Adolescent Neglect, a forgotten concept: Improving focus and enhancing practice.

Candidate Number: 183583

Word Count: 10,835
**Abstract**

Neglect has serious consequences for children. These include educational, emotional and physical delay, ill health, risk taking behaviour and early pregnancy. Best practice for assessing and working with younger children who face neglect is well documented. However, neglect of adolescents is a rarely discussed concept in research and policy. This literature review will use a case study example as a springboard to explore the issue of identification and assessment of neglect in adolescence. Through analysis of definitions, causation, consequences and current practice in assessing adolescent neglect, one recommendation for research and two recommendations for practice will be made. Firstly, that there is a need for more research alongside an extension of existing tools, as well as a greater understanding and deconstruction of the definition with specific reference to adolescents, and finally that Pro-social and relational models should be used as helpful tools when identifying and assessing adolescent neglect.

**Key words** – Neglect, adolescent, identification, assessment, social work.

**Introduction**

The Government’s response to the Munro Report (2011) states that children ‘in all age groups can be vulnerable,’ and that it is important that services address the needs of older children as support for them is just as vital as with younger children (Department for Education, 2011, p. 9). However, it is widely acknowledged that research on neglect in adolescence is lacking, and best practice in assessing and intervening in such cases is rarely undertaken (Hicks & Stein, 2013; Rees, Stein, Hicks & Gorin, 2011; Smith, Ireland & Thornberry, 2005). Hicks and Stein (2010) highlight the issue by introducing the term the ‘neglect of adolescent neglect’ (p. 6).

Interest in this area stems from following the case of Isabel (14 years of age) and her family. Her case was an example where neglect was quickly identified and assessed. Observations of practice prompted a curiosity to explore the concept of adolescent neglect and what tools there are to assist practitioners in identification and assessment. Interest was heightened further when research began and two papers on neglect, one published by Department for Education (2014), focused on neglect of children only under five and another, written by Ofsted (2014), focused only on the neglect of children under the age of ten.

The case example will be presented first. Secondly, the concept and prevalence of neglect and more specifically adolescent neglect, will be introduced, both set in the context of current UK policy. Causation of neglect and analysis of theories that offer explanations as to why young people may be
neglected will then be addressed. A discussion of the consequences of neglect will then identify why effective identification and assessment are important. Tools used by practitioners in neglect cases will be analysed, with focus on four assessment methods followed by a discussion of social work methods, Pro-social modelling and relational theory. Recommendations for practice will then be presented. Implications for practice will be analysed during each stage of the discussion, in order to ground the concepts being put forward into social work practice.

Although self-neglect can be a feature of adolescent neglect and is explored within causation, neglect by carers will be the focus of this paper, in line with the recognition that the UN conventions on the rights of a child defines a child as anyone under 18 years of age (United Nation, 1989). Therefore, parents and carers are responsible for the care of adolescents up until this point.

There is not scope in this paper to examine interventions that support practice. Identification and assessment of adolescent neglect provides a focus for this paper.

**The term adolescent**

This paper is concerned with those aged between 11 and 17 and is using the term adolescence to define the stage of life. The concept, whilst some argue is not a distinct category but a socially constructed phenomenon (Griffin, 1993; Lesko, 2012), is embedded in developmental theories and by this stage, adolescents have reached a distinct category of life (see Erikson, 1963; Inhelder & Piaget, 1958; Piaget, 1936). According to Erikson’s Eight Stages of Man (1963), adolescence is the fifth stage of development where ‘childhood proper comes to an end. Youth begins’ (p. 235). Erikson states that norms previously lived by become questioned by the adolescent because of increasing maturity. In addition, role confusion takes hold alongside questions about what the future holds. The adolescent mind is at a psychological stage between childhood and adulthood, with what they have already been taught and what they are yet to learn (Erikson, 1963). According to Piaget, the adolescent also has a new ability to step away from personal experience and articulate things from other people’s perspectives (Inhelder & Piaget, 1958; Piaget, 1936). This critical stage of identify formation is recognised by many disciplines, including social work, as an important time (Smith et al., 2005) and it will be suggested here as a time where neglect can have a profound impact, just as it can for younger children.

**Case Study**

All names have been anonymised to protect confidentiality.
Isabel is a 14 year old female who identifies as being of white British heritage. She has lived with her mother and her younger sister, Sophie, for most of her life. At points, her father has lived in the family home but her parent’s relationship has been characterised by repetitive separations.

Various referrals to Family Services throughout Isabel’s childhood were made, the first when she was 3. Concerns included the mistreatment of Isabel and Sophie and about the home being littered with rubbish. When Isabel was 12, concerns escalated when more referrals were received regarding the cleanliness of the children and the home, which was described as ‘offensively smelly’. At 13, Isabel began displaying sexualised behaviour at school and was excluded on three separate occasions for fighting, shoplifting and hitting another student. During this time, a police notification was received because of the cleanliness of the house. At aged 13, Isabel became subject to a Child Protection plan under the category of neglect. When she was 14, Isabel disclosed that she had engaged in unprotected sexual intercourse with an older male. During a period of 3 months, 9 police notifications were received for reasons such as Isabel assaulting Sophie, shoplifting, burglary and vandalising her family home. During this time, Isabel and her family underwent assessment under Section 47 of the Children Act 1989 and the case was managed using the Signs of Safety method.

Any view of current neglect must be mindful of the historical context of the child’s life and experiences that could date back into childhood (Rees et al., 2011). However, thresholds were only met when Isabel was at risk of significant harm (to warrant a Child Protection Plan) at aged 13. This meant that professionals felt that Isabel experienced the most significant neglect during the time of her adolescent years. The case study presented is used to provide a platform for discussion regarding potential causes and consequences of neglect and to add weight to the recommendations for practice.

**Methodology**

Research started by reading the most recent publications on neglect which were sourced through Google using the search term ‘neglect’. This identified that the research focused on discussing the concept with specific reference to children under 10 years of age (Brandon et al., 2014; Ofsted, 2014) which revealed a lack of focus on adolescent neglect. This view was then compounded when reading two leading textbooks on the topic of neglect which had little reference to adolescent neglect. Scopus database was employed using key words such as ‘neglect’, ‘teenagers’, ‘adolescents’, ‘social work.’ There were fifty six articles generated, one which was specifically related to the topic and served as a springboard to advance this literature review. Similar search terms were used on
Google Scholar and yielded the most helpful results which were accessed through the University of Hertfordshire Scopus portal.

The concept of Equifinality (Thornberry, Ireland & Smith, 2001) was unearthed during the research process and provided a helpful way to make sense of the case study presented in acknowledging that outcomes for children can be attributed to multiple developmental pathways.

