

Adolescent Neglect Practitioners Briefing



Definition of Adolescent Neglect - 'The persistent failure to meet a young person's basic physical and/or psychological needs, likely to result in the serious impairment of the young person's health or development.' Adolescent Neglect can sometimes go unseen, however older children still need care and support. Neglect can present as challenging behaviour e.g. poor engagement with education, violence and increased risk taking (offending or anti-social behaviour, substance misuse, early sexual intercourse), with the young person incorrectly being seen as 'the problem.' Adolescence is a time of increasing independence and exploration or risk-taking. This can lead to actions being written off as 'typical teenage behaviour' instead of a sign of neglect. Their behaviour should be seen in context of their lived experience and potential trauma and issues such as mental health should not be taken at face value but explored. Neglect usually happens over time although sometimes it is a one-off event. A child who is neglected will often suffer from other abuse as well, both inside and outside of the home.

It is the cumulative effect of neglect which has the most impact.

Key messages - Neglect is **preventable** and can be tackled if agencies **work together** to develop the range of responses required for intervening at several levels. Many practitioners can **identify the early signs** of child neglect. **Professional curiosity** and the **Voice of the Child** is key as it is the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern - **chronologies**. Practitioners need to be **proactive and persistent** even in the face of resistance. **Positive relationships** are key. Focus on **self-esteem** and helping young people to develop a sense of agency and control. The impact of neglect does not decline with the age at which it is experienced. The **Day in the Life tool** is useful to understand their lived experience.

What does the research tell us?

During adolescence, the brain goes through neurobiological remodelling. It is a critical period for the development of emotional regulation and higher executive functioning (including decision-making, cognition, impulse control, and attention span, attachment). Neglect in older children adversely affects this process and can build on the harms of earlier life neglect. Good Care in this period can lessen the effects of previous adverse experiences. Studies have challenged a widely-held assumption that young people may be more resilient to abuse or neglect than younger children – the impact of maltreatment does not decline with the age at which it is experienced, and many adolescents carry the legacy of long-standing abuse and neglect with them. Young people who experience maltreatment only during adolescence display a range of negative outcomes at least as strong as those of children who experience maltreatment only during childhood.

What increases the risks? An Ofsted thematic review of SCRs, noted a wide range risk factors for teenagers including (not an exhaustive list):

- Parents.
 - not being aware of their child's activities outside the home.
 - not making sure they get health care when they need it.
 - not taking an interest in their education resulting in school difficulties.
 - failing to provide emotional support with problems or offering encouragement.
 - abandoning or forcing their child to leave home.
- Adolescents are more likely to have disorganised or insecure attachment styles and may find caring and supportive relationships frightening or confusing.
- High risk behaviours should not be interpreted as 'adult lifestyle choices' or 'putting themselves at risk.' These phrases stigmatise the risks seen with adolescents and reinforce the myth that they are in complete control of their choices.
- There is a higher risk of neglect where a family is headed by a lone parent.
- The re-constitution of families can lead to neglect – e.g. an increased tendency for older adolescents to be forced out of home when a new partner/stepparent is introduced.
- Parental alcohol/drug misuse is known to be associated with neglect.
- Young people whose parents suffer from mental ill health such as depression may be at higher risk of neglect as may those living in households where there is domestic abuse. Adverse Childhood Experiences (ACES).
- Accommodation problems, sofa surfing.
- Abuse and/or exploitation by adults.
- Young people's own emotional and mental health difficulties.
- Reaction to bereavement.
- Risks arising from adults' misuse of the internet.

Effects of neglect - Neglect can lead to poor health, education, and social outcomes, and is potentially fatal. Young people's ability to attend and achieve at school is reduced. Their emotional health and well-being is often compromised, and this may impact on their success in adulthood, their ability to form good relationships and to parent in the future. Young people who have experienced neglect are more likely to have or insecure attachment styles.

Questions to consider asking.

- What makes the young person vulnerable?
- What could be the root causes of the neglect and their behaviours?
- Do you have a clear understanding of the young person's experiences over time?
- Is there an assumption that they will ask for help if they need it?
- Is the young person being expected to behave/cope as an adult?
- Are they a young carer?
- Is there an understanding of normal versus harmful risk taking?
- What are the views of the young person? To what extent has their voice been heard?
- Is the young person becoming isolated from peers? being bullied?
- Are there signs the young person is depressed, self-harming and/or has suicide ideation, angry, demonstrating aggressive and violence towards themselves or others?
- Are there signs of the young person being outside/away from home late at night; being involved in anti-social behaviour, substance misuse and other risk-taking?
- Is there evidence of early 'consensual' sexual activity, teen pregnancy, and birth.
- Are they presenting as hungry, lack of personal hygiene, etc. outward signs of physical neglect, although, equally, these may be the result of poverty so there is a need to understand the family contact and finances.
- Is the young person being exploited and could they be supporting the family financially?
- Would a health needs assessment by a school nurse be useful?

It is important to understand that young people may react differently, some may internalise their problems, others will externalise, but both reactions can be symptomatic of neglect.

Graded Care Profile 2 is an evidence-based assessment tool that helps practitioners with parents/carers to measure the quality of care provided in meeting their child's needs where there are concerns about neglect.

GCP2 training: Bedford Borough based practitioners: [CLICK HERE](#), Central Bedfordshire based practitioners: [CLICK HERE](#) and Luton based practitioners: [CLICK HERE](#)

Find out more about child neglect.

- [Troubled Teens: a study of the links between parenting and adolescent neglect](#)
- [Ofsted report: In the child's time: professional responses to neglect](#)
- [Neglect is also Child Abuse: Know All About It | NSPCC.](#)
- [Pan Bedfordshire Child Neglect Strategy](#)
- [Pan Bedfordshire Neglect guidance](#)
- [Safeguarding Bedfordshire website](#)
- [NSPCC. Teenagers: Learning from case reviews Feb 2021](#)
- [Thinking about adolescent neglect a review of research. A review of research on identification, assessment, and intervention - Childrens-Society](#)