of 1,000 vulnerable young people from a deprived district of New York throughout their teenage years and into early adulthood. The young people themselves were interviewed 13 times between the ages of 14 and 31, and their parents/carers were also interviewed (separately, but at similar intervals) until their son or daughter was 23. Official data from police, school and social services was also collected and analysed. The RYDS has been particularly successful in avoiding attrition from the original sample

– around 80% of the initial group of adolescents took part again at age 30.⁶

Early findings demonstrated how maltreatment in earlier childhood significantly increased the risk of adolescent 'problem behaviours' - delinquency, teen pregnancy, drug use, low academic achievement and mental ill health (Kelley et al, 1997). And as the study matured, analysis of the datasets compared the impact of different forms of maltreatment during different periods in a young person's life course, revealing that:

Maltreatment which begins during adolescence is more damaging than maltreatment which started and ceased during childhood, causing problems during late adolescence and early adulthood including 'involvement in criminal behaviours, substance misuse, health-risking sexual behaviours and suicidal thoughts' (Thornberry et al, 2010).⁷

Neglect during adolescence is as damaging as other forms of maltreatment – increasing the risk of arrest, offending and violent crime in late adolescence, and the risk of arrest and drug use in early adulthood (Smith et al, 2005).

Exposure to maltreatment in adolescence was more likely than maltreatment experiences earlier in life to lead to becoming a perpetrator of maltreatment in adulthood (Thornberry et al, 2013)

These findings suggest that the theory that childhood-limited maltreatment would be more problematic may have been incorrect⁸ – and that neglect in adolescence in particular has far-reaching impact, at least equivalent to the damaging effects of the other different forms of maltreatment.⁹

However, another study which has recently been published provides some contrary evidence in relation to criminogenic outcomes (Mersky, Topitzes and Reynolds, 2012). Using official records for child protection (up to the age of 18) and youth and adult offending (complemented by self-reporting) for around 1,500 'underprivileged' children in Chicago, and comparing this dataset to a matched sample of 550 children from the same state, showed that childhood-limited maltreatment had more pervasive, long term effects on offending than did adolescent-limited maltreatment. The majority of findings run counter to those from the RYDS and, although this research used a more limited methodology (no interviews and no involvement of parents / carers), they highlight the complexity in researching the timing of maltreatment, and the need for more long-term studies to unpick these issues.

When is adolescent neglect more likely to happen and what are the consequences when it does?

Evidence around the links between neglect in adolescence and other issues - whether these be its causes, the factors which can increase the risk of its occurrence, or the outcomes when it does happen - is very varied. A number of studies have been undertaken but findings have often been confounded because of problems with definition and conceptualisation. At the same time the areas and topics covered have ranged widely but there remains only a partial picture in relation to just some of the potentially relevant issues.

There is, however, a strong enough evidence base to show that neglect of adolescents is a serious problem which can happen to young people in different circumstances and which can lead to many problems in their lives.

POINTS FOR PRACTICE

Research on the potential consequences or outcomes from adolescent neglect suggests that different forms of neglect, sometimes experienced in a variety of combinations, can have different impacts on different young people in different circumstances. These include:

- Problems with physical and mental health and poor subjective well-being.
- Difficulties with relationships (with family and peers).
- A higher likelihood of becoming involved in risk-taking behaviours (e.g. problems with school attendance, a higher propensity for offending and anti-social behaviour).
- Increased vulnerability to other forms of maltreatment, and a higher likelihood of becoming a perpetrator of maltreatment (against peers and / or as an adult).

The potential consequences can be particularly serious - as shown in the number of SCRs where neglect of adolescents had been a key feature.

4 Identification and assessment of adolescent neglect

A number of different ways of measuring or assessing neglect have been developed. As described earlier in the report, researchers have used instruments that ask young people, their parents (or both parties) a series of questions which can lead to a classification of neglect.

The challenge for addressing neglect in practice extends beyond an initial identification to one which incorporates a series of decisions about the nature of a response, the prospects for change within a family and the risk of significant harm to the young person occurring as a result of neglectful care.

In this section the available evidence on assessment tools for addressing neglect in practice is presented and discussed.

Research instruments to identify neglect

Researchers have used different measures to identify neglect. Each was developed in the context of a particular methodology which determined their content, and it is important to note that few, if any, have been produced specifically to collect data related to adolescent neglect.

Some examples of measures which have been used are listed in Table 2 on p32. Perhaps the most widely-used has been the Childhood Trauma Questionnaire (see Table 1 on pp26-28 for some of the recent studies which have employed this instrument, particularly to look at emotional maltreatment).

With appropriate modification and testing there may be a place for some of these to be used in practice, perhaps particularly

through administration by professionals in universal services to support an initial identification of neglect.

Assessing neglect

There have, and continue to be, many different attempts to develop tools and methods of assessing neglect. This was recently demonstrated in a review of responses to child neglect in Wales which found that all authorities in the country were using assessment tools - most commonly the Graded Care Profile, but often in tandem with at least one other tool, eight of which were identified across the different areas (Holland et al, 2013). This suggests that there is a keen desire to better assess neglect, but a wide diversity and perhaps troubling inconsistency around how to do this - and this problem may be most acute for adolescents.

The Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000) offers a comprehensive format for social workers to consider a range of aspects of family life. It can be used as a platform for conceptualising neglect, and is still recommended for assessment in current 'working together' guidance (see p22 in DfE, 2015).

The six dimensions included within the 'parenting capacity' domain of the Assessment Framework - basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, and stability - allow for a broad review of the areas of parental care and support which may be lacking in a child's life. The Framework also incorporates two more domains -

Table 2: Measures used to assess neglect from research literature

Measure	Content	Notes
Parental Bonding Instrument (Parker, Tupling and Brown. 1979)	7-item scale of parental care (refined from original 12-item scale) exploring experience of parental care between 0 and 16	Tested with adults. May be useful for large-scale studies (Lancaster, Rollinson and Hill 2000)
Neglectful Parenting Checklist (Minty and Pattinson 1994)	Over 100 items to cover food and eating habits, health and hygiene, warmth and clothing, safety and supervision, emotional neglect and school	Designed to assist practitioner assessments - for children under 7
Childhood Trauma Questionnaire (Finkelhor et al 2003)	Brief version has 28 items with 5 sub-scales (physical abuse, sexual abuse, emotional abuse, physical neglect and emotional neglect)	Used in self-report surveys with adolescents
Neglect Scale (Straus et al 1995)	A number of versions developed and tested (inc. Harrington et al, 2002), short form (see Straus and Kantor, 2005).	Aimed at adults reflecting on their whole childhood
US National Incidence Study definitions	Four categories for neglect - physical neglect, educational neglect, emotional neglect and general neglect (each with sub-categories)	Precise definitions to ensure consistent standards in NIS reporting (Sedlak, 2001)
Parental behaviours measure (Raws, 2016)	12-item self-report measure asking about frequency of care with four sub-scales - educational support, emotional support, physical care, supervision	Tested with 14-15 year olds to show neglect by association with other indicators

(Material in this table mostly comprises a summary from Rees et al, 2011).

'child's developmental needs' (in relation to 'education' and 'identity', for example) and 'family and environmental factors' (e.g. 'family's social integration' and 'family functioning and history') - which draw in a wide range of areas, all of which are pertinent to consider when assessing for adolescent neglect.

The diagrammatic representation of the Framework (shown below – or for an updated version see Appendix Two) - with a circle at the centre to represent the child within a triangle (where each side relates to a domain) - emphasises the inter-

relatedness of the domains. In addition the domain descriptions underscore the dynamic nature of assessment over time in relation to change - e.g. a 'child's developmental needs' will change over time, as may the 'family and environmental factors' in a child's life. This is reinforced through the tools provided for implementation (Core Assessment Records) which have the benefit of being segmented into different age-groups (including 10-14, and 15 years and over), and contain descriptions of age-relevant developmental needs.

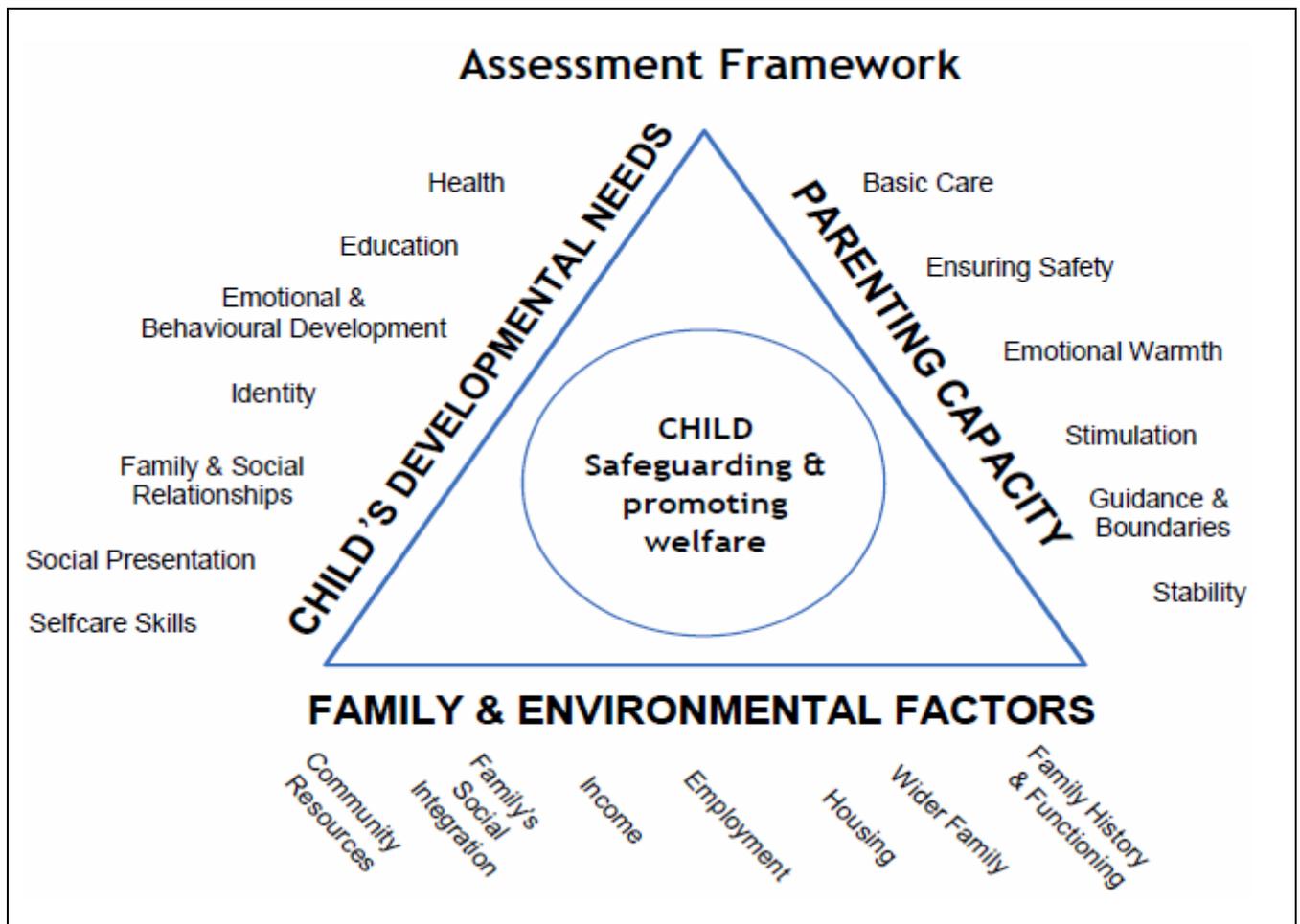


FIGURE 2: Assessment Framework diagram from 'Working Together to Safeguard Children' (2015).

