

# Neglect Matters

A multi-agency guide for  
professionals working together  
on behalf of teenagers

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## The Safeguarding Children Research Initiative

The **Safeguarding Children Research Initiative** is a research programme of 11 studies funded jointly by the Department for Children, Schools and Families (DCSF) and the Department of Health (DH). The initiative was commissioned as one of a number of responses which followed the publication of the Victoria Climbié Inquiry Report (Laming, 2003). The research initiative is designed to support the Government's programme of reform to improve early recognition and cost effective intervention to protect children. Child abuse and neglect are societal problems that cut across medical, educational, social work and legal disciplines. The initiative is designed to support both policy and practice across disciplinary and agency boundaries. It includes a mix of types of study looking at both existing evidence and gathering new evidence to explore under-researched topics.

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## 1. Adolescent neglect in context

*Practitioners talk to young people much less about their experience of neglect*  
(Professional's view)

This guide aims to provide information and signposts to good practice for those working in the area of adolescent neglect. Its central concern is to contribute towards a better understanding of what adolescent neglect is and to offer suggestions for ways of improving multi-agency practice in this area – but it is not a substitute for multi-agency training, although it may contribute towards it.

The guide is part of a wider research project funded by the Department of Children, Schools and Families (DCSF) and the Department of Health (DH) under the *Safeguarding Children* Research Initiative. The research was carried out as a partnership between the University of York, the Children's Society and the NSPCC.

The project consists of three linked components:

- A research review – *Neglected Adolescents: a review of the research* – which explores the concept of 'neglect' as it applies to adolescents, and which has informed both of the subsequently listed guides (see the *Research Brief* by Stein *et al.*, 2009).
- *Neglect Matters – a guide for young people about neglect* – which aims to increase young people's understanding of neglect so they can seek help (see [www.nspcc.org.uk/neglectmatters](http://www.nspcc.org.uk/neglectmatters)).
- *Neglect Matters* – a multi-agency guide for professionals working together on behalf of teenagers.

The neglect of adolescents involves many aspects of their lives – for example, what happens within their families, in particular as they become young adults; their health and wellbeing; or their education. This means that working with young people who have been neglected inevitably involves more than one agency, and the expertise of their staff. There is a need for both agencies and practitioners to work together. Agencies are required to actively promote integrated working, information sharing, awareness of child protection issues and the links between family support and child protection. To support the improvement of quality in these respects multi-agency training and child development programmes are available (e.g. Local Safeguarding Children Board training courses). These are designed to develop a mutual understanding of agencies' respective aims and processes and to enable the clarification of roles and responsibilities.

Neglect is the most commonly used category for children becoming the subject of a child protection plan in England – accounting for 45 per cent of child protection plans during the year ending 31 March 2009 (DCSF, 2009) – and it is also the most common form of maltreatment across all age groups. However,

child neglect and its definition, nature, causes and consequences have received less attention than other forms of maltreatment. This lack of attention is more evident in respect of adolescents, even though substantial numbers of 10 to 15 year-olds are neglected in England.

The 'agency neglect' of these young people's needs is also identified in the analysis of serious case reviews, 2002-2005 (Brandon *et al.*, 2008). The analysis showed that a quarter of the 161 children who died or who were seriously injured were over 11 years old, including nine per cent who were over 16 years of age. Although most of these 'hard to help' young people had a long history of involvement from children's social care services and other specialist agencies, including periods of being looked after, by the time of the serious incident, 'little or no help was being offered because agencies appeared to have run out of helping strategies' (p. 83).

The 'neglect of adolescent neglect' provided the rationale for our research review, which has informed this guide. The guide is structured to address key concerns in relation to adolescent neglect:

- What is adolescent neglect – how is neglect defined and described?
- What are the causes and consequences of neglect?
- Whose business is adolescent neglect?
- What can professionals do about adolescent neglect?

In addressing these questions, the guide draws on material gathered during the course of the research overall – the preparation of the three main components detailed on page nine. This process has involved a wide range of contributors, including young people, professionals from different agencies who work with young people, researchers and policy makers.

Each chapter is organised in a similar way. First, the findings from the research review provide evidence of what we know about neglected adolescents, as well as any gaps in the literature. Second, in addressing the implications for practitioners and managers, each chapter includes a *Thinking about* section, which is intended to stimulate reflection on key issues in responding to the needs of neglected young people. Finally, at the end of each chapter there will be 'questions for practitioners'.



## 2. What is adolescent neglect?

*'Neglect is when parents ignore you...when parents leave you and you get hurt... if you are bullied at school and you have no one to turn to neglect is scary'*  
(Young people's views)

*'When is it that an adolescent is just not taking care of themselves because they can't be bothered, or when is it because they have been neglected and not been taught those basic skills at an early age?'*  
(Professional's view)

### Introduction

Recognition of neglect is an area which concerns many people, including policy makers, managers, and practitioners working with children and young people. Establishing agreement about what it means is a complex challenge which different professional groups have tried to address for varying reasons over many years. Inevitably, such definitions are influenced by social and cultural factors, and these factors are likely to be particularly strong influences during a young person's developmental journey to adulthood.

The ways in which child neglect is described and defined may vary between those concerned. Professionals' views may differ according to their role, their agency, their corresponding aims and responsibilities and other personal and professional factors. Professionals' perspectives are also likely to differ from the views which young people have about what neglect involves. Descriptions and definitions from whichever standpoint also may vary in respect of the particular age of the young person, or for reasons such as individual circumstances and abilities.