Much of the current practice guidance appears not to be publicly available, with Google searches displaying information from few Local Authorities. This creates potentially limited discussion in this area. However, most of the publicly available guidance was the same or varied only slightly. Therefore, although the area may not have been accessed exhaustively by contacting Local Authorities directly, the tools that were accessed from the public domain had characteristics in common which have allowed for analysis and practice recommendations to be made.

**Neglect**

The policy definition of neglect is outlined in statutory guidance, Working Together to Safeguard Children (2015). Neglect is defined as:

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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect 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. (HM Government, 2015; p. 93).

A research study conducted by Ofsted (2014), whose focus was primarily on children under ten, found that the difficulty in gathering evidence about neglect in order to inform practice lies in the complexity surrounding its definition. It is described as a multi–faceted concept (Stone, 1998) and the lack of a firm definition has impacted understanding of the scale, assessment and approaches to intervening to prevent or reduce its effects (Moran, 2009). Howarth (2007) identifies six different
types of neglect including medical, nutritional, emotional, educational and physical plus lack of supervision and guidance. All of which are suggested by this paper to be experienced by adolescents in similar ways as they can be experienced by young children. Despite social workers needing to operate within policy directives, it is important to acknowledge the definition through a post-modernist lens which would be concerned with what the discourse and definition of neglect means for families. Language and discourse in the construction of reality can be a source of power in an attempt to reduce a person’s worth (Allan, Briskman & Pease, 2009; Howe, 2009). The language used in the contemporary definition of neglect appears to stigmatize and demonise the carers, who are most often mothers (Turney, 2000), by asserting a persistent failure to meet basic needs and a failure to provide adequate supervision or support. It is therefore an important part of the assessment process, both for social workers during supervision and in conjunction with families, to critically reflect on this term and its meaning in order to limit the damage the definition can do in promoting change.

Working Together Guidance (2015) states that the assessment of neglect can be difficult and the severity of neglect can fluctuate. It is also thought to become more complex to identify or define neglect as young people develop and enter adolescence because of problems with the definition (Hicks and Stein, 2010). Guidance asserts that ‘timely and decisive action is critical to ensure that children are not left in neglectful homes’ (HM Government, 2015; p. 26). An inspection conducted by Ofsted found that there was a ‘mixed picture in respect to the quality of professional responses to neglect’ with good practice being identified, but being seen as too variable (Ofsted, 2014; p. 4).

Neglect is an extensive problem for children, society and social care and was featured in 60% of case reviews in the three years between 2009-2011 (Brandon et al., 2013). Despite there being a government definition which should drive identification, assessment and intervention, the fact that practitioners find the topic hard to define and assess (NSPCC, 2008; Ofsted, 2014) is of concern. In addition, the prevalence of neglect in serious case reviews also highlights the need for a deeper understanding and awareness of the concept. Having discussed neglect and the problems that surround the issue, the discussion will now progress to the more specific focus of this paper, adolescent neglect.

**Understanding the issue of adolescent neglect**

It is rare for adolescent neglect to be researched or studied and the topic has not received much attention in policy and practice debates (Hicks & Stein, 2010; Howarth, 2013; Rees et al., 2011). The concept may be less researched or studied in comparison to neglect in younger children for several
reasons. Firstly, in the UK and the USA, literature views children up to 18 as a homogenous group, which means that when talking about ‘children’ this is supposedly relatable to all under the age of 18 (Rees et al., 2011; Smith et al., 2005; Stein, Rees, Hicks & Gorin, 2009). In addition, adolescents are not seen to be neglected in the same way that younger children are (Howarth, 2013), and may respond to neglect in different ways by exhibiting resilience, thus making the problem appear less serious (Biehal, 2005; Smith et al., 2005). Although the clear signs of physical neglect, not being fed, clothed or having a nappy changed would not be applicable to adolescents, secondary school aged children have medical, nutritional, emotional and educational needs and require certain levels of supervision. Therefore, although differing from the needs of young children, adolescents are still dependant on the care and support they receive from carers (Rees et al., 2011). This demonstrates the view that neglect in adolescence is a distinct and significant area to understand and discuss.

It is clear that defining neglect for the entirety of childhood from birth to 18 years creates difficulties. For example, supervisory neglect varies with the age of the young person concerned (Hicks & Stein, 2013; Rees et al., 2011) and parental monitoring and supervision has to be balanced alongside factors which assist emerging independence (Hicks & Stein, 2010). Additionally, neglect is often viewed as an act of omission (Hicks & Stein, 2010; Moran, 2009). However, when discussing adolescent neglect, we are more likely to come across neglect as acts of commission, such as asking a child to leave home at 15, which would equate to the child’s basic needs not being met (Hicks & Stein, 2013). As discussed later, hygiene and appropriate clothing in adolescents may also create a more complex picture than it would in a younger child because of the assumed element of choice the adolescent has. This raises the issue as to the usefulness of the definition in statutory guidance for making decisions about assessing and intervening in adolescent neglect.

In a study by Hicks and Stein (2013), young people who had experienced neglect during childhood were asked about what neglect meant for them. They described it as an absence of love and affection and being blamed for relationship break ups. They mentioned favouring siblings or prioritizing partners over them. One young man described lacking skills for independence such as cooking, washing and searching for jobs as being a feature of the neglect he had experienced. This highlights a difficulty for assessment and intervention whereby adolescents are describing more subtle elements of neglect. Whether or not the concerns raised by the study would be sufficiently adequate to equate to a parent persistently failing to meet a child’s basic needs, is one that is left to professional judgement of social workers and managers. However, gaining insight and understanding from adolescents who are experiencing neglect can be a crucial part of identifying and assessing the issue and will be discussed throughout and suggested as a recommendation for practice.
Prevalence of adolescent neglect

The research in this area has already been described as lacking, however, there are important sources of evidence which demonstrate why adolescent neglect is important. From analysis of serious case reviews between 2009-2011, findings showed that ‘neglect with the most serious outcomes is not confined to the youngest children and occurs across all ages’ (Brandon, Bailey, Belderson & Larsson, 2013; p. 7). Of the 139 cases reviewed, 11 young people had committed suicide and neglect had been a feature of the case. Additionally, a study conducted by the NSPCC (2011), found that neglect was the most prevalent category of maltreatment across all age groups and that lifetime prevalence of neglect was estimated at 5% for under 11s but 13% for 11-17 year olds (Radford et al., 2011). Despite these findings, there is still a gap in research about adolescent neglect, its causation and consequences and how to assess it. Research conducted by Rees et al. (2010), identified that as young people get older, they are less likely to receive a child protection response from Children’s Services. This is because adolescents are often considered more resilient, more able to cope with the effects of maltreatment and more able to remove themselves from abusive situations. Professionals also felt that the process of a child protection intervention was not always the best response for young people and that the perception was that risk of long term negative outcomes for older children was lower (Rees et al., 2010). These findings about the prevalence of, and attitudes towards, neglect in adolescents provide a foundation for the argument being made: more needs to be known and done about neglect in adolescence.
Implications for Practice

The concept of neglect is a difficult one to identify and assess (HM Government, 2014; Moran, 2009; Ofsted, 2014). An argument being made here is that practitioners could benefit from being aware of the language used in the government definition and the negative imagery it portrays to families and how this may impact professional relationships and capacity to change. This could be achieved through critical reflection and analysis which is a key capability of the social work profession (College of Social Work, 2012).