For the older age groups this is helpful in highlighting the need for 'facilitative' support for some dimensions, rather than the direct care which younger children require.

The more recently-developed Common Assessment Framework (CAF) - introduced in England in 2006 - was intended to become a unified approach to early identification and response to families who needed integrated support to help their children meet the Every Child Matters outcomes.¹⁰

It also offers the prospect of collecting information on the situation within a family where neglect may be taking place, with a format that includes a summary of 'strengths and needs' across three different dimensions with similarities to the domains in the Assessment Framework (development of the child or young person, parents and carers, family and environmental) all of which include a variety of sub-categories (e.g. for development - learning and health).

Few research studies have been conducted to evaluate how uniformly the Assessment Framework or CAF have been deployed, how well they have been received, or the outcomes produced. Research that has been published suggests that the CAF has been welcomed by some families and professionals, and may have 'therapeutic' potential, but that it is currently underused – due in part to workload problems for some agencies, lack of skills and basic resource constraints e.g. lack of IS facilities (Holmes et al, 2012; Barlow and Scott, 2010). There is also evidence of a wide diversity of implementation, compromising the prospects of understanding what is or is not working about the CAF (Pithouse et al, 2009). And, where the CAF has been used, a key

aspiration to promote the voice of young people during the assessment has rarely been met (Gilligan and Manby, 2008).

However, perhaps the main problem with regard to these tools for potentially identifying neglect is that they are generic in nature and therefore rely on 'translation' by a practitioner to lead to an assessment of neglect - and, as studies have shown, there is a great deal of variability for this part of the process (Horwath, 2007). The evidence presented earlier in this report suggests that there will be even less consistency in applying findings from assessment in cases of potential neglect of adolescents than for other forms of maltreatment.

A similar difficulty exists in relation to some of the tools which are available to identify 'the likelihood of significant harm' - i.e. those which have been developed more specifically to support 'structured professional judgement' by social workers in child protection casework.

A systematic review of a number of models in use internationally highlighted the variability across these methodologies in terms of whether they were able to meet a set of 'ideal criteria' (e.g. a balance of structure between standardised tools and professional judgement, guidance for assessing parental capacity to change, clarity on the need for an effective relationship between the social care professional and the children and adults being assessed). However the study did find that some of the resources reviewed had demonstrated partial fulfilment of the prescribed criteria (Barlow, Fisher and Jones, 2012). Amongst these was the Graded Care Profile, a tool which has been specifically developed to focus on neglect - and this is discussed in the following section.

The Graded Care Profile

The Graded Care Profile (GCP) was first developed by two clinicians in the 1990s to support professionals who needed to assess neglect to respond to the provisions of The Children Act 1989 (Srivastava and Polnay, 1997). Based on Maslow's hierarchy of human needs it originally consisted of four areas - physical care, safety, love and esteem - each divided into 'subareas' (e.g. safety in carer's presence, or, in carer's absence), and the user is required to rate the standard of care for each subarea on a five-point scale (best, adequate, inadequate, poor, worst)¹¹. This generates an overall score for each area and the form used to support the assessment also has space for practitioner notes relative to each area.

The GCP is now in use in a number of local authorities - over 60 according to a recent study by the NSPCC (Johnson and Cotmore, 2015) - and has been subject to some limited testing and evaluation. It has been claimed that the GCP can facilitate improvements practice with neglect, including supporting better understanding of the nature and level of neglect, heightened objectivity in assessment, improved case planning and creating a participative process for assessment (Johnson and Cotmore, 2015). Some social workers also said that it helped encourage a child-centred approach to assessment as 'practitioners were encouraged to focus on the child's experience which helped to disentangle them from the adults' agendas.'

However, a national evaluation by the NSPCC found a good deal of variation in when and how the tool was used in the 19 sites across the UK where data collection took place,¹² and this led to rather contrary findings (e.g. 'Some disappointment was

expressed in cases where the GCP had either not generated new evidence, or had generated evidence that did not fit with the professionals' existing plans for the case', a finding described as being 'curious'), leading to the conclusion that a number of revisions were needed to the tool alongside more evaluation of its use in the future (Johnson and Cotmore, 2015).

However, it seems equally evident that either a more systematic approach to the use of the GCP needs to be developed (so that testing of effectiveness is premised on comparing like with like), or that efforts should be made to develop a set of discrete tools with a similar conceptual underpin but which can be used appropriately in different contexts, or both.

In addition - and particularly in relation to use of the tool for suspected neglect of adolescents - it may be important to read the findings of the report with some caution since very few parents took part in interviews (just 4 parents out of an overall sample of 27 'key stakeholders') and there were few cases where adolescent children were part of the family (only 15 of the 119 children in the sample of cases were aged 12-16; half were under 5).

The national evaluation report indicates that adolescence is a 'gap' in the content of the tool, and includes an insightful quote from one practitioner interview:

'... value judgements on what's acceptable for a teenager, because there's no guidance really around how late they should be out; how much they should be doing independently; how much should the parents check on them; if they're hanging around with the wrong sort of people what do we expect parents to do about it.'

There is nothing in there about that. It's a very different dynamic.'

but this is not further discussed.

Findings from this evaluation were used to make changes to the GCP (e.g. to the language used in the form and guidance) leading to a revised version (GCP2) which was subsequently piloted and tested and showed sound psychometric properties (Johnson, Smith and Fisher, 2015).

However, some limitations of this study - for example that only cases which already had a 'child in need' or 'child protection' status were included, that the practitioners involved may have made more careful assessments than tended to take place generally (they were all NSPCC staff who made a number of visits to each family) and that a lack of diversity (for age and ethnicity) - may undermine the generalisability of the findings.

Participants also commented in interview on some of the limitations they felt were present in the process - for example on how well context was assessed (e.g. parental problems with domestic abuse, or drugs or alcohol) and a potential for inconsistency around including the child's voice.

Overall, then, there remains only limited evidence of the robustness of the GCP for assessing neglect - and, in particular, there is very little to suggest that it is an appropriate tool for assessing adolescent neglect.

Ofsted summarised the features of poor assessments of neglect in a recent report (Ofsted, 2014) and these included:

- focussing almost exclusively on the parents' issues rather than on analysis of the impact of adult behaviours on children

- insufficient consideration of the parent-child relationship, with no consideration of attachment behaviour and a lack of attention to the child's emotional and physical development
- a lack of representation of the child's views, wishes and feelings...the individual needs of children and the impact of neglect on each child were not always identified and explored

The GCP could, in theory, address these issues, but in practice there appear to be ongoing problems in relation to how it is used for cases where adolescents are involved. Similar issues have been found in relation to other tools which have been used to identify or assess neglect (e.g. the HOME inventory and the North Carolina Family Assessment Scale for General Service - NCFAS-G).

Identifying and assessing adolescent neglect in practice

There is very little evidence upon which to recommend a particular assessment tool for neglect in adolescence. The design and subsequent testing of the few which do exist has been skewed towards assessment of neglect in younger children, mirroring the focus on this age-group within safeguarding work and in research.

The tools which have been used also tend to be aimed at the more intense end of child protection work - for social workers to use in more complex cases to work out where the onus in addressing severe neglect should be and, in some instances, to review change and outcomes over time.

However, as the research evidence demonstrates, some forms of neglect may have a long and perhaps slow evolution

(prior to and during an intervention) and there can be a number of different points during this when an 'assessment' could be done. This suggests a need for more than one type of assessment tool - perhaps a range from more light touch instruments which allow for a brief / basic assessment (possibly to support a decision as to whether there is a need to escalate professional concerns), to formats that can adequately survey the more extreme and multi-dimensional forms of neglect to contribute to statutory safeguarding responses.

There will also be different opportunities for intervention - as the next section goes on to detail - and it would make sense that assessment tools link to these. Also, given the complexity of neglect, effective implementation of any assessment process will need to accommodate the views of more than one party, especially those of a young person her/himself when adolescent neglect is the subject of the assessment. It may be, for example, that the GCP could be further adapted to work better for adolescents, but there is also a clear need to complement this with other tools which relate to different possible phases in work to address adolescent neglect.

The apparent lack of appropriate assessment tools for assessing adolescent neglect should perhaps not come as a surprise, given the problems identified earlier in this report around conceptualisation and definition. Without clarity and consensus on what adolescent neglect is there is little prospect of developing effective assessment tools.