Neglect is often thought to become more complex to discern or define as young people develop, enter adolescence and reach maturity. The life stages and transitions involved bring into play dimensions linked to identity formation, greater independence from carers, peer group involvement, and developing autonomy – or emerging adulthood. All of these are subject to individual variation.

***For these reasons, achieving a working consensus about what constitutes adolescent neglect becomes an essential preliminary to practice. This is particularly important where several agencies are involved with improving the well-being of young people.***

### Official descriptions of neglect

Definitions and descriptions of **child neglect** help to provide benchmarks for practice. In England, the official description – used by all professionals responsible for children's welfare and including children up to the age of 18 years – is set out in the government's statutory guidance *Working Together to Safeguard Children*:

***Neglect is 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. 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)***
- ***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, 2006: 38)

The guidance acknowledges that 'there are no absolute criteria on which to rely when judging what constitutes significant harm' (HM Government, 2006: 36) and goes on to clarify that: 'Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is necessary' (HM Government, 2006: 115).

The same guidance indicates that safeguarding encompasses more than child protection within the home, stating that the scope of the work of Local Safeguarding Children Boards (LSCBs) should include measures to safeguard:

- ***children abused and neglected within families, including those harmed:***
  - ***in the context of domestic violence***
  - ***as a consequence of the impact of substance misuse***
- ***children abused outside families by adults known to them***
- ***children abused and neglected by professional carers, within institutional settings, or anywhere else where children are cared for away from home***
- ***children abused by strangers***
- ***children abused by other young people***
- ***young perpetrators of abuse***
- ***children abused through prostitution.***

(HM Government, 2006: 77)

The view of safeguarding represented above has wide-reaching implications and assists in broadening conceptual and practice maps so that adolescents become a central concern wherever, or in what situation, they are suffering or likely to suffer harm.

### Definitions of neglect drawn from research

In comparison with other forms of maltreatment, such as physical or sexual abuse, child neglect is relatively under-explored in terms of research. In particular, it is rare for adolescent neglect to be researched or studied. The research review revealed that the literature which informs definitions of neglect comes from a wide range of sources, such as child neglect, adolescent maltreatment, parenting and parenting styles, as well as more general issues and problems faced by teenagers. Also, those looking to the literature to assist in informing practice will find that research which focuses on neglect seldom uses definitions which are consistent across research studies.

Our research review identified several emergent themes which are helpful aids to practitioners in thinking about how to define adolescent neglect. These are summarised below (Figure 2.1).

**Figure 2.1: Thinking about: how to define adolescent neglect**

| Themes from research review  | Issues for practitioners   |
|--|--|
| <b>Definitions of neglect need to vary according to age</b>                              | The Core Assessment Records, published alongside the <i>Framework for Assessment of Children in Need and their Families</i> (hereafter referred to as ‘the Assessment Framework’) <sup>1</sup> provide age sensitive measures which are relevant to assessing neglect for teenagers (see below, Assessing and identifying neglect: using the Assessment Framework and the Core Assessment Records) |
| <b>Neglect is usually seen as an act of omission</b>                                     | For adolescents, in particular, some <b>acts of commission</b> may be seen as neglect, or contribute to young people being neglected e.g. being abandoned by parents or being forced to leave home   |
| <b>Neglect from different viewpoints</b>   | There may be <b>differences between viewpoints</b> , for example between the views of social workers, other professionals and young people themselves. Awareness of these different viewpoints is a starting point for establishing a working consensus  |
| <b>Young people may under-estimate neglect</b>   | This may be related to young people’s acceptance of their parents’ behaviour, young people’s sense of privacy, or their loyalty to their families  |
| <b>Neglect is often seen as a persistent state</b>                                       | It is necessary to look at <b>patterns of neglect over time</b> and recognise the impact of both acute and chronic neglect   |
| <b>There is a difficulty in making a distinction between emotional abuse and neglect</b> | These are associated, inevitably, especially when neglect is seen as an omission of care. What matters is not the label but <b>the consequences for the young person’s health and development</b>  |

<sup>1</sup> The records accompanying the *Framework for the Assessment of Children in Need and their Families* (2000) provide a systematic tool for collecting, analysing and recording the experience of children within their families and communities

## 10 – What is adolescent neglect?

|   |   |
|---|---|
| <b><i>Neglectful behaviour and experience of neglect</i></b>                        | Defining neglect should include <b>both maltreating behaviour as well as how the young person experiences neglect</b> i.e. the consequences for them  |
| <b><i>There may be overlaps between neglect and other forms of maltreatment</i></b> | It may be better to consider <b>maltreatment as a whole</b> rather than look at different aspects of it   |
| <b><i>Neglect is often seen as culturally specific</i></b>                          | The concept of neglect will vary according to contextually acceptable standards of care. However, <b>caution is required in placing too much emphasis on cultural factors</b> – attention should be paid to healthy child development and well-being, as identified in the Assessment Framework and related materials (see below) |

### **Assessing and identifying neglect: using the *Framework for the Assessment of Children in Need and their Families* and the *Core Assessment Records***

As well as supporting thinking about these issues, the Assessment Framework provides practitioners with a working model for conceptualising parental neglect. The framework identifies six key dimensions of how parents or carers are able to support their child's development and respond appropriately to any needs. They are:

- basic care
- ensuring safety
- emotional warmth
- stimulation
- guidance and boundaries
- stability.