This discussion has acknowledged that neglect is a widespread phenomenon that is not limited to younger children (Brandon et al, 2013; Radford et al, 2011) and that neglect in adolescence does occur but may manifest itself in different forms (Biehal, 2005; Howarth, 2013; Hicks and Stein, 2010, Rees et al 2011). If professionals are aware of how neglect in adolescence varies (such as including acts of commission) it would assist in identification and assessment. Social workers are obliged by professional capabilities to understand how age shapes human experience and forms identify, which contributes to the recognition of diversity and applying anti-discriminatory and anti-oppressive principles to practice (The College of Social Work, 2012).

Furthermore, asking adolescents about neglect sheds light on varying understandings which could also assist practitioners when working with neglected young people. As evidenced by the study discussed above, which states that older children are less likely to receive child protection interventions (Rees et al, 2010), professionals should be aware that although adolescents may be seen as more resilient, identification and assessment of neglect is still necessary. Discussing causation and consequences of neglect in the following sections, particularly related to the case study example, will further this assertion.

Causation

There is very little evidence on the causation of adolescent neglect specifically (Rees et al., 2011; Stein et al., 2009). However, it is possible to look at overarching causation and relate this to adolescents. Isabel’s case exhibits elements from each theoretical perspective and will be addressed throughout.

Parenting
‘Parenting issues can have a significant and profound impact on the child, compromising their health and development from conception to adulthood’ (Howarth, 2013; p. 185). In Isabel’s case, there have been historical concerns over her mother’s parenting related to her use of alcohol, illegal substances and her mental health. These issues are characteristically typical of neglect, with factors perpetuating it including domestic violence, mental health problems and alcohol and drugs misuse (Farmer & Lutman, 2014; Howarth, 2013; Rees et al., 2011; Stewart, Mezzich & Bang-shuh, 2006), which can be particularly problematic when they occur in combination (Brandon et al., 2013). These factors have undoubtedly contributed to the neglect that Isabel experienced, however, it is not possible to isolate causes and Isabel is likely to have been neglected as a result of interrelated factors. During childhood and adolescence these parental factors may result in features of neglect such as hunger, lack of supervision, emotional harm or danger. Furthermore, during adolescence, these risks can be amplified if the young person becomes absent from the home in order to avoid the home environment (Howarth, 2013). Peak ages of children who go missing from home is between 13 and 16 years old (London Child Protection committee, 2006) and family problems and neglectful parenting are identified as being contributing factors (DFE, 2014; The Children’s society, 2011). Adolescents who experience these parenting issues may also be likely, because of their increased competence, to be drawn into caring roles within the family. This may involve either caring for younger siblings or for the parents, which can then result in their own needs being neglected (Rees et al., 2011). The focus of issues is often on the mother (Turney, 2000) and the failure of her parenting (Swift, 1995) and little is known about male care giving factors and child neglect (Lee, Bellamy & Guterman, 2009). Without this knowledge practitioners have problems identifying the part played by fathers in perpetuating, or indeed preventing, neglect (Lee et al., 2009). Neglectful parents, often as a result of the factors identified above which perpetuate neglect, tend to have more negative expectations of their offspring and consequently find it difficult to set behavioural boundaries and be consistent, which does not gain the cooperation of the child (Howarth, 2013; Mc Sherry, 2004). The multiplicity of parenting factors which contribute to neglect reinforces the importance of thorough assessments so that the right intervention can be delivered. Assessments need not only focus on the impact of parenting but also on the reasons why parents experience these issues (Howarth, 2013). When parenting presents as a cause of neglect, an ecological approach towards assessment is needed which goes beyond presenting concerns to identifying the environment in which they are manifested and how this context is affecting their ability to meet the needs of their child (Howarth, 2013).

*Socio-economic factors*
It is important to recognise socio-economic and environmental factors which can perpetuate, or cause neglect. Recognition of these factors goes beyond the individual and takes into account the context in which parenting occurs (Howarth, 2007). Families can be said to be living in poverty ‘when they lack the resources to obtain the types of diet, participate in the activities, and have the living conditions’ which are customary in the societies to which they belong (Townsend, 1979; p 31).

According to this definition, Isabel lived in a household characterised by poverty. The family had been evicted from multiple properties due to rent arrears, had large debts, often had insufficient food and clothing and lived in a house which had mould and broken furniture and kitchen facilities. These conditions compounded Isabel’s vulnerability in addition to her mother’s own parenting difficulties. For teenagers in particular, living in poverty can be particularly damaging because they are developing their identity, and may become embarrassed by the lack of material possessions or about their household environment (Rees et al., 2011).

‘Living on a low income in a rundown neighbourhood does not make it impossible to be the affectionate, authoritative parent of healthy, sociable children’ but does make it more difficult (Utting, 1995; p. 40). Although neglect can occur in families at any income level (Ross and Roberts, 1999), and parents living in poverty do not necessarily lack adequate parenting capacity (Ghate & Hazel, 2002; Moran, 2009), the relationship between neglect and poverty is a well-documented phenomenon (Crittenden, 1993; Katz et al., 2007; Mc Sherry, 2004). A specific example is a study by the NSPCC (2008) which found a strong correlation between neglect and poverty, with parents struggling to provide adequate care and nourishment in materially poor environments.

This is echoed by analysis of serious case reviews which found that the majority of neglected children who experienced death or serious injury were living in inadequate housing. In addition to this, the households had insufficient resources along with parents having their own issues such as lack of income, volatile relationships and mental ill health (Rose & Barnes, 2007). This again highlights the inter-relational nature of causation. Socio-economic disadvantage is a difficult concept to address when completing assessments given that the factors are often so intertwined with parenting factors (Howarth, 2007), thus sometimes blurring the causes of neglect. Stevenson (2008) argues that it is not enough for professionals to address the situation with material resources, but that an ecological understanding is necessary to identify what will work for the family.

