Background:
*Working Together* defines neglect as ‘the persistent failure to meet a child’s basic and/or psychological needs, likely to result in the serious impairment of the child’s health or development’. There is widespread understanding of the impact of neglect on the safety & welfare of younger children but neglect of adolescents has, by contrast, had less recognition.

**Children’s Society research**, conducted with 2,000 young people aged 12–15, asked about their experiences of being cared for. The survey had questions on educational & emotional support, physical care, supervision, subjective well-being & risk taking behaviour. Most young people were well cared for, but 15% had experienced neglect in relation to at least one form of parenting.

Why it matters:
Several 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. More than ¼ of Serious Case Reviews (SCRs) are for young people aged 11-18 (Sidebotham et al, 2016; Brandon et al, 2012).

Information:
It is essential that practitioners understand the impact of neglect and how to better support young people and their families where neglect occurs. Ages of Concern, an Ofsted thematic review of SCRs, noted the range of the risk factors facing teenagers, which encompassed factors such as alienation from their families; school difficulties; accommodation problems; abuse/exploitation by adults; unemployment; drug and alcohol misuse; emotional and mental health difficulties; domestic abuse in the home; reactions to bereavement; and risks arising from adults’ misuse of the internet.

Children who have experienced neglect are more likely to have disorganised or insecure attachment styles and may find caring and supportive relationships frightening or confusing.

High risk behaviours can be interpreted as adult ‘lifestyle choices’ with the consequence of children being denied appropriate support.

**What to do?:**
Use the Adolescent Graded Care Profile to assess neglect.

Be proactive and persistent.

Positive relationships are key.

Focus on self-esteem and helping young people to develop a sense of agency and control.

Further reading and research.

Questions:
What makes the young person vulnerable?

What are the root causes of surface problems?

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?

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?

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.

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/step-parent is introduced.

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