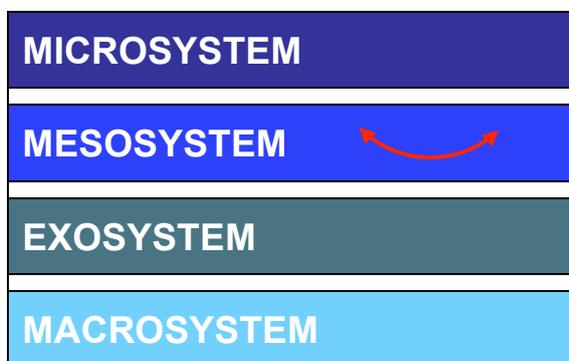
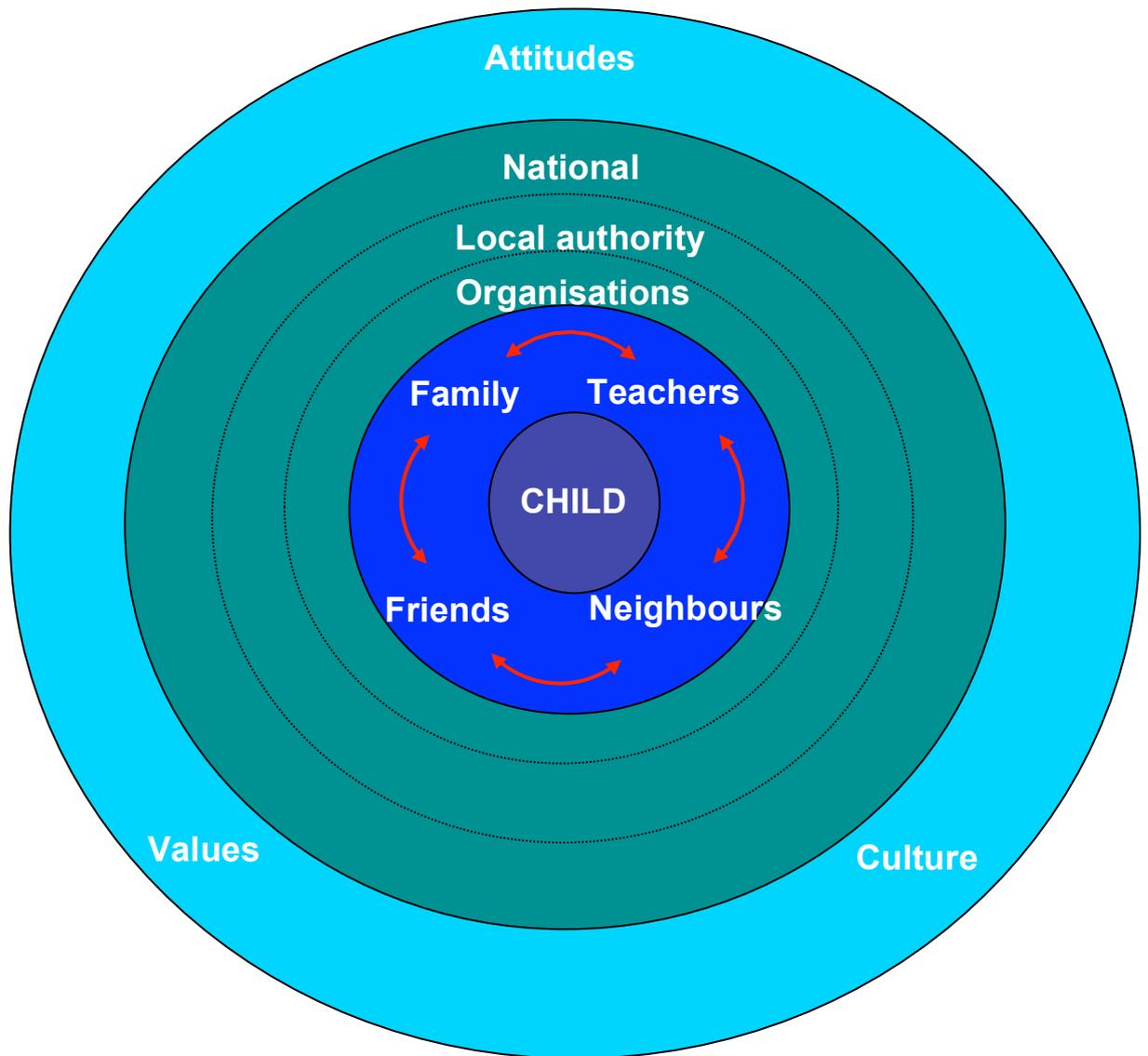
At the same time, and as was highlighted earlier, there are particular problems in relation to the identification and timely response to adolescent neglect which do not relate to inadequate assessment tools.

Rather they relate to a lack of knowledge and awareness amongst professionals, a variability and subjectivity around professional decision-making in relation to the neglect of adolescents (Horwath, 2005), and - at least for some - a view that adolescents are 'naturally resilient' to the effects of neglect (Rees et al, 2010). These barriers to responding effectively will likely hinder the implementation of any assessment process or tool, and need to be addressed in order to improve practice with young people who are neglected.

Understanding - and better identification and assessment - of adolescent neglect by professionals might be improved through training and education using a, 'ecological' model. This describes the interplay of different factors in a child's life which all have a part to play in their development. The model was initially theorised by the American developmental psychologist, Urie Bronfenbrenner, in the 1970s and asserts that a diverse set of factors contribute to a child's development. Some are 'close' to them - their family, friends, etc. (described as 'proximal factors') - and others are situated in their wider environment - school, community, local agencies, or even at a national level (e.g. through legislation), or have a more nebulous form such as societal norms, attitudes and values (these are called 'distal factors' in the model). The factors are described as being 'nested' within inter-related systems around every child (see Figure Two on the next page) and interact together and with the individual child's own personality, aptitudes, etc. to affect how they grow and develop.

Researchers have advocated the benefits of using an ecological approach to studying and to responding to adolescent neglect (Hicks and Stein 2010; Rees et al,

Figure 3: The 'ecological model' of child development
 (based on Bronfenbrenner, 1973)



2011), asserting that it supports a full appreciation of the many contextual factors beyond the family which can be relevant. The Assessment Framework - described earlier in this chapter - employs an ecological approach to assessment of need in families, and the addition of a neglect 'lens' (i.e. putting a particular

emphasis on what may constitute neglect) to this resource could make it particularly useful as a resource for work around adolescent neglect (Hicks and Stein, 2010).

POINTS FOR PRACTICE

Assessment of adolescent neglect (and work to resolve it) can be challenging as it requires a broad consideration of all the factors that might play a part in the development or continuation of a neglectful situation, including those outside the family itself.

- An 'ecological model' is a useful aid to ensuring that all potentially relevant issues are taken into account.
- There is little evidence of tools which are effective for assessment and review of neglect cases involving adolescents, although the Assessment Framework - and the age-related resources which are available as part of this - can be helpful in supporting practitioners to make thorough, age-appropriate assessments.
- A professional culture which understands the nature and potential serious impact of neglect of adolescents is important in order to support high quality assessments.

5 Working to address adolescent neglect

Most services working in England with adolescents are either addressing particular types of externalising behaviour (e.g. offending, teenage pregnancy), or internalising features (e.g. mental ill health), or are providing a generic response to family problems (e.g. under the 'Troubled Families' programme). Some of these are independent, voluntary sector projects which focus on a particular issue (e.g. child sexual exploitation or substance misuse). Alongside these interventions are children's social care services which operate at the more severe end of maltreatment, including those supporting young people who have been classified as 'Children in Need' or who have a child protection plan. There are also services in some areas for those young people who are deemed to be 'on the edge of care' (IPC, 2015).

A significant proportion of the young people these services are working with will have experienced neglect, although in most cases this aspect of their lives will not be the focus of the intervention, and often it will not have been considered as an issue to address. Nor, in many cases, will work with parents form a part of the intervention.

This piecemeal response is unlikely to be sufficient or appropriate to deal with the complexities inherent in holistically tackling adolescent neglect. The needs of young people who live with neglect (and their parents or carers) do not fit neatly within the boundaries of particular agency or service provision. Most of these services are not delivered using standardised models of practice and most have not been developed and improved on the basis of rigorous outcome-focused

evaluation. And little attention has been paid to the prevention of adolescent neglect.

For all these reasons there is scant research evidence on effectively responding to adolescent neglect - although some evaluation studies have been completed and there is advice around how to configure and implement initiatives or services in relation to prevention or intervention, and on the principles of practice which should underpin this work. In this chapter we present and discuss what is known about 'what works'.

A framework for services and initiatives to respond to neglect

A three-tiered framework has been proposed as being helpful to understanding how interventions and activities can best fit together to respond to adolescent neglect (Rees et al, 2011; Hicks and Stein, 2013). This comprises a 'preventative' tier (called the 'primary' level of response in the framework), an 'early intervention' tier ('secondary') and a 'resistant to change' ('tertiary') tier, and is helpful for configuring a comprehensive range of responses which together can tackle adolescent neglect.

Some of the options which could fit within the different levels of this three-tiered framework are described below, alongside the need for, and best ways to promote effective inter-agency working. However, it is important to acknowledge that there will not always be a clear distinction between intervention-type services because it may be difficult to determine precisely when an

'early' response becomes a more protracted one - i.e. when tier two support shifts to tier three support - because change has not yet been achieved, and this is also discussed later in this section.

Prevention (primary tier)

Services or initiatives that could combine to prevent the onset of adolescent neglect are presented in this section under three themes - informing young people, supporting parents, and changing public attitudes.

- **Informing young people**

Research is equivocal about the degree to which young people understand what they need from parents or carers to support them, or when they are being neglected, and some studies have suggested that neglected young people may minimise their own maltreatment (McGee, Wolfe and Olson, 2001).

As a result it is best to assume that young people are unclear about how they should be cared for at home and perhaps the best way to raise awareness of neglect is to open up debate around these issues with all young people, and to share information about the effects of missing out on appropriate support at home.¹³ This could be done in schools (eg via Personal, Social, Health and Economic – PHSE – sessions) and in other settings where young people spend time together (eg youth groups, local churches or other places of worship). It may be that, in a local area, there are opportunities for informal education - e.g. at youth events, via local campaigns, or in other ways. Any information-sharing should be done in a way that is respectful towards young

people – that supports their agency, rights and choices. It should also take into account the need to be sensitive to the importance of context in many situations of neglect (i.e. that young people may be living in situations where their parents own needs – for example, in relation to mental ill health, or substance misuse – may be affecting their parenting capacity) (Rees et al, 2011).

- **Supporting parents**

Although they are growing and maturing, and aiming for independence, adolescents need their parents to nurture them throughout their transition to adulthood. They continue to require care and support in order to have positive outcomes in relation to their education, their physical, psychological and emotional health, and their safety (Collishaw, 2011). However, there is evidence to show that not all parents provide consistent levels of care and support to their adolescent offspring, although it is unclear why this is the case (Raws, 2016).