**Transactional analysis**

A further cause of neglect which is potentially less visible than other causes, and therefore challenging to address, is the parent–child relationship (Howarth, 2013). Child abuse and neglect are not isolated incidents, but occur as part of ongoing patterns of interaction that make up the parent-
child relationship (Urquiza & Timmer, 2002). Theories of transactional analysis have grounding in the Freudian concept of the Id, Ego and Superego and are concerned with transactions between these states (Berne, 1977; Clarkson, 1992). The theory looks beyond a parent’s failure to meet basic needs to focus on a more subtle failure to display attentiveness and responsiveness to their children, thus affecting communication and relationships with the neglected child (Wilson et al., 2008). The transaction, a single exchange of messages between two people, becomes dysfunctional in families when transactional boundaries have been crossed between one of three states; parent, adult and child, which exist regardless of a person’s age or role. Negative transactions are evoked which create breakdowns in communications and reinforce unhelpful life positions (Burges and Conger, 1978; Pitman, 1982). Given that the parenting role is characterised by interactions between parent and child, this exchanging of messages needs to be considered during the assessment process (Reder & Lucey, 2000). Parents and children who display this type of relationship confusion complicate the parent-child roles, and parents often see the child as difficult to parent, making successful parenting difficult to accomplish. (Mc Sherry, 2004; Reder & Lucey, 2000). Transactional analysis theory can be helpful when understanding the causation of adolescent neglect given that the adolescent may switch between ‘child’ and ‘adult’ ego more than younger children, therefore creating greater scope for tension in transactions with the parent. Isabel and her mother often had heated and angry exchanges and the social work assessment stated that their roles were interchangeable. Her mother explained to workers that Isabel was difficult and that they had never had a good connection. Isabel’s perception of these interactions was most likely experienced alongside her mother’s parenting skills and by their socio-economic situation, thus, once again demonstrating the inter-related causation of neglect.

**Self Neglect**

Working with adolescents brings into play the difficulty associated with the shift in responsibility for action and behaviour and increasing independence and exploration (NSPCC, 2014; Rees et al., 2011). For adolescents, there is an assumed element of choice which raises the possibility of teenagers actions, such as those explored in the next section, as being ‘typical teenage behaviour’ instead of indicators of experiencing abuse or neglect (NSPCC, 2014; p. 3). Isabel displayed behaviours discussed previously which could be interpreted as her neglecting herself, had the home environment not have been fully explored. A poignant example of this concept being the Rotherham Inquiry conducted by Jay (2014) which identified that during a period from 1997–2009, police gave no priority to victims of child sexual exploitation and the children were often treated with contempt, or even as criminals. This was because the children, as a result of the grooming they experienced, used illicit drugs and took ‘rewards’ such as mobile phones from those exploiting them. Victims were
arrested for offences such as breach of the peace or for being drunk and disorderly, with no action being taken against the perpetrators. Social Care also did not acknowledge the severity of the abuse and took too long in responding to referrals and not assessing the young people within specified time frames. This highlights the issue whereby young people present in complicated ways which means that their needs often go unrecognised because of supposed elective behaviour. In addition, many victims of the Rotherham inquiry were unable to see themselves as groomed and abused and blamed themselves for what they were experiencing. If adolescents needs go unnoticed by professionals, and the young people blame themselves, it is no surprise that adolescent neglect is a concept which becomes forgotten. Professionals must be aware of the concept of ‘self-neglect’ and how this can be understood, identified and assessed without simply blaming the young person for their own behaviour.

**Implications for practice**

Despite the difficulty of determining the causes of neglect in adolescents specifically (Rees et al., 2011; Stein et al., 2009), it is beneficial to acknowledge causes can affect older children and younger children equally (Howarth, 2013). Parenting and socio economic factors can contribute to neglect and are often intertwined, thereby emphasising the need for thorough assessment. Transactional analysis and self-neglect have been identified as features of neglect which may manifest in older children, due to the increase of autonomy, independence and choice. However, although these may be prevalent, multiple and interlinking factors can contribute to neglect and it is important that these are all recognised and understood by professionals in order to include them in the assessment process.

Sometimes, adolescent behaviour can manifest as an adolescent not being interested in protecting themselves and making unwise choices. As evidenced by the Rotherham enquiry (Jay, 2014), there can be more to this type of behaviour than professionals at first may assume. A robust multi-agency response is required, along with assessments that take place outside of the normal social work day in order to fully assess and intervene to protect adolescents.
Consequences of neglect – an indication of why it is important to identify and assess neglect

There is a paucity of research literature regarding adolescent specific neglect and its consequences (Korbin & Krugman, 2013; Smith et al., 2005), with few studies specifically investigating the link between the developmental stages at which maltreatment occurs and its consequences (Thornberry et al., 2010). This problem was identified in the previous section regarding causation. However, longitudinal studies conducted in the USA show that experiencing maltreatment between birth and 18 is a significant risk factor for crime, violence, risky sexual behaviours and substance use (Thornberry et al., 2010). At this point the theory of Equifinality, the recognition that there are multiple causes for maladaptive behaviour, and different developmental pathways to outcomes, is utilised (Thornberry et al., 2001). It is not suggested that Isabel’s behaviour is only a result of the neglect she has experienced but that some of her behaviours may have been caused by direct neglect, learned behaviours or other developmental pathways. Whether or not a child has been neglected starting from birth, early or late childhood or during adolescence, many of the consequences are likely to emerge during adolescent years as the stages of early adulthood develop (Thornberry et al., 2010). In addition to the consequences occurring during adolescence, because of their increased understanding and ability to remember, adolescents may be more distressed by experiences of maltreatment than younger children (Rees et al., 2011). Maltreatment at this age may also have a greater impact on autonomy and self-determination which results in the consequences or behaviours that adolescents like Isabel display.

Exclusion from education

Educational neglect can have a significant and long term impact on young people (Rees et al., 2011). Although Isabel was not experiencing only educational neglect, there were certainly elements of this in her case. For example, there was a lack of encouragement and support from Isabel’s mother which was likely to pose a risk to her behaviour, attainment and commitment to education (Rees et al., 2011). Isabel was suspended three times from her mainstream school for fighting, hitting another pupil and stealing. As a result, she was transferred to a pupil referral unit where her attendance and behaviour was unpredictable. This outcome does not appear isolated to Isabel’s case given that neglected children are more likely to receive suspensions or to have dropped out of school by the time they reach adolescence (Eriksson & Egeland, 2002; Johnson – Reid & Barth, 2000). This specific type of neglect, in conjunction with other types of neglect, must be identified and
assessed by practitioners with a multi agency approach, because exclusion from school is undoubtedly a negative outcome which, in Isabel’s case, will adversely impact her adult life.

