Neglected adolescents: recognition and interventions

Many young people experience neglect, for instance Radford (2011) found that 13% of all 13- to 17-year-olds experience neglect and Brandon (2012) found that neglect emerged as a key factor in the deaths of young people, many of whom also had a history of childhood neglect. More generally there are an increasing number of children of all ages on child protection plans, or in family proceedings as a result of neglect. Children and young people who experience neglect are also likely to experience other forms of abuse.

There is still not enough known about the causes and contextual factors associated with neglect or the consequences for young people’s well-being and the longer term outcomes, and there is also a major gap in knowledge about interventions with neglected adolescents. However there is sufficient evidence that the neglect of young people is associated with poor mental health and emotional well-being; risky health behaviours; risks to safety, including running away; poor conduct and achievement at school; involvement in offending and antisocial behaviour and, disturbingly, self harm, suicide and death from other causes.

Although neglect is often seen as a persistent state, for older children it is important to look at patterns of neglect over time, which may fluctuate between episodes of both acute and chronic neglect.

The impact of adolescent neglect:

The existence of parental mental health problems, disability, substance and alcohol misuse increase the likelihood of neglect for young people, their parents can be emotionally unavailable and they are more likely to be left alone, without parental supervision or boundaries and without positive role models. Being a young carer also increases the likelihood of neglect, caring for others at the expense of their own needs, often at important stages of their lives when they are dealing with puberty and sexual relationships, the demands of school, the challenges of finding a job and planning for the future.

For some young people, the likely effects of neglect included feeling sad, lonely, scared, angry, lacking in confidence, embarrassed and insecure. Others described short-term effects, such as not being able to look after oneself, missing school, not being able to talk to people and selling possessions to buy food, longer term effects, such as depression, self-harm, being bullied and bullying.

Both disabled and looked after young people are especially vulnerable to neglect; complex medical needs can compound the isolation for disabled adolescents, parents can also be over protective and limit opportunities to develop independence and autonomy, and distinguishing between the result of disability and signs of neglect is always difficult.
Many looked after children have already experienced extensive and severe neglect before coming into care, with a consequent emotional, social, physical and intellectual impact that may lead to a range of risky and challenging behaviors in school, in their home placement and their social environment. Underlying depression, low self esteem, self harming and suicide ideation are at much higher levels than generally found in similar age groups. Young people can also find that they are neglected by the systems and agencies who are there to protect them, they can be hard to reach and hard to work with and in these situations young people can disappear, both physically and psychologically, from sight.

Young people often underestimate neglect and there may be a difference of views between themselves, their social workers and other professionals.

**Defining adolescent neglect**

Definitions of adolescent neglect would benefit from being broadened to consider the impact of parental behaviour on individual young people. Professional definitions of neglect usually focus on parental failure to provide care for their child such as adequate food, baths, clean or suitable clothes, shelter, a safe environment and protection, but just as important is the need for parents to make sure that young people attend school and are supported in their education; that they receive the medical care they need, and are provided with a healthy diet that prevents obesity.

Neglectful parenting can be seen as a combination of:

- A low level of parental control
- A lack of knowledge and monitoring by parents of their child’s activities and whereabouts
- A lack of boundaries
- A low level of warmth and acceptance.

Which can lead to:

- Lack of medical attention for their child’s physical, dental, psychological and emotional health or conditions
- Not recognising the importance of adequate food and diet
- Failure to recognise anxiety, depression, low self-esteem and self harming or suicidal behaviours
- Abandonment of children or forcing them to leave home
- Children running away from home, misusing alcohol and drugs, risky sexual behaviours and potential sexual exploitation
- Stigmatisation and bullying by peers
- Poor academic achievement and misconduct at school
- Anti-social behaviour, criminal activity and violent conduct.

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Several research studies have found that young people's own assessments about their experiences differ from those of professionals and their views highlight the difficulties of disentangling neglect from other forms of maltreatment (Hicks & Stein 2013). Young people describe neglect as an absence of caring parental responsibility; for example a lack of love or affection; not being taught basic social skills, morals, manners and how to look after themselves. Some see favouring siblings or prioritizing new partners over their children as being neglectful. Young people who have been in care or whose parents have substance misuse problems are aware of their limited independence skills, such as being able to cook, use a washing machine and search for jobs and feel their ability to take care of themselves is often jeopardised by their parents’ behaviour.

Their definitions of neglect include ‘having to do every single chore’ or ‘constant babysitting’; this can be seen as parental failure, omission, as well as commission, forcing children to take on adult responsibilities. However, some see their experiences in a more positive light, making them stronger and achieving more.

There is some evidence of important differences in different age groups, for example adolescents may take on the role of carer within the family, both for siblings and parents and their own social, emotional and developmental needs are overlooked. Additionally, adolescents are more likely than younger children to be living in reconstituted families which may lead to an increased risk of emotional neglect.

