The Children's Society

Understanding Adolescent Neglect:

Troubled Teens

A study of the links between parenting and adolescent neglect

November 2016

By Phil Raws

Acknowledgements

Foreword

Bringing up adolescents is a challenge for parents. Every mother and father will sometimes struggle to know what to do for the best. However, whilst as a society we increasingly recognise the importance of parenting when children are in their early years, there is little acknowledgement of the vital role that parents and carers play in supporting their children through the long, and sometimes difficult, transition from childhood to adulthood.

Research by The Children's Society for over 20 years has often pointed to poor care by parents as the background context for teenagers who have problems. Some of them may run away from home, or become involved in risky or harmful activities. Others may be alienated from parents who show little interest in them, and may become increasingly isolated, with significant impacts on their well-being and mental health.

Too often the response when parents are not providing good enough care for their adolescent children is simply inadequate. Professionals may not take neglect as seriously as other forms of abuse because there are unlikely to be clear signs of harm or acute events in the family. They may also assume, as many adults do, that teenagers can look after themselves – that they have a natural resilience and can cope.

The Children's Society sees the impact of neglect every day in our work with the teenagers who engage with our specialist services. Often they come to us because of something they have done – involvement in anti-social behaviour or crime – or fears that they may be putting themselves at risk, perhaps by unwisely putting their trust in adults outside their family. But once we get to know them a little and they have come to trust their worker, we usually discover that there are problems at home. So we understand the importance, when we can, of working with parents as well to ensure positive change for whole families.

This study reveals fresh insights into the scale of adolescent neglect and the other difficulties that neglected teenagers may face. It shows that as many as one in seven teenagers have parents who are inattentive to their basic physical care, or provide little support with their education or their emotional needs, or rarely show any interest in their social life. More of them will be smoking, or drinking regularly, or missing school when compared to their non-neglected peers, and many more of them will have low levels of well-being.

They are likely to be unhappier with their lives, to feel that no-one around them cares, to doubt their capabilities and to be pessimistic about the future.

Not working to address this – to try to prevent adolescent neglect happening in the first place, or take early action to limit its impact – represents a huge missed opportunity to improve the lives of thousands of young people and their families, and potentially to lessen the impact of many wider social problems.

That's why The Children's Society is spearheading a new programme of research into adolescent neglect. We believe that it is essential to understand more about this issue and to raise awareness about the significant impact that neglect can have on older children. We also want to ensure our own services are as effective as they can be in achieving sustainable change for families with adolescent children.

Children's care needs don't stop when they reach adolescence, and nor do the needs of parents for help and support in raising them. How society responds to this is a challenge that should be met with understanding and acceptance of the needs of older children for care, support and love.

Matthew

Matthew Reed, CEO
The Children's Society

Child neglect has become topical in recent years with a burgeoning of research studies and the development of new policy and practice initiatives.

This may be because neglect continues to be the main type of maltreatment recorded in official data on safeguarding and because it leads to negative outcomes, sometimes being the precursor of serious harm. It may be because neglect continues to be regarded as being complex and intractable, sometimes not identified by professionals, and often not adequately responded to.

This fresh interest in neglect has centred on young children, driven by a concern that poor parental care during the early years will inevitably lead to poor outcomes for individuals and for society in general. But do we fully understand what young people need from their parents during adolescence, and what constitutes 'adolescent neglect'? And how harmful is neglect during adolescence? Will it have a long term impact or are young people resilient enough to be able to make the transition to adulthood relatively unscathed?

This report is about the first project in a new research programme which will explore these and other issues to bring adolescence on to the agenda and re-balance the debate on neglect.

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Executive summary

The Children's Society has recently begun a comprehensive research programme to explore adolescent neglect. This summary outlines the context for the programme and focuses on the first study on adolescent neglect and parenting.

The significance of adolescent neglect

Neglect is the form of maltreatment most often recorded in official safeguarding data, regardless of the age of the children concerned, and is the most prevalent form of maltreatment young people experience according to research. Studies have shown that this is true in all developed, western countries.

Neglect can lead to significant problems – including with mental ill health, substance misuse, school (attendance, behaviour and attainment), offending and early sexual activity – and can be the precursor of serious harm.

Policy and practice activity around neglect has increased in England in recent years, alongside the publication of fresh research into the issue, but for the most part this has focused on neglect of young children.

This may be for many reasons. Neglect continues to be regarded as being a particularly complex and multi-faceted issue, sometimes seen as being an intractable problem – and there is evidence to suggest that many adults, including the professionals who work with them, think that adolescents have a natural resilience to poor parenting experiences.

The Children's Society's research programme, which is being conducted in partnership with the University of York, seeks to redress this neglect of adolescent neglect and to answer the following questions:

- What is 'adolescent neglect'?
- How much adolescent neglect is there?
- What are the contexts for adolescent neglect?
- What are the outcomes of adolescent neglect?

Research methodology

Defining and measuring neglect has proved to be a challenge for previous studies of maltreatment, and there may be reason to question the veracity of findings on prevalence and incidence. Amongst the aims of the first study in the programme were generating initial findings on the scale of adolescent neglect in England, as well as beginning to explore the contexts for neglect and looking at the associations (eg with risky behaviours or well-being) of experiencing neglect as an adolescent.

To conduct the study a new self-report measure of experiences of parenting behaviours was devised. This was done in consultation with young people and adults – asking them what parents do, or should do, when caring for adolescents using a framework which categorised parenting into 'educational', 'emotional', 'physical' and 'supervisory' inputs. A pilot measure was cognitively tested through interviews with ten 12–14 year olds and an online panel survey of five hundred 12–15 year olds. The measure was revised to a 16-item set which was administered to around 1,000 students in Year 10 (14–15 year olds) in a nationally-representative online survey, asking them, for example, how often during the past year their parents had supported them if they had problems (as part of 'emotional support').

The survey also included questions on demographics, material resources, well-being, health, experiences in school and externalising behaviours (eg smoking and drinking alcohol).

Through analysis of the associations between the frequency of parenting inputs and the other indicators in the questionnaire, it was found that lower levels of parenting were more often associated with negative reporting (eg low well-being, higher likelihood of truancy from school). Consistent links

were revealed which showed that in families where parents rarely (if ever) provided care, more young people had poorer well-being and exhibited risky or harmful behaviours. On the basis of this, levels of parental inputs were identified which constituted neglect and further analysis was done to consider the contexts and broader associations of neglectful parenting.

Key findings

The findings summarised in this section – aside from those on 'parenting norms' – are for 14–15 year olds who lived in one home. As the first use of a new measure and methodology for researching neglect they should be regarded with caution. Further research is needed to ensure the efficacy of the approach and the reliability of the findings.

Parenting norms

- The majority of 14 and 15 year olds stated that their parents 'always' exhibited all the behaviours that were asked about – with the largest proportions reporting high levels of physical care and supervision, but proportionally less reported the same frequency for educational or emotional support.

- Reporting of the frequency of inputs for all forms of care and support reduced marginally between the ages of 12–13 and 14–15 years old, as might be expected, but substantially fewer 14–15 year olds said they received frequent emotional support.

The complexity of parenting adolescents

- As a general 'rule' more parental input was found to be beneficial – ie high frequency of care and support was associated with a lower propensity for risk-taking behaviours and with higher levels of well-being. The strongest correlations were between emotional support and well-being (eg for life satisfaction and 'relatedness').

- However, there were some types of parenting where less intense input had benefits – eg more young people with a high score for life satisfaction also reported medium levels of educational support and supervision than those whose parents 'always' monitored in and out of school activity.

The scale of neglect of 14–15 year olds

- 8% of young people reported neglectful levels of parenting in relation to emotional support. The same percentage had experienced supervisory neglect. 5% of young people reported neglect for physical care, and 4% for educational support.

- Around one in seven young people (15%) reported at least one form of neglectful parenting. Most (58%) had experienced one form in isolation, with almost half this group indicating supervisory neglect.

- Reports of all four forms of neglect co-occurring were rare among this sample (just 1%).

The contexts for neglect of 14–15 year olds

- Young people who were materially deprived (lacking a number of possessions, resources or experiences which were common to their peer group) were more likely to be neglected than their peers – though this may have been because their parents or carers elected not to spend money on them rather than because the household they lived in was deprived.

- More boys reported lower levels of parental supervision than girls (11% of boys were neglected in relation to this aspect of parenting, compared to 5% of girls).

- More young people living in lone parent families were neglected in relation to educational support than those living in other family forms.

The negative associations of neglect of 14–15 year olds

- Many neglected young people also had bad health. 28% of those whose parents had not been supportive around their education said their health was 'bad' or 'very bad' (as opposed to 3% of those who were 'cared for' in relation to this type of parenting), and 21% of those who had been physically neglected gave the same response (compared to just 3% of the 'cared for' group for this parenting category).

- Neglected young people were significantly more likely to behave in ways which risked their health or jeopardised their future opportunities – eg for emotional support, 27% had truanted at least once in the past month, compared to 13% of cared for, and 46% had got really drunk in the past few months compared to 22%.

- There was an association between any experience of neglect and young people's well-being, but those who reported multiple forms of neglect (neglect in relation to two or more categories of parenting behaviour) had significantly worse levels of well-being than their counterparts who were neglected for one type of parenting in isolation.

Conclusions

The scale of adolescent neglect

This study found that more than one in seven (15%) 14–15 year olds lived with adult caregivers who neglected them in one or more ways – they may have shown little or no interest in them, not offered warmth or encouragement, made no effort to monitor or protect them or failed to promote their health. Neglected young people reported low well-being and a higher propensity than their peers to behaving in ways which may jeopardise their health or their prospects.

These findings may underestimate the scale of adolescent neglect as they are based solely on the reports of young people who were attending mainstream schools – and so do not account for those in specialist provision, those without a school place or missing from the system, or those in private schools, for whom the experience of neglect may be different.

Well-being and adolescent neglect

By linking neglect to self-reported well-being, this study exposed the more covert harms which are associated with low levels of parenting. One impediment to understanding and responding to the neglect of adolescents has been the failure to acknowledge how much a lack of care and support may be affecting a young person – unlike some other forms of maltreatment, physical symptoms are not immediately apparent, there may not be acute events, and there is a sense that teenagers have their own natural resilience.

This study revealed that neglected teenagers tend to report doubts about their competence, have little faith that anyone cares about them, feel pessimistic about the future and are dissatisfied with their lives overall. Also, although there was some variability in the associations between multiple forms of neglect and the externalising behaviours surveyed (eg on drinking alcohol and truanting for school), there was a consistent association between experiencing a combination of different forms of neglect and deteriorations across measures of well-being.

These findings underline the need to take adolescent neglect seriously, because young people who experience it are also likely to suffer a pernicious undermining of their well-being regardless of whether they exhibit other negative behaviours.

Supervision and adolescent neglect

Analysis of the links between the frequency of supervisory

parenting inputs and young people's responses to questions on their well-being and their own behaviours indicated that there was particular complexity in the relationships between these issues.

Other research has found that context is important in understanding how these factors are interrelated – for example the area a family lives in, the influence of peers, and the effects of gender and ethnicity. Studies suggest that reductions in parental supervision during adolescence (referred to as 'premature adolescent autonomy') could heighten the risks of substance misuse and antisocial behaviour for 'high risk youth', and that interventions to maintain levels of supervision by parents led to reductions in risk. But this assertion has been challenged in other studies, which have found that the effectiveness of supervisory behaviours is determined by the willingness of the young person to disclose information (eg on where they are going/what they are doing). This brings young people's own agency into the picture, challenging an assumption of some research that the effects of parenting of adolescents are one-way (from the parent to the young person) and that parental control is key to successful development.

In this research, a high level of supervision was found not to be linked to high well-being – in contrast to the general finding that more parenting was better. Other research on well-being has shown that young people particularly value autonomy, freedom and choice, but that they feel that this decreases as they become older. This might suggest that increasingly throughout adolescence young people will find inquiries about their life away from home to be intrusive – and equate this with attempts to restrict their behaviour, which they find unwelcome.

This aspect of adolescents' lives – of control, rules, sanctions and curfews – is one where the parent-adolescent relationship may be tested, and where young people themselves will have expectations and a desire to see change as they mature and want to have a stake in negotiating. These issues will be explored further as the research programme develops.

Material deprivation and adolescent neglect

Using a young person-centred measure of material deprivation, this study found that adolescents who were deprived were more likely to experience neglect. However, it is important to note that this finding related to how deprived the young people themselves were – ie how few of a set of possessions, experiences or resources a young person who completed the questionnaire had (things which most young people would say they need for 'a normal kind of life') – rather than necessarily to how poor their family was. Other questions in the survey which might link to household deprivation (eg whether a young person had their own bedroom) did not show the same links.

This could mean that, at least for some of these young people, their material deprivation was because parents were not electing to spend money on them, rather than because their family was too poor to afford these things. A choice by neglectful parents to allocate household resources in ways which do not benefit their children could be regarded as one facet of adolescent neglect.

A recent review of relevant research studies found no evidence of a causal link between poverty and parenting capacity. The authors instead asserted that the majority of parents who live in poverty have adequate parenting capacity, but that those who are poor and also fail to parent well do so for reasons other than the deprivation they are experiencing (eg because of personal characteristics, their own backgrounds etc) – that 'the way parents relate to their children does not simply arise out of economic adversity or advantage.'

Poverty may increase the stresses felt by parents, in turn disrupting their parenting – and these are issues that will be explored further as the research programme develops.

1. Introduction

Interest in child neglect has grown in recent years. A good deal of new research has been conducted (Burgess et al, 2011) and policy and practice initiatives have been developed to begin to redress a prior 'neglect of neglect' (Wolock and Horowitz, 1984).[1]

With the exception of one study (Stein et al, 2009) conducted as part of the Safeguarding Children Research Initiative[2] these developments focus almost solely on younger children. There remains little onus on considering the importance of neglect of adolescents and a failure to acknowledge the harm that it may cause to young people during a period of significant change and development in their lives (Rees et al, 2011).

This may be because of a broad consensus that neglect is complex, and adding in the complexities of adolescence – when children are gradually developing a sense of self and exercising increasing agency – multiplies the challenges for properly understanding and responding to it. However, since there is evidence that neglect is experienced by many adolescents growing up in England today, it is important to extend our understanding of how it can affect their lives and how to better support families where neglect occurs.

This report is about the first project in a new research programme which will focus on adolescent neglect. The Children's Society, working in collaboration with the University of York, will develop the research to include an emphasis on collecting information directly from young people themselves.

The new programme builds on a body of research carried out over the last 25 years by The Children's Society and colleagues at the University of York. Studies have explored the lives of disadvantaged young people, children's well-being and the safeguarding of teenagers,[3] and included the recent publication of a book which incorporated findings from a new study, alongside a review of research, policy and practice that highlighted the many gaps in knowledge and understanding of this subject (Rees et al, 2011).[4] An overarching theme which has resonated through this work is that young people who appear to be challenging or troublesome because of their behaviours, or who are isolated and lonely within their peer groups or communities, are often being neglected at home.

This also chimes with the experiences of our services, whose workers report that behind the risky behaviours that some disadvantaged young people engage in – eg running away from home, misusing substances, offending or antisocial behaviour, gang involvement, vulnerability to sexual exploitation – there is almost always a context of neglect at home, and that it is difficult to ameliorate their lives without addressing this.

The survey which forms the basis for the report was done to inform the early work of the programme. In the survey young people were asked about how their parents (or the adults they lived with) looked after them – eg how often they had shown an interest in school, or whether they regularly asked about a young person's whereabouts. Teenagers have rarely been asked about these issues in a national survey in England and, alongside the other data gathered by the survey (on young people's lives and their subjective well-being), a rich dataset was generated to explore how young people are being parented and some of the impacts this has on them.

The report presents findings from the survey and aims to give a broad and accessible introduction to the subject of adolescent neglect and an overview of the wider issues which will be covered by the research programme. It is the first of a series of reports which will be published as the research explores different aspects of adolescent neglect.

The structure of the report is as follows:

- The introductory chapter continues with a discussion of

some of the challenges around defining adolescent neglect and an outline of the research programme.

- Chapter 2 looks at what is already known about neglect – the scale of the issue, the contexts when neglect is likely to occur and the consequences and long term outcomes for young people who experience it.

- Chapter 3 explains the methodology for the survey. It describes the development and piloting that took place to construct a new measure of experiences of parenting behaviours, and how this was used in national schools surveys.

- Chapter 4 is the first on findings from the survey. It gives details of what young people reported on general experiences of being cared for by their parents, including how different age groups responded to the measure. It also describes how the parenting measure was refined to create a scale, and how this was used to look at how context can affect adolescents' experiences of parenting.

- Chapter 5 presents some of the analysis that was undertaken to establish thresholds for levels of parenting inputs that could be regarded as being neglectful, detailing the score ranges that were calculated for each of the four types of parental

behaviours surveyed.

- Chapter 6 explains how the measure was used to explore the scale of adolescent neglect, the different contexts that can increase the likelihood of neglect occurring during middle teenage years, and the negative associations of neglect for this age group.

