The Children's Society

CPCScotland Webinar supported by CELCIS (08.09.2022)

The adolescent neglect conundrum. How can we respond better?
(Phil Raws, The Children's Society)

Thank you to everyone who submitted questions during the webinar on 8 September. Please find below reflections from speaker, Phil Raws, on the additional questions that came through during the webinar.

1. **Q - Is the term 'neglect' helpful as it can imply intentionality, which isn't always the case. How do we frame concerns in a way which encourages young people and family members to work with us?**

   A - As the question suggests, 'neglect' does imply a degree of deliberate intention / agency on the part of parents / carers – although it's also odd that the inference is that parents deliberately fail to care and support, that they do this in a calculated or malicious way. I don't think this resonates with many of the cases where neglect arises, where, more often, it seems like parents lose their motivation, fail to understand needs (especially of adolescents), become overwhelmed or don't adequately prioritise their children, can't meet material needs due to a lack of financial resources…or any complex mixture of these things. And this can come about because of factors beyond the control of a parent or carer – for example, due to incapacity because of physical or mental ill health, a bereavement or separation, a birth (or births), redundancy … or the impacts of a pandemic! So – the notion of 'choice' or intent seems inappropriate in this context.

   In terms of how to frame concerns, I don't have an authoritative answer – not sure research has come up with anything – but I think one way (as alluded to in the webinar) is to look at different aspects of parenting. This gives the opportunity to highlight where there might be 'deficiencies' (though I wouldn't use that word!) and where parents are doing ok (I suppose this links to the idea of 'strengths-based' work). I think that this would be a good topic for professionals to discuss and to share ideas / approaches they have used which have been effective.

   I will add that I came away from the webinar thinking – even more than before – that, whenever possible, the label of 'neglect' should be avoided, especially in communications with young people and parents / carers. The associated stigma / shame is entirely unhelpful.

2. **Q - What would your categories of neglect be? (In response to Phil saying it may be helpful to break neglect into sub-categories, similar to that of abuse)**

   A - I think the typologies that have been developed by researchers are helpful. The most widely known was proposed by Jan Horwath in a 2007 publication and includes: Educational, Emotional, Medical, Nutritional, Physical and Supervisory forms. For our research, because we wanted something concise to organise our questions, so we put medical, nutritional

and physical aspects into one category which we called 'Physical' care (and actually didn't include an item on nutrition after testing various options). (You can see the detail on what we asked in the Troubled Teens report – there's a link to the online version in the handout).

For child protection practice, I think it would be helpful to headline the four areas of 'Educational', 'Emotional', 'Physical' and 'Supervisory' – to prompt a multi-faceted approach to identification and assessment, to clarify that young people can have different experiences (which don't always incorporate all the possible elements of poor parenting) and also to underpin greater understanding of the differences in impact (e.g. we found that emotional neglect seemed to be more often experienced by older teenagers and that this had the most profound effect on their well-being and risk-taking behaviours).

3. **Q - Do you feel it might be helpful to increase awareness of early neglect on young adults in terms of how this manifests in their behaviours and involvement in the criminal justice system?**

   A - YES! I didn't have time to talk about a comprehensive study which was done in the US, which authoritatively demonstrated the links between neglect in childhood – and adolescence – and offending and violence. The evidence from this was very convincing. It looked at a cohort of young people throughout their adolescence and into their twenties, interviewing them and parents / carers every year for more than a decade, and analysing official records too (child protection, criminal justice, health), so that it could look into the causal links between maltreatment and different outcomes. Of particular note, was that the team found that maltreatment that began during earlier childhood but ceased before adolescence (up to 10) was much less likely to lead to negative outcomes than maltreatment that commenced and continued during adolescence.

   This is a link to some information about the study: Rochester Youth Development Study | CCJS | Criminology and Criminal Justice Department | University of Maryland (umd.edu)

   This is a link to a publication based on the dataset from the study which presents an analysis of the causal impacts of maltreatment (i.e. how often it leads to 'delinquency'): The Causal Impact of Childhood-Limited Maltreatment and Adolescent Maltreatment on Early Adult Adjustment - PMC (nih.gov)

4. **Q - How can we support staff to recognize lack of parental support or encouragement to comply with medical treatments as neglect.**

   A - To answer the question, I would need to know why staff might not regard this as being neglectful. If it's because they think that young people should make decisions about this themselves, I would perhaps emphasise that adolescents have varying capacity to do this. Some are more independent / motivated / compliant than others and some mature later than others. This is linked to normative aspects of development as well as personality. So, it's

not always a reasonable expectation that an adolescent should be able to understand and make a rational choice.

In research on neglect / parenting this type of thing has been referred to as granting 'premature autonomy'. In this context (related to medical issues) it also has resonance with issues like 'Gillick competence'.

I suppose the answer may also be relative to the type of medical treatment involved – as this would alter the rationale for whether and how failure to encourage a young person to comply could be framed as being neglectful.

5. **Q - Should Education Staff, with whom Child/Young Person, in some cases spend, a very large part of their time with, be one of the best Allies, and work as Lead professionals in preventing Neglect.**

   A - I'm not sure about this – I think it might be relative to the context of a case. I agree that education staff have a central role in young people's lives and can be good allies for them, although I think this has to be managed carefully and there may need to be flexibility / choice for the young person as to who might best support them. I would be particularly keen that a young person has somebody among the professionals working with a family whose role is primarily to represent / advocate for them (rather than a Lead Professional who is accountable to everyone).