As a starting point, it could be argued that neglect (or at least neglect by parents/caregivers) should be seen as being represented by the failure of parents/caregivers to provide one or more of the above components of parental capacity. Some of the potential differences to be considered when identifying neglect according to the age of the child or young person are illustrated in the Core Assessment Records produced to support the implementation of the Assessment Framework.

The records are set out in the following age bands: 0 to 2 years old (including background information on pre-birth influences); 3 to 4 years old; 5 to 9 years old; 10 to 14 years old; 15 years and over. Each record includes the seven dimensions of child's developmental needs identified in the Assessment Framework. Within each of these dimensions a number of statements relating to parenting capacity are identified under each dimension of parenting capacity in the Assessment Framework. There are differences in how parents nurture and provide care for children in the 5 to 9-year-olds and the 10 to 14-year-olds age bands, with an emphasis on direct care for the younger age group and on facilitative parenting

for the older age group. There are additional relevant differences between bringing up children and young people in the 10 to 14-year-olds and the 15 years and over age bands, for example: parental support for young people in further education and employment; recognition of parental acceptance of a young person's sexual orientation and in providing information on the risks to health of unprotected sex; and a greater recognition of young people's independence, which for some young people may include living in their own accommodation and looking after their own children.

These distinctive elements of appropriate parenting for adolescents provide important information for practitioners to use when considering the ways that neglect may be identified in this age group.

### Questions for practitioners and managers

#### In your agency:

- What materials or methods exist in your agency which address working with adolescents who have been neglected? Examples might include: local proforma for assessing adolescent development; life history tools, for example genograms (Parker and Bradley, 2006); the Strengths and Difficulties Questionnaire (Goodman, 1997); the Adolescent Wellbeing Scale (Birleson, 1980), ecomaps (Parker and Bradley, 2006) and resilience wheels (Daniel and Wassell, 2002).
- What gaps are there in this material, and how might these be filled and by whom?
- Do the descriptions of child neglect in your agency include the specific needs of adolescents?
- Where necessary what practice steps might be taken to incorporate a clearer focus on the needs of adolescents?
- Do staff discuss their thinking about adolescent neglect, including differences in approaches, within your agency?

#### In your area:

- Do you know how other agencies define adolescent neglect? Are there any similarities or differences in the definitions used?
- What are the implications of using these definitions (and in particular where they are different) for you and for young people with whom you are working?

### 3. What are the causes and consequences of neglect?

*'There are so many young people who are neglected and they have coped thus far... they are coping in a society that just recognises they are neglected'*  
(Professional's view)

*'Young people might think it is their fault that they're being neglected, so they go along with it'*  
(Young person's view)

#### Potential causes of adolescent neglect

There is a wide range of contextual factors which are associated with the likelihood of neglect. An understanding of how teenage neglect comes about – the aetiology of neglect – provides insight into the likely consequences of neglect as well as the possible forms of intervention. It also helps in highlighting particular young people whose circumstances mean that they are very vulnerable to being neglected, although this may not be easily apparent.

The research review suggested significant links between neglect and the 'family and environmental factors' dimensions set out in the Assessment Framework – although some of our findings also overlap with the 'parenting capacity' domain (Figure 3.1).

**Figure 3.1: The Assessment Framework and Child Neglect Research**

| Assessment Framework                  | Child Neglect Research   |
|---------------------------------------|--|
| <b>Family history and functioning</b> | Lone parent families<br>Mothers who have children at younger ages and have more unplanned pregnancies<br>Larger family size<br>Domestic violence<br>Adult mental health problems<br>Low parental self esteem |
| <b>Wider Family</b>                   | Low levels of social support from own family   |
| <b>Employment, housing and income</b> | Low income, unemployment, poor educational attainment  |
| <b>Family's social integration</b>    | Less cohesive families, poor attachments of parents to their own parents   |
| <b>Community resources</b>            | Low levels of social support   |

The research evidence on child neglect supports the use of an ecological approach as represented in the Assessment Framework. Our research review also highlighted a number of issues for practitioners to consider related to specific groups of young people who may be particularly at risk of being neglected (Figure 3.2).

**Figure 3.2: Thinking about: causes of adolescent neglect**

| Research Review                           | Issues for practitioners   |
|---|--|
| <b><i>Disabled young people</i></b>       | <p>Experience higher rates of neglect</p> <p>Communication impairments may make it difficult to tell others what is happening</p> <p>Being isolated, not receiving regular services may increase likelihood of neglect</p> <p>Practitioners need to distinguish between what is a result of disability and what are signs of neglect</p>   |
| <b><i>Looked after young people</i></b>   | <p>Many experience neglect before being looked after</p> <p>This may include neglect of their physical health, education and emotional needs</p> <p>Importance of promoting stability and secure attachments through high quality of care</p>  |
| <b><i>Impact of parental problems</i></b> | <p>Mental health problems, substance and alcohol misuse increase likelihood of neglect</p> <p>These problems often increase parents' emotional unavailability</p> <p>Young people more likely to be left alone, lack parental supervision and positive role modelling</p>  |
| <b><i>Young carers</i></b>                | <p>Being a young carer may increase the likelihood of neglect</p> <p>Parental problems may also mean older children and adolescents may be drawn into caring, to the detriment of their own care</p> <p>Young people may not receive support at key developmental stages, such as puberty, early and later adolescence</p> <p>Lack of supervision and boundaries may result in young people being exposed to greater likelihood of harm and experiencing more problems</p> |

### Understanding the potential consequences of neglect

The research review showed that there is a wide-ranging body of evidence which suggests links between neglect, or neglectful parenting and negative outcomes in relation to the five *Every Child Matters* outcomes. In promoting positive outcomes practitioners need to be aware of these barriers and think about ways of overcoming them (Figure 3.3).