- Chapter 7 concludes the report with a listing and discussion of key findings, reflections on the benefits and limitations of the methodology used for the study, and a section on future directions for the research programme.

Defining adolescent neglect

There are significant definitional challenges in studying neglect and these are multiplied when the focus is on adolescents. Both 'adolescence' and 'neglect' can be defined or interpreted in different ways. In this section some of the relevant issues are discussed and the basic definitions and criteria used for this study are explained.

What (and when) is 'adolescence'?

In terms of child development the period of adolescence is one of major change – physical, cognitive, social and psychodynamic, when a key goal for an individual is 'discovery of self' (Scannapieco and Connell-Carrick, 2005).

The degree of psychological change experienced by adolescents has long been studied – since the turn of the twentieth century when G. Stanley Hall coined the now ubiquitous 'storm and stress' description of stereotypical teenage behaviours of moodiness, conflict with parental authority and risk-taking (Arnett, 1999). The weight of evidence now suggests that this stereotyping of adolescence is ill-founded – that only a minority of young people experience the extremities of inner psychological turmoil, risky behaviours or conflict with parents that are implied (Smetana, 2006).[5] Recent developments in neuroscience and the use of Magnetic Resonance Imaging (MRI) scanning have permitted an increasing understanding of the physiological underpinning for adolescent behaviour, conclusively showing that young people undergo profound changes in the structure of their brains during this period. The pre-frontal cortex – the area of the brain responsible for 'executive control functions' including planning, decision making, the regulation of emotions and self-awareness – starts to develop in early life and then has protracted growth into the 20s. But the area which governs pleasure seeking, appetite and reward – the limbic system – matures in early adolescence, before its functioning can be mediated by the slower-growing pre-frontal

cortex. This may help explain the propensity of some adolescents, especially in their mid-teens, to heightened risk-taking (Steinberg, 2008; Sawyer et al, 2012; Albert et al, 2013; Burnett et al, 2009). At the same time there is a high degree of plasticity in the adolescent brain which indicates that there is scope for positive influence on learning through education, etc (Blakemore and Mills, 2014).

The age-range for adolescence can be difficult to pin down – perhaps because this phase of development 'begins in biology and ends in culture' (Smetana, 2006). The physiological changes brought about by puberty – usually regarded as the start of adolescence – can vary chronologically and by gender,[6] and the age when adolescence ends is difficult to determine with precision. In England a child becomes an adult in legal terms at the point when they reach the age of 18, but many young people now have different experiences of the attainment of adult 'status' in relation to tangible aspects of the transition to adulthood – eg there has been a 20% increase in the number of 20–34 year olds living at home with parents between 1997–2011.[7] Researchers have suggested that the transition to adulthood is now commonly characterised by unevenness and backward steps – in contrast to the experience of older generations when leaving home, getting a

job, marriage and parenthood followed a regular pattern – and that it might be described as an 'extended transition' (MacDonald and Marsh, 2005; Thomson et al, 2004; Stein, 2006).

As a result different bodies use different parameters for adolescence. For example, the World Health Organisation uses the age range of between 10 and 19 years old[8], but others emphasise the teenage years in their definition, or have formally extended this 'life phase' up to the age of 24 to include 'young adulthood' (eg US Office of Population Affairs).[9]

Whilst acknowledging the complexity around determining a time frame for adolescence, for this research programme the age group under consideration will principally be 11–17 year olds – taking an average age for when puberty begins as the start, and the legal cut-off for childhood in England as an end point.

What is 'neglect'?

Defining 'neglect' has proved to be challenging for researchers, policymakers and practitioners. Research into neglect has used a range of definitions, mainly based around different kinds of parenting deficits but usually making no distinction between children of different ages (Straus and Kantor, 2005; Rees et al, 2011).

The official definition in current safeguarding practice guidelines (Department for Education, 2015)[10] states that neglect is:

'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);

- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'

The first phrase in this definition – 'the persistent failure to meet a child's basic physical and/or psychological needs' – offers a broad view on what all neglect can involve. This is helpful as a starting point when considering what neglect means for adolescents, but it also constrains the definition in terms of neglect being solely a one-way process of omission (by parents or carers) and indicating that this must be 'persistent' – ie that neglect exists only where the lack of care is ongoing.

These limits on how neglect is defined could legitimately be challenged – for example, because there may be ways in which adolescents exercise agency around how they are parented (perhaps contributing to their own neglect by keeping information from their parents to limit supervision of their activities). And there are examples of actions which are one-off, but sufficiently serious to be counted as being neglectful (eg forcing a young person to leave home, something which is also an act of commission rather than omission).[11]

This illustrates some of the complexities which arise in attempting to define adolescent neglect, and others have been highlighted – eg the possibility of regarding neglect as an 'experience' (on the part of a young person) as well as an 'act' of others, and the degree to which 'acceptable' standards of care may be culturally relative (see Rees et al, 2011).

Thinking about the official definition in relation to real life examples serves to further underline some of the difficulties in defining adolescent neglect; it is unclear what 'emotional harm or danger' may be, what 'adequate supervision' might entail and what 'basic emotional needs' constitute for this age group.

One of the ways in which researchers have sought to break down the complexities in defining neglect has been to use multiple categories for different types of neglect. These have been summarised in a six-fold typology (Horwath, 2007a):

- Medical neglect – where carers minimise or deny illness or health needs, fail to seek appropriate professional care etc.

- Nutritional neglect – failure to adequately nourish a child to support normal growth and development.

- Emotional neglect – lack of responsiveness, affection or interaction.

- Educational neglect – absence of stimulation, poor or no support around schooling.

- Physical neglect – poor living conditions, lack of appropriate clothing or food (often linked to material deprivation).

- Lack of supervision and guidance – failure to protect a child from physical or other harm, absence of rules and boundaries for behaviour, abandonment or sub-contracting of care to inappropriate carers.

This typology underlines the need for a broad understanding of the possible contributors to a neglectful situation and is helpful in thinking about how to define neglect – a key aim for this study and the wider programme of research.

However, both the typology and the official safeguarding definition are devoid of any indication of how much (or how little) of the different types of care would constitute neglect, and how this might vary with the age of the child or young person concerned, appearing to imply that a shared understanding of this already exists. But there is evidence to suggest that this is a mistaken assumption, for example in research that has highlighted how much variation there is in the professional judgements made in social work cases (Horwath, 2007b; Easton et al, 2013).[12]

As a result of reviewing available definitions and the way that neglect had been researched before it was decided that one function of this study would be to create a working definition of adolescent neglect which could support some aspects of the wider research programme. In this sense a definition of neglect is an output from the research rather than something that was fully formed at the outset – and it is presented later in the report.

Throughout the research 'neglect' will be distinguished from three forms of 'abuse' – emotional, physical or sexual – and the term 'maltreatment' will be used when referring to all forms of abuse and neglect.

Research programme

The research programme has been initiated to contribute to the growing body of work around neglect and to introduce findings specific to adolescent neglect.

Aims of the research

Overall, the research will aim to provide answers to the following questions:

- What is 'adolescent neglect'?
- How much adolescent neglect is there?
- What are the contexts for adolescent neglect?

- What are the outcomes of adolescent neglect?

Studies will be conducted to support the development of an improved conceptualisation of adolescent neglect which can act as the basis for estimation of the scale of adolescent neglect and support investigations around the contexts where neglect of this age group is more likely to take place, and the impacts it has on young people who experience it.

Principles for the research

Studies in this research programme will adhere to the ethical guidelines and approval process employed by The Children's Society in the conduct of all research, which is underpinned by the following principles:

- Ensuring young people's views and ideas are incorporated at all points in the undertaking of projects.
- Making young people's perspectives central to the development of a fresh conceptualisation of adolescent neglect.
- Conducting projects which take account of diversity and are inclusive.
- Ensuring voluntary and informed consent for all research participants.
- Prioritising confidentiality and anonymity whilst responding appropriately to safeguarding

concerns should these arise.

- Remaining aware of a duty of care to research participants at all times.
- Prioritising data security.

Phases of the research programme

It is intended that this programme will extend over a number of years to explore different issues around adolescent neglect. This report relates to the first phase of research which focused on beginning to consider how adolescent neglect could be conceptualised and measured – and which culminated in a national schools survey, administered online to around 2,000 12–15 year olds, which looked at young people's reported experiences of parenting behaviours at home.

The survey produced findings relating to all four of the aims for the programme and offered some fresh understanding of adolescent neglect – but it should be noted that this was the first use of a newly-developed measure, and that it will be important to repeat data collection exercises to confirm its efficacy.

A second phase of research due to begin in 2016 will employ a qualitative methodology to explore multiple perspectives on adolescent neglect with young people, their families and professionals.

Additional phases in the programme will be developed incrementally to build knowledge and understanding of adolescent neglect. Topics likely to be covered include changes in neglect and its effects during the extended transition of adolescence, parental attitudes to the parenting of teenagers, professional attitudes, understanding and assessment of adolescent neglect, and what works in dealing with adolescent neglect.

All elements of the research will contribute to improving conceptualisation of adolescent neglect. The parenting (and neglect) measure developed for the first study will be subject to revision and refinement, and re-deployed in surveys with both targeted samples (to look at particular groups and their experiences of neglect in adolescence) and representative, population-level samples (to re-test the functioning of the measure and to verify general findings).

Expert advisory group

The research will be supported by a group of experts comprising of representatives from the Department for Education, the Universities of York and Bristol and the Institute of Education at University College London, a local authority youth services department, an ex-children and families social worker, a local safeguarding children board's chairperson, and policy and operations colleagues from The Children's Society.

Research partnership

Academics from the Social Policy Research Unit at the University of York will be working in partnership with researchers at The Children's Society to develop the research programme over time.

Chapter 1 endnotes

[1] eg The Department for Education has recently published multi-agency training resources focused on the issue (DfE 2012) and commissioned a review by an expert advisory group (Brandon et al, 2014).

[2] Funded by the Department of Children, Schools and Families and the Department of Health (from 2006) this initiative comprised 15 research projects which looked at different aspects of children's safeguarding (summarised in Davies and Ward, 2012). https://www.gov.uk/government/collections/safeguarding-children   Accessed 01/02/16

[3] This set of studies around safeguarding was also conducted in partnership with the NSPCC.

[4] To access reports from these studies, go to http://www.childrenssociety.org.uk/what-we-do/research/research-publications Accessed 02/02/16.   The book was co-authored with colleagues from The University of York and the NSPCC.

[5] Between 5% and 15% depending on the sample (Smetana, 2006).

[6] http://www.nhs.uk/conditions/Puberty/Pages/Introduction.aspx. A case has also been made for the formal recognition of a phase of 'pre-adolescence' (Corsaro, 2004).

[7] ONS (2012) Labour Force Survey - http://www.ons.gov.uk/ons/rel/family-demography/young-adults-living-with-parents/2011/young-adults-rpt.html

[8] http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/

[9] Referred to in an article in the Lancet entitled 'Adolescence: a foundation for future health' (Sawyer, S.M., et al., 2012)

[10] These guidelines also make a clear and helpful distinction between different types of 'maltreatment', categorised in four ways - 'abuse' ('emotional', 'physical' and 'sexual') and 'neglect'. This typology will be used throughout the research. A number of researchers have also advocated for the inclusion of a child being a witness to violence between adults within the home - 'intimate partner violence' (or 'domestic abuse' as it tends to be referred to in the UK) as a form of maltreatment (see Gilbert, 2009).

[11] In contrast to the limited definition of neglect in the 'Working Together' guidance, the different needs of adolescents (as opposed to younger children) in terms of safeguarding responses were highlighted in the Munro Review (2011) and acknowledged in the Government's response (DfE, 2011) – see Rees and Stein, 2012.

[12] Local authorities are obliged by the same guidance to publish a 'thresholds' document which details the level of need which determines eligibility for children's social care. A brief analysis of a small sample of these documents undertaken during the development of this research showed wide variability in the degree to which the neglect of adolescents was covered.

2. What is currently known about adolescent neglect

There are many gaps in knowledge about adolescent neglect, but much evidence to show that neglect of young people in this age group is widespread and that this is having a significant impact on their health and well-being. The aims for this research programme are to improve understanding of the scale of adolescent neglect, the contexts where it occurs and the consequences when it happens. To contextualise this, what is currently known about these issues is presented briefly in the following sections.

The limitations of previous research studies – especially in failing to discriminate between children and young people of different ages – are manifest here and mean that in most instances findings are for all ages (but often with a focus on younger children). Where they are specific to adolescents this is made clear in the text.

The scale of neglect

Estimates of the scale of neglect come from three sources: official figures (usually from child protection agencies), via self-report research studies involving surveys or interviews with those old enough to participate, or through research asking parents to report on the care (or lack of care) that they have provided to their children (Gilbert et al, 2009).[13] In most instances, these estimates have been produced as part of wider exercises exploring the prevalence of general maltreatment.

Official data

Official figures from the child protection system in England offer some indication of the scale of neglect and show clearly that it is the most common form of maltreatment known to the authorities. It is the most used category when registering a Child Protection Plan and this is true regardless of the age group under consideration.[14] The predominance of neglect in these figures has also remained consistent over time. For example, analysis of the numbers of adolescents who became the subject of a Child Protection Plan over a recent three year period (2009 and 2012 – see Table 1 on p21), shows that:

- 'Neglect' was the most used category allocated in the setting up of plans (around 37% of adolescents each year).

- There had been an overall increase in the number of plans started: from 9,690 in the first year of recording (ending in March 2010) to 11,320 in March 2012 – an increase of 17%.

- This overall increase in the total number of plans issued for adolescents was mirrored by a 15% increase in the number of plans with neglect as the initial category of maltreatment.

- The proportion of plans instigated for each type of maltreatment remained relatively consistent – except for an increase from 10% to 15% of plans ascribed the 'multiple' category.

Similar patterns have been found in other countries – such as the US and Canada (US Dept of Health and Human Services et al, 2016; Public Health Agency of Canada, 2010). Indeed it has been found that child neglect remains a substantial category of recognised maltreatment across all high income countries (Gilbert et al, 2012).

Primary research

Research studies around maltreatment have rarely explored the scale or nature of neglect. In the 1980s this led to the then ground-breaking – but now somewhat ubiquitous – idea of the 'neglect of neglect' in research and policy (Wolock and Horowitz, 1984). To some degree this has been redressed in the UK by new studies which have been undertaken and published – particularly since 2000 (eg Burgess et al, 2011) – and the introduction of new government-backed initiatives to improve practice (eg DfE, 2012; Brandon et al, 2014). However there remains a void in understanding and measurement of adolescent neglect.

TABLE 1: Maltreatment type for Child Protection Plans issued to adolescents (aged 11–17 years old) in recent years

Year ❶ Category ❷	2010	2011	2012
Neglect	3,640 (38%)	3,910 (37%)	4,170 (37%
Physical abuse	1,190 (12%)	1,270 (12%)	1,210 (11%)
Sexual abuse	880 (9%)	940 (9%)	950 (8%)
Emotional abuse	2,970 (31%)	3,130 (29%)	3,330 (29%)
Multiple ❸	1,010 (10%)	1,440 (13%)	1,660 (15%)
TOTAL	**9,690**	**10,690**	**11,320**

❶ ie Year ending March 31st
❷ Initial category of maltreatment for a Child Protection Plan
❸ Refers to Plans with multiple categories for maltreatment type

Source: Department for Education – Child in Need data[15]

Research has quantified the extent of neglect in two ways: the proportion of young people who have been neglected at some point during their lifetime (prevalence), or the proportion who have experienced neglect during the past year (incidence). A recently-published meta-analysis of international research that aimed to assess the prevalence of two particular types of neglect – physical and emotional neglect – concluded that the best evidence available suggested that 16.3% of children (under 18) experience physical neglect during their lifetime and 18.4% experience emotional neglect.[16] The authors highlighted many complexities in generating this figure – eg in relation to different methodologies (the use of questionnaires or interviews; the size of samples) – and were careful to point out that there remained a dearth of high quality research focusing on neglect (Stoltenborgh et al, 2013). And their final comment was that:

'Even more telling was the fact that the prevalence of neglect was always reported in combination with reports of the prevalence of CSA (child sexual abuse), child physical abuse, and/or child emotional abuse, indicating that studies on prevalence of neglect were bi-products rather than a primary interest.'