At the same time, most direct support for parents and education on how to parent well is currently biased towards the early years of a child's life. The main example of this in recent years has been the national 'Sure Start' programme (begun in 1998) to improve parental care for children during their pre-school years.

There is a need, then, to counterbalance this, to highlight the continuing importance of parental care and support to young people as they grow and mature during adolescence and to build confidence in those parents who may doubt their skills and capability to do this well. This might be done via population or community health level initiatives offering general parenting education for all parents

bringing up adolescents, complemented by other more intensive training and support for those who are experiencing particular problems (Stopforth, 2015). This is the structure used in the Triple P parenting education programme - an approach that has been evaluated extensively across the world, but only in relation to its early years work. The Teen Triple P model, by contrast, has very little evidence of effectiveness.¹⁴

In terms of how to improve parenting for adolescents, much of the research into parenting over the past 25 years has highlighted the benefits of an 'authoritative parenting' style – characterised by 'warmth' (or 'responsiveness' / 'acceptance') and 'control' (or 'demandingness') – as the best way to achieve good outcomes for children, regardless of their age.¹⁵ These findings build on work which developed a four-fold typology of parenting styles (see Figure 4, below), including a 'neglectful' style of parenting with low levels of control (lack of

rules / boundaries, poor or no monitoring of a young person's whereabouts or activities, etc.) combined with low levels of emotional warmth (lack of interest, respect for, or love shown towards them) (Maccoby and Martin, 1983; Baumrind, 1991).

This model is helpful in thinking about how parenting behaviours might be grouped into an overarching 'culture' within a family (although individual parents in a couple may adopt different styles) – but it is less clear on discrete behaviours themselves, eg what would be considered to be 'highly controlling' for a 12-year-old as opposed to a 18-year-old, or what would 'low warmth' mean in relation to caring for the same young people? Where subsequent studies have looked into the more micro level of parenting of adolescents a main finding has been that the key to success is how well parents negotiate a gradual process of reduction of control, or 'autonomy granting' (Steinberg, 2001).

Figure 4: Typology of parenting styles (Maccoby and Martin, 1983)

	High control	Low control
High warmth	AUTHORITATIVE	PERMISSIVE
Low warmth	AUTHORITARIAN	NEGLECTFUL

- The importance of 'transition'

Research has shown that often families under pressure - where there are events which lead to significant change - may be more vulnerable to neglect commencing (Rees et al, 2011). This might comprise, for example, those where the parental relationship is breaking down, where separation occurs, or when a new partner (and sometimes more children) is introduced, transitional points when both parenting capacity and material resources can be reduced. Other transition points can include serious illness, bereavement, changing schools, redundancy or moving to a new area. Local areas' prevention (and early intervention) work should take this into account and include targeted parenting advice and support for families going through change.

- Changing public attitudes

Adolescents are often seen as being 'angry and ungrateful' or 'puzzling'. If they act out in ways which have an impact on their community (eg by truanting from school, becoming involved in anti-social behaviour, etc.) they are viewed as being 'troublesome'.¹⁶

Research findings on the impacts of neglect, both on adolescents' increased propensity to becoming involved in risk-taking or the internalising impacts (on mental health) that they suffer, suggest the opposite - that young people are vulnerable and not resilient.

Not understanding and appreciating the interrelationships between young people,

families, communities and society as a whole is to underplay the importance of all the influences on how children are brought up. Similarly, attributing social problems principally to parenting deficits not only fails to acknowledge the significant role of other adults in local areas (in schools, community groups, faith groups, etc.) in supporting young people during adolescence, it also reduces the prospects for positive change.

Promoting a wider understanding of the needs of adolescents, of the complexities of parenting, and of the merits of more community and societal support for families with adolescents – especially those facing difficulties and disadvantages – would reduce the overall likelihood of neglect, and could help shift the focus to solutions when it occurs, and bring longer term benefits for all (see NSPCC, 2016).

The dissemination of better-informed, more accurate information on adolescent vulnerability could be done using a variety of channels – e.g. through the websites of relevant organisations,¹⁷ in neighbourhood level initiatives – but also by those in the public eye (local politicians, commentators within the media, experts with a platform to speak) acknowledging the complexities of family life when bringing up adolescents and voicing a more sympathetic, coherent and inclusive message.

Formalised interventions and interagency working

More structured and formalised interventions around neglect are located within the second and third tiers of the framework. The services in these levels form a spectrum of responses which may incorporate increasing intensity and multiple inputs according to need, and with the fall back of more formal child protection work (or the safety net of out of home placement) should the situation prove not to be resolvable.

Intervention at these levels has been described as offering the potential for a 'differential' or 'dual track' response (CFCA, 2014). This recognises the need for a statutory response when necessary, but also permits workers who have initial concerns to refer to agencies which can offer less formal support - and moves away from what can be seen as an 'adversarial' approach where families are 'investigated' in order to 'substantiate allegations'. A focus on 'blame' is replaced by a more facilitative one based on a timely response and informed by a key question; 'how can we work with the realities you face and ensure the safety and well-being of your children?' (Council of Australian Governments, 2009 - quoted in CFCA, 2014).

Ensuring good interagency collaboration across services at these levels is vital and the importance of having a shared understanding of adolescent neglect is critical. The complexities of neglect and of working with adolescents can make this challenging, so there is a need to achieve a consensus on what constitutes neglect as 'an essential preliminary to practice' (Hicks and Stein, 2010).

Early intervention (secondary tier)

Early intervention with adolescents can come in many different forms, and, as noted above, will rarely specifically target neglect at home. This can include services set-up to address a specific form of presenting behaviour such as running away from home or anti-social behaviour. Many of these services are delivered by the voluntary sector and some examples are provided in Appendix One.

Alongside interventions that are provided by professional staff, there is also burgeoning evidence of the value and effectiveness of volunteer support to disadvantaged young people. For example, although much of the authoritative research has been done in the United States, projects which offer mentoring to teenagers have been shown

to be effective in achieving positive outcomes (DuBois et al, 2011), suggesting there may be merits in developing this kind of work in this country specifically with young people who lack good enough parental support at home.

- National programmes working with adolescents

National-level programmes with services which provide early intervention - most recently the 'Troubled Families' initiative of the current government - have incorporated various 'models' for support to families, including Family Intervention Projects (FIP), or in the past, Youth Inclusion and Support Panels (YISP) or Youth Intervention Projects (YIP).

Unfortunately, the opportunity to understand the effectiveness of these programmes has been hampered in various ways. For example, the Troubled Families programme was framed (and measured for impact) around how much it helped 'turn around' families - which in this instance meant adults becoming employed (and claiming less welfare benefits), and children not being involved in crime or anti-social behaviour and attending school more consistently, with an overarching emphasis on cutting costs to the 'public purse'. The outcomes measured to show this paid little attention to potential deeper causes of family difficulties - so it is unclear how much neglectful parenting (which may have been present in many of the families who were involved as service users) was being addressed. Although local projects may, in isolation, have been successful in their work to support families, the recently-published national evaluation of impact concluded that:

'Across a wide range of outcomes, covering the key objectives of the programme - employment, benefit receipt, school attendance, safeguarding and child welfare - we were unable to find consistent evidence that the Troubled Families Programme had any significant or systematic impact. That is to say, our analysis found no impact on these outcomes attributable to the programme 12 to 18 months after families joined the programme ... participation in the programme did not in itself result in or cause any change in outcomes.'

(Day et al, 2016)

Accounting for this, the authors of the impact report said that a 'requirement to deliver at significant pace and scale' and an onus of local flexibility, alongside a results driven funding approach, led to 'significant variation in how the programme was implemented'. This meant that, in practice, local authorities ignored the exclusion criteria which had been set at the outset of the programme and attempted to work with many different levels of need, and to intervene in different ways, with the families who engaged.

In these circumstances it is not surprising that the evaluation did not provide clear findings.

This echoes the outcomes from other evaluations of national intervention programmes (e.g. on the YISPs - see Walker et al, 2007) and is disappointing because an opportunity has been lost to invest in more tightly-defined models of practice which have been shown to work in other countries, and to test them with rigour in a UK context (to allow for ongoing incremental improvement over time).

This approach to family interventions stands in contrast to that taken for some initiatives in the US where detailed prescriptions for practice have been used to work with particular types of need (i.e. interventions are 'manualised', practitioners must undergo specific training, and the work must be delivered with 'fidelity' - i.e. in a consistent and structured way which follows the template set).

An example of this - which sits at level two in the framework, though there may be occasions when its use also extends into level three work - is Functional Family Therapy.

Accessing support

Responses to adolescent neglect will, in most situations, be instituted because of a referral to children's social care.

Research has shown that, despite increasing agency in adolescence, young people are very unlikely to put themselves or their families forward for support, and - not surprisingly - tend to look for help from informal sources when they have difficulties at home, from extended family, friends, etc. (Featherstone and Evans, 2004; Gorin, 2004). This may be for a number of reasons, but not least because they do not know where to go for support (Rees et al, 2011). It may also be because increasingly young people seek 'virtual' help via the internet, and there could be ways to improve what is available to them online (e.g. by developing forums where young people can 'meet', share information and offer mutual support, as has been done in relation to other issues including young people's mental health – Webb et al, 2008 - and see Hanson and Holmes, 2014).

In the rare cases when young people do seek help from adults studies have suggested that they are more likely to approach some types of professionals. Teachers, including support staff in schools, in particular are regarded as being appropriate people to talk to, and others include staff in family centres, social workers or those from voluntary sector projects (though it is important to note that the young people who put forward these suggestions were already in contact with services when they gave their responses). However, what was vital to young people was not the role of the person but the degree to which they listened and responded, i.e. they needed to be friendly, receptive and respectful of what the young people told them (Burgess et al, 2014).¹⁸

Equally, parents who are struggling with looking after their adolescent children will rarely seek professional support, and there can be many reasons why they are 'hard to reach' (see Boag-Munroe and Evangelou, 2012).

All of this suggests that in order to trigger a response to adolescent neglect the onus is on professionals who have a safeguarding role firstly to be aware of the indicators of neglect and secondly to be confident in acting on their intuition - i.e. to be ready to refer, but also to be reassured that there will be appropriate response to the referral. Research has shown that there can be a tendency for professionals to misattribute a natural resilience to adolescents and that this skews their understanding, and reaction to, the presenting behaviours of neglected young people (Rees et al, 2010) - limiting their propensity to act on concerns.