**Risky behaviours**

Isabel has displayed risky behaviours throughout the course of her child protection plan, including using illegal substances and having unprotected sex. At 14, Isabel disclosed to professionals that she had been sexually active and later told them this was with an older male and unprotected. This could have been the result of a number of factors relating to the neglect that she was, or had been, experiencing. For example, low parental monitoring or supervision, a type of neglect, is a significant predictor of early sexual experience in teenagers (Wight, Williamson & Henderson, 2006). In addition to parental supervision, parental support, trust or connectedness with a child may also impact sexual behaviour in teenagers (Wight et al., 2006). This relates to the transactional root of neglect discussed previously. As there was no apparent strong relationship or effective communication between Isabel and her mother, this may have resulted in her risky behaviour which is likely to have affected her health and wellbeing (Rees et al., 2011). Maltreatment in adolescence is also more consistently and strongly related to teenage pregnancy, more than childhood – limited maltreatment (Thornberry et al., 2010). This then raises significant concerns about Isabel’s future in relation to her sexual health and potential to become a young parent. It is important for professionals, not only the social worker, to engage Isabel in identifying and assessing the risks to her, what may be causing them and what support could be offered to her in mitigating these risky behaviours.

**Offending**

During a period of three months, whilst Isabel was on a child protection plan, nine police notifications were received for the reasons stated in the Case Study. In general, maltreatment during adolescence, including neglect, increases the chances of arrest, general and violent offending (Smith et al., 2005; Thornberry et al., 2001). A longitudinal study conducted in the Netherlands (Reitz, Dekovic & Meiker, 2006) found that more specifically, lower levels of parental involvement and early granting of autonomy, as Isabel experienced, contributes to increased externalising problem behaviour including offending and aggression. In addition, higher levels of delinquency are also associated when parental knowledge (about a child’s whereabouts or friendship groups for example) is low. Thornberry et al. (2001), from a study in the USA, found that the consequences of criminality were consistently worse when maltreatment occurred during adolescence, in comparison to those whose maltreatment is experienced only in childhood. Therefore, given that it was suggested that
Isabel experienced the majority or most serious maltreatment during adolescence, according to Thornberry et al. (2001) she is likely to have increased odds of delinquency into late adolescence and young adulthood. In addition, Isabel may be more susceptible to initiating or imitating violence because of the neglect she has experienced, both of which are features which could make her vulnerable to gang involvement (London Safeguarding Children Board, 2009), potentially increasing offending behaviour.

Non engagement with professional network

Engaging young people will be discussed as a key part of successfully identifying and assessing neglect in the following sections. However, young people who have experienced long term neglect find it very difficult to trust people and can often present as hard to help (Brandon et al., 2013). Isabel only sporadically engages with the network and is hard to contact and meet with. She displays behaviour which suggests that she does not trust professionals nor wants to tell them what is occurring in the home. It is suggested that this ‘hard to help’ attitude stems from the fact that Isabel has been assessed as having a disorganised attachment system and her preoccupation is therefore the ‘emotional availability and interests of other people’ (Howe, 2005; p. 119), which she does not feel that she wants, needs or deserves. The care giving environment in which she has lived as an adolescent, and likely also during childhood, has been characterised by her mother’s preoccupation with her own feelings and needs. As a result, Isabel has not received consistent, responsive or sensitive care giving, factors which support healthy and secure attachments (Howe, 2005). Often by late childhood, those with disorganised attachment display immature, impatient and impulsive behaviour meaning that they often push boundaries, such as with Isabel’s reluctance to attend school and her offending behaviour. This is all underpinned by the desire to be noticed, valued, acknowledged and recognised (Howe, 2005). Notably, on the surface, there might appear to be similar characteristics between disorganised attachment and ADHD (attention deficit hyperactivity disorder) (Shemmings & Shemmings, 2011), a condition that Isabel was diagnosed with at aged 12. The root cause of this type of behaviour needs to be explored so that the responses of carers and professionals do not reaffirm young people’s sense of themselves as unworthy and unlovable (Brandon et al., 2013).
Implications for practice

It is difficult to identify the consequences of adolescent neglect in isolation from neglect in younger children (Smith et al., 2005), however, consequences of neglect addressed above are shown to manifest themselves during adolescence (Thornberry et al., 2010). It is helpful for practitioners to recognise that adolescents displaying the behaviours discussed are not always neglected at home, however they may indicate neglect and are therefore useful to look into during the identification and assessment process. These behavioural consequences, all problems identified as a feature of Isabel’s case, can be difficult to engage with because they result in adolescents seeming hard to help, or ‘choosing’ to engage in these behaviours (Brandon et al., 2013; NSPCC, 2014; Rees et al., 2011). However, regardless of the reason behind these behaviours, if they are not engaged with and protected, the consequences can continue not only into adulthood but beyond and into future generations.

The next section of this paper explores how these needs can be identified and understood through the assessment process but will highlight the lack of tools and guidance available to professionals in doing so.

Current Practice – Identifying and assessing neglect

Given the difficulty of defining neglect and the situations that families find themselves in, ‘the task of assessing neglect is a challenging one’ (Moran, 2009; p. 11) and often even standardised assessments are lacking in quality (Stevenson, 2005). Assessments should consider the needs of the child and family, type and severity of neglect and the risk of harm to the child (Jowitt, 2003). The purpose of identification and assessment in this discussion is understood as the need to ‘identify the needs of the child and their family and to establish ways in which these needs can be met.’ (Howarth, 2007; p. 157)

This section aims to provide an insight into the types of tools used in identification and assessment of neglect. Two of the tools are standardised methods, an increasing popular way to support decision making, particularly in child protection (Gillingham & Humphreys, 2010). Although these assessment tools are not the ‘holy grail’ and will not automatically provide practitioners with the right answers, they are designed to assist professionals gather and interpret information (Howarth, 2007; p. 162). It is not possible to discuss all methods used in practice and therefore discussion is somewhat limited in this area. However, the resources that were publicly available, and discussed
here, had characteristics in common and are intended to present a platform for analysis for this particular purpose. The assertion made is that although the tools are likely to be helpful for practitioners, they could be refined in order to incorporate a better understanding of neglect in adolescence.