Specific estimates of neglect during adolescence have rarely been made, but the NSPCC conducted research which went some way towards this by asking 11–17 year olds, and their parents or carers, about a range of aspects of parenting as part of a wider study of maltreatment in the UK (Radford et al, 2011). Young people were asked questions on physical care, how much their parents monitored their behaviour outside the home, and on how emotionally supportive they were. Parents were asked about physical care, educational support and some aspects of emotional support. Analysis of the data collected suggested that 13.3% of young people in this age group had suffered neglect during their lifetime (ie including prior to adolescence). The proportions generated for under 11s and 18–24 year olds for those who had experienced neglect during their lifetime were 5% and 16% respectively.[17]

A study in the US which analysed the results from a national household survey – including questions to young people aged 10–17 themselves about experiences of maltreatment – offered fresh estimates for the prevalence of neglect (Finkelhor et al, 2014). The authors concluded that 7.6% of young people aged 10–13, and 6.8% of those aged 14–17, had experienced neglect in the past year. However they were keen to point out the limitations of the research, including that the measures used were 'not exhaustive', and that there was little opportunity in the survey (which had been conducted over the phone) to ask about impact or severity.[18]

Two other issues related to measuring the scale of adolescent neglect are important to mention here:

- Research has established that the different forms of maltreatment are often co-occurring in a young person's life (eg Dong et al, 2004; Cawson, 2000).[19] The NSPCC study discussed above, concluded that 'specific types of maltreatment rarely exist alone and children and young people who experience one type of abuse often experience other forms' (Radford et al, 2011, p88). And a study in the US found that although neglect was the form of maltreatment most often experienced alone 'co-occurring maltreatment experiences predominated' (Arata et al, 2007).

- Researchers have looked at whether abuse and neglect are increasing or decreasing over time. There are signs that the overall incidence of maltreatment may be decreasing – for example, headline numbers of child protection registrations in England reduced between 1994 and 2007 (see Gilbert et al, 2009[20]). However, it is noteworthy that when particular types of maltreatment are more closely considered, the underlying pattern includes an upwards trend for neglect – the category which remains the most used for registrations and ongoing child protection interventions in England.[21,22]

The contexts for neglect

A comprehensive review of research found that neglect of adolescents specifically had rarely been studied, and that – although there was evidence that some family or structural factors may be associated with neglect of children generally – there was little evidence about what might be particularly distinctive for neglect as opposed to other forms of maltreatment for adolescents (Stein et al, 2009). Background contexts where adolescent neglect may occur include:

Family structure and re-structure

There is a higher risk of neglect where a family is headed by a lone (usually female) parent (Swift, 1995; Daniel and Taylor, 2006). The re-constitution of families can also lead to neglect – eg an increased tendency for older adolescents to be forced out of home when a step-parent is introduced (see Rees and

Rutherford, 2001; Rees and Siakeu, 2004).

Parental issues or problems

Parental alcohol or drug misuse is known to be associated with neglect (Advisory Council on the Misuse of Drugs, 2003; Tunnard, 2004). Young people whose parents suffer from mental ill health such as depression may be at higher risk of neglect (Ethier et al, 2000) as may those living in households where there is domestic abuse (Cleaver et al, 2011). However, in all these contexts, parental capacity may be impaired only episodically and neglect may be reduced by the support of professionals (Tunnard, 2004).

Absence of wider support networks

Young people whose families have less social support – from extended family, community or professionals – are more likely to experience neglect (Hooper et al, 2007), although this may be mitigated by the support of a young person's own peer networks.

Socio-economic factors

Some evidence exists of links between socio-economic factors (housing, employment, poverty etc) and neglect from international research, but there are problems in translating this into the UK context (see Rees et al, 2011). There has been research in this country which demonstrated associations between parenting styles and social class (Shucksmith, Hendry and Glendinning, 1995), and between supervisory neglect and social class (Wight, Williamson and Henderson, 2006) but it remains unclear how this applies specifically to adolescents.

Community profile

Some studies have shown associations between 'rates of child maltreatment and neighbourhood poverty, housing stress and drug and alcohol availability' (eg review by Freisthler, Merritt and LaScala, 2006), and this suggests that adolescents in these communities may be at increased risk of neglect – though no studies have focused on this.

Disabled children

Research has indicated that disabled children may suffer disproportionate levels of neglect. A key study from the US analysed official records and found that certain disabilities led to higher risk – eg children who were deaf or hearing impaired were twice as likely to be neglected than non-disabled peers, and those with behaviour disorders were seven times more likely to be neglected (Sullivan and Knutson, 2000).[23] A meta-analysis of prevalence studies of violence (including different forms of maltreatment) against children with disabilities found a greater risk of neglect than for children who did not have a disability, although there was 'substantial heterogeneity between estimates', and the authors noted the overall lack of research on neglect (Jones et al, 2012).

Sudden events

The onset of neglect can be related to unanticipated events – 'stress points or life changes, for example bereavement, redundancy, divorce or illness' (Evans, 2002) – and older children will experience these events more than younger children.

The consequences of neglect

Although the consequences of neglect have been studied in some detail, research methodologies have tended to reflect the definitional problems identified above (eg poor delineation between different types of maltreatment) and failed to discriminate between neglect at different stages in a young person's life. The majority of research studies have been limited to collecting data on one occasion, rather than sequenced over time, which inhibits the opportunity to look at change and causation.

What can be surmised from the available research is that

neglect can be linked to problems during adolescence with mental or emotional health (Vazsonyi et al, 2003; Arata et al, 2007; Brooks and Flower, 2009), safety (eg early involvement in risky behaviours – see Wight et al, 2006); becoming the victim of bullying (Claes et al, 2005; Cleveland et al, 2005); the increased likelihood of running away from home (Rees and Lee, 2005); education (Williams and Kelly, 2005; Aunola et al, 2000); antisocial behaviour and offending (eg Reitz et al, 2006).

There is also increasing understanding of the links between neglect and problems which may develop in relation to physical health – for example, the onset of maladaptive behaviours as a result of inhibited neurological development (eg Child Information Gateway, 2009; Brown and Ward, 2012).

A recent 'rapid systematic review' conducted by Cardiff University for the NSPCC (Cardiff Child Protection Systematic Reviews, 2014) which sought to explore the available research published since 1990 on self-reported features linked to teenage neglect or emotional maltreatment in 13–17 year olds found only 19 articles which met the qualification criteria – 10 of which related to just four studies.[24] The review identified a variety of findings, including evidence that neglect of young people in this age group was associated with:

- internalising features (eg depression, symptoms of Post-Traumatic Stress Disorder)

- externalising behaviours (eg aggression, delinquency, substance misuse, risk-taking behaviours)

- difficulties with interpersonal relationships (eg with family relationships)

- problems with general health and well-being (eg low positive social and achievement expectations)

- problems with school engagement

However, the authors were careful to note that methodological issues – eg the absence of a comparison group (of non-neglected peers) in some studies – meant there were limitations in the findings from the review.

In addition – and most troublingly – analysis of over 800 Serious Case Reviews[25] in England between 2003 and 2011 showed that not only was neglect a regular feature in cases where there had been catastrophic or fatal outcomes, but also that:

'Neglect with the most serious outcomes is not confined to the youngest children, and occurs across all ages.'

(Brandon et al, 2013)

Overall then, a range of negative consequences have been linked to neglect in childhood and during adolescence – although because of methodological limitations, or the nature of secondary data which has been analysed, is it not possible to say that neglect has caused these problems.

Research studies utilising longitudinal datasets which incorporate measures of neglect have recently begun to be published, and show causal links between maltreatment in childhood and some of the poor outcomes alluded to in cross-sectional research. For example, studies from the US have considered the effect of child maltreatment on physical health and adult economic well-being:

- Physical health – by following up samples who had official records for abuse or neglect between 1967 and 1971 (aged 11 or younger) when they were in early middle age (mean age 41), and comparing findings with a matched, non-maltreated sample. Assessment of participants' health consisted of a blood test, physical examination and interview. The study found that the maltreated group had – or showed more risk factors for – worse health than their non-abused peers in relation to a range of conditions. The maltreated group were less likely to report overall 'excellent' or 'good' health, and

more likely to smoke or to be obese.[26] The neglected group in particular were more likely to go on to suffer diabetes, lung diseases, and vision or oral health problems (Spatz Widom et al, 2012).

- Adult economic well-being – using the same design (a prospective cohort method) and the same dataset, it was found at a 30 year follow-up, that the maltreated group had lower levels of education, employment, earnings and fewer assets than a matched control group. The sub-group of the maltreated sample who had been neglected in childhood had fared significantly less well than the non-maltreated comparison group – for example they were less likely to be employed, or own a vehicle or their home (Currie and Spatz Widom, 2010).[27]

But, although these studies have the benefit of showing causation in relation to early maltreatment, they also have drawbacks - eg a reliance on official records for sample design (which will fail to reflect unreported maltreatment) and a resultant focus on maltreatment within particular socio-economic groups. In addition – and most pertinently for this research programme – they were restricted to a consideration of pre-adolescent neglect and abuse.

Long term outcomes of adolescent neglect

Research on causal links between experience of neglect specifically in adolescence and longer term outcomes for adults is rare, though there is implied evidence in some of the issues discussed in the previous section – eg of poor educational engagement and attainment which is likely to reduce career opportunities, or of poor mental health, inhibiting potential for involvement in successful and supportive relationships.

One study which has provided reliable evidence of the long term outcomes of maltreatment – and of the differing effects of maltreatment at different points in the childhood life course – is the Rochester Youth Development Study (RYDS). Data collection for this began in the US in 1988 and since then the research has followed developments in the lives of a group of 1,000 vulnerable young people from a deprived district of New York throughout their teenage years and into early adulthood. The young people themselves were interviewed 13 times between the ages of 14 and 31, and their parents/carers were also interviewed (separately, but at similar intervals) until their son or daughter was 23. Official data from police, school and social services was also collected and analysed. The RYDS has been particularly successful in avoiding

attrition from the original sample – around 80% of the initial group of adolescents took part again at age 30.[28]

In its early phases the research generated findings on how maltreatment in earlier childhood significantly increased the risk of adolescent 'problem behaviours' ie delinquency, teen pregnancy, drug use, low academic achievement and mental ill health (Kelley et al, 1997). But as the study matured, analysis of the datasets could be conducted to carefully consider the impact of different forms of maltreatment during different periods in a young person's life course. This revealed the following:

- Maltreatment which begins during adolescence is more damaging than maltreatment which started and ceased during childhood. It causes problems during late adolescence and early adulthood including 'involvement in criminal behaviours, substance misuse, health-risking sexual behaviours and suicidal thoughts' (Thornberry et al, 2010).[29]

- Neglect during adolescence is as damaging as other forms of maltreatment – increasing the risk of arrest, offending and violent crime in late adolescence, and the risk of arrest and drug use in early adulthood (Smith et al, 2005).

These are particularly important findings because they show that research which theorised that childhood-limited maltreatment would be more problematic (on the basis that it disrupts early development) may have been incorrect[30] – and that neglect in adolescence in particular has far-reaching impact, at least equivalent to the damaging effects of the other different forms of maltreatment.[31]

SUMMARY

All the 'official' data suggests that there is a good deal of neglect of adolescents by their families. However, the limitations of formal systems to recognise and act on neglect have been acknowledged in research (eg Daniel et al, 2014) – a problem that is known to be accentuated for older young people (Rees et al, 2011) – and, as a result, figures on child protection plans may be an especially poor reflection of the true scale of adolescent neglect.[32]

Research has provided an indication of the scale of adolescent neglect and there is significant evidence of neglect of young people solely during their adolescence. However, it is important for the reader to take into account the differences in how neglect is defined and the methodological approaches in these studies, including the implications for estimates of the prevalence and incidence of adolescent neglect.

Many research studies have included some exploration of the contexts for and consequences of neglect – and generated evidence of a number of contributory factors which can increase the likelihood of neglect (eg family structure, other problems for parents such as substance misuse, socio-economic factors). There is also a spread of findings to suggest that there are significant negative outcomes from neglect – such as poor mental or physical health or increased risky behaviour. However, much of this evidence is interwoven within findings which relate to general maltreatment, and so in most cases it is not possible to attribute causation to neglect alone. An important exception is the landmark Rochester Youth Development Study, a longitudinal project which has demonstrated that neglect which begins in adolescence is more damaging than neglect which commences then ceases in the early years, that adolescent neglect is as damaging as other forms of maltreatment and that it causes particular problems in late adolescence and early adulthood.

Chapter 2 endnotes

[13] Some research studies have used a mixed-methods approach, for example combining the latter two types of data collection (eg Radford et al, 2011).

[14] For example, see Department for Education, 2014, or Assistant Directors of Children's Services, 2015.

[15] From an analysis commissioned by The Children's Society in 2014.

[16] Wide confidence intervals were used for these proportions - for physical neglect 12.1% – 21.5% and for emotional neglect 13.0% – 25.4% (both 95% CI).

[17] More details on the specific methodology used with 11–17 year olds is included in the next chapter of the report, but different methodologies were used for the three different age-groups in the study. Parents or carers were interviewed to determine experiences of maltreatment for under 5s; for adolescents both young peoples' and parents' perspectives were sought; for 18–24 year olds, only the young people themselves were interviewed.

[18] Later in the report a more detailed examination of the questions asked by researchers to measure neglect is presented alongside a discussion of the strengths and weaknesses of the conceptualisations used in earlier research.

[19] This area of research has also been broadened to look at so-called 'poly-victimisation', suggesting that those who suffer maltreatment during childhood have a higher risk of becoming victims of other forms of violence (in the home and outside) or of witnessing violence during their childhood (see eg Finkelhor et al, 2009).

[20] http://www.thelancet.com/cms/attachment/2000996938/2003698299/mmc3.pdf – though the longer term picture is unclear as subsequently, in the wake of the death of Peter Connolly, there has been an increase (of almost 50%) in the number of children subject to Child Protection Plans (from 26,400 in 2006 to 39,100 in 2010 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219362/osr28-2010v3.pdf).

[21] Some limited evidence of a reduction in some types of maltreatment was also found in the NSPCC study through comparison of results from a number of questions that had been repeated from an earlier study (Cawson, 1999). However, this was reported in cautious terms and responses to the items related to neglect – 'Parental care and supervision' – showed no significant changes between the two studies (Radford et al, 2011).

[22] There are indications that emotional abuse is increasingly being used as a category in the registration of child protection plans too, with large rises over recent years (see ADCS, 2014).

[23] However, it is important to note that this study did not provide findings on prevalence as the analysis was limited to officially recorded maltreatment.

[24] See http://www.core-info.cardiff.ac.uk/reviews/teenage-neglect-em Accessed 11/01/16. nb qualification criteria included that self-reported/self-rated features were reported by the young people themselves during the period of exposure to neglect and that cases met a particular standard that confirmed that neglect had been experienced by the young person (see http://www.core-info.cardiff.ac.uk/methodology/teenage-neglect-em/confirmation-of-neglect accessed 04/02/16).

[25] A Serious Case Review takes place in a local area when a child dies or is seriously injured and where maltreatment is known or suspected.

[26] A Serious Case Review takes place in a local area when a child dies or is seriously injured and where maltreatment is known or suspected.

[27] The same dataset and a similar methodology were employed to consider and highlight the differential effects of childhood neglect according to ethnicity (Widom et al, 2012).

[28] For more details on the methodology of the RYDS see http://www.albany.edu/hindelang/ryds.php

[29] Similar findings in Smith et al, 2005 (and in Stewart et al, 2008 using official data in Australia). Those who had experienced childhood-limited maltreatment were no more likely to behave 'delinquently' than those who had never been maltreated, although they were more likely to have 'internalising problems' like depression, and problem drug use. nb 'Maltreatment' was measured by having at least one substantiated incident logged in child protection records – which means that these results probably underestimate the effects of maltreatment, given the likelihood of other unreported incidents.

[30] In fact analysis showed that by late adolescence there was no evidence of the problem behaviours of those maltreated only during childhood being statistically different from the behaviours of those never maltreated – Ireland et al. (2002); Thornberry et al. (2001).

[31] A more limited, though interesting recently-published study of risk and recidivism among juvenile offenders in the US, also demonstrated an aspect of the chronology of neglect. This research looked at almost 20,000 medium or high risk juvenile offenders, and compared their histories of offending relative to historical or current neglect (as logged in child protection records). Analysis indicated that those with an ongoing case of neglect at home were significantly more likely to continue to offend than those where neglect had ceased (Ryan, 2013).

[32] Some research studies have suggested that children being monitored by child protection agencies reported four to six times more episodes of maltreatment than were officially recorded (Everson et al, 2008), or that the discrepancy between official figures and real incidence can be at least ten-fold (Gilbert et al, 2008).

3. Research methodology

At the core of this research programme is an aspiration to develop a better conceptualisation of adolescent neglect – one that is clear and rooted in evidence of how poor parenting, alongside other factors, may combine to impact negatively on young people's lives.

To begin the programme it was important to undertake a project which would act as a foundation and generate initial evidence on the scale and nature of adolescent neglect. This chapter describes the development of a methodology for the first study.

How other research studies have asked about neglect

Different research studies have used a variety of ways to explore general maltreatment. Few have focused exclusively on neglect, but some studies have used sets of questions to ask young people about whether this has been part of their experience of care at home.

Studies that have tried to estimate prevalence have often used questions adapted from survey measures. Two recent notable examples of this, using different questions from the Juvenile Victimisation Questionnaire (Hamby et al, 2004) and employing different methodologies (computer-assisted survey as part of a face-to-face interview, or telephone interview), were the studies by

Radford et al, 2011 (referred to below as the UK study) and Finkelhor et al, 2014 (the US study) which were described earlier in the report.