There is evidence too that escalating concerns around adolescent neglect to the level of child protection is often avoided by professionals who feel that this system does not work well for adolescents and their parents (Gorin and Jobe, 2013; Rees et al, 2010a). As a result an adolescent will more likely be responded to as a 'Child in Need'¹⁹, though they may traverse many different pathways in the wake of this first step into formal support. (Clever and Walker, 2004; Baginsky, 2007).

Ideally an initial assessment might precede a more formal child protection process - allowing for a 'differential response' (as described earlier in this report). The Common Assessment Framework (CAF) can offer this by taking into account the views of relevant agencies on a young person and their family, as well as canvassing their own views on what assistance and support they would find helpful

- Functional Family Therapy

Functional Family Therapy (FFT) is aimed at 10-18 year olds who have violent, behavioural or conduct problems or a history of offending. It is designed to change family interactions using therapy which modifies behaviours and communication, leading to improved communication and better negotiation (around things like agreeing rules, boundaries and reward). Full engagement and motivation for the whole family are fundamental to the process. FFT can be delivered over varying periods according to the assessed level of need in a family - varying from 8-14 sessions for 'moderate' need to between 26-30 sessions over six months for more 'complex' need (see Bowyer and Wilkinson, 2013).

A trial of FFT - entitled the SAFE project - was started in West Sussex (a collaboration between Youth Offending Service, Targeted Youth Support and Anti-Social Behaviour teams) and due to be evaluated by Kings College London's Institute of Psychiatry, though no findings have yet been published.²⁰ Other services are in operation in some European countries and US states and Randomised Control Trials (RCTs) have shown mixed results, though the approach has been given 'model' status by the 'Blueprints' process.²¹

- Intensive Family Preservation Services

This approach originated in the US in the 1950s, and was developed and used extensively there from the 1970s. Services have a short term, intensive focus to try to build family strengths and are mostly delivered in the home - usually with the key aim of preventing the need for an out of home placement. They are

based on crisis intervention, deploying a response within 24 hours of referral and with a time-limited involvement with the family.

Many studies have been done, including of some services delivered using this model in the UK, but these have shown little evidence of effectiveness, especially in relation to preventing care placement (Biehal, 2005; Ward et al, 2014) - and researchers who cited a meta-analysis of impact stated that, 'there is some indication that the brief intensive crisis intervention characteristic of IFPS may not be of long enough duration to help families in which there are concerns about child abuse and neglect to address complex and entrenched problems sufficiently to prevent their children from coming into care' (Ward et al, 2014).

In addition, the outcomes of IFPS for adolescents have rarely been studied, and, where evaluations have been done, methodology has been poor. As a result evidence of effectiveness is 'inconclusive' (Biehal, 2005).

'That Difficult Age'

A recent report by Research in Practice put forward a challenge to 'traditional' ways of working with adolescents who may 'at risk' - arguing that the current child protection system is ill-equipped to serve the needs of adolescents (Hanson and Holmes, 2014).

In their treatise the authors propose the need for a 'paradigm shift' which acknowledges the nature of adolescence and of risk-taking during this period of a child's life, and will lead to more effective practice by working 'with the grain of adolescent development' to build resilience and positive decision-making. They also suggest the need to:

- work with young people as assets and resources
- promote supportive relationships between young people and their family and peers
- prioritise supportive relationships between young people and key practitioner(s)
- take a holistic approach both to young people and the risks they face
- ensure services are accessible and advertised
- equip and support the workforce

The report also offers examples of innovative local services which are putting these principles into practice which the authors say are showing 'promise' for better outcomes for adolescents.

Statutory safeguarding intervention (tertiary tier)

Interventions in the third tier are designed to work intensively with a young person and their family where there are serious and persistent issues which have not responded to early interventions. In this sense they can still be regarded as being 'preventative', because the intention is to prevent the recurrence of neglectful behaviours and to reduce the likelihood of long term harm to a young person.

There are very few evaluation studies on interventions working with adolescent neglect at this level, again highlighting a focus in work with adolescents on their behavioural or emotional problems rather than on the home context which may underpin these issues (Rees et al, 2011). At the same time there are many services dedicated to working with young people

who are likely to have suffered serious neglect, in particular those who are now described as being on the 'edge of care', and / or who may have come to the attention of the authorities because of offending behaviour, or identified risk of child sexual exploitation.

- Specialist support for adolescents

A wide range of different approaches to supporting disadvantaged and maltreated adolescents are operating across the UK and elsewhere, some situated within local authority children's services provision and others within the voluntary sector. (For a description of some examples, see Hanson and Holmes, 2014).

Reflecting the diversity of this work, and its existence at only a small, local scale - and often with insecure funding - thorough, robust evaluations are few and far

between. However, one comprehensive study which was published in 2005 (around the time of new legislation which emphasised early intervention - the Children Act 2004) had findings which remain informative with regard to effective work at this level (Biehal, 2005). By comparing outcomes for around 150 young people 'at risk' of coming into care who received either a 'service as usual' input from social workers, or who had specialist support, the evaluation concluded that there were salient features of successful cases:

- Interventions needed to be multi-faceted, including individual work with young people, support and advice to parents and mediation between the two
- Workers needed to address multiple difficulties
- Young people and parents had to be, or become, motivated to work towards change
- Building relationships - separately with a young person and their parents - was an important vehicle to encourage positive change (e.g. to enable a focus on strengths and facilitate parents to adopt a more authoritative parenting style)
- Improving intra-familial communication was key
- Support had to remain in place for long enough to allow for change to be consolidated

The author of the study report noted that it was not clear-cut as to whether outcomes from specialist support were better, suggesting instead that there was evidence that these services had achieved equivalent outcomes to their 'mainstream' counterparts when working with more

complex cases. Also, and perhaps more interestingly, she concluded that it was the existence of a 'family support offer' and families' active engagement with support which made the difference:

'What did not appear to influence outcomes to a significant effect were the precise components of the service offered. If families were offered a service, were prepared to engage with workers and were motivated to change, then matters improved in many cases.'

(Biehal, 2005)

In contrast to these approaches, where services operate in a variety of ways to work towards change, one model which has been developed with a strict methodology - and has been adapted specifically for working with families where there is maltreatment - is described in the following section.

- Multi Systemic Therapy

Multi Systemic Therapy (MST) is an intensive intervention where the emphasis is on supporting the whole family, including children aged 11-17 years old. It is designed for situations where families have failed to engage with other services, where there are complex and multiple needs present, and where a young person may be at risk of reception into care or custody.

MST is a manualised intervention with a structured approach. An MST therapist can be from different professional backgrounds - including social work and psychology - but must have had specific training on the model in order to ensure strict adherence to treatment protocols. A team of therapists (three to four plus a supervisor and administrator) will be on

call 24 hours a day every day and will provide support within the home and in external contexts (e.g. in school or college, in the neighbourhood). The approach draws on an ecological theory - that it is necessary to seek solutions of the different areas of need within the wider environment as well as directly within the family itself - and also uses cognitive behavioural techniques.

Goals for the family are set early in the intervention and reviewed weekly. The input can last between three and six months, but will stop if the young person is admitted to care, and will not be extended if the goals are not met within the required time frame.

Randomised Control Trials (RCTS) in the US have shown that MST is more successful in reducing recidivism amongst young offenders and in improving family relationships than standard interventions (the approach has achieved 'model plus' status under the criteria set by the well-respected 'Blueprints' for healthy youth development initiative in the US²²), and a UK study with an ethnically diverse sample demonstrated reduced offending, self-reported delinquency and parent reported aggressive and violent behaviours when compared with standard youth offending support (Wiggins et al, 2012). MST has been demonstrated to be cost-effective in the long term when compared to the likely costs of future offending or local authority care (e.g. see Fox and Ashmore, 2014).

It is also claimed that MST has a range of specific benefits, including that the 'therapeutic alliance' formed between young people, parents and the therapists mitigates against feelings of being judged or blamed, and that treatment can run alongside social work or youth offending interventions (Fox and Ashmore, 2014).

A variant of MST has been developed which is specifically designed for families where there is a substantiated case of physical abuse or neglect - Multi Systemic Therapy for Child Abuse and Neglect (MST-CAN). This model involves a team of therapists alongside access to a psychiatrist, and has the broad aim to:

- stop the parent from abusing and/or neglecting his or her child
- eliminate the need for an out-of-home placement
- teach parents effective parenting skills
- improve family relationships
- improve the parent and child's mental well-being
- improve the family's network of informal supports.

(Bowyer and Wilkinson, 2013)

The intervention lasts six to nine months and is focused around regular sessions, usually in the home (three times a week) with the young person, separately with parent(s) and as a group.

MST-CAN programmes are in operation in some areas of England (e.g. in Leeds and Leicester²³), and there is some evidence of the effectiveness including from an RCT which showed significant reductions in neglectful parenting. Young people in the trial reported reduced Post Traumatic Stress Disorder symptoms or those for anxiety and fewer out of home placements were needed (relative to a control group who received social work interventions alone. Benefits for parents' 'mental well-being' were also found alongside extension of their social networks (Asmussen, 2012).

From tier two to tier three - and beyond: when does early intervention become longer term support, and when should the focus shift from family support to concentrating on the needs of a neglected adolescent?

Although a distinction is made between work in the secondary and tertiary tiers in the framework in reality it can be difficult to locate some approaches solely at one level. An example of this is shown by the fact that Family Functional Therapy (FFT), which was described earlier in the section on tier two work, not only has a 'version' which is specifically directed towards more complex needs, but has also been piloted as an intervention for young people at risk of admission to local authority care (and with some success - see Action for Children, 2015). A combination of two of the evidence-based models outlined in this chapter - FFT and MST - plus the Treatment Foster Care Oregon model, has also been implemented by three London boroughs in partnership with Action for Children under the title of the 'Step Change' programme, although no evaluation findings have yet been published.²⁴

There are then many services that straddle both tiers, and continuity of support - including the preservation of trusting relationships between professionals and young people and their parents - can be a vital factor in generating positive outcomes.

In this sense the framework should be seen as a conceptual steer rather than a straight jacket when thinking about how to develop a set of complementary responses to adolescent neglect.

At the same time there is an assumption underpinning much of what is described in this chapter around effective support for neglected young people - that it is best to work with the whole family with a view to reducing, then stopping neglect and facilitating sustainable change for all its members.