**Child Neglect Toolkit(s)**

Child Neglect Toolkits are locally created guides designed to assist practitioners whose work brings them into contact with children and families (Islington Safeguarding Children’s board, no date; Redbridge Local Safeguarding Children Board, 2014; South Gloucestershire Safeguarding Children Board, 2014). The content of the neglect toolkits vary but those that are publicly available incorporate a standardised framework which give scores between 1 and 4 to each aspect of care including physical care, health, safety and supervision, love and care and stimulation and education. One neglect toolkit stated that the guidance aims to establish a common understanding for intervention thresholds where neglect is a concern and refers to the guidance being in relation to anyone under the age of 18 (South Gloucestershire Safeguarding Children Board, 2014). Of the three toolkits available, all had one page on guidance about parental supervision of adolescents, suggesting this as the main or only way that adolescents are neglected. The remainder of the toolkits (all in excess of thirty pages) appeared to be geared towards younger children, with any age specific indicators going up to age 5. Given that these toolkits are for any professional working with children and families, none make any attempt to highlight the particular issue of neglect in adolescence and what to look for, therefore not seeming to devote much attention to the concept. Although some elements of the toolkit may be useful in assessing adolescent neglect, such as warmth and boundaries, scoring the issue of care such as hygiene in adolescents is more complicated than whether they are or are not wearing inappropriate clothing for the weather, or sleeping in their clothes, because this may be viewed as their choice. Isabel was often wearing clothes that the school thought were inappropriate but the dynamic of this assessment would be convoluted because it may have been viewed as Isabel’s decision, and not a failure of her mother to provide appropriate and clean clothing for her. Furthermore, the Child Neglect Toolkit states that consistently providing a child with food such as chips, crisps and sweets equates to the child’s needs not being considered. For Isabel, this may have been her preference of food, or it could suggest neglect at home. It is therefore a complex issue and would seem difficult to allocate a score. Isabel rarely attended appointments for her ADHD and often did not take medicine; again scoring this would be a complex task because of the interrelated nature of poor parenting and/or attendance of medical appointments being seen as Isabel’s decision. Using this toolkit, the lack of adolescent specific guidance makes it unlikely that agencies such as Isabel’s school or youth club would be able to
accurately establish if she was being neglected. The use of the toolkit and score generated could potentially send the message to universal services that neglect is not present where in truth it has merely not been identified. It is not the intention here to discredit Local Authorities strategies in tackling neglect, and it is possible that different adolescent specific toolkits may be available to professionals which are not publically available, however, it is the intention to build a picture about the concept of neglect in adolescence and how professionals are supported in identifying and assessing it. In addition, the standardised nature of these tools allow little participation from the adolescent and are not suggested by this paper as the optimal way to identify and assess adolescent neglect.

**Graded Care profile**

The Graded Care Profile was first trialled between 1994 and 1995 in pre-nursery and nursery aged children to identify and respond to neglect (Srivastava & Polnay, 1997). The concept is based on Maslow’s hierarchy of needs (1943, 1954) and has been described as a ‘standardised framework for assessment which allows the component parts of quality of care to be separately assessed against predetermined criteria’ (Srivastava, Fountain, Ayre & Stewart, 2003; p. 227). Domains of care are broken down into four sections; physical care, safety, love and esteem and then each area is given a scale between one and five. The Graded Care Profile is described as user friendly, allows partnership in assessment and provides value free assessment (Srivastava et al., 2003). Five Graded Care Profile tools were examined from different Local Authorities (Bedfordshire & Luton Community NHS Trust and Luton Borough Council, not dated; Cheshire West & Chester Local Safeguarding Children Board, not dated; Devon & Torbay Safeguarding Children’s Board, 2013, Hartlepool Safeguarding Children Board, not dated; Herefordshire Safeguarding Children’s Board, 2014). The Graded Care Profiles examined seem geared towards younger children. This is because guidance breaks down age related caring needs, for example, guidance is grouped yearly by age until the scale reaches age 5 plus. Hygiene extends to age 7 plus and for safety, junior, primary and senior school are all pooled into one group. This guidance appears to treat children in categories 5 plus, 7 plus and junior and senior school as a homogenous group, without recognising or breaking down the age groups in detail as, is the case for the younger children. Again, in Isabel’s case, using this graded system is unlikely to add much insight into her situation. Although areas such as approval/disproval and acceptance may be scored in a more straightforward way, the areas of nutrition, hygiene and clothing are more difficult to assess because of the element of autonomy an adolescent has in comparison to a younger child. It is indeed possible that this tool does not claim to enable practitioners to assess neglect in adolescence, however, it points to the fact that there is a gap not only in academic literature but also in practical tools. The standardised approach is suggested by this paper as not being the best
way to assess neglect in adolescence in part because the tools are not sufficiently geared towards the needs of older children but also because of the need to work alongside the adolescent in order to gain a fuller understanding of their situation. However, if the tools are viewed by individual Local Authorities as useful, they could benefit from being specifically expanded to include older children.

**Assessment of Children in Need and their Families**

If upon referral or initial contact there are concerns for a child, social workers carry out an assessment of ‘Children In Need and their Families’ under the framework of guidance set out by the Department of Health (2000). The framework is a systematic approach to assessing whether a child is in need under section 17 or 49 of the Children Act 1989 and establishes the nature of those needs. The framework allows for the gathering and analysis of information and is embedded within the context of the child’s family, community and culture (DOH, 2000). There is extensive guidance that accompanies the framework to assist practitioners in assessing young people by banding them in age related categories of 10 to 14 and 15 plus (Cox & Bentovim, 2000). It creates distinctive elements of appropriate parenting for adolescents (Rees et al., 2011). It also sets out how a number of questionnaires and scales can be used by services when assessing young people and families. The guidance includes an adolescent wellbeing scale and a strengths and difficulties questionnaire which has a specific focus for those aged 11 to 16. During a pilot involving five social services departments, adolescents reported benefitting from these tools because it meant they could contribute to the assessment process (Cox & Bentovim, 2000). It is difficult to say whether Isabel would engage with this method of identification and assessment, as it was not part of her assessment process. However, giving adolescents the opportunity to present their views and participate in decision making, and doing so in a way which is specific to their developmental stage is a key part of social work competencies which demonstrates ethical practice (College of Social Work, 2012).

This guidance for assisting the Framework of Children In Need and their Families appears to be well developed for addressing the needs of adolescents. However, it is focused more towards social workers and not used by universal services, for example health, schools and youth services, a group of professionals who are also instrumental in identifying concerns regarding young people. In addition, social workers must be aware of the guidance and seek it out in order for it to be used and effective.

**Signs of Safety**

The signs of safety approach is implemented, although not by all Local Authorities, once an initial child protection assessment has been completed and the case is managed on a Child Protection Plan.
The method aims to work collaboratively with families and children to conduct risk assessments and produce action plans (Bunn, 2013). At a child protection conference, the professional network and the family discuss what they may be concerned about, what is working well and what needs to happen for the child not to be at risk of significant harm. There are tools for direct work which accompany the approach such as the three houses, wizards and fairies and safety house (Bunn, 2013). These tools are all designed to bring the child into the process by ensuring that their voice is heard regarding their situation through less confrontational methods such as them attending the meeting if they choose not to (Bunn, 2013). Older children are invited to conferences which gives them an opportunity to discuss their thoughts and feelings. This type of continual assessment process, and there are many other models, allows the adolescent to be a part of the ongoing assessment and planning process, if they wish to be involved.

**Implications for practice**

Implications for universal services are that there seems to be very little guidance on how to identify and assess neglect in older children. The practical tools discussed focus on younger children, giving age specific indicators that reach age 5. If at this universal level the message is that adolescent neglect is not a distinct concept, professionals may be less likely to identify it as an issue.