**Figure 3.3: Thinking about: the consequences of neglect and the *Every Child Matters* outcomes**

| Every Child Matters                            | Issues for practitioners   |
|--|--|
| <b>Being Healthy</b><br><i>Physical health</i> | A quarter of serious case reviews were carried out on 11 to 18 year olds – many of these included a history of childhood neglect<br><br>Ensuring young people have appropriate medical attention<br><br>Recognising the importance of adequate food and diet |
| <b>Mental health and well-being</b>            | Recognising anxiety, depression, low self-esteem and proneness to suicide  |
| <b>Risky health behaviours</b>                 | Drug and alcohol abuse and early sexual activity   |
| <b>Staying Safe</b>                            | Close association between parental neglect and young people running away from home; substance misuse; sexual exploitation and risky sexual behaviours; and potentially young people being stigmatised and bullied by their peers                             |
| <b>Enjoy and achieve</b>                       | Neglectful parenting associated with poor academic achievement and misconduct at school  |
| <b>Make a positive contribution</b>            | Neglectful parenting associated with anti-social behaviour, young people getting into trouble; and violent conduct   |
| <b>Achieve economic well-being</b>             | Experience of neglect, and consequences identified above, can be cumulative and contribute to poor outcomes in adulthood, including education, employment and well-being   |



### Questions for you, your team and other agencies

#### In your agency:

- What are the 'consequences of adolescent neglect' for the young people with whom you work?
- What strategies do you have for engaging neglected young people who have a high risk of 'falling through the net' – for example, disabled young people, young carers, young people whose parents may have mental health problems, or misuse of alcohol or drugs?
- In addition to act of omission, research suggests, acts of commission potentially may be neglectful – for example, young people being abandoned or forced to leave home, or included in drug cultures. In your experience, what other acts of commission may contribute to young people being neglected?

#### In your area:

- What other agencies are involved in working with neglected adolescents and how are you engaged in working with them?

## 4. Whose business is adolescent neglect?

*'Most young people can't tell anyone that they're neglected'*  
(Young person's view)

*'Professionals value working together towards the same goal...good practice should be talking to each other, pre-CAF [Common Assessment Framework]'*  
(LSCB member)

The simple answer to the question, 'whose business is adolescent neglect?' is that the neglect of adolescents is the responsibility of all professionals concerned with the well-being of children. *Every Child Matters* to everyone.

As we have shown in the earlier chapters, teenage neglect is multi-faceted in both its origins and consequences. No one agency is likely to be able to address all the complex elements effectively in a single-handed manner, largely because a child and family's needs cannot always be met within a single agency. The multi-agency approach involves agencies working together. Effective interventions depend on professionals developing working relationships which are sympathetic to each other's legal responsibilities, thresholds, agency purposes and procedures, respective roles and agency capacities.

Early identification of neglect, recognition of its consequences and intervention may prevent more serious problems arising. Awareness of the likely impact of neglect on teenagers' lives has to be held as a shared concern even where a young person's circumstances do not reach thresholds for multi-agency working.

As detailed below, professionals who can contribute and influence the circumstances of those young people and families affected by neglect, come from a wide range of services (Figure 4.1). Some are more likely to be directly involved in working with adolescent neglect than others.

**Figure 4.1: Professionals working with those affected by adolescent neglect might include:**

- Child and Adolescent Mental Health Services (CAMHS)
  - Children and Family Court Advisory and Support Service (CAFCASS)
  - Children's Social Care Services
  - Connexions
  - Educational Psychologists
  - Educational Welfare Officers
  - School health teams
  - General Practitioners
  - Leaving Care Teams
  - Local Safeguarding Children Boards
  - Public Child Protection Units, Police
  - Schools student support services
  - Special Needs Services
  - Teachers
  - Teen pregnancy and sexuality services
  - Therapeutic Services
  - Voluntary Sector Services, such as Mental Health Charities
  - Youth Service
  - Youth Offending Services
- National organisations include:**
- Connexions Direct
  - Childline
  - NSPCC Helpline and Asian Helpline
  - The Samaritans
  - Voice of Young People in Care
  - Who Cares? Trust
  - Youth Access

How can agencies work together to improve services for neglected adolescents? There is an increasing body of research evidence which offers useful insights into this area. One UK study focusing on five multi-agency children's teams (Anning *et al.*, 2006) identified some of the key strategies that these teams used to overcome barriers and to strengthen team cohesion.

First, the research showed that co-location of professionals facilitated team development and made it easier to involve all team members in service planning. Efforts had to be made to involve part-time and seconded staff, and to move from 'co-location to co-participation'. This was enabled by transparent lines of communication between partner agencies and sustained preparatory work in clarifying objectives and core roles and responsibilities in the team.

Second, at the inter-professional level, team members with different backgrounds and understandings, or 'explanatory models', need time to explore the impact of changes on their professional identities and the implications for service users. The study showed that teams that worked well respected specialist expertise and were able to celebrate the diversity of roles, even if their specialist boundaries shifted. The study highlighted the contribution of effective team leadership in managing this process.