Although this will be true for many families, there will be situations where such change is ultimately not possible - perhaps where a parent's difficulties are too entrenched (e.g. in relation to substance misuse), or when chronic mental or physical health emerges - and where, as a result, a decision has to be made that a young person would benefit from a move away from their family. Some evidence of this need to expedite a reception into care - or a move to kinship care, or, for older adolescents, to independent accommodation - in serious neglect cases is provided by an evaluation of the 'UK Neglect Project' (Long et al, 2012), where almost a third of cases did not respond to intensive family support provided over an extended period.

Although in every case there will be many factors to take into account if a move away from home becomes a possibility it is important that contingencies around the prospect of this happening are put in place - and that support is also provided to meet a young person's ongoing needs (including negative outcomes of the neglect they have experienced) if it becomes necessary for them to leave their family. This could mean services which treat the trauma they manifest, or, for older young people, support around developing skills for independence.

POINTS - AND PRINCIPLES - FOR PRACTICE

The three-tier framework offers a helpful way to conceptualise a spectrum of services and initiatives to prevent adolescent neglect or intervene when it takes place, and there is some evidence of 'what works' within the different tiers. But there is also a clear indication that more needs to be done to respond to adolescent neglect, and that services need to be more thoroughly evaluated to better understand what is effective practice.

However, there are important clues in the available evidence on what professionals should prioritise in the way they work to improve the prospects of good outcomes when working with adolescents who may be experiencing neglect or with their parents. Key principles which have been highlighted (see Ofsted, 2011) include:

- The primary importance of forming a positive relationship with service user(s) (which can be as important as the type of service provided - Association of Directors of Children's Services, 2013)
- Effective communication, focusing on...openness and honesty in communications; clarity on how the young person's needs are paramount, and what needs to change and what will happen if there is no progress
- Tenacity, persistence and reliability, combined with responsiveness and flexibility
- Using a positive, strengths-based approach which involves the young person and their family in identifying solutions

And one recent study has advocated the particular benefits of 'working with the grain of adolescence' and seeing the positive potential in young people themselves and their relationships (with peers, parents and professionals) - alongside the provision of young person-centred and accessible services - as the keys to better responding when they need support (Hanson and Holmes, 2014).

6 Conclusion

As this review has shown, thinking about adolescent neglect is not straightforward. In the life course of a young person adolescence comprises a long period of transition from dependence to independence and knowing what is neglectful for an individual can be challenging. Few researchers have conducted studies which appreciate or attempt to unpick the complexity this brings, and, as a result, understanding of what adolescent neglect is - its scale, the contexts where it is more likely to happen, its aetiology and effects or outcomes - is piecemeal and sometimes compromised by poor conceptualisation or inadequate methodology.

At the same time few interventions have been developed or evaluated with a view to effectively addressing adolescent neglect. This may reflect the poor level of knowledge of the topic but also reveals a reticence in our society, including amongst some professionals, to acknowledge the vulnerability of adolescents (Rees et al, 2010).

There is, however, enough evidence to show the importance of taking steps to improve responses to adolescent neglect - that it should be the 'business' of all professionals who work with young people, as some researchers have asserted (Hicks and Stein, 2009). And there is an increasing recognition in policymaking and practitioner circles of a need to take adolescent neglect more seriously - exemplified by the commissioning of this project.

The best available evidence for how to move forwards in better addressing adolescent neglect has been presented and discussed in this report and some key

points are summarised here in the conclusion, together with some of the questions this might prompt for those involved in developing local safeguarding policy and practice in Luton.

What is 'adolescent neglect'?

There remain significant challenges around defining adolescent neglect. Although the official definition of neglect from Government guidance offers a useful starting point it has gaps and areas of ambiguity, and these become magnified when it is applied to adolescents.

The prospect of a consistent definition achieving global acceptance has been downplayed by some in the research field - mainly because of the part played by different factors in contributing to a potentially neglectful situation (Dubowitz, 2007) - but there are ways to conceptualise adolescent neglect that are helpful and informative for both practitioners and policy makers:

- Research typologies which have segmented neglect or parenting behaviours into between four and six different categories (see e.g. Horwath, 2007; Raws, 2016). These approaches can be useful in identifying the different aspects of a young person's needs and for breaking down where there are deficits in parenting inputs.
- Taking appropriate account of context is important in determining what is neglectful for an adolescent, and there are benefits in using an 'ecological model' to support identification and assessment (Hicks and Stein, 2013.)

Research which has been done to try to establish young people's views of neglect - including the views of those who have themselves experienced neglect - offers mixed findings on the degree to which young people understand neglect, and how they define it. However, one key message that arises from the limited evidence available is that they know that

diversity makes a difference - i.e. that different young people will have different needs at different stages of their adolescence and, therefore that it is vital to know about the lived experience of an individual in order to be in a position to decide whether they are suffering neglect (Rees et al, 2011).

To improve understanding of adolescent neglect it may be helpful for the Luton SCB to settle on an approach that it feels will work best in the local context - to develop a shared conceptualisation and description which can be used consistently. To do this could involve consultation with young people, parents (and other adults) and professionals who work with young people. The research typologies described in the report could offer a useful starting point and framework for these deliberations.

At the same time it is important to appreciate difference and diversity in relation to what may constitute adolescent neglect. To be workable any formalised definition will need to take this into account and be accompanied by suggestions for how individual difference can be accommodated in responses to adolescent neglect.

Identifying and assessing adolescent neglect

The review found very little evidence of tools for practice that had been shown to be effective for the assessment of adolescent neglect. The Assessment Framework approach (Department of Health et al, 2000), and the age-related core assessment records which were introduced to support its implementation, offer a holistic resource which can be deployed for this form of assessment and review of casework, but only assuming that practitioners have a good understanding of the potential contributory factors for neglect.

Despite showing promise for work with families where younger children may be

being neglected other tools - such as the Graded Care Profile - have not been sufficiently tested with adolescents to evaluate their usefulness for this age-group.

However, most of the tools which have been used in this field have been designed for situations where neglect is already a significant concern. They are, in the main, aimed at supporting work in cases where neglect has been established, rather than a context where a professional may want to conduct a relatively 'light touch' inquiry as part of early identification or decision-making. In particular there is an absence of tools which are designed to ask adolescents themselves about their experiences of being cared for and supported at home

(perhaps mirroring the preoccupation with parental neglect of young children that pervades this topic).

To look for solutions to this, some of the instruments which have been used to measure neglect in research studies were scrutinised, but it was found that most of these would not be appropriate to use in everyday settings, or to administer directly to young people. This is because, for example, they had been designed for adults to retrospectively report on experiences of parental care. With further development some research tools may, however, have a part to play in early assessment - for example the Parenting Behaviours Measure (Raws, 2016).

There are, of course, broader issues around assessment which have an important role in determining the usefulness of tools and the quality of assessment processes (see Barlow, Fisher and Jones, 2012). In the case of identifying and assessing for adolescent neglect there is a need for:

- All professionals (teachers, youth workers, police officers, school and community health practitioners, to name a few) to have a good working knowledge of neglect, including an awareness of the potential for serious harm to develop in situations of neglect.
- A supportive professional culture where practitioners are trained to have the appropriate skills to relate well to adolescents, the time to build relationships as appropriate, and the support of managers to reflect on and piece together the information they collect as part of identifying potential neglect.
- Partnership working with the young person, their parents or carers, and also with other practitioners who know or are involved with the family, in order to build insight around neglect.

Given the absence of tools specifically designed for adolescent neglect other strategies should be considered in order to support professionals with assessment and identification. These could include:

- **Training on adolescent neglect for all of those who work with young people - perhaps including information about the 'ecological model' as a helpful framework for understanding the range of potential contributory factors in cases of neglect, and information on changing developmental needs during adolescence.**
- **An appraisal of whether, in the local context, existing tools (the Assessment Framework, CAF, GCP) might - with adaptation and a more 'neglect-atuned' professional culture - be helpful to improve practice.**
- **A review of the ways in which young people themselves, as well as their parents, can be appropriately involved in assessment processes (bearing in mind Ofsted's admonishments around current weaknesses in assessment - Ofsted, 2014).**

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- **A reflection around how much confidence is placed by those in more senior positions to the judgement of professionals 'on the front line'. The institution of new processes may support better assessment, but only with a reassurance that staff who are being empowered to make decisions will be trusted to make them, and resources be made available to appropriately respond when neglect is identified.**
- **An exercise to look at how appropriate current thresholds used in the local area are for determining when neglect of adolescents must be responded to and at what level - and whether these are understood, and consistently applied, in practice.**

Effective identification and assessment is also premised on good interagency collaboration - a topic covered further in the next section - but the LSCB may also need to consider how well local agencies are working together to identify neglect of adolescents.

Effective practice to address adolescent neglect

Research around 'what works' to address adolescent neglect is piecemeal, particularly because very few interventions have been designed solely to address this form of maltreatment.

A three-tiered framework has been advocated as a helpful way to understand and map how different services and initiatives can complement each other to prevent neglect happening or mitigate against its recurrence. The framework comprises:

- **A primary tier** - where the focus is around preventing the onset of neglect in the first place through deploying general and targeted initiatives at a population, community or individual level. Despite a lack of evidence on what is effective at this level a range of different things have been advocated for including non-stigmatised parenting education or support for parents of adolescents, accessible, young person-centred

general support services for adolescents, work in schools to raise awareness amongst young people, and public health type information campaigns targeted towards young people and adults.

- **A secondary tier** - where neglect has happened but is not entrenched. Services are likely to target the behaviours which can be symptomatic of neglect (e.g. substance misuse, running away from home, anti-social behaviour) and may work with young people, with parents, or both to reduce the likelihood of neglect continuing or escalating. Evaluation evidence is thin. Many of these services are small-scale and local, and are delivered by voluntary sector projects - but even when national initiatives have been rolled out (e.g. Youth Intervention Projects, Youth Inclusion and Support Panels, and the current 'Troubled Families' programme) there has been a consistent failure to adequately invest in rigorous model development and robust evaluation (Day et al, 2016). One exception to this is the

Functional Family Therapy model which has been extensively tested, particularly in the US.