Both studies used the same initial process – the reading of a statement of what the researcher means by the term 'neglect':

'When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are ill, or make sure they have a safe place to stay.'

and an introductory question about whether the interviewee had ever experienced 'neglect' in the way defined. This was followed by a series of closed questions relating to whether a young person had experienced a particular type of neglect (see Box 1 on the following page for details of the full sets of questions and response options):

- In the UK study, questions on action or inaction on the part of parents leading to physical neglect, poor supervision or the absence of emotional support.

- In the US study questions which set a context and asked if a young person had ever had

to do something (self-care due to parental substance misuse; care of siblings and/or searching for a parent if abandoned; feeling unsafe because strangers were in the house) or had experienced situations which could equate to physical neglect.

These approaches facilitated data collection about some aspects of parental neglect in the home, and had the merits of eliciting this information directly from young people themselves (although the UK study also asked parents a complementary set of questions). But they highlight some of the challenges inherent in trying to measure neglect – eg compromising the potential heterogeneity of neglectful parenting by pre-determining the concept, limiting the range of behaviours inquired about, and by blending in issues related to context rather than neglectful behaviours (especially in the US study where neglect is framed as taking place where there is deprivation – eg homes that are 'broken down'). In aiming to assess the scale of neglect, these studies may have tried to do too much with a short set of questions and, as a result, measured some indicators of neglect but missed others. They may also have inadvertently introduced ambiguity into their questioning, posing challenges to those responding to the questions or interpreting their answers (eg for the US study, how would a

BOX 1: Recent research – methodologies to study adolescent neglect

STUDY	Radford et al, 2011. 'Child abuse and neglect in the UK today'
DATA COLLECTION METHOD	Computer-assisted survey and interview with 11–17 year olds

- When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are ill, or make sure they have a safe place to stay. At any time in your life were you neglected?

  Yes / No / Not sure

- At any time in your life, did you have to go to school in clothes that were torn, dirty or did not fit because there were no other ones available?

  Yes / No / Not sure

- When you go out on your own or with friends of your age, how often do your parents ask you:
  - Who you are going out with?
  - Where you are going or what you are going to be doing?

  Always / Usually / Sometimes / Hardly ever / Never

- My family really tries to help me
- My family lets me know that they care about me
- I can talk about my problems with my family
- My family is willing to help me make decisions

  Always / Usually / Sometimes / Hardly ever / Never

(In this study, young people's responses were combined with the answers to a different set of questions in a separate interview with their parent/caregiver to attribute 'neglect').

STUDY	Finkelhor et al, 2014. 'Child maltreatment assessed in a national household survey of caregivers and youth'
DATA COLLECTION METHOD	Telephone interviews with young people aged 10–17 years old

(Same preamble as for Radford study)

- At any time in your life were you neglected?
- Was there a time in your life that you had to look after yourself because a parent drank too much alcohol, took drugs, or wouldn't get out of bed?
- Was there a time in your life when you had to go looking for a parent because the parent left you alone, or with brothers and sisters, and you didn't know where the parent was?
- Was there a time in your life when your parents have often had people over at the house who you were afraid to be around?
- Was there a time in your life when you lived in a home that was broken down, unsafe or unhealthy? For example, it had broken stairs, toilets or sinks that didn't work, trash piled up and things like that.
- Was there a time in your life when your parents did not care if you were clean, wore clean clothes, or brushed your teeth and hair?

(A participant was considered to be 'neglected' if they said 'Yes' to any question).

young person know their parent's motives for not promoting 'personal hygiene'? And who determines the threshold for what equates to 'cleanliness'? A 12 year old boy may feel differently about this to a 15 year old girl).

Other studies into neglect – where the focus has been more on detailed assessment and 'treatment' with smaller samples where maltreatment was already known about – have employed a variety of instruments. These were usually administered by clinicians or childcare professionals, or by researchers in observational studies or to prompt adults to reflect retrospectively on childhood experiences (see Kaufman Kantor et al, 2004). There are examples of instruments aimed specifically at self-report by young people but these are few in number and limited in scope (in terms of how they conceptualise neglect). Examples include the Parental Acceptance-Rejection Questionnaire (Rohner, 2012) which focused on emotional neglect or abuse, and the Childhood Trauma Interview (Bernstein et al, 1994) which asked about physical or emotional neglect.[33]

In response to this dearth of comprehensive self-report measures, two scales were developed by researchers in the US:

- The Multidimensional Neglect Behaviour Scale, Form A: Adolescent and Adult recall version (MNBS – A) – which asked young people to assess (or asked adults to recall) experiences across four domains of neglect – cognitive, emotional, physical and supervisory (Straus and Kaufman Kantor, 1995).

- The Multidimensional Neglectful Behaviour Scale – Child Report (MNBS – CR) – which asked young people to rate their experiences of neglect using the same four domains alongside subscales for them to appraise neglect (how it had made them feel), and relay exposure to conflict and violence, substance abuse, and child depression (Kaufman Kantor et al, 2004).

The MNBS – CR used a 52-item measure for young people aged 10–15 years old, and a similar, though more pictorial, version for young people aged 6–9. The MNBS – A was adapted for a recent study to assess its psychometric properties, including how well the four categories used had worked in measuring neglect (Dubowitz et al, 2011). This showed some promise for a 25-item scale,[34] and offered some guidance for the development of the new parenting behaviours measure which was developed for this research (Copy in Appendix One).

Both types of research – large-scale prevalence studies and smaller projects looking at exposure and treatment – offered some clues for this programme. But none provided a suitable measure or a methodology which would be appropriate for the aims on the first study (where it was important not to pre-define neglect and where the sample was a widely representative one as opposed to a pre-selected one for whom neglect was known to be present).

First phase of development for this study

At the time the research programme began, two national schools surveys which were part of The Children's Society's ongoing research into children and young people's well-being were already in the pipeline.[35] This offered a potential opportunity to measure adolescent neglect, and the focus in the first phase of this programme was around developing an appropriate methodology to do this.

Reflecting on the approaches which had been taken in earlier studies of neglect (outlined above) – and taking into account the context of a national survey of young people – it was decided that a first project would be conducted which would attempt to do two things:

1) design and deploy a new measure of adolescents' experiences of parenting behaviours at home

2) compare the frequency of parenting behaviours reported by the young people with indicators in the wider dataset of their behaviours, experiences and well-being from the survey in a bid to identify 'neglectful' parenting

The second element of this would test whether a general hypothesis – that lower levels of parenting input would link consistently to lower reported levels of health and well-being – was correct, and then, if this was successful, also provide an opportunity to begin to explore the contexts for adolescent neglect and how it related to other aspects of young people's lives.

Thinking about the parenting of adolescents

Consultation with young people, and practitioners and managers in the operations directorate of The Children's Society, alongside discussions with the research advisory group which helped develop early ideas, resulted in the drafting of a pilot measure of parenting behaviours. This was underpinned by a categorisation of (neglectful) parenting that had been used in earlier research (Kaufman Kantor et al, 2004) with a four-fold typology which related to emotional, educational,

physical and supervisory elements of parental care with linked discrete behaviours which might be considered to play a part in good, or neglectful, parenting.

Practitioners working with disadvantaged young people (who were presenting to services with externalising behaviours like running away, substance misuse, antisocial behaviour, etc, and/or were in living in substitute care) were asked to supply information on cases with teenagers whom they felt had been neglected, and to outline some reasons for this 'assessment'. Then, in workshop groups, the factors contributing to the assessment were reviewed and discussed in order to reflect on how adolescent neglect manifested in the lives of the young people and whether the factors put forward by practitioners would 'fit' within the four parenting categories in the proposed framework. This led to interesting debates and to a conclusion that the categories may require some further consideration in the future (especially when applied to practice), but were a reasonable basis for asking young people about experiences of being parented during adolescence.[36]

Young people (aged 13–18) were also asked – through a focus group and individual exercises – to reflect on what they thought they needed from parents or carers, and what made for good (or bad) parenting.

Their responses informed initial development of the items used in the pilot version of the measure.

Finalising a pilot measure

Having reviewed the options for pre-existing measures, and taking the findings from consultation work into account, a 25 item pilot measure – using four categories for types of parenting behaviour (educational support, emotional support, physical care and supervision) with a varying number of items allotted to each category (see Appendix One for this version) – was drafted in preparation for cognitive testing and an online pilot.

This was constructed solely to facilitate young people in accurately reporting experiences of discrete aspects of parenting behaviour at home – to explore 'behaviour by a caregiver', as denoted by Straus and Kaufman Kantor in their 2005 article on principles and guidelines for how to define and measure neglect. Given the importance of chronicity for neglectful parenting, response options related to the frequency of action/inaction for each behaviour during the past year.

Piloting and testing

Piloting of the draft measure included ethical and cognitive testing, in which a sample of ten 12–14 year olds completed the measure individually and were

then interviewed face-to-face to discuss whether they had understood and interpreted the questions as anticipated. The draft measure was also used in an online panel survey of around five hundred 12–15 year olds.

Analysis of the pilot survey dataset, combined with findings from the interviews, led to alterations in wording and to a shorter set of 16 items ranged equally across the four categories which had been shown to work best together. For example, questions on how often a young person's parents 'keep the house clean' or 'make sure you brush your teeth' were removed, and the item 'tell you when they thought you had done something well' added in lieu of 'praise you'. A core set of eight items was also identified with a view to these being using as an adapted version of the measure for the younger adolescent age group (see Appendix One).[37]

Use of the measure – national schools surveys

The new measure was included in two online questionnaires, completed by around 2,000 young people aged 12–15 years old. Administration of the survey was managed by a research agency – ResearchBods. The survey was administered to Year 8 students in 35 schools and Year 10 students in 37 schools spread across England. Schools were selected in areas representing different levels of wealth or deprivation.

The year group surveys were undertaken in conjunction – mainly to generate fresh insights on children's well-being – but were actually two distinct exercises. For the younger sample (12–13 year olds) the survey was part of an international study of well-being[38] but for the older age-group (14–15 year olds) an adapted and extended online questionnaire was administered in this country only. The latter exercise was commissioned by The Children's Society with a view to asking young people in their mid-teens about their well-being and about additional themes which were of particular interest to the charity (this is referred to as 'The Children's Society Survey, 2014' in the report). Data collection took place between December 2013 and May 2014.

Data processing and analysis

An initial version of each dataset – for the 'Children's Worlds Survey' and 'The Children's Society Survey, 2014' – was supplied to The Children's Society's research team for checking and cleaning.

Analysis was done using SPSS, using appropriate techniques and tests. Full details of this are not given here as the report is intended to be a brief and accessible introduction to findings from the study. A full technical report on the analysis will be published separately and made available online.

Most of the findings in the report which are noted as being 'significant' had a p-value of less than 0.01 (ie a confidence level of at least 99%). However, where a small sub-sample (of neglected young people) was used for the analysis, exact tests were employed and a p-value of less than 0.05 (a confidence level of at least 95%) was adopted. Similarly, for headline findings, the main sample was weighted to ensure representativeness, but more detailed analysis was done with an unweighted sub-sample.

SUMMARY

Other research studies have incorporated elements to look into the prevalence or incidence of neglect of young people during adolescence, but where this has been done it has been as part of a wider exploration of general maltreatment and the approach to defining and measuring adolescent neglect has been limited in scope.

For this research programme the aim is to focus specifically on adolescent neglect and to consider in detail how it could be better conceptualised. The context for the first study – a nationally-representative schools survey of young people aged 12–15 (being undertaken as part of an international survey of children's well-being) – afforded an opportunity to begin to explore adolescent neglect.

Few self-report measures of neglect have been designed, and most are for use where maltreatment is already acknowledged, or are constrained in how they define neglect (or both), making them inappropriate for the setting and circumstances for this study.

This necessitated the development of an appropriate measure which could be answered by any young person (without connotations of maltreatment) and which – in combination with other survey questions – might generate data to consider neglect.

A 25-item measure was created, then piloted via an online panel survey and cognitively tested, leading to a 16-item measure for the main survey. This inquired about the frequency of parenting inputs across four types of behaviours (educational support, emotional support, physical care and supervision), building on a categorisation which had been used in earlier research. This gave the prospect of establishing normative levels of parenting for adolescents and, at the same time, of conducting analysis of associations between lower frequencies of parenting behaviours and other indicators (measures in the questionnaire on well-being and questions on behaviours and experiences) – to establish what level of parental inputs signified neglect.

Chapter 3 endnotes

[33] The ICAST-C – an instrument developed by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) – is also a self-report tool for young people which can be used in surveys, but it is aimed at assessing an array of forms of maltreatment and (in the version for young people living at home) has 38-items (Zolotor et al, 2009).

[34] Although there were some doubts from this study about the merit of the four-category model.

[35] These have been reported on in detail in The Good Childhood Reports 2014 and 2015 (both Rees et al).

[36] Practitioners also highlighted the relevance of 'agency neglect' – the poor responses of professionals to young people who were in need – to the young people they were working with (though it was not appropriate to incorporate this in the measure of parenting).

[36] Straus and Kantor, 2005.

[37] A different set of eight items were put together for use in the survey with Year 10 students by young people living in two homes – with the idea that they would be asked to answer these twice, once for each household. Cognitive testing – and other research done by The Children's Society – found that a significant proportion of young people regularly live in two homes during their adolescence.

[38] The 'Children's Worlds' survey, replicated across 13 countries - see The Good Childhood Report, 2014 for more details about this research.

4. Parental care and support: General experiences during adolescence and how context affects parenting

The schools surveys provided a rich dataset to explore adolescents' reported experiences of the care they received at home and other aspects of their experiences, behaviours and well-being. This chapter begins with findings on how often adolescents report different parenting inputs and variation in experiences of parenting care at different ages. It goes on to explain how the measure of parenting behaviours was refined and then used to consider the contexts for different experiences of parenting.

With the exception of the comparison between age groups in this chapter, all of findings in the report are based on the responses from young people

who were aged 14–15 years old at the time of the survey, and who lived in one home.[39] This group was asked the full set of items in the first version of the measure of experiences of parenting behaviours, alongside a wide range of indicators for their own behaviours, experiences and well-being – and so this dataset offered the best prospects for exploring the issues around parenting and neglect which were key to the aims of the study.
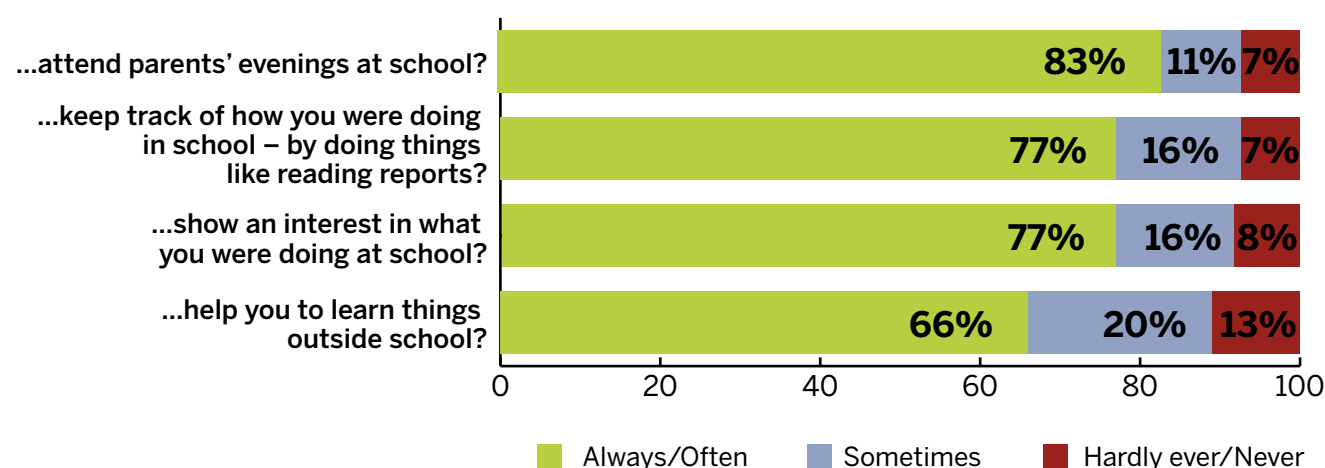
Overall experiences of parenting behaviours

An overall analysis of young people's responses to questions about their experiences of the frequency of parenting behaviours – calculated

by combining selections for 'Always'/'Often' and 'Never'/'Hardly ever' to reflect a range of levels of parenting input – showed that for 14–15 year olds there was considerable variability across the different types of parenting behaviour (see Figures 1–4 on the following pages – n.b. not all the percentages shown for each item add to 100 due to rounding).

For almost all of the items in the measure, the majority of young people – three quarters or more – said that their parents or the adults they lived with 'Always/Often' cared for them in these ways.[40] The parenting behaviour that was most regularly experienced by the whole sample was within the 'Supervision'

Figure 1: Educational support for 14–15 year olds

During the past year how often did your parents, or the adults you live with…

Source: The Children's Society survey, 2014

category: for 'make sure you attended school' ('Always'/'Often' – 97%), mirrored by the lowest proportion of young people reporting that their parents 'Never'/'Hardly ever' did this (1%).