Third, at the daily activity level, the study showed that time was needed for team-building, establishing joint activities and developing shared protocols. Each of these elements was shown to be an important strengthener of good practice.

**Figure 4.2: Thinking about: working together**

The studies summarised in the overview of the *Quality Matters* research initiative (Stein, 2009) identified seven 'enablers' of inter-agency collaboration for practitioners and managers to include in planning service provision:

- understanding and respecting the roles and responsibilities of other services
- good communication
- regular contact and meetings
- common priorities and trust
- joint training
- knowing what services are available and who to contact
- clear guidelines and procedures for working together.

Further to these areas, practice in relation to teenage neglect requires a shared awareness of the value of:

- engagement – the need to bring together the appropriate agencies and practitioners
- communication – the value of good quality liaison, information sharing and working between agencies
- vocabulary – the importance of developing a mutual understanding of the terminology and language being used
- responsibility – the potential to open-up opportunities for practice in this area so that these become shared concerns.

### Questions for agencies working with young people

In your area:

- How far is awareness of the value of shared engagement, communication, vocabulary and responsibility implemented in your work with neglected adolescents?
- Which professionals and organisations are involved in working with neglected adolescents?
- What structures and processes are in place to bring these agencies together?
- What tools exist to aid multi-agency working in your agency, and where does adolescent neglect fit with these tools?
- What kinds of interventions are available locally for adolescents and what levels of need are addressed by them?
- What gaps exist in services for neglected adolescents and how might these be addressed?

## 5. What can I do about adolescent neglect?

*'I think that parents do not always have help, and could have had a difficult time themselves'*

(Young person's view)

The research review showed that literature which focuses on interventions for adolescent neglect is sparse. This is not surprising in that neglect may just be one of a whole range of issues being tackled by interventions rather than the specific focus. However, consideration of a broader range of child care literature points to a model of intervention using the concepts of primary, secondary and tertiary intervention, each of which raises issues for discussion in different practice-based settings.

### Primary prevention of adolescent neglect

Primary prevention is about preventing neglect before it occurs. At the most general level it includes the provision of a range of universal services, such as education, health care, youth and recreation facilities – in fact, all services that have an important role to play in engaging and promoting the health and well-being of adolescents. Young people who are disengaged from these services, for whatever reason – for example, being excluded from school – are far less likely to be able to maximise their opportunities and achieve the *Every Child Matters* outcomes.

In respect of neglected adolescents, schools and parents have an important role to play. In schools, consideration of issues relating to neglect in the personal, social, health and economic education (PSHE) curriculum, the promotion of education for citizenship and a commitment to promoting the wellbeing of young people, have the potential to contribute to primary prevention.

As regards parenting, what is most relevant to neglected children and young people is the research on the outcomes of parenting for children, and in particular, 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 within this framework is the combined effect of two aspects of parenting – control and acceptance/warmth. Based on these two dimensions, a typology of parenting has been developed consisting of four broad categories:

- Authoritative – high control, high warmth
- Authoritarian – high control, low warmth
- Permissive – low control, high warmth
- Neglectful – low control, low warmth.

*(Baumrind, 1968, developed further by Maccoby and Martin, 1983)*

Neglectful parenting can be seen as being evidenced by a combination of:

- a low level of parental control of young people (this dimension is often taken to include parental knowledge and monitoring of young people's activities and whereabouts, and establishment of boundaries)
- a low level of warmth and acceptance (as distinct from disinterest and rejection) by parents towards young people.

For teenagers, parental monitoring and supervision has to be balanced alongside factors which assist in a young person's emerging adulthood, such as the opportunity to exercise autonomy and independence. A young person's journey to adulthood may also be shaped by factors including cultural background, levels of impairment, economic circumstances and contextual changes over time. As discussed earlier, expectations about what constitutes adequate parental supervision of adolescents will vary according to many differing factors.

In terms of primary prevention, the UK Healthy Child Promotion Programme (Department of Health, 2008) is an example of an approach which incorporates a range of universal strategies that can be used by primary care professionals to promote 'authoritative parenting' for the optimal development of infants. The Healthy Child Programme 5-19 is a later stage of the development of this programme.

### Secondary Intervention

The focus of secondary intervention is when problems arise – or early intervention in the history of a difficulty. For example, a teacher may notice a sudden deterioration in the appearance or cleanliness of a young person which is very much out of character. If this cannot be addressed by informal measures, such as discussions with the young person and parents, and offers of assistance are declined, and the concerns persist, then it is important that an early assessment takes place to determine the appropriate level and types of intervention. The purpose of the *Common Assessment Framework (CAF)* is to:

- Help practitioners from different agencies assess young people's additional needs for services at an early stage.
- Develop a common understanding of those needs between different agencies.
- Agree a process of working together.
- Identify, if appropriate, a lead professional to assist the family and young person.

Depending on the extent and severity of a young person's needs, a referral to children's social care may be appropriate in which case the *Assessment Framework* (see Appendix 1) would be used, or a referral may be made at a later stage if a young person's needs persist or deteriorate. As detailed in earlier chapters, the ecological perspective of this framework furthers an understanding of both the causes and consequences of adolescent neglect and not only provides the framework for assessment but also for planning, intervention and review.