If standardised tools are the way forward for practice and are increasing in popularity (Gillingham & Humphreys, 2010), it is argued that they could benefit from a re-focus which would identify adolescent neglect as a distinguishable cause for professional concern. However, it is argued here that standardised tools can create a fixed picture and do not allow for participation from the adolescent during identification and assessment.

If a social worker at assessment stage chooses to access guidance, there is support which allows them to carry out adolescent specific assessment methods which may be helpful in identifying and assessing adolescent neglect. If the case then reaches Child Protection threshold, the Signs of Safety method is shown to involve adolescents in the continual assessment process.

Whilst guidance which accompanies the Framework for Assessment of Children in Need and their Families and Signs of Safety methods are viewed as helpful for practitioners and adolescents because of its inclusive nature, practitioners need to combine other methods of assessment into the process.
Social Work methods

Discussed throughout this paper is the multi-faceted element of causation and consequences of neglect and there is, therefore, not one single social work method or approach that is likely to be successful when identifying and assessing neglect in adolescence. This section moves on from specific tools and looks more widely at social work methods, identifying Pro-social modelling and Relational Social Work as helpful methods to adopt when assessing adolescent neglect. The relevant aspects of the approaches will be discussed with a brief comparison to other models used in assessment and intervention processes.

Pro-social Modelling

As a starting point for engaging families where neglect is a concern, and in particular for engaging adolescents experiencing neglect, Pro-social Modelling is suggested as a way to engage clients during the initial and continued stages of assessment. Although using this model in isolation from other approaches is not advocated, it is viewed as a positive platform from which to establish and develop relationships with adolescents during the assessment process. The approach is not time limited like other methods such as Task Centred, Cognitive Behaviour Therapy or Solution Focused Therapy (Kondrat, 2014; Marsh & Doel, 2005; Teater 2014) and there can be an ongoing approach to assessment. The method involves child protection workers using simple Pro-social Modelling methods, such as returning phone calls, being punctual and having honest and open conversations without minimizing discussion of harm being experienced (Trotter, 2002, 2009). This discussion is advocating for Pro-social methods of social work when assessing adolescent neglect because it has been found to be particularly useful when clients are involuntary, meaning they are not choosing to receive the services they are being given (Trotter, 2006; 2009), as would potentially be the case with adolescents being assessed. Furthermore, the practitioner would be modelling reliability and consistency, which adolescents may not have previously experienced from adults. Using this model of social work as an initial way to engage families is simplistic and may be furthered by using Relational Social Work methods to make the assessment process inclusive and adolescent centred.

Relational Theory

Relational theory views social work as effective when it is realised that the solution to a problem emerges from the social relations involved and looks to find possible improvements to difficult situations. This element of the method is similar to Task Centred but instead of aiming to alleviate immediate problems as in Task Centred (Teater, 2014), the method looks towards the root causes of problems. Methods that do not focus on underlying problems, such as in Cognitive Behaviour
Therapy and Task Centred approaches, are not seen as optimum to use in the assessment process of adolescent neglect because of the interrelated nature of causes and consequences which need to be explored and acknowledged. Relational Social Work allows the adolescent and the family to identify shared goals which are explored and negotiated instead of treating those in the assessment process as solitary individuals (Cait, 2008; Folgheraiter, 2007). This could be particularly useful when assessing adolescents as they are likely to feel stigmatized if they are not involved in the process of identifying problems and directing action (Folgheraiter, 2004). Although other models are collaborative in nature, the focus of ‘naming and organising’ problems in Task Centred methods (Marsh & Doel, 2005; p. 15) and addressing ‘faulty beliefs’ in Cognitive Behavioural Therapy (Teater, 2014; p. 150) can be seen as stigmatizing due to the focus on problems or faults. The need for involvement of adolescents in the assessment process in order to understand what they are experiencing and to reduce stigma is a particularly poignant message in the Jay report (2014) whereby adolescents who were being abused were not listened to or incorporated into the assessment process. They were deemed to be at risk due to their own behaviours and were stigmatized and criminalised by being arrested. Social work needs to look beyond this view and engage with the young person, instead of the focus being solely on their behaviour, or their parent’s behaviour and abilities. Working directly with young people in the assessment process is not a new suggestion. It is enshrined in law, such as the Children Act 2004, and in policy and practice, and is viewed as essential to assessment and intervention as it keeps the child’s wishes and feelings at the heart of what practitioners do (Cox & Bentovim, 2000; Munro, 2011; Department for Education, 2015; HM Government, 2004).

In addition to the process being collaborative in nature, Relational theory acknowledges the centrality of relationships. The lens of a relational practitioner sees a person’s learnt patterns as the cause of behaviour and bring this to the forefront of assessment and intervention (Fowlie & Sills, 2011). This is seen as preferential to methods such as Solution Focused whereby solution orientated talk should be used (Walter & Peller, 1992) without focus on the root cause of the problem (De Jong & Berg, 2008). Given that transactional analysis and the difficulty in relationships was identified earlier as a potential cause and then consequence of adolescent neglect, this focus on relationships could be useful when completing assessments in order to gather all relevant information in order to more accurately assess.

Similar to Solution Focused Therapy, those needing support or experiencing difficulty are viewed by relational theorists as having the capacity to achieve change that is required through making relations with their social networks (Folgheraiter, 2007). When assessing younger children, capacity to make change is often directed towards the parents. However, assessing neglect in adolescents
provides a unique opportunity for social workers to use these methods to assess what relationships exist in an adolescent’s life and what action can be taken to link these relationships in order to improve their situation. This method could reduce the effect that labelling an adolescent as ‘neglected’ may have because they are encouraged to look within their networks to ascertain what could support them. This point should be taken with a precautionary note however, because adolescents are often seen as resilient, and this is sometimes why adolescent neglect is forgotten (Biehal, 2005). Therefore, the adolescent relies on the social worker as a vehicle for change (Cait, 2008) with the worker being an active participant (Fowlie & Sills, 2011) and not someone who attempts to increase their resilience in isolation, without assessing the parents and wider causes of neglect.

The difficulty with Relational theory, similarly with other methods discussed, is that one of the key concepts is collaboration and identification of common goals, which is not always compatible with child protection processes (Folgheraiter, 2004). If issues are not recognised by the family or adolescent as harmful, and assessment is viewed as unnecessary, the practitioner may have a duty to continue with the assessment process. However, the authoritarian or directive approach should not be a starting point adopted by practitioners when identifying and assessing neglect, and collaboration should always be attempted in order to demonstrate respectful partnership working (College of Social Work, 2012). This is particularly poignant when working with adolescents that may have been neglected because, as discussed earlier, a consequence of neglect is difficulty in forming new relationships and establishing trust.
Implications for practice

Although elements of methods such as Cognitive Behaviour Therapy, Solution Focused Therapy and Task Centred can be useful, difficulties using them in the identification and assessment of adolescent neglect have been highlighted.