By contrast the lowest proportion overall for frequency of parenting behaviour was for 'help you to learn things outside school' ('Always'/'Often' – 66%), though this was complemented by the highest mid-range level of responses (20% said their parents 'Sometimes' did this) and the highest proportion (15%) saying that they 'Never'/'Hardly ever' provided this input.

Behaviours included in the educational and emotional

support categories generally had higher proportions of young people reporting that their parents 'Never'/'Hardly ever' did these things than for supervision or physical care items.

Differences in experiences of parenting input at different ages

In order to discover whether there were differences in patterns of parenting behaviours between age groups at an overall level, a comparison was made of the experiences reported by Year 8 students and their older counterparts in Year 10.
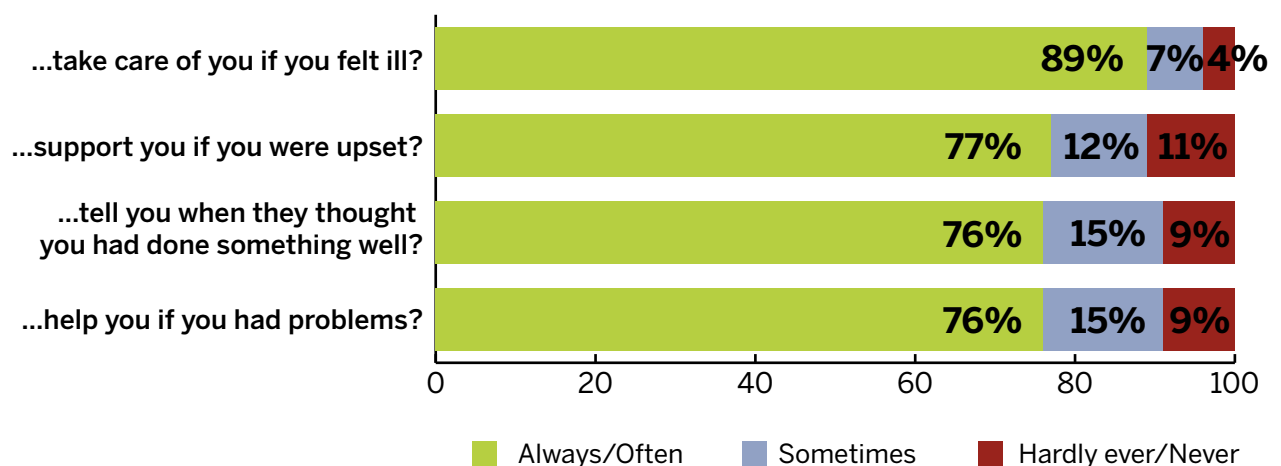
This was only possible for the eight items included in both surveys, but the analysis revealed

that percentages for 'Often' or 'Always' were consistently higher for the younger age group than for their older peers for most items – and, conversely, they were almost always lower for 'Never' or 'Hardly ever'. It also showed that very small proportions of 12 and 13 year olds reported 'Never'/'Hardly ever' for some items – eg 2% said their parents 'Never'/'Hardly ever' made sure they saw a doctor when they needed one, and 3% selected this level of involvement for 'support you if you were upset', 'help you if you had problems, or 'show an interest in what you were doing at school' (see Figure 5 on p39).[41]

In particular there were marked differences between reported parenting inputs linked to
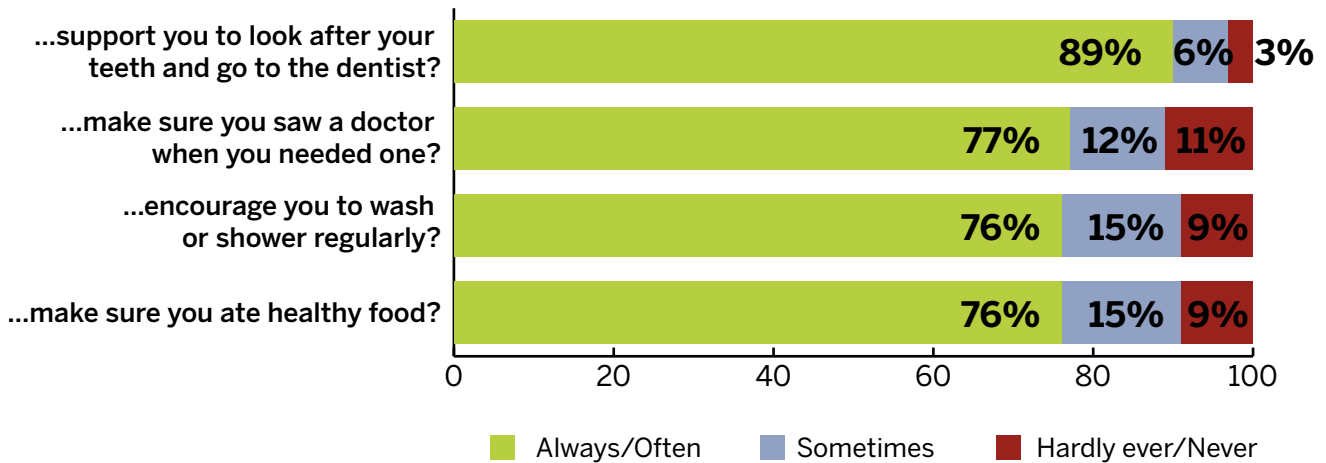
Figure 2: Emotional support for 14–15 year olds

During the past year how often did your parents, or the adults you live with...

Source: The Children's Society survey, 2014
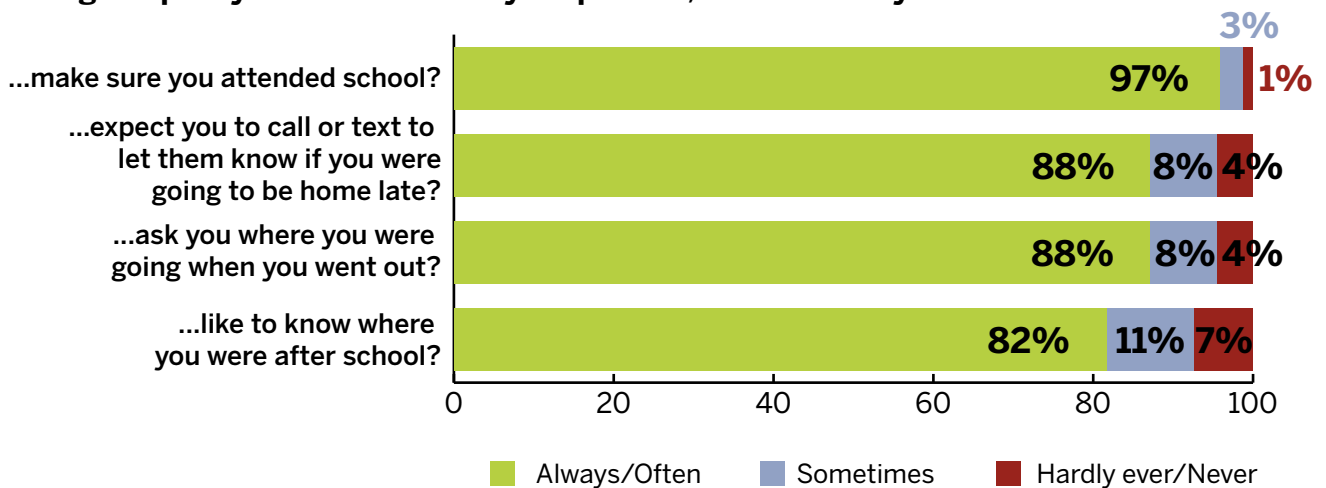
Figure 3: Physical care for 14–15 year olds

During the past year how often did your parents, or the adults you live with...

Question	Always/Often	Sometimes	Hardly ever/Never
...support you to look after your teeth and go to the dentist?	89%	6%	3%
...make sure you saw a doctor when you needed one?	77%	12%	11%
...encourage you to wash or shower regularly?	76%	15%	9%
...make sure you ate healthy food?	76%	15%	9%

Source: The Children's Society survey, 2014

Figure 4: Supervision for 14–15 year olds

During the past year how often did your parents, or the adults you live with...

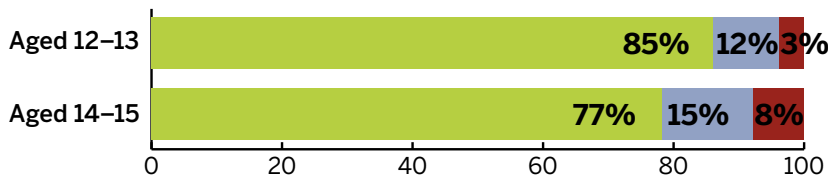| Question	Always/Often	Sometimes	Hardly ever/Never
...make sure you attended school?	97%	3%	1%
...expect you to call or text to let them know if you were going to be home late?	88%	8%	4%
...ask you where you were going when you went out?	88%	8%	4%
...like to know where you were after school?	82%	11%	7%

Source: The Children's Society survey, 2014

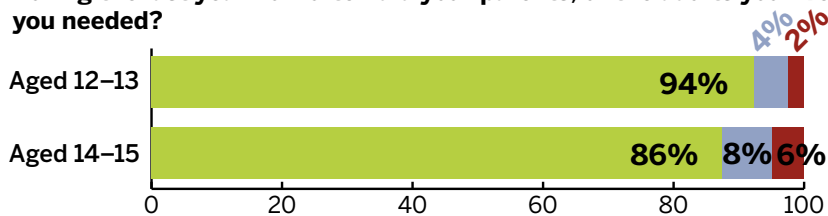**Figure 5: Differences in reported experiences of parenting behaviours by 12–13 year olds and 14–15 year olds**

EDUCATIONAL SUPPORT

During the last year how often did your parents, or the adults you live with, show and interest in what you were doing at school?
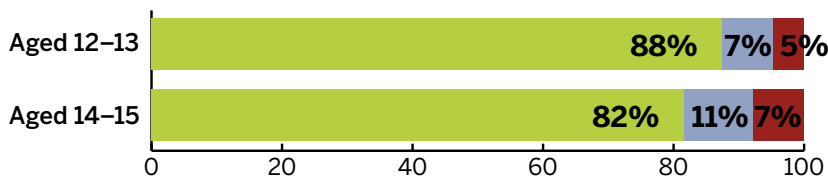
Aged 12–13: 85% | 12% | 3%
Aged 14–15: 77% | 15% | 8%

(scale: 0 20 40 60 80 100)

PHYSICAL CARE

During the last year how often did your parents, or the adults you live with, make sure you saw a doctor if you needed?

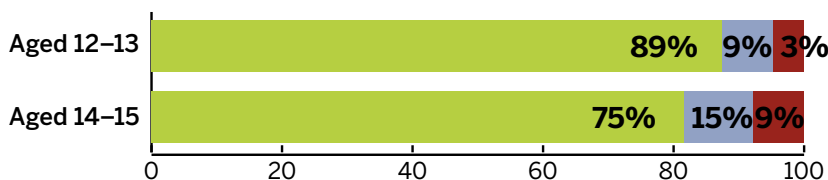Aged 12–13: 94% | 4% | 2%
Aged 14–15: 86% | 8% | 6%

(scale: 0 20 40 60 80 100)

SUPERVISION

During the last year how often did your parents, or the adults you live with, like to know where you were after school?
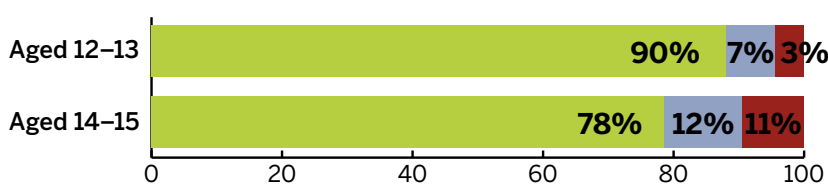
Aged 12–13: 88% | 7% | 5%
Aged 14–15: 82% | 11% | 7%

(scale: 0 20 40 60 80 100)

EMOTIONAL SUPPORT

During the last year how often did your parents, or the adults you live with, help you if you had problems?

Aged 12–13: 89% | 9% | 3%
Aged 14–15: 75% | 15% | 9%

(scale: 0 20 40 60 80 100)

EMOTIONAL SUPPORT

During the last year how often did your parents, or the adults you live with, support you if you were upset?

Aged 12–13: 90% | 7% | 3%
Aged 14–15: 78% | 12% | 11%

(scale: 0 20 40 60 80 100)

Legend: ■ Always/Often ■ Sometimes ■ Hardly ever/Never

emotional support between the younger and older age groups. For the mid-teenaged group 14% fewer selected 'Often'/'Always' for 'help you if you had problems' than the 12–13 year old group, and 12% fewer for 'support you if you were upset'.

Refining the measure of experiences of parenting behaviours

Since this was the first use of a new measure in a large-scale survey, it was important to scrutinise how well the items and categories had worked before pursuing further lines of inquiry that were fundamental to the research on neglect.

Exploratory factor analysis on the 16-item measure from the Year 10 survey demonstrated that groups of items had clustered together – supporting the idea that there were discrete aspects of parenting (as had been hypothesised during the early development of the categories). The results indicated that the four-category model underpinning the measure had functioned reasonably well, but highlighted that a more streamlined version including fewer items would be more meaningful and reliable. To create this, some items which had not shown a high degree of association with others in a category were removed (eg 'encourage you to wash or

shower regularly', 'help you to learn things outside school') and one was moved to a different category ('take care of you if you felt ill' from emotional support to physical care).

This led to the final 12-item version of the measure which had the appropriate properties to be used as a scale[42] – ie it could be allocated scores for individual responses and these scores employed for comparisons with other scale data in the dataset. The scores used were from 0 for 'Never', up to 4 for Always, resulting in an overall total for each parenting category that could range from 0–12 (see Box 2, next page).

14–15 year olds' experiences of parenting behaviours

Totalling the scores for all the 14–15 year olds who lived in one home gave an overall picture (as shown in the charts in Appendix Two) of the proportions of young people reporting different frequencies of parental inputs for each category, and demonstrated that:

- For every category of parenting behaviours, the majority of young people reported relatively high scores.

- Almost half the young people (49.6%) said that their parents had 'Always' done each of the

physical care behaviours. A similar proportion (44.9%) said the same for inputs linked to supervision.

- There was a wider spread of responses for the other two categories, with less than a third of young people scoring 12 for emotional or educational support.

- The proportion of young people reporting scores on or below the mid-point for each category also reflected this pattern – for physical care this was 6.3% of young people, for supervision 7.7%, for educational support 10.6% and for emotional support 16.6%.

Box 2: Final measure of parenting behaviours

In the last year how often did your parents, or the adults you live with...

...show an interest in what you were doing at school? ...attend parents' evenings at school? ...keep track of how you were doing at school – by doing things like reading reports?	**EDUCATIONAL SUPPORT**
...help you if you had problems? ...support you if you were upset? ...tell you when they thought you had done something well?	**EMOTIONAL SUPPORT**
...make sure you saw a doctor if you needed one? ...take care of you if you felt ill? ...support you to look after your teeth and go to the dentist?	**PHYSICAL CARE**
...ask you where you were going when you went out? ...like to know where you were after school? ...expect you to call or text to let them know if you were going to be home late?	**SUPERVISION**
Response options and scores Never (0) Hardly ever (1) Sometimes (2) Often (3) Always (4)	

The contexts for different experiences of parenting

This survey offered an opportunity to begin to consider whether there were particular contexts within which adolescents were more likely to experience higher or lower frequencies of parenting behaviours – as it included a range of questions around young people's characteristics, the structure of their family and the level of material prosperity of their household.