- **A tertiary tier** - where neglect is resistant to change. At this level more formal safeguarding interventions take place, but these may also be complemented by specialist support to adolescents or to their families, or to both (a combined approach has been found to be most effective). Evaluation evidence includes a study of the relative effectiveness of social worker support compared to specialist support which found that the nature of the family support work undertaken was less important than active service user engagement to achieve positive outcomes (Biehal, 2005). One comprehensive model with proven effectiveness at this level - Multi Systemic Therapy (which has a variant dedicated to abuse and neglect - MST-CAN) - has been used extensively in the US, but this requires specialist training, delivery to a strict, manualised model and a resource-intensive approach. Although the onus is on trying to resolve neglect, it is also important to extend tier three provision to include appropriate support if a neglected adolescent can no longer live at home. As well as high

quality, care placements this may include other services - for example, therapeutic support, or help to develop independence skills.

Although an integrated combination of services and initiatives can help to prevent or better address adolescent neglect for effective work to thrive a conducive professional culture needs to be created and sustained - so that understanding and appropriate responses become 'business as usual' for all professionals who work with young people. This can be instituted through some of the measures proposed above for developing improved identification and assessment - e.g. training on neglect for all relevant professionals to raise awareness - and by an emphasis on inter and multi-agency collaboration built around a consensus view of neglect and a clarity around respective roles. But it can best be preserved if the wider adult community becomes more open to an appreciation of the needs and potential vulnerability of adolescents, and the understanding that their experience at home will likely be an important reason why they present problems within their locality or manifest difficulties with their own mental health or well-being.

To implement effective solutions to adolescent neglect the Luton SCB may wish to consider how current provision fits within the three tiered framework, what could be adapted and what new initiatives or services might be developed to provide a more comprehensive response.

The SCB could consider prevention, including:

- Whether enough general support services for adolescents are available, and whether these are appropriately designed to address need (i.e. young person-centred and accessible)
- Parental education and support for families with adolescents - at both a general and specialist level
- Awareness-raising in schools around family life / parental care and support
- How transitions and change in adolescents' lives can afford opportunities for prevention of neglect (e.g. parental separation / family reconstitution, the onset of ill health - including mental ill health - for parents)
- How initial assessment processes can better accommodate the needs and views of young people
- Engaging with communities to understand how young people are viewed and provide education about potential vulnerability and all adults' responsibility for ensuring young people's safety

It could also look at early help when neglect is likely to be present or when it has first been identified, including:

- Whether current local provision incorporates family support which is appropriately designed to respond to adolescent neglect
- Whether parental neglect is part of the work of specialist services for adolescents (e.g. youth offending, CAMHS, substance misuse, alternative educational provision, missing from home services, etc.) - and if these teams are equipped to work with parents, or able to draw in family support
- The option to institute an evidence-based approach to family support - e.g. Family Functional Therapy

The Board may also wish to review statutory safeguarding work at the tertiary tier, looking at:

- How good professionals' knowledge of neglect is, and how well they work with adolescents
- Whether formal processes around child protection are sufficiently accessible to young people and provide appropriate opportunities for them to have a stake in decision-making

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- **Whether and how early help, youth offending and social work interventions at this level link to specialist support (for adolescents and for families)**
- **Whether there would be merit in introducing an evaluated programme – Multi Systemic Therapy - for families where neglect is chronic and resistant to change**
- **The nature and quality of services which provide care to young people who have to leave their families because of neglect in adolescence, including support to deal with the resulting trauma**

The SCB may also want to think about some general issues in relation to responding to adolescent neglect:

- **Do the systems used by different agencies for data collection adequately capture information on neglect? Are they operating well in all areas? Is the data analysed and shared to inform decision-making and learning? Is it of good enough quality to support service planning?**
- **What do professional attitudes towards adolescents and more specifically adolescent neglect look like - and how might they need to change?**
- **Is there clarity and consensus in different agencies about what neglect is, different roles in relation to it and how professionals should combine their efforts to address it? Are processes and systems to deal with adolescent neglect working?**
- **Is it clear where responsibility for best practice around adolescent neglect resides within each agency - is there a named person for relevant services?**
- **Do staff development and training plans adequately reflect the need to build better knowledge and understanding of adolescent neglect across all agencies?**
- **Is all provision to prevent or respond to adolescent neglect accessible to all young people and parents or carers?**
- **How do local communities regard adolescents and adolescence? Is adolescence understood - and, if not, how can awareness of the challenges it brings to young people and to their parents or carers, be improved?**

Useful resources (and online links)

Department for Education (2012) 'Child neglect: training resources on neglect'

Developed by experts in the field these training resources can assist practitioners to develop knowledge and skills pertinent to working with neglect.

<https://www.gov.uk/government/collections/childhood-neglect-training-resources>

Action for Children / University of Stirling (2013) 'Action on Neglect - a resource pack'

This document, developed through consultation with practitioners and service users, offers guidance around working with neglect and includes case studies (including some with families with adolescent children).

https://www.actionforchildren.org.uk/media/3225/action_on_neglect__resource_pack_v5.pdf

Action for Children (2013) - 'Keeping myself safe'

This toolkit was designed to help practitioners develop effective relationships with vulnerable young people.

<https://www.actionforchildren.org.uk/resources-and-publications/reports/keeping-myself-safe-practitioners-toolkit/>

Research in Practice / ADCS (2014) 'That Difficult Age: Developing a more effective response to risks in adolescence'

This report considers how an understanding of adolescent development can inform better responses to disadvantaged and vulnerable young people and offers principles for good practice with adolescents.

http://cdn.basw.co.uk/upload/basw_24144-4.pdf

Department for Children, Schools and Families (2010) Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers.

This guide has information, signposting and suggestions to support improved interagency working to address adolescent neglect.

<http://www.york.ac.uk/inst/spru/research/pdf/NeglectMatters.pdf>

Sarah-Jayne Blakemore (2012) The mysterious workings of the adolescent brain

This brief lecture (a 'TED talk') - recorded live - clearly explains how the structure of the brain changes in adolescence, how this affects adolescent mood and behaviour, and the opportunities this presents for work with adolescents.

https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain

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APPENDIX ONE - Specialist intervention services

Some examples are outlined here of the work undertaken by services run by The Children's Society which may incorporate responses to parental neglect. Services which would be located in the secondary tier in the framework include the Family Intervention Team which works across Essex, and the Explore Family team, based in Nottingham.

Family Intervention Team (Essex)

The Family Intervention Team (FIT) works with families across three areas in Essex where there is an emerging need and no previous service involvement to avoid escalation to acute services like CAMHS or social care. The local authority was keen to improve a situation where families were being turned away from services because 'they weren't bad enough', and sought funding from the government's Family Innovation Fund to pay for the FIT service - to complement others with a higher intervention threshold including a 'Family Solutions' service which works closely with children's social care on more serious cases.

The FIT focuses most of its efforts on working through parents to improve the situation within a family. It is based around a 6-12 week intervention comprised of tailored one-to-one support by a caseworker who may also encourage parents to participate in a group work programme (for parents of teenagers this is the evidence-based 'Stop' programme - delivered by the Ministry of Parenting, a community interest company based in Colchester).

Managing a case involves a period of initial 'assessment' to fully understand the reasons for teenagers' difficult behaviours - like running away, not going to school, being verbally or sometimes physically abusive to parents. This leads to a shared, individualised plan for how to work together to make changes.

'We often find that parents just stop parenting when children reach a certain age. It's almost like, 'Oh, they've hit 11 or 12, they're kind of self-sufficient, they don't need me any more - I can just ignore them ... The teenager becomes quite isolated and alone. Everything just drops through the floor and they don't think anyone cares and that's why they're absconding and not going to school, or trying drugs with their friends, or whatever. Actually they've just lost that connection at home and that sense of security.'

(Service manager, FIT)

Improving things is sometimes not straightforward but will likely include encouraging a parent to focus on their adolescent's desirable behaviours, rather than negative ones, and re-establishing close contact can be key:

'It's often just about getting them to spend time with their teenager, giving them a space to talk, to express their feelings and build that bond again ... a lot of the time it is just that they have stopped communicating - nobody understands anything that is going on with anybody.'

(Service manager, FIT)

Explore Family (Nottingham)

The Explore Family service works with families where a parent or carer has a problem with substance misuse. In many circumstances this leads to poor parenting (either because the substance misuser is too focused on their own needs or - where there is one - their partner's parenting capacity is undermined by the effects of coping with the situation).

'Neglect is the biggest issue in the families we work with ... in terms of basic physical neglect but also there's emotional neglect.'

(Service manager, Explore Family)

The team uses a 'whole family approach' - regardless of whether the initial referral has been for an adult (e.g. through the adult treatment team in the area) or for a child (e.g. from a school).

The aim of the service is to reduce the impact of substance misuse on the family, and a careful assessment takes place at the outset of a case in order to allow family members to talk about how they are being affected and how they think the situation can be improved. For children this can involve a six week counselling-type approach in order to discuss their perspective in detail.

Support is open-ended, and a tailored package is put together which can include addressing conflict within the family (e.g. through Family Group Conferencing), doing fun things together (sometimes through organised activities with other families), resilience programmes and group work. Part of the work may entail supporting the substance misusing adult to enter treatment themselves, if they are not already involved in a programme.

The service measures its effectiveness for example by looking at how much family communication and relationships have improved over time.

The manager of the service noted that there are less referrals for adolescent children - especially those aged 15 plus. She said this did not surprise her, but did concern her:

'We have less referrals for older children. People perceive that they can look after themselves and can more easily remove themselves from a situation ... but they become at greater risk outside the home. Young people can be more vulnerable to others who might want to exploit them, to the 'wrong groups' of people (when) they're out of parental control.'

(Service manager, Explore Family)

These interventions place different importance on the balance in their work between focusing on the young person or on parents or carers. For example, the Family Intervention Team direct most of their efforts towards the adults in a family (although mediation with adolescents can be included) - but a service like Explore Family uses a whole family approach with equal emphasis on working with the young person to develop a package of support.

The Children's Society also runs a number of services with referral criteria related to specific types of presenting behaviours by young people, but these teams often work alongside statutory input (at the tertiary tier in the framework) because service users have been exposed to harm (especially outside the home) or are seen as being at high risk. Their work would be located in the tertiary tier. An example of this type of service is detailed below:

Street Safe (Lancashire)

Street Safe Lancashire works with children and young people who have experienced or are at risk of child sexual exploitation (CSE), or who may expose themselves to harm through running away from home or care. The service is co-located with Lancashire's multi-agency CSE teams across the county.