### Tertiary Interventions

Tertiary interventions aim to prevent the recurrence of problems that have already come to light, and have usually persisted beyond, or have not responded to, early interventions. As suggested above, our research review generated very little literature on social work and therapeutic interventions in relation to adolescent neglect. We, therefore, looked at two further sources: first, literature on working with child neglect in general, and second, interventions focused on maltreated and troubled adolescents which may have implications for interventions where adolescent neglect has been identified.

It is important to emphasise that the absence of literature on adolescent neglect, and, more specifically, on the evaluation of work in this field, does not mean that work is not being carried out, or that it is not effective: it means that we do not know whether it is effective or not. It was evident from our discussions with staff from different agencies that a lot of individual work is being undertaken to assist vulnerable teenagers and support their families, including those who had been neglected. What this suggests is the need for an evaluative culture to be built into the organisations that are carrying out such difficult work – not least to reflect existing practice and guide effective interventions.

### Child neglect interventions

Literature from the United States includes a categorisation of interventions in terms of ecological (concrete); ecological (social support); developmental; cognitive-behavioural; individual; and family systems (DePanfilis, 2006). The author emphasises the importance of collaboration across welfare systems and communities both to prevent and to reduce the effect of neglect.

- Ecological (concrete) interventions link to basic resources such as housing, clothing and the like.
- Ecological (social support) links to networks – these may help reduce social isolation and increase parenting abilities.
- Developmental interventions relate to help with young people's role achievement, with the involvement of mentors and peer groups.
- Cognitive-behavioural approaches include social skills training and education, for example in some aspect of parenting or economic life.
- Individual interventions relate to alcohol counselling, mental health counselling or stress management.
- Family system interventions link, for example, to family-functioning, counselling or family therapy.

The breadth of this intervention approach is consistent with findings from our research review on the causes of adolescent neglect (see Chapter 3) and the ecological approach represented by the 'Child's developmental needs', 'Parenting capacity' and 'Family and environmental factors' domains of the Assessment Framework.



The most positive benefits for all those with whom work took place were associated with cognitive behavioural interventions. This finding is consistent with Barlow's (2009) research review of what works to prevent the recurrence of parental emotional abuse. Barlow does, however, offer a note of caution by indicating that the characteristics which define parents who responded well to cognitive behavioural therapy were not clear and that the successful treatment of severely abusive parents remained unproven.

### Work with adolescents

Evaluated literature about maltreated adolescents, almost exclusively from the United States, shows some promising examples of practice. Cameron and Karabanow (2003) look at the nature and effectiveness of program models for adolescents at risk of entering the formal child protection system. They review five categories of intervention: adolescent competence and skill development; family focused interventions; social integration projects; multiple component interventions; and neighbourhood transformation projects. The authors identify a number of interventions which appear to demonstrate positive outcomes with respect to parent-child relationships, young people's social skills, parental support, and connections between young people, parents and community. Consistent with the findings discussed above, the most positive benefits for all those with whom work took place were associated with cognitive behavioural interventions.

The holistic approach, offered by Cameron and Karabanow (2003), is underpinned by an ecological perspective and is consistent with the UK and US literature on the use of Multi-systemic Therapy (MST). The approach views individuals as nested within a network of interconnected systems that encompass individual, family and community (peer, school and neighbourhood) – again, emphasising the importance of the Assessment Framework and a multi-disciplinary approach. To date MST primarily has been used to work with young offenders, and a small scale study which focused on child abuse and neglect reported positive results (Brunk *et al.*, 1987). MST is being piloted in England as part of the *Care Matters White Paper Implementation Plan* (HM Government, 2008) and may well be applicable to neglected and maltreated teenagers.

### Promoting the resilience of neglected adolescents

Another approach which practitioners find very helpful arises out of the research findings on the resilience of young people in the context of adversity (Gilligan, 2001; Newman, 2004; Masten, 2006; Stein, 2008). Resilience appeals in a number of ways: first, in its optimism – the evidence of young people doing well despite adversity – against all the odds; second, in offering a working framework of 'risk' and 'protective' factors that can provide a clear focus for policy and practice based interventions; and third, in giving expression to 'strengths based' practice in children's services, which also provides the platform for participatory and rights based approaches.

Recent research on resilience (Schoon and Bartley, 2008) has reinforced the importance of an ecological perspective, recognising the interaction between individual development and context, including social and economic factors such as poverty and deprivation, family, environment and community resources.

As Masten (2006) notes, there has been a 'remarkable consistency' in what contributes to good outcomes among vulnerable children and young people in studies of resilience carried out during the last 30 years. Masten (2006: 7) summarises these in the following way:

**Figure 5.1: Factors associated with behavioural resilience in children and youth**

**Relationships and parenting**

- Strong connections with one or more effective parents
- Parenting quality (providing affection, rules, monitoring, expectations, socialisation)
- Bonds with other prosocial adults (kinship networks, mentors, elders, teachers)
- Connections to prosocial and competent peers.

**Individual differences**

- Learning and problem solving skills
- Self-regulation skills (self-control of attention, emotional and arousal, impulses)
- Positive views of the self and ones capabilities (self-efficacy and self-worth)
- Positive outlook on life (beliefs that life has meaning, faith, hopefulness).
- Appealing qualities (social academic, athletic, attractive: engaging personality; talents).

**Community context**

- Effective schools
- Opportunity to develop valued skills and talents
- Community quality (safety, collective supervision, positive organisations)
- Connections to prosocial organisations (clubs, faith groups)
- Socioeconomic advantages.