Our main interest was in whether there were particular contexts in which parents or carers consistently provided less frequent parenting, and ultimately to consider at what point this might constitute neglect. Previous research on neglect had rarely focused specifically on adolescents[43] but there is evidence from studies into (early) childhood maltreatment that it may be more likely to occur in particular contexts (eg see reviews by Evans, 2002; Zielinski and Bradshaw, 2006) and has often been linked to family type and to material deprivation. Hence these contextual factors were included as part of an initial analysis of whether context was important in determining the frequency of parenting behaviours experienced by the 14–15 year olds who had taken part in the survey.
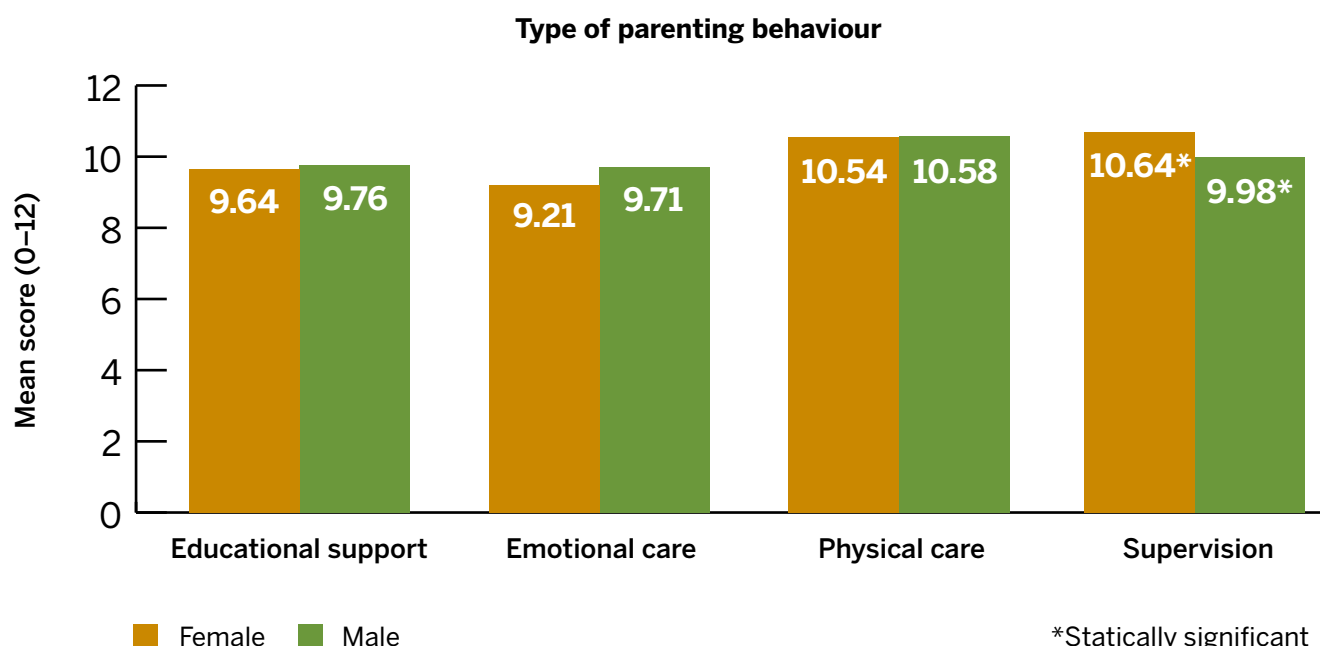
Gender

A young person's gender was found to make a difference for one form of parenting behaviour, as illustrated in the chart on the following page / below:

- For physical care, educational support and emotional support mean scores were similar for girls and boys.
- For supervision, boys reported significantly lower scores than girls.

Family structure

Research has suggested that family structure can be an important factor and that children are more likely to be assessed as

Figure 6: Difference in parenting experiences between girls and boys

Type of parenting behaviour

Mean score (0–12)

	Female	Male
Educational support	9.64	9.76
Emotional care	9.21	9.71
Physical care	10.54	10.58
Supervision	10.64*	9.98*

Female Male

*Statically significant

being neglected in households headed by a female lone parent – although in some studies this has been informed by gender-based assumptions around parenting (Swift, 1995; Daniel and Taylor, 2006). Links between larger family size and neglect have also been identified (Bovarnick, 2009).

The implications of family structure, and re-structure, for neglect of adolescents have been identified in research on runaways. For example, older adolescents (ie those closer to becoming independent) may be particularly prone to feeling 'pushed out' if a new parent and/or step-siblings are introduced to the family (Rees and Rutherford, 2001; Rees and Siakeu, 2004). It would be logical to assert that if changes in a young person's family leading to lone parenting, absent parenting, step-parenting – or, more acutely, to substitute parenting (ie to time spent in care) – can be key contributors to neglect, then adolescents have

a higher chance of experiencing these events and their subsequent impacts than younger children.[44]

Analysis of the survey data showed that one type of family structure – lone parent households – did have a link to lower reported frequencies of experiencing two of the different types of parenting, but that young people living with two parents or carers (whether they were birth parents, or if one was a step-parent) had similar experiences (see Table 2, below):

- Young people who lived with a lone parent experienced less frequent parental inputs in relation to educational support or physical care than those in families with both parents or a parent and step-parent.

- There were no significant differences between family types for reported experiences of supervision or emotional support.

Material deprivation

Previous studies have identified associations between poverty and neglect. These have included research in the UK on parenting which found that parenting style may be linked to social class and education – that lower monitoring/supervision of teenaged children was associated with lower social class and a lower level of parental educational qualifications (Wight et al, 2006). However it is not clear how causal the link may be, as much of the research which has been done has suffered from methodological limitations – not least that neglect has often been defined as equating to 'poor material conditions of life for children' (Stone, 1998) leading, for example, to sample selection coming solely from poor families already registered with child protection agencies.

TABLE 2: Mean scores for parenting behaviours for different family structures

	Educational support	Emotional support	Physical care	Supervision
All families	9.68	9.43	10.56	10.32
Both birth parents	9.98	9.53	10.71	10.45
Parent and step-parent	9.25	9.26	10.41	9.82
Lone parent	8.76*	9.13	10.02*	10.09

*Statistically significant

Although it was important to begin to consider how deprivation and adolescent neglect are related, the items included in the measure used in this survey to ask young people about their experiences of parenting behaviours were designed specifically to avoid the prospect that any individual item, in and of itself, could be directly related to a lack of material resources within a family. The questionnaire contained separate sections with questions to determine how deprived a young person was, and others to explore the material wealth of their household.

A child-centred index of material deprivation, developed by the University of York and The Children's Society as part of earlier research on children's subjective well-being (see Main and Pople, 2011), was incorporated in the survey questionnaire.[45] This included the following items:

- Some pocket money each week to spend on yourself
- Some money that you can save each month, either in a bank or at home
- A family car for transport when you need it
- At least one family holiday away from home each year
- Family trips or days out at least once a month
- The right kind of clothes to fit in with other people your age
- A pair of designer or brand name trainers
- An iPod or other personal music player
- Cable or satellite TV at home
- A garden at home, or somewhere nearby like a park where you can safely spend time with your friends

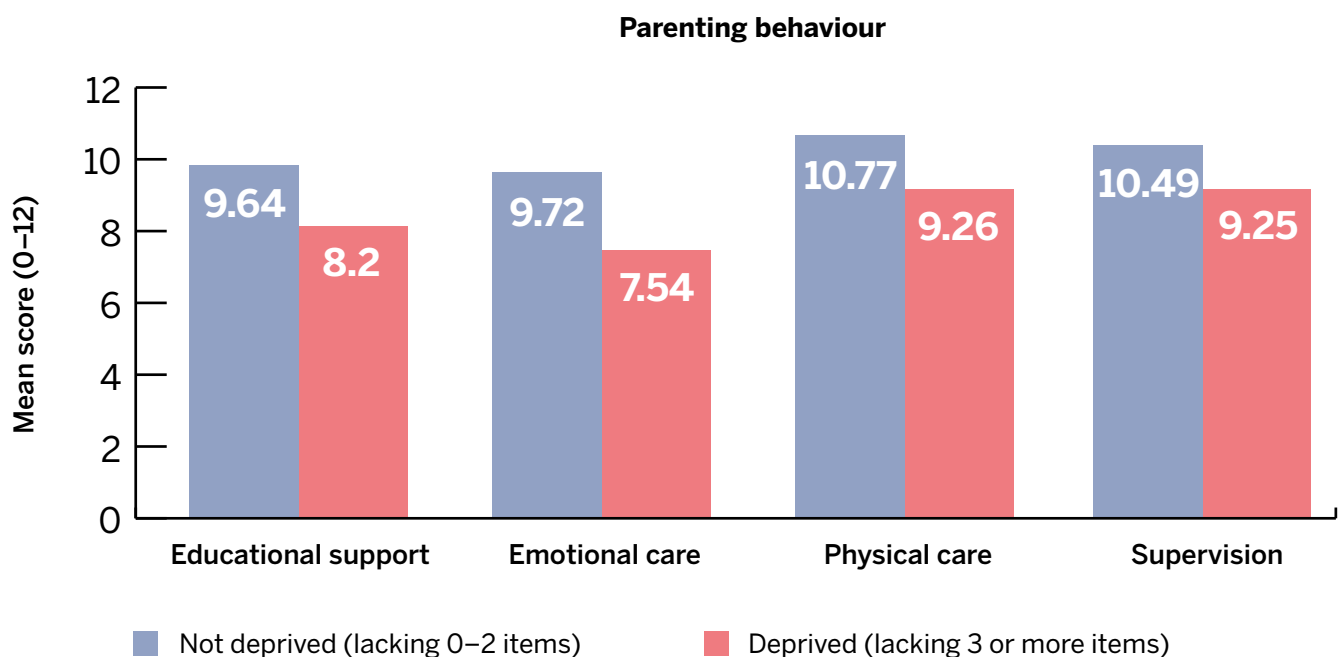Analysis of responses to the deprivation index compared to parenting scores showed a significant relationship for each category of parenting – with the strongest correlations for emotional care and educational support (see table 3, below – scores are negative because the fewer items/experiences a young person reported on the deprivation scale, the lower their score was for parenting behaviours).

In order to illustrate the relationship between the deprivation scale scores and those for parenting behaviours the sample was divided into two groups: those young people who had reported that they lacked two or less of the items (non-deprived group) and those who lacked three or more items (deprived group). As can be seen in Figure 7 (next page) young people in the deprived group tended to have lower scores for all aspects of parenting than those in the non-deprived group. This was most pronounced for emotional support.

TABLE 3: Correlation scores for deprivation scale

Educational support	**-0.318**
Emotional support	**-0.339**
Physical care	**-0.293**
Supervision	**-0.197**

Figure 7: Differences in reported parenting between deprived and non-deprived young people

Parenting behaviour

Mean score (0–12)

	Educational support	Emotional care	Physical care	Supervision
Not deprived (lacking 0–2 items)	9.64	9.72	10.77	10.49
Deprived (lacking 3 or more items)	8.2	7.54	9.26	9.25

Other proxy measures of relative poverty were included in the questionnaire – for example, whether a young person had their own bedroom – and the sample had been selected from across schools in areas which represented five strata of socio-economic class. But analysis of these alternative ways of linking poverty and experiences of neglectful parenting did not reveal strong associations.[46]

Which aspects of context contribute most to the likelihood of reporting lower scores for parenting behaviours?

These bivariate analyses had offered a number of clues to suggest that different factors in a young person's life may be playing a role in increasing the likelihood that they would report less frequent parenting behaviours – but it remained unclear which, if any, of the contextual factors was making

the most difference (eg whether family structure was important on its own or whether what underlay the contribution of this factor to low parenting scores was a fundamental difference in deprivation status, with some family types generally being worse off than others).
In order to answer this question a series of multivariate regression analyses were conducted using the variables for gender, family structure and the deprivation index. The results for each parenting behaviour category indicated that:

- Educational support – poverty/ deprivation and living with a lone parent were the most important contributors to reporting a low score (these contextual factors explained 13% of the difference in scores).

- Emotional support – reported deprivation was the key issue which accounted for difference in scores (this alone explained 11% of the variation in scores for this type of parenting).

- Physical care – living in a materially deprived household and having a lone parent were the two factors that linked to lower scores for physical care, though the latter was a weaker influence (these factors together explained 9% of the difference in scores).

- Supervision – gender was a relevant issue in reported supervisory behaviours (with girls more supervised than boys) and material deprivation was also a factor (together these things explained 7% of the difference in scores).

- For each type of parenting behaviour reported, deprivation – lacking items or experiences which other young people had – was the most important issue in contributing to low scores for parenting behaviours.

SUMMARY

Initial analysis of the dataset indicated that most young people experienced 'high' levels of parenting inputs overall (they reported that their parents 'Always' or 'Often' did all the things in the questions on parenting behaviours). However there was some variation and a minority – in both Year 8 and Year 10 age groups – had reported low levels of input. It also showed that fewer young people in their mid-teens reported frequent parenting inputs than did their younger peers, most often in relation to items which were in the emotional support category. These findings are discussed later in the report.

A 12-item scale of the frequency of parenting behaviours was found to be the most meaningful and reliable way to explore young people's experiences and to generate findings related to parenting norms for 14–15 year olds (living in one household) and the contexts for lower levels of parenting inputs.

Further analysis based on the shorter scale showed some differences in the proportions of young people who had reported the highest scores for different categories of parenting behaviours – eg 49.6% said their parents had 'Always' done each of the three physical care behaviours; 29.5% gave the same response for items under the educational support category.

In terms of the contexts for different experiences of parenting inputs, boys reported less supervisory behaviour from their parents than girls, and young people living with lone parents reported lower inputs for educational support or physical care than young people living in other family forms. However, the context within which young people were most likely to experience low levels of parenting inputs was when they also reported material deprivation – recorded via a young person's self-report measure. This accounted for the most variation in scores for all the categories of parenting – although the measure itself only records individual deprivation of a young person her/ himself and does not indicate whether the household in which a young person lives is also materially deprived.

Chapter 4 endnotes

[39] This gave a sub-sample of 718. The remainder of the 14–15 year old sample, around 1 in 5, lived regularly in two homes (or in care) and were, therefore, likely to have experienced less consistent patterns of parenting behaviours which would have made it difficult to analyse links with other aspects of their lives.

[40] Aside from one item 'help you to learn things outside school' which proved to be an outlier for other issues.

[41] Chi Square tests showed that reported experiences for five of the eight items asked in the two surveys were significantly different for young people of different ages – but for 'ask you where you were going when you went out'/'encourage you to wash or shower regularly'/'keep track of how you were doing at school' there was no difference.

[42] Reliability testing produced Cronbach alpha scores of between 0.723 and 0.851 across the items.

[43] The most comprehensive recent review of research noted 'very little material specifically about young people' - see Rees et al (2011).

[44] A significant proportion (20%) of the 14–15 year olds who completed the survey lived regularly in two homes. An attempt was made to allow them to report on the parenting behaviours of two sets of carers, and though this showed some interesting patterns, it proved to be inconclusive in terms of distinguishing clearly whether they had different experiences in each household.

[45] Other proxy measures were also included – receipt of free school meals, having your own bedroom etc – but these did not work as well in the analysis.

[46] Since young people were the respondents in this survey it was not possible to ask detailed questions about the income or wealth of their family, and previous research by The Children's Society has found that questions to young people about whether the adults in their family are employed, or whether they themselves have access to free school meals, have proven to be ineffective as indicators of poverty.

5. Identifying neglect: When does the level of parenting behaviours become neglectful?

As described earlier in the report, research into neglect has suggested that it can be linked to many other problems and difficulties for children and young people – but most published studies have focused on younger children rather than specifically on adolescents, and have generally considered neglect alongside, or combined with, other forms of maltreatment.

In contrast, this study was designed to look at the general parenting experiences of adolescents and then to focus on how low levels of parenting might have negative associations with other aspects of a young person's behaviours, experiences or well-being as a route to also looking at neglect. The survey questionnaire included questions which asked young people to provide information on potentially harmful or risky activities such as smoking or drinking alcohol, or those which might jeopardise school performance. It requested that they make an assessment of their physical health, and to say whether they had experienced recent problems which might show difficulties with mental health (eg having trouble concentrating in recent weeks). It also had a series of questions which prompted the young person to say how they felt about themselves and their life at the time of the survey (on subjective well-being – eg life satisfaction).[47]

As a result there was a rich dataset within which to calculate and compare what young people said about these issues and the levels of parenting behaviours they reported. This chapter explains in detail how a systematic analysis was undertaken of associations between scores for experiences of parenting behaviours and a number of these indicators to facilitate the generation of thresholds for neglect.

Relationships between parenting scores and other indicators

An analysis of the correlations between scores for parenting behaviours and a range of the indicators for young people's behaviours, experiences and subjective well-being showed that in almost all cases there were significant relationships with reported levels of parenting behaviour in every category – and that, overall, less parenting inputs linked to negative indicators for most young people.

However, there were variations within these links which might not have been anticipated. The strongest relationship was between levels of life satisfaction and emotional support, though physical care and educational support also linked relatively strongly with life satisfaction. Higher levels of supervision did not relate to less (or more) smoking and, similarly, more

frequent input around physical care had no link to how often a young person had been drunk (Appendix Four shows all the correlation scores generated for this analysis).

This initial analysis of the variable links between behaviours, experiences and well-being to different types of parenting behaviour also suggested that developing a more detailed understanding of when levels become neglectful would require a nuanced approach which took into account how different types of parenting may be more or less important for adolescents.

Generating thresholds for neglectful parenting

The development of the parenting behaviours measure and its use in the survey were undertaken partly as a foundation for exploring how adolescent neglect could be more clearly conceptualised, defined and measured, in order to feed in to the wider ongoing research programme.

The final stage in the analysis was to create a series of thresholds for reported levels of experiences of parenting behaviours which were consistently associated with low scores or negative responses to other questions in the survey. As noted previously, a diverse set of indicators had been included in the survey questionnaire for 14–15 year olds. A set of these indicators was used for this

analysis (see Box 3 on the next page), and the work comprised of a systematic searching across the results from the indicator set, looking for significant differences between scores in the indicators against the full range of potential scores (0–12) for each parenting category. Different scores – and ranges of score – for parenting behaviours were cross-referenced to each indicator, noting where there were consistently worse scores or responses for that question, then exploring whether this was mirrored across the indicator set. As a result particular scores were identified as the logical cut-off point between neglectful and non-neglectful parenting.[48]

To give an example, the scores identified for the emotional support category were as shown in Box 4 on p50. Young people whose scores for emotional support located them in the 'neglected' group had fared significantly worse than those with higher scores in relation to almost all the indicators.