Pro-social Modelling methods have been suggested as a positive starting point in engaging adolescents in the assessment process. These methods are useful when engaging with involuntary clients (Trotter, 2009; 2006) and as discussed earlier; consequences of neglect make it difficult for adolescents to form relationships. Relational Social Work has then been asserted as a helpful method for the continued assessment of teenagers because of its collaborative nature. It allows them to participate in the assessment process; however it does rely on teenagers being compliant in the process. These suggestions are not claiming to be a solution to every assessment, rather a foundation from which social workers can build.

Recommendations for practice

More research and development of practice toolkits

Longitudinal studies conducted in the USA have shown that experiencing maltreatment between birth and 18 years of age is a significant risk factor for negative outcomes (Thornberry et al., 2010). Yet throughout this discussion, it has become evident that there is not enough known about causes and consequences of neglect in adolescence, with specific reference to the developmental stages at which maltreatment occurs (Hicks at Stein, 2010; Rees et al., 2011; Smith et al., 2005). The social work profession would benefit from more knowledge of the causes and consequences of adolescent neglect so that guidance can be generated for this age group, instead of the focus remaining on younger children’s experiences of neglect.

If more research were to be undertaken, an increased understanding may lead to guidance, such as the Neglect Toolkit and Graded Care Profiles being extended in order to assist universal services, and social workers, in identifying and assessing neglect in adolescents. If these standardised tools are being introduced into practice more frequently, they would be of more benefit if they were applicable to a larger range of age groups. The Assessment of Children in Need and their Families is
accompanied by helpful guidance specific to adolescents and professionals are encouraged to seek this out when completing assessments.

Reflecting on the definition of neglect

Hicks and Stein (2013) argue for the concept of neglect to be re-examined in order to incorporate age related distinctions and perspectives. They believe that this fuller understanding would alert practitioners to the particular needs of adolescents experiencing neglect. Calling for policy change is not in the scope of this paper, due to the discussion being the context of current policy and because of its practice led nature. However, the argument being made is that practitioners and managers must reflect on the definition and what this definition means for the families and adolescents that they come into contact with. As discussed earlier, the language used in the definition of neglect demonises the family and it is important that practitioners engage with and reflect on this so that assessments are not adversely influenced. The demonization of the family, especially mothers, could lead to parents and adolescents feeling stigmatized, thus limiting the capacity for change. If the profession can find ways to interrogate and discuss this with families, it breaks down a barrier which can hinder identification and assessment. In addition to this, neglect is often seen as an act of commission, but in adolescents may also manifest as acts of omission (Moran, 2009). Adolescents are often seen as resilient and able to cope with difficult situations (Biehal, 2005). A lack of hygiene and appropriate clothing may or may not signify neglect for an adolescent and these discrepancies between how neglect manifests in older and younger children should be a point of reflection and practice discussions for social workers and managers. Discussed in a previous section were views from adolescents about what they regard as constituting neglect. Practitioners are encouraged to engage in this process, asking and exploring what neglect means to those that they are working with. Again, this increased discussion and awareness may generate thinking on a wider scale about adolescent neglect and could bring it to the forefront of research and practice.

Using Pro- social and Relational methods in the assessment process.

Pro- social modelling methods are essentially simple skills used in order to engage and establish trust with service users (Trotter, 2002). It is suggested as a helpful way to form relationships with adolescents in identifying and assessing neglect, in particular because they may have been unlikely to experience consistent communication and responses from adults during their childhood. It can also be a useful method when clients are involuntary, which adolescents and families may be (Trotter, 2006). Without abandoning other methods, Relational Social Work has been recommended as an additional helpful method in the assessment process with adolescents because of its
collaborative nature. It allows the family, along with the adolescent, to play a part in the assessment process and focuses on the relationships within the system and how these can help, or hinder, the young person’s progress. Although these suggestions are not claiming to be the solution to every assessment involving adolescents, they are put forward as foundations upon which social workers can build in order to engage and collaborate with adolescents and their families.

**Conclusion**

Isabel’s case has been used as a springboard for discussion to the potential causes, consequences and social work response to adolescent neglect. Although the consequences of the neglect Isabel experienced are unlikely to ever be mitigated, the identification and assessment of that neglect has allowed her to be accommodated in a secure environment where she receives the support she needs.

The introduction of the concept of neglect argued that it is often viewed as difficult to define, identify and assess (Moran, 2009; NSPCC, 2008; Ofsted 2014). Additionally, the importance of language was discussed and it was recommended that professionals need to be aware of what this can mean for families and how stigmatization may affect change. Causation was discussed which analysed parenting and socio-economic factors, transactional analysis and self-neglect, all which have been identified as potential root causes of adolescent neglect. The difficulty highlighted here was the introduction of autonomy that is associated with increasing maturity and to what extent this affects the concept of neglect. By using outcomes of Isabel’s case, consequences of neglect were shown to be potentially severe and life changing. It was recommended at this point that it is important for practitioners to be aware of the potential behaviours being displayed and what this means for adolescents.

Current practice was identified as limited due to the lack of adolescent specific guidance for professionals identifying and assessing neglect. Tools such as the Neglect Toolkit and Graded Care Profile were seen as limited in their usefulness for assessing adolescent neglect and therefore are incorporated into a recommendation for practice. There was, however, more adolescent specific guidance at assessment level which accompanies the Assessment of Children in Need and their Families (Cox & Bentovim, 2000).

Social work methods were discussed, with a focus on Pro-social modelling and Relational Theory being compared to other methods in order to demonstrate that these approaches can be helpful when assessing adolescent neglect.
Recommendations for practice have been outlined, arguing that the profession would benefit from more research about causes and consequences of neglect. This may inform existing tools allowing refinement in order to incorporate the concept of adolescent neglect. Secondly, an argument is made that practitioners need to reflect on the definition and what the language means to families and also that practice discussions should be generated about how adolescent neglect differs from neglect in younger children. Lastly, Pro-social modelling and Relational Theory are recommended as simple yet consistent and collaborative ways to engage both voluntary and involuntary adolescents into the identification and assessment process.

**Bibliography**


Cheshire West & Chester Local Safeguarding Children Board (Not dated) *Graded Care Profile Guidance*. Accessed on 27/05/2015 from [www.cheshirewestlscb.org.uk/?page_id=2435](http://www.cheshirewestlscb.org.uk/?page_id=2435)


Department for Education (2014) *Statutory guidance on children who run away or go missing from home or care*. London. Department for Education.