**What works:**

Working with neglected young people can involve a particularly difficult balancing act between protection and participation. As young people grow older they are looking for increased independence and autonomy and to take on more responsibilities for themselves and sometimes for others. A clear understanding of the issues related to responsibility, choice and consent is an essential building block for effective practice.

Young people who are neglected are likely to first come to the attention of professionals in education, health and youth justice, as well as social care. The small number of relevant studies supports an ecological or multi-systemic approach to interventions, which fits well with the approach of the Assessment Framework and the evidence on background factors of child neglect (Hicks & Stein 2013, 2010) and highlights the importance of positive influences from outside the immediate family relationships, e.g. from wider communities such as schools, community clubs of some form, faith groups and mentors.

Young people see informal sources of support such as friends, grandparents, siblings and wider family as their first point of contact for taking action but many adolescents lack social contacts and access to
community resources and struggle identify sources of help, including media options such as online counselling.

Hicks & Stein (2013) suggest that practitioners consider primary, secondary and tertiary interventions.

**Primary prevention working with schools, communities and parents includes:**

- raising awareness of neglect, for instance in the PSHE curriculum and in health settings
- providing more opportunities for young people's involvement and participation along with a range of extra-curricular activities and leisure opportunities
- promoting ‘authoritative parenting’, with a focus on supporting teenage development, e.g. through local parent groups

**Secondary intervention, working with individual, family and professionals includes:**

- early recognition and informal interventions with young person and parents
- using the Common Assessment Framework, a multidisciplinary ‘team around’ the young person and if needed, the Assessment Framework.

**Tertiary intervention includes:**

- approaches such as cognitive behavioural therapy, CBT; or multi-systemic therapy, MST.

The most positive benefits appear to come from cognitive behavioural interventions, both for young people and their parents, although the successful treatment of severely abusive parents is still unproven. Another growing approach uses multi-systemic therapy (MST), which sees the child as part of a network of interconnected systems that encompass the individual, their family and community (peer, school and neighbourhood).

What also appears to be very relevant to neglected children and young people is the work on parenting styles which underpins the parenting capacity domain of the Assessment Framework. It is the ‘authoritative’ parenting approach, combining love, emotional warmth, basic physical care, safety, stability, guidance and boundaries as well as stimulation that is most likely to contribute to young people’s all round well-being. The central idea is the combined effect of two aspects of parenting: control on the one hand and acceptance and warmth on the other.

Four broad categories of parenting style have been developed from the original model by Baumrind in the sixties:
Authoritative – high control, high warmth
Authoritarian – high control, low warmth
Permissive – low control, high warmth
Neglectful – low control, low warmth.

Adolescents who are experiencing neglect can benefit from a range of interventions, some of which address individual aspects and others which work within a family or community approach. These include:

- basic concrete resources such as housing, clothing
- social support, for adolescents and their parents, such as networks which help reduce social isolation and increase parenting abilities
- help with achievement, involving mentors and peer groups (developmental)
- social skills training and education (cognitive-behavioural)
- alcohol counselling, mental health, stress management (individual)
- family-functioning, counselling or family therapy (family systems)

Sometimes a lack of parental engagement may mean that it is only possible to work with the symptoms of neglect, rather than its causes. In these situations work around building resilience provides some optimistic evidence of young people doing well against all the odds and a useful working framework of ‘risk’ and ‘protective’ factors which encourages strengths based practice.

The issues of volition and permission – choice and consent are important concerns with ensuing tensions; on the one hand adolescents may want greater autonomy and responsibility for themselves, and on the other hand professionals may see that young people are vulnerable and in need of support. Behaviours such as choosing to abuse alcohol, risky sexual behaviours and eating disorders illustrate the complexities of successful interventions. Looking at the consequences for a young person's health and development are important factors in distinguishing between neglect that is generally prevalent and neglect that is acute and likely to have extreme effects on the young person.
References:

Brandon et al. (2013) *Neglect and Serious Case Reviews*;

Hicks, L & Stein, M (2013) *Understanding and working with adolescent neglect: perspectives from research, young people and professionals* in Child and family Social Work May 2013


*Neglect Matters – a guide for young people about neglect* www.nspcc.org.uk/neglectmatters


Rees, Gorin, Jobe, Stein, Medforth, Goswami (2010) *Safeguarding Young People: Responding to young people aged 11-17 who are maltreated*
http://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Summary%20Safeguarding%20Young%20People%20Responding%20to%20Young%20People%20aged%2011%20to%2017%20who%20are%20maltreated.pdf

Further reading & links:

Reading List: Child Neglect and Child Abuse
http://www.actionforchildren.org.uk/media/5571179/bibliography_4.pdf

Action for children: resource pack
http://www.actionforchildren.org.uk/media/5482094/action_on_neglect_full_oct_2013.pdf

Baumrind, D.

Brandon, M et al *Analysing child deaths and serious injury through abuse and neglect: What can we learn?*

Moran, P *Neglect: research evidence to inform practice* Action for Children 2010