For example, in relation to externalising behaviours they were more than twice as likely to have truanted, got really drunk, or have ever smoked than those in the 'cared for' group (see Figure 8 on p51). They also reported significantly lower levels of well-being – eg in relation to life satisfaction, feelings of 'relatedness' (the degree to which someone thinks those around them will be supportive) and optimism about the future (see Figure 9).

BOX 3: Questions in the survey – indicators used to assess neglect

Physical and psychological health

    'Do you ever smoke cigarettes at all?'

    'In the past few months have you ever got drunk?'

    Negative affect (problems with sleeping/feeling unhappy/feeling depressed…frequency in the last few weeks)

School

    'In the last three months have you got into trouble at school?'

    'In the last three months have you missed school without permission?'

Subjective well-being[49]

    Huebner life satisfaction (five item scale eg 'My life is just right')*

    Competence (four item scale eg 'There are many things that I am good at')*

    Relatedness (four item scale eg 'People in my life care about me')*

    Feelings about the future (four item scale eg 'I think my future will turn out well')*

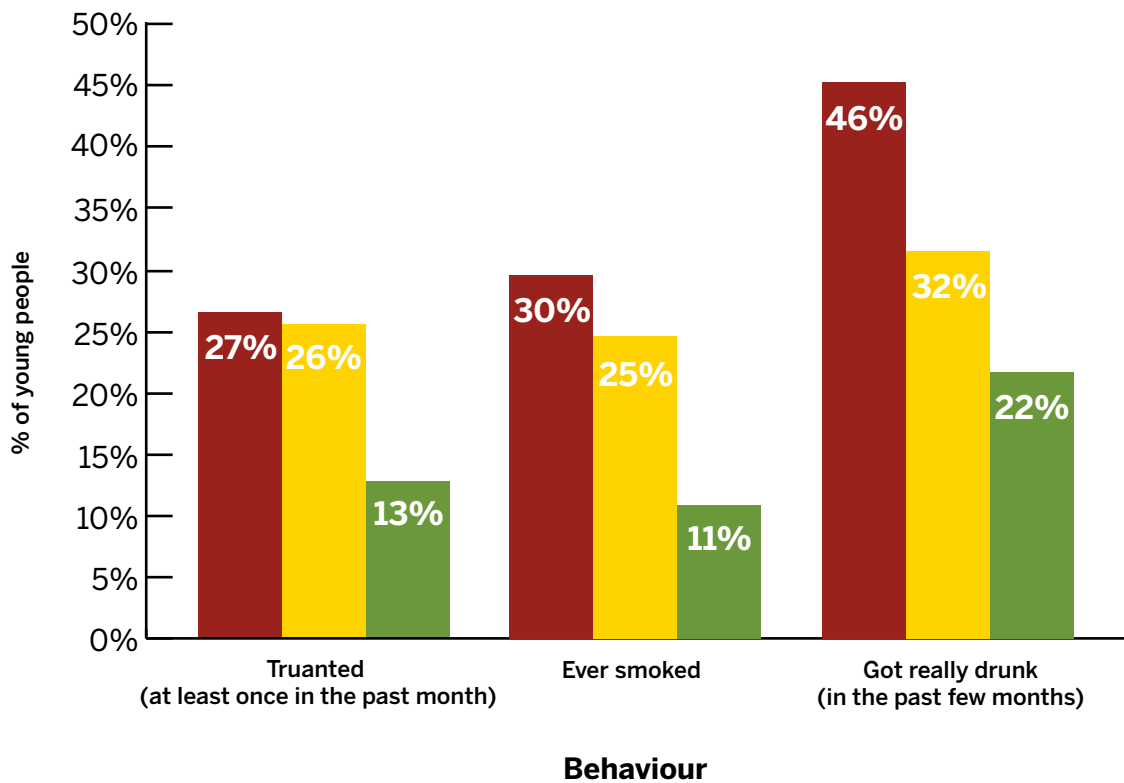   ONS measures (happy yesterday, satisfied with life, life worthwhile)+

*These scales all include five response options from 'Strongly agree' to 'Strongly disagree'
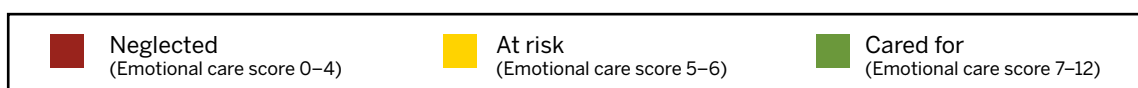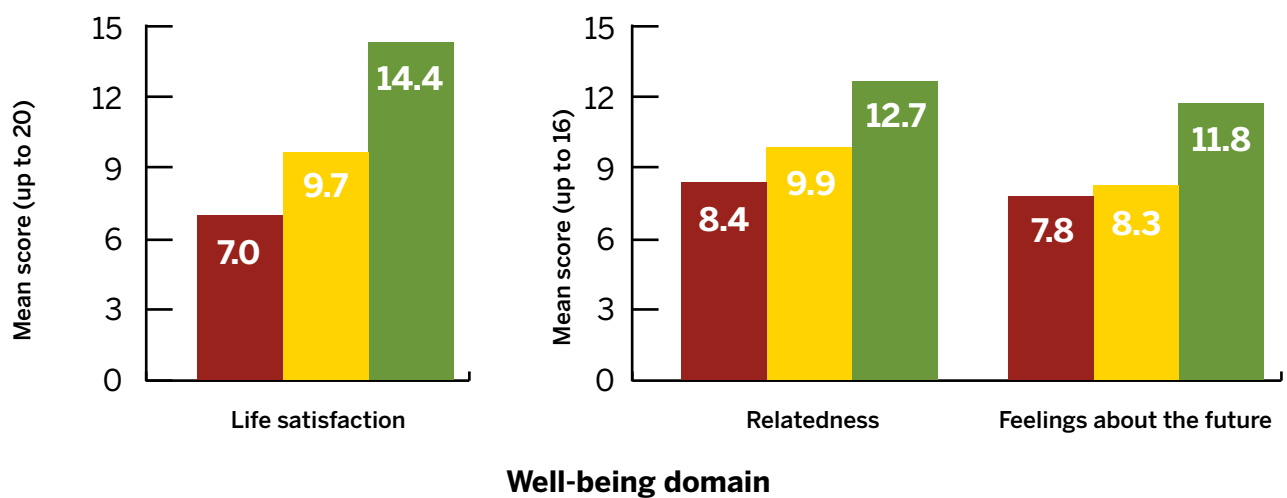+These items had an 11-point response scale from '0 – Very unhappy' to '10 – Very happy'

BOX 4: Emotional support category – neglect classification

Items	In the last year how often did your parents, or the adults you live with … …help you if you had problems? …support you if you were upset? …tell you when they thought you had done something well?	
Response options	Always (4) Often (3) Sometimes (2) Hardly ever (1) Never (0)	
Group	**Range of scores**	**Meaning (what this represented)**
'Neglected'	0–4	Young people in this group had, at best, 'sometimes' experienced two forms of emotional support and the third 'never', or one 'sometimes' and the other two 'hardly ever'.
'At risk of neglect'	5–6	Young people in this group had, at best, experienced all three forms of emotional support 'sometimes'.
'Cared for'	7–12	Young people in this group had, as a minimum, 'often' experienced at least one of the forms of emotional support and 'sometimes' experienced the other two.

Figure 8: Differences in behaviours between young people who experience different levels of emotional support

Figure 9: Differences in levels of well-being for young people who experience different levels of emotional care

Legend:
- Neglected (Emotional care score 0–4)
- At risk (Emotional care score 5–6)
- Cared for (Emotional care score 7–12)

Source: The Children's Society survey, 2014

Neglectful parenting – score ranges

The same process was followed for the other categories of parenting behaviour, leading to the identification of appropriate ranges of scores for the three distinct groups – with the exception of supervision, where the pattern of reporting was less clear.

Comparing scores for supervision against the well-being or behavioural indicators showed no conclusive threshold between low and high scores – ie there were very few significant differences between potential cut-off points. For well-being indicators there was some evidence of an upward trend linking to higher scores for supervision, and, after some deliberation about the relative merits of different options, a cut-off point of six or less was

selected as the best solution available. However, the analysis showed no foundation for including an intermediate 'at risk' level for the supervision category, so the scoring ranges were a binary split between a neglected and cared for group for this type of parenting.

The final set of scores to determine whether a young person would be categorised as neglected or otherwise were as shown in Table 4 below.

TABLE 4: Parenting behaviours scoring classified into groups for neglect, at risk or cared-for

	'Neglected'	'At risk' of neglect	'Cared for'
Educational support	0–4	5–6	7–12
Emotional support	0–4	5–6	7–12
Physical care	0–5	6–7	8–12
Supervision	0–6	n/a	7–12

SUMMARY

Systematic analysis of the associations between reported scores for parenting behaviours and what young people recorded about their psychological and subjective well-being, experiences and risk-taking behaviours led to the generation of a set of threshold scores for levels of parental support which indicated that young people were 'neglected', 'at risk of neglect' or 'cared for'. These score ranges varied for different categories of parenting, and it was not possible to identify a three-tier range for supervision (where no clear 'at risk' range could be identified).

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Chapter 5 endnotes

[47] Some of the well-being measures used are included in Appendix Two.

[48] A full description of this process is included in the technical paper which will be published separately to this report.

[49] For a full explanation of 'well-being' and related concepts please see Pople et al, 2015.

6. Using the new measure: The scale, contexts and negative associations of adolescent neglect

As discussed earlier in the report, previous research into neglect has looked at how many children and young people are neglected, what factors might lead to neglect and what the impacts of neglect may be in the short and long term – though it is sometimes difficult to have confidence in the conclusiveness of findings because of definitional or methodological issues.

A key output from this project was a self-report survey measure of experiences of parenting behaviours which could be used to identify whether a young person is neglected or cared for. This chapter presents findings which were generated by applying the measure and scoring system to conduct further analysis of the dataset – to review what this meant for scale, context and associations of neglect of 14–15 year olds.

The scale of neglect

Using the measure to review the reports of young people on the parenting inputs they had experienced indicated that significant proportions had been neglected (see Table 5 on the next page):

- The lowest level for frequency of inputs was in relation to emotional support – the scores for 8% of young people for this type of parenting behaviour indicated that they were being neglected and a further 9% were at risk of becoming neglected.

- 5% reported levels of physical care from their parents which demonstrated neglect, and a further 4% levels which made them at risk of becoming neglected.
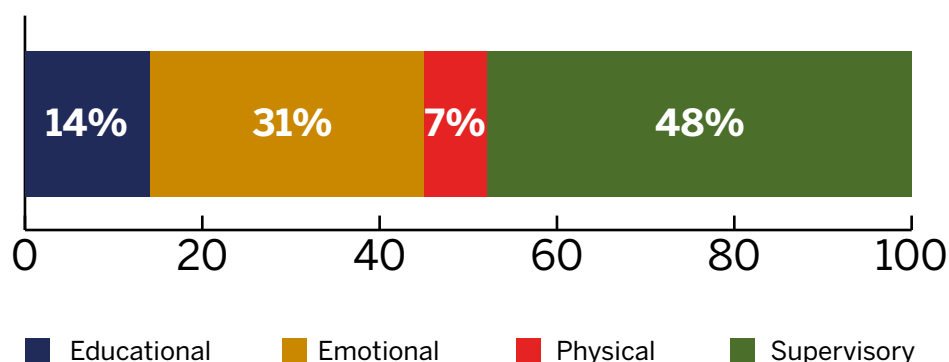
- 4% of young people were experiencing neglect around their education and 6% were at risk of this.

- 8% of young people were experiencing supervisory neglect.

Single or multiple forms of neglect

Overall, around 1 in 7 – 15% of the sample – reported at least one type of parental neglect. More than half of this group (58%) had experienced one form of neglect, but there were variations around how often they reported particular types (see Figure 10 below):

- The type of neglect which had most often been experienced on its own was supervisory neglect. Almost half the young people (48%) who

Figure 10: Type of neglect reported by young people who had experienced only one form of neglect

Source: The Children's Society survey, 2014

Table 5: Proportions of young people aged 14–15 who are neglected or at risk of neglect by category of parenting

Parenting behaviour type	Neglected	At risk
Educational support	4%	6%
Emotional support	8%	9%
Physical care	5%	4%
Supervision	8%	–

Source: The Children's Society Survey, 2014.

reported only one form of neglect indicated that their parents infrequently or never monitored their whereabouts or expected a message if they were going to be home late.

- Only 7% of those who reported a single form of neglect said they had been physically neglected. This was the least reported as a sole type of neglect.

- Just under a third of young people (31%) who reported only one type of neglect said that they had been emotionally neglected.

Of the group who had experienced at least two forms of neglect during the past year, the type most often reported was emotional neglect (experienced in combination with another form

of neglect by 84% of those who recorded multiple types). Very few young people – just 1% of this group – reported neglect for all four types of parenting.

These findings should be treated with particular caution because of the low numbers of young people in the subsample (just 58), but they do suggest that there may be variations in the way parental neglect is experienced by adolescents, with some forms occurring more often than others.

The significance of low reporting of emotional support

A marked feature of the analysis for this report was the frequency with which the emotional aspects of parenting came to the fore.

Young people's responses to questions in the survey which asked about emotional support revealed:

- A significant drop-off in the proportions of 14–15 year olds who reported that their parents 'always'/'often' helped with problems or gave support if they were upset, when compared to their younger counterparts (12–13 year olds).

- No predominant contextual factors which linked to emotional support (aside from material deprivation which was true for every category of parenting behaviour).

- Significant and strong correlations with a range of indicators – particularly to positive well-being.

These findings suggest that emotional support to teenagers is critical to ensuring that they have a positive outlook on life and sense of their own potential, though there is a need to explore this in more detail.

The contexts for adolescent neglect

Analysis of the background context for low scores for parenting behaviours had shown that the key contributory factor among those asked about in the survey was material deprivation, and that this applied across all the different categories of parenting (see pp45–46).

A comparison of the proportions of young people who were materially-deprived (lacking three or more items or experiences out of a list of possessions or experiences) with their non-deprived peers showed that those who were deprived were two to three times more likely to be neglected (see Figure 11 on the next page).

However, it is important to acknowledge that this is solely based on a measure of a young person's own experience of deprivation – ie not a measure of the economic situation within the household. Other proxy measures for the relative wealth of a household included in the survey questionnaire (eg whether a young person had their own room, or their family had a car) did not show the same association with neglect. This may reflect another aspect of neglect – the degree to which parents who are relatively economically well-off may not elect to spend money on their children. Although this would probably be considered to be an important part of being neglectful, it was not something which it was possible to explore using this dataset.

There were also significant associations in the data between other contextual factors and low scores for particular types of parenting:

- 8% of young people living in lone parent families were neglected in terms of educational support – compared to 3% in families with both birth parents.[50] (Family structure made no difference for the other forms of neglect).

- 11% of boys were neglected with regard to supervision – compared to 5% of girls.

Figure 11: Percentages for young people who were materially-deprived and neglected or at risk of neglect for different categories of parenting behaviours

Educational support

Deprived	12% / 14%
Non-deprived	4% / 6%

% of young people

Emotional support

Deprived	18% / 20%
Non-deprived	7% / 8%

% of young people

Physical care

Deprived	12% / 14%
Non-deprived	3% / 3%

% of young people

Supervision

Deprived	16%
Non-deprived	7%

% of young people

■ Neglected   ■ At risk of neglect

The negative associations of adolescent neglect

The links between neglect in relation to particular types of parenting and a range of domains of well-being, negative behaviours and experiences were produced as part of generating threshold scores for neglectful parenting and a detailed example is given in the previous chapter.

In this section, the responses to other questions by young people who were located in neglected groups are reviewed to consider some of the broader negative associations of adolescent neglect.

Adolescent neglect and health

Previous research has highlighted the links between neglect and poor physical health (eg Spatz Widom et al, 2012). Year 10 students who completed the survey were asked a short series of questions related to their health. Two of these – on behaviours which might affect physical health – were used as indicators for generating the neglect thresholds (see previous chapter), and the introductory question for the section asked young people to rate their overall health. Analysis of their responses to this general question revealed large disparities between those who had reported neglectful parenting and those who were

cared for (see Figure 12 opposite):

- 28% of those who had experienced neglect in relation to educational support also said that their health was 'bad' or 'very bad', as opposed to only 3% of those whose scores indicated that they were cared for.

- Low levels of physical care also related to reports of poor physical health – with more than 1 in 5 (21%) of neglected young people reporting 'bad' or 'very bad' health (again, just 3% of those who were cared for rated their health at a similarly low level).