### Implications for practice

Drawing on the different strands discussed in this chapter, Figure 5.2 below suggests a practice framework for working with neglected adolescents.

**Figure 5.2: Thinking about: working with neglected adolescents**

| Primary prevention                          | Issues for practice  |
|---|--|
| <b>Schools and communities</b>              | Raising awareness of neglect by inclusion of neglect/adolescent neglect in PSHE curriculum<br><br>Providing opportunities for young people’s involvement and participation<br><br>Range of extra-curricular activities and leisure opportunities |
| <b>Parenting</b>                            | The promotion of ‘authoritative parenting’, with a focus on supporting teenage development, e.g. through local parent groups   |
| Secondary Intervention                      | Issues for practice  |
| <b>Early recognition of teenage neglect</b> | Informal response, for example, meet and discuss with young person and parents (if appropriate). Seek early resolution to problems   |
| <b>If problems not resolved</b>             | Apply Common Assessment Framework – involve young person, meeting of staff from different agencies, identify lead professional and agree action  |
| <b>If problems persist or more severe</b>   | Application of Assessment Framework to understand impact of neglect on young person’s health and development, decide on course of action, methods on intervention by which staff from respective agencies  |
| Tertiary Intervention                       |  |
| <b>Ecological perspective</b>               | The research literature supports the use of multi-faceted interventions. Promoting the resilience of neglected young people by working with young people, parents, involving schools – and these can be reinforcing of each other                |
| <b>Specific evaluated interventions</b>     | These include Cognitive Behavioural Therapy (CBT) and Multi-systemic Therapy (MST) approaches – but generic programmes will need to be developed focusing on the specific developmental needs of neglected adolescents                           |

### Questions for agencies working with young people

- What are the key distinctive areas that are focused when undertaking assessments of **older** children, i.e. for teenagers?
- How do these relate to acute neglect – for **teenagers**?
- How do these relate to chronic neglect – for **teenagers**?
- Does assessing adolescent neglect present challenges for you and your colleagues?
- Do improvements need to be made to the ways of assessing adolescent neglect and if so, how will this be done?
- What contribution does your agency make to primary prevention?
- What contribution does your agency make to secondary and tertiary interventions?

## 6. Adding up adolescent neglect – what practitioners need to know and do

*'All of my work [social work with adolescents] is about trying to rectify neglect of some sort'*

(Professional's view)

Many practitioners would sympathise with the above view, expressed repeatedly by professionals during the course of this research. In this sense, all work represents 'what can be done', and much is being done. In this concluding chapter we take stock of the main messages for practice arising from the earlier chapters.

### Working with adolescent neglect involves practitioners from different agencies in:

#### 1. Sharing and agreeing definitions of adolescent neglect, having:

- An understanding of the guidance and official descriptions of neglect
- Reflected on problematic issues in defining neglect (Figure 2.1 Thinking about: how to define adolescent neglect)
- Considered the use of all three domains of the Assessment Framework and the use of the Core Assessment Records for teenagers
- Addressed the questions for practitioners and managers at the end of each chapter of this guide.

#### 2. Understanding the causes of adolescent neglect, including:

- the links between research findings on child neglect and all three domains of the Assessment Framework (Figure 3.1 The Assessment Framework and Child Neglect Research)
- the issues relating to specific groups of young people, including disabled young people, looked after young people, young carers, and the contribution of parental problems (Figure 3.2 Thinking about: causes of adolescent neglect).

#### 3. Understanding the consequences of neglect, including:

- the links between adolescent neglect and/or neglectful parenting and the five *Every Child Matters* outcomes (Figure 3.3 Thinking about: the consequences of neglect and the *Every Child Matters* outcomes)
- addressing the questions for you, your team and other agencies.

**4. Identifying the responsibilities of the different agencies working with neglected adolescents including:**

- the different professionals and agencies (Figure 4.1 Professionals working with those affected by adolescent neglect)
- the enablers of inter–agency collaboration (Figure 4.2 Thinking about: working together)
- Addressing the questions for agencies working with young people.

**5. Exploring what interventions may assist neglected adolescents including:**

- the primary prevention of neglect, the role of schools and promoting 'authoritative' parenting
- secondary intervention; the applications of *CAF* and the Assessment Framework
- tertiary intervention: the potential of an ecological perspective, promoting resilience and the application of CBT and MST approaches
- promoting the resilience of neglected adolescents (Figure 5.1 Factors associated with behavioural resilience in children and youth)
- thinking about: working with neglected adolescents (Figure 5.2).

**6. Reflecting on and evaluation of the work undertaken including:**

- meeting with colleagues to review the work that has been carried out
- evaluating interventions – what has worked, for whom and what has made the difference
- identifying learning points to guide future work and interventions.