Young people who are referred to the service - mostly by schools, social workers or the police - are worked with principally through one-to-one sessions (including around understanding risk and intimate relationships) with a dedicated caseworker, and there is an emphasis placed on listening closely and responding positively to individual needs. This helps the young person to develop self-esteem and a fresh perspective about the choices they have. Young people may also be supported through group work or other activities.

Intensive work can extend over a long period to ensure that a young person's needs are met and additional opportunities to remain involved with the wider project are also offered. For example, a young people's participation group ('Purple Monsters') which not only provides mutual support and advice, but has also worked to improve awareness of adolescents' needs amongst local professionals by creating a booklet which can be accessed online:

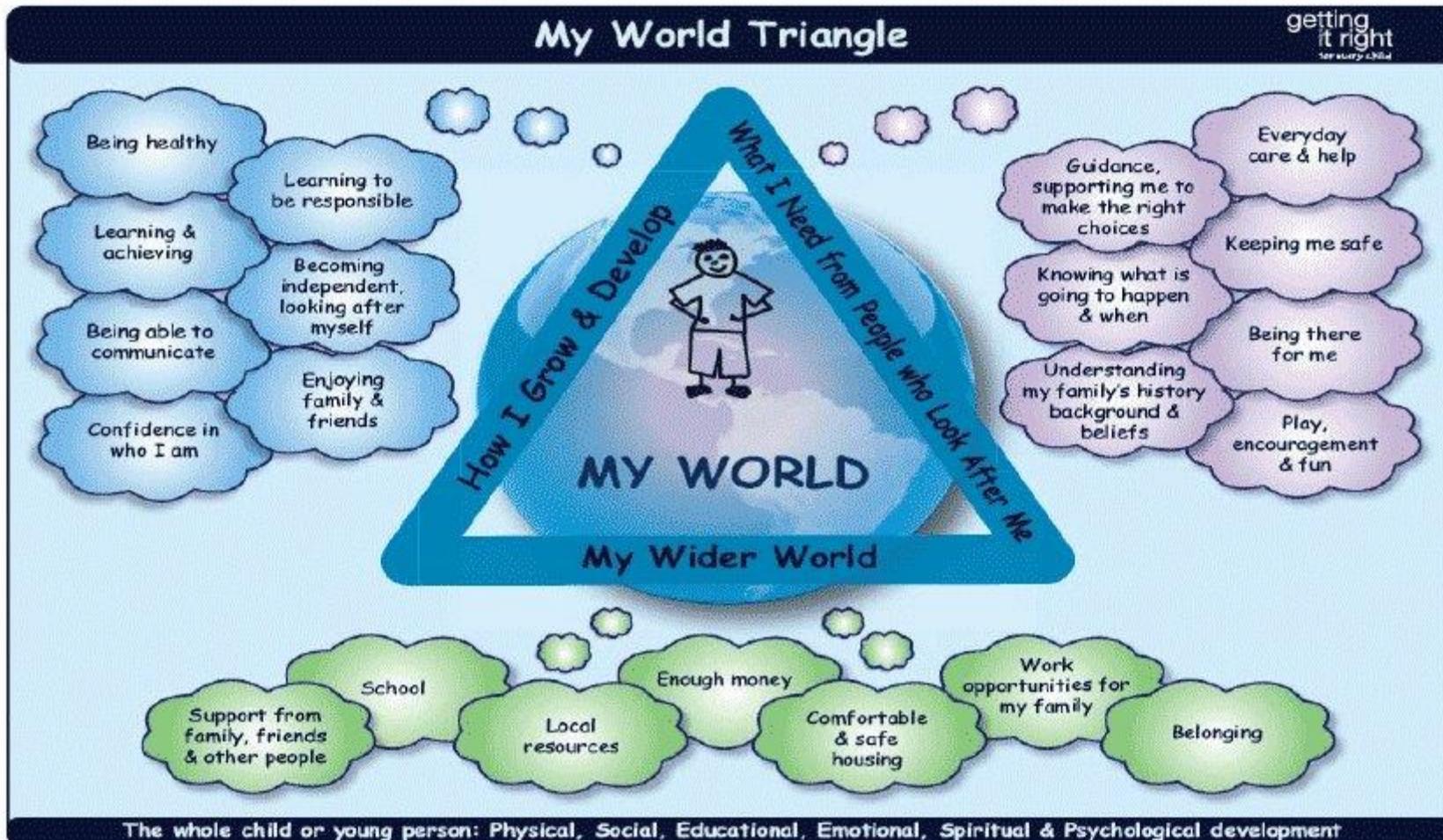
https://www.childrensociety.org.uk/sites/default/files/tcs/research_docs/16pp_standi ng_tall_leaflet_low_res.pdf

Members of the group have also spoken at conferences and lobbied councillors and politicians - and the service has been commended by Ofsted.

In Street Safe the focus is primarily on the young person her or himself, especially to improve awareness of risk and to help develop coping strategies, although in some cases the intervention will be extended to work with parents as well, usually in a bid to improve support within the family to help a young person avoid risk (e.g. in situations where a young person has a learning disability or other additional needs).

Services which target neglect and offer family support as part of early and higher level intervention work are provided by other voluntary sector organisations - including the NSPCC (e.g. 'Thriving Families' and 'Evidence Based Decisions' services - see the NSPCC website) and Action for Children (e.g. Intensive family support' - see Hewitt-Craft, 2013) - although these services are not focused on adolescents. Evaluation has shown positive outcomes (e.g. Long et al, 2012), although there is little evidence of how helpful adolescents in the families involved found these interventions, and whether particular ways of working with them were built-in to practice models.

APPENDIX TWO – Assessment Framework (Scottish version)



ENDNOTES

- ¹ http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/
- ² Referred to in an article in the Lancet entitled 'Adolescence: a foundation for future health' (Sawyer, S.M., *et al.*, 2012)
- ³ Governments in Scotland and Wales have removed 'persistent' from the definitions of neglect in their safeguarding guidance.
- ⁴ For a full description of the findings from this study see Chapter Five of Rees *et al.*, 2011. n.b. In both the studies quoted where older young people took part a proportion of the young people involved had already been engaged with support services.
- ⁵ However, it is important to note that this study did not provide findings on prevalence as the analysis was limited to officially recorded maltreatment.
- ⁶ For more details on the methodology of the RYDS see <http://www.albany.edu/hindelang/ryds.php>
- ⁷ Similar findings in Smith *et al.*, 2005 (and in Stewart *et al.*, 2008 using official data in Australia). Those who had experienced childhood-limited maltreatment were no more likely to behave 'delinquently' than those who had never been maltreated, although they were more likely to have 'internalising problems' like depression, and problem drug use. nb 'Maltreatment' was measured by having at least one substantiated incident logged in child protection records – which means that these results probably underestimate the effects of maltreatment, given the likelihood of other unreported incidents.
- ⁸ In fact analysis showed that by late adolescence there was no evidence of the problem behaviours of those maltreated only during childhood being statistically different from the behaviours of those never maltreated – Ireland *et al.* (2002); Thornberry *et al.* (2001).
- ⁹ A more limited, though interesting recently-published study of risk and recidivism among juvenile offenders in the US, also demonstrated an aspect of the chronology of neglect. This research looked at almost 20,000 medium or high risk juvenile offenders, and compared their histories of offending relative to historical or current neglect (as logged in child protection records). Analysis indicated that those with an ongoing case of neglect at home were significantly more likely to continue to offend than those where neglect had ceased (Ryan, 2013).
- ¹⁰ See the Common Assessment Framework consultation for an outline of the principles underpinning the national launch of the CAF. DfES, 2004
<https://www.education.gov.uk/consultations/downloadableDocs/ACFA006.pdf> Accessed 31/01/16
- ¹¹ A number of revised versions have been developed - including the 'Salford' version which adds more user-friendly language and colour-coding.
- ¹² Only 4 out of 10 'external' (non NSPCC) sites were able to provide quantitative data for the study.
- ¹³ The categorisation of experiences of parenting behaviours used for this study might be a helpful framework for talking to young people about parenting and neglect.
- ¹⁴ The Children's Society has recently begun to implement a Teen Triple P programme alongside one of our interventions related to CSE. An evaluation is being conducted by the Dartington Social Research Unit.
- ¹⁵ Although it has been shown that authoritative parenting generates the best overall outcomes for young people in contemporary, Western societies - regardless of age, gender, ethnicity, or socioeconomic class – this has mostly been based on assessing the benefits of this approach in

relation to preventing delinquency or adapting positively at points of transition during childhood, and some studies have indicated that there can be equal merit for young people from particular minority ethnic groups in a more authoritarian style, particularly in relation to educational attainment (Steinberg, 2001).

¹⁶ See Steinberg, 2001 and, for a recent review of adolescent risk-taking behaviours, Hanson and Holmes, 2014.

¹⁷ The Children's Society, NSPCC and Action for Children – to name just a few – provide some relevant information on their websites. More information, and wider promotion, could help improve public understanding.

¹⁸ A study conducted on behalf of The Children's Commissioner also highlighted the importance of schools in safeguarding young people – Lefevre et al, 2013.

¹⁹ As defined by Section 17 of the Children Act, 1989 – see <http://protectingchildren.org.uk/cp-system/child-in-need/> Accessed 30/01/16.

²⁰ See [http://www.kcl.ac.uk/ioppn/depts/cap/research/napr/our-research-projects/study-of-adolescents-family-experiences-\(SAFE\).aspx](http://www.kcl.ac.uk/ioppn/depts/cap/research/napr/our-research-projects/study-of-adolescents-family-experiences-(SAFE).aspx)

²¹ See <http://www.blueprintsprograms.com/criteria>

²² See Axford et al for a description of Blueprints and <http://www.blueprintsprograms.com/criteria> for an outline of the criteria for assessing interventions

²³ See <http://www.mstcan.com/programs/united-kingdom/>

²⁴ A study is being conducted by researchers at the University of York. See <https://www.york.ac.uk/spsw/research/step-change-evaluation/>

Right now in Britain there are children and young people who feel scared, unloved and unable to cope. The Children's Society works with these young people, step by step, for as long as it takes.

We listen. We support. We act.

There are no simple answers so we work with others to tackle complex problems. Only together can we make a difference to the lives of children now and in the future.

Because no child should feel alone.

Further information

Download the accompanying professionals' briefing at:
childrensociety.org.uk/lutonscbreport

Read more about our adolescent neglect research at:
childrensociety.org.uk/what-we-do/research/understanding-adolescent-neglect

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