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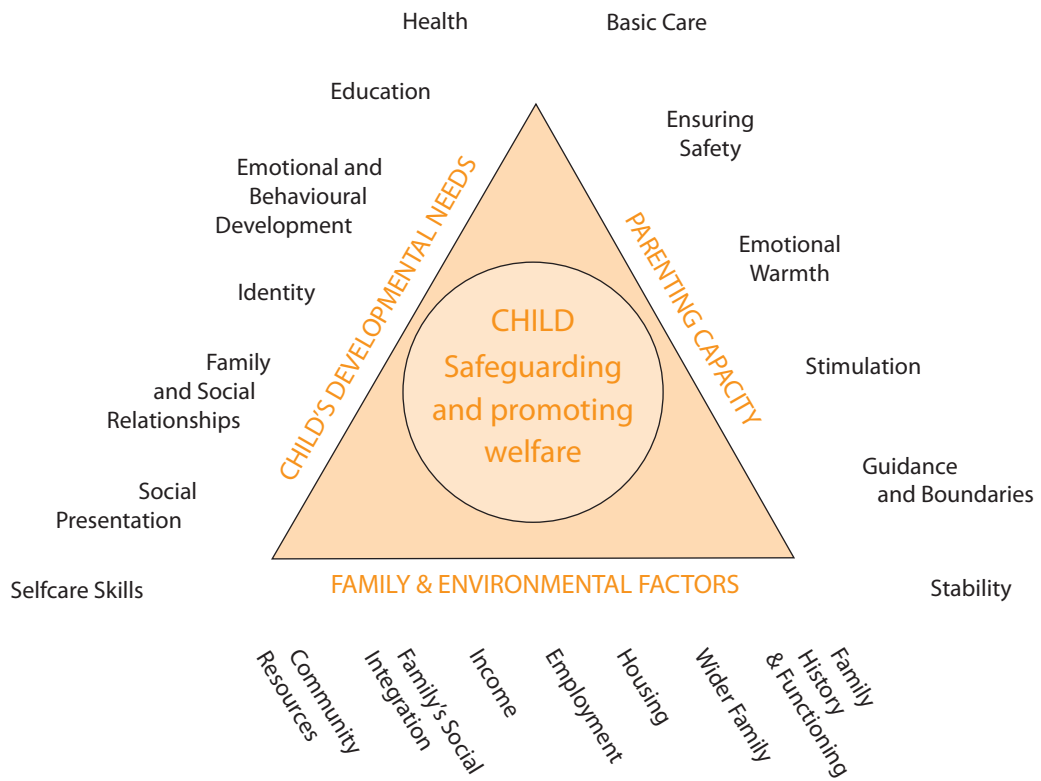
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## Appendix 1: The Assessment Framework diagram



**Source:** *Working Together to Safeguard Children* (2006), p. 109

## **Appendix 2: Domains and dimensions of the Framework for the Assessment of Children in Need and their Families**

1. The *Framework for the Assessment of Children in Need and their Families* [outlined in Appendix 1] provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of:
  - a child's developmental needs
  - the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm
  - the impact of wider family and environmental factors on the parents and child.

Each of these three main aspects of the framework is outlined in more detail in Boxes 1, 2 and 3, respectively.

2. The framework is to be used for the assessment of all children in need, including cases where there are concerns that a child may be suffering significant harm. The process of engaging in an assessment should be viewed as being part of the range of services offered to children and families. Use of the framework should provide evidence to help, guide and inform judgements about children's welfare and safety, from the first point of contact, through the processes of initial and more detailed core assessments, according to the nature and extent of the child's needs. The provision of appropriate services need not, and should not, wait until the end of the assessment process, but should be determined according to what is required, and when, to promote the welfare and safety of the child.
3. Evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context – should underpin judgements about:
  - the child's welfare and safety
  - whether – and, if so, how – to provide help to children and family members
  - what form of intervention will bring about the best possible outcomes for the child
  - the intended outcomes of intervention.

### **Box 1: Dimensions of children's developmental needs**

#### **Health**

Includes growth and development, as well as physical and mental well-being. The impact of genetic factors and of any impairment needs to be considered. Involves receiving appropriate healthcare when ill, an adequate and nutritious diet, exercise, immunisations (where appropriate) and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

#### **Education**

Covers all areas of a child's cognitive development, which begins from birth. Includes opportunities:

- for play and interaction with other children
- to have access to books
- to acquire a range of skills and interests
- to experience success and achievement.

Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

#### **Emotional and behavioural development**

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

#### **Identity**

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

### **Family and social relationships**

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant people in the child's life, and response of family to these relationships.

### **Social presentation**

Concerns the child's growing understanding of the way in which appearance, behaviour and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

### **Self care skills**

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family, and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

## **Box 2: Dimensions of parenting capacity**

### **Basic care**

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

### **Ensuring safety**

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

### **Emotional warmth**

Ensuring the child's emotional needs are met, giving the child a sense of being specially valued and a positive sense of their own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

### **Stimulation**

Promoting the child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating the child to meet the challenges of life.

### **Guidance and boundaries**

Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance that involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over-protecting children from exploratory and learning experiences. Includes social problem-solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

### **Stability**

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to the child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

### **Box 3: Family and environmental factors**

#### **Family history and functioning**

Family history includes both genetic and psycho-social factors.

Family functioning is influenced by:

- who is living in the household and how they are related to the child
- significant changes in family/household composition
- history of childhood experiences of parents
- chronology of significant life events and their meaning to family members
- nature of family functioning, including sibling relationships, and its impact on the child
- parental strengths and difficulties, including those of an absent parent
- the relationship between separated parents.

#### **Wider family**

Who are considered to be members of the wider family by the child and the parents? This includes related and nonrelated persons and absent wider family. What is their role and importance to the child and parents, and in precisely what way?

#### **Housing**

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

#### **Employment**

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

### **Income**

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties that affect the child?

### **Family's social integration**

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, its peer groups, friendship and social networks and the importance attached to them.

### **Community resources**

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

**Source:** *Working Together to Safeguard Children (2006)* Appendix 2, pp 229-231

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