- Around 1 in 9 (11%) of young people who reported neglectful emotional support said that they had 'bad' or 'very bad' health. (The relationship between supervision and self-rated health was not statistically significant).
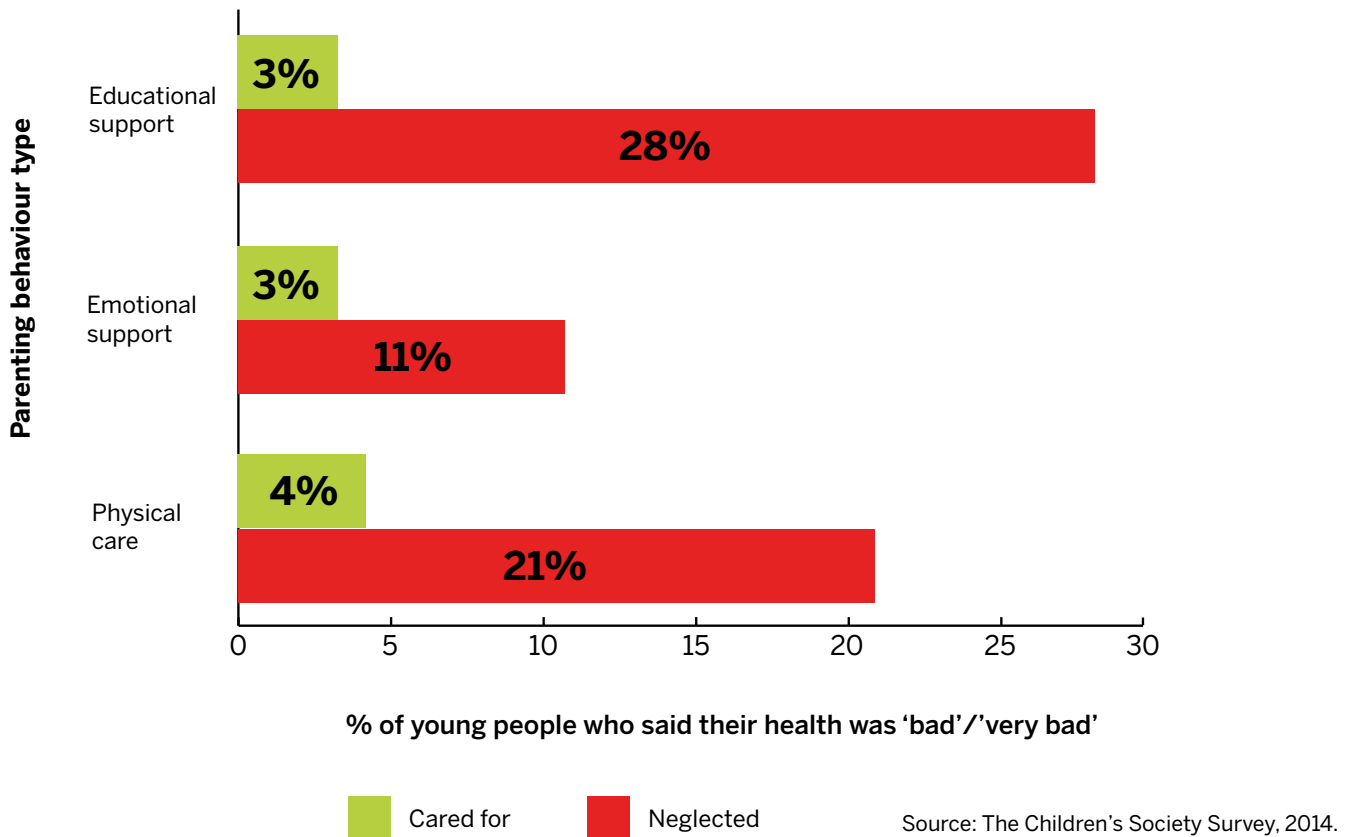
Adolescent neglect and well-being

The analysis presented earlier in the report stresses the relevance of distinct forms of parenting, and how the low level of inputs in relation to these – or their absence – is associated with low scores for a range of domains of well-being. But what about a situation when a young person experiences multiple forms of parental neglect?

A comparison of mean well-being scores for young people who had not been neglected, had experienced one form of parental neglect in isolation, or had experienced multiple (two or more) forms coterminously, revealed that where different forms of neglect had combined, young people reported significantly lower scores for all the domains of well-being which were asked about in the survey. Two examples of this were as follows (see Figure 13 opposite):
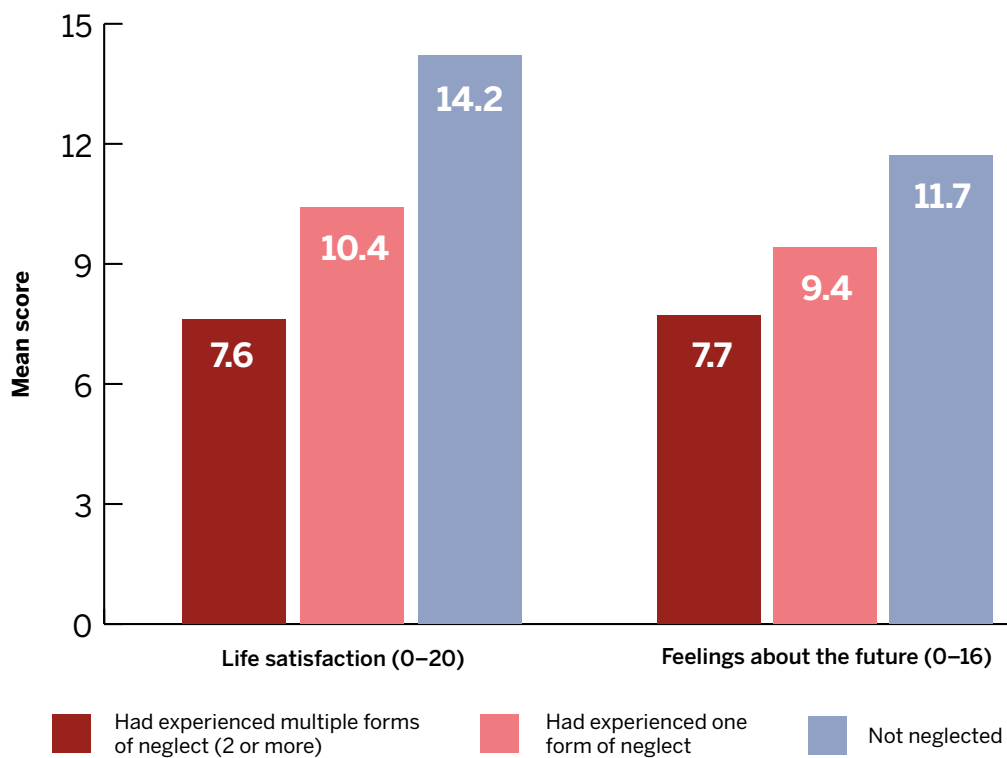
- The subgroup who had experienced multiple forms of neglect reported a mean score for life satisfaction which was 2.8 points below those of the subgroup who had experienced one form of neglect, and 6.6 points lower than the subgroup who had not been neglected.

- For feelings about the future, the mean scores for the multiply-neglected young people were 1.7 and 4 points lower respectively.

These findings suggest that young people's well-being may deteriorate substantially if they are exposed to a combination of different forms of parental neglect[51]. However, this was a relatively small sample and it was not possible to analyse the data in more depth to consider, for example, which forms of neglect were more likely to account for bigger drops in well-being score.

Figure 12: Differences in self-reported health between neglected and cared for young people

% of young people who said their health was 'bad'/'very bad'

Cared for   Neglected   Source: The Children's Society Survey, 2014.

Figure 13: Differences in well-being for young people who have experienced multiple forms of neglect

Had experienced multiple forms of neglect (2 or more)   Had experienced one form of neglect   Not neglected

Source: The Children's Society Survey, 2014.

SUMMARY

Further analysis of the dataset using the thresholds indicated that a significant number of 14–15 year olds had experienced neglect in relation to the different categories of parenting (eg 8% reported supervisory neglect). Around 1 in 7 (15%) had experienced at least one form of neglect and of this group 42% reported multiple (two or more) forms of neglect. Very few young people – just 1% of the neglected subsample – reported neglectful parenting for all four categories.

Findings on the levels of emotional support for 14–15 year olds, and the associations between parenting input and this category were a feature of the analysis. For example, fewer young people in this age group reported high levels of emotional support than their 12 and 13 year old counterparts (there was a big reduction in the frequency of experiences of this type of care between the younger and older adolescents in the sample). But at the same time, the strongest positive associations were noted for the older group between high levels of emotional support and levels of well-being.

Using a child-centred measure of material deprivation (Main and Pople, 2011), more young people who were materially deprived were also found to be neglected (or 'at risk' of neglect) than their non-deprived peers – eg 12% of deprived young people were physically neglected compared to 3% of non-deprived young people. However, this finding was limited to a self-assessment of individual deprivation by the young person her/himself, and no association was found between other proxy measures in the survey for household poverty/deprivation and neglect.

Adolescent neglect was found to have a significant negative association with (self-assessed) health and with a range of measures of subjective well-being, and this appeared to also have a cumulative link (ie those reporting multiple forms of neglect had worse well-being scores than those reporting one form in isolation).

Chapter 6 endnotes

[50] The numbers of young people living with a parent and step-parent were too low to give a meaningful percentage for this comparison and for the one for physical care.

[51] A similar analysis of the associations between multiple neglect and behaviours showed some links with higher levels of getting drunk and worse self-reported health – but overall the findings were less consistently significant than for deteriorations in well-being.

7. Conclusion

This research study, the first in a series which will explore adolescent neglect in a number of different ways, looked at the parenting experiences of young people in early to mid-adolescence.

A nationally-representative online schools survey was conducted asking young people to record their experiences of being looked after at home: how often their parents behaved in ways related to supporting their education, offering emotional support, providing physical care and monitoring their whereabouts and activities – alongside a series of questions on their well-being, behaviours and experiences away from home (eg at school).

Findings on parenting norms for young people in this age group showed that most were well cared for by their parents, but also highlighted some of the complexities of bringing up adolescents.

The focus then shifted to analysis of how experiences of low levels of parenting behaviours – infrequent interest shown, care rarely provided, few positive comments made, little support offered, activities unsupervised – were linked to poor well-being and to risky or negative behaviours, and to considering at what point this could legitimately be regarded as being neglectful.

Systematic analysis revealed many consistent associations between the levels of the four types of parenting behaviours surveyed and young people's reported well-being, experiences and behaviours, leading to the identification of thresholds for each type of parenting below which the frequency of care and support became neglectful – ie where well-being was significantly impaired and there was increased reporting of negative/risky behaviours. Further analysis revealed findings on some of the contexts for, and negative associations of, parental neglect of adolescents and offered indications of the scale of neglect of 14–15 year olds in England.

Key findings

Parenting norms

- The majority of 14 and 15 year olds stated that their parents 'always' behaved in ways which provided educational support, emotional support, physical care and supervision – with the highest proportions reporting high levels of physical care and supervision, but proportionally less stating the same frequency for educational or emotional support.

- Reporting of the frequency of inputs for all forms of care and support reduced marginally between the ages of 12–13 and 14–15 years old (as might be expected) but substantially fewer 14–15 year olds said they had received frequent emotional support.

The complexity of parenting adolescents

- As a general 'rule' more parental input was found to be beneficial – ie high frequency of care and support was associated with lower propensity for risk-taking behaviours and with higher levels of well-being.

- The strongest correlations were between emotional support and well-being – eg for life satisfaction and 'Relatedness'.

- However, there were some types of parenting where less intense input had benefits for 14–15 year olds – eg more young people who had a high score for life satisfaction also reported medium levels of educational support and supervision by their parents than did those whose parents 'always' monitored in school and out of school activity.[52]

The scale of neglect of 14–15 year olds

- 8% of young people reported levels of parenting which were neglectful in relation to emotional support. The same proportion had experienced

supervisory neglect. 5% of young people reported neglectful levels of physical care, and 4% of educational support.

- For three of the categories of parenting it was possible to identify a level of input from parents which was not neglectful, but where a small reduction in behaviours would become neglectful – an 'at risk' level. By this measure 9% of young people were at risk of becoming emotionally neglected, 4% of becoming physically neglected and 6% of becoming educationally neglected.[53]

- Around 1 in 7 young people (15%) reported at least one form of neglectful parenting in relation to the four types which were included in the survey. Most (58%) had experienced one form in isolation, with almost half this group indicating supervisory neglect.

- Where young people reported multiple forms of neglect, the most prevalent was emotional neglect (around 4 out of 5 young people who had experienced more than one type of neglect had been emotionally neglected in combination with another form).

- Reports of experiencing all four forms of neglect co-occurring were rare among this sample (just 1% reported the lowest levels of parenting inputs across all categories).

The contexts for neglect of 14–15 year olds

- Young people who were materially-deprived (lacking a number of possessions, resources or experiences which were common to their peer group) were more likely to be neglected than their peers – though this may have been because their parents or carers elected not to spend money on them, rather than because the household they lived in was deprived.

- More boys reported lower levels of parental supervision than girls – 11% of boys were 'neglected' in relation to this aspect of parenting compared to just 5% of girls.

- More young people living in lone parent families reported neglectful levels of parenting input in relation to educational support than those living in other family forms.

The negative associations of neglect of 14–15 year olds

- High proportions of young people who had experienced neglect also said that they had bad health. 28% of those whose parents had not been supportive around their education noted that their health was 'bad' or 'very bad' (as opposed to 3% of those who were 'cared for' in relation to this type of parenting). And 21% of those who had been

physically neglected gave the same response (compared to just 3% of the 'cared for' group for this category of parenting who reported bad health).

- Young people in neglected groups for each form of parenting had significantly lower scores for well-being than the cared for groups – eg for emotional support, neglected young people had a mean score of 7.0 (out of 20) for life satisfaction compared to 14.4 for cared for young people.

- Young people in neglected groups for each form of parenting were significantly more likely to behave in ways which risked their health or jeopardised their future opportunities – eg for emotional support, 27% of neglected young people had truanted at least once in the past month compared to 13% of cared for young people, and 46% had got really drunk in the past few months compared to 22%.

- Young people who reported multiple forms of neglect (neglect in relation to two or more categories of parenting behaviour) reported significantly worse levels of well-being than their counterparts whose responses indicated neglect for one type of parenting in isolation.

Discussion of key findings on neglect

The scale of adolescent neglect

This study found that a significant number of 14–15 year olds are neglected by their parents or the adults they live with. More than 1 in 7 (15%) of this age group lived with caregivers who neglected them in one or more ways – they may have shown little or no interest in them, not offered warmth or encouragement, made no effort to monitor or protect them or failed to promote their health. And these young people reported low well-being and a higher propensity than their peers to behaving in ways which may jeopardise their health or their prospects.

And, although this indicates that a large number of teenagers in England are neglected, it is important to note that these findings may well underestimate the scale of adolescent neglect as they are based solely on the reports of young people who were attending mainstream schools (and so do not account for those in specialist provision, those without a school place or missing from the system[54] – groups where one might anticipate higher levels of parental neglect – or those in private schools, for whom the experience of neglect may be different).[55]

Material deprivation and adolescent neglect

Using a young person-centred measure of material deprivation, this study found that adolescents who were deprived were more likely to experience neglect, and that this was true of each type of neglect included in the survey. However, it is important to note that this finding related to how deprived the young people themselves were – ie how few of a set of possessions, experiences or resources a young person who completed the questionnaire had (things which most young people would say they need for 'a normal kind of life' – Main and Pople, 2011) – rather than to how poor their household was. Although other questions were included in the questionnaire which offered the prospect of looking more broadly at deprivation (eg whether a young person had their own bedroom) no other evidence of a strong link was found.

This could mean that for some of these young people, their material deprivation was because parents were not electing to spend money on them, rather than because their family was too poor to afford these things. This finding indicates another facet of neglect: a choice by neglectful parents to allocate household resources in ways which do not benefit their children.

Overall, then, this study is inconclusive about the association between household deprivation and parental neglect of adolescents, though the link between poverty and neglectful parenting has been much debated in the research literature. Findings in major studies of maltreatment have tended to reinforce assumptions that poverty and neglectful or abusive parenting are inextricably linked. This is often because research design has used sampling techniques which focus on official records – which only include maltreatment as identified by the authorities and tend to be biased to particular socio-economic classes[56]. Many researchers have argued that the material deprivation of families is a key contributory factor in neglect and, more recently, that 'austerity' and cuts to services have led to increases in neglect (eg Burgess et al, 2014). Some researchers have asserted that any definition of neglect that fails to include poverty, alongside other social and environmental factors, would be inadequate as a basis for rounded and effective professional responses (Hearn, 2011).

However, the degree to which socio-economic factors affect parenting is open to question, and one recent review of research studies which had addressed this question found no evidence of a

causal link between poverty and parenting. The authors instead asserted that the majority of parents who live in poverty have adequate parenting capacity, but that those who are poor and who also fail to parent well do so for reasons other than the deprivation they are experiencing (eg because of personal characteristics, their own backgrounds etc) – that 'the way parents relate to their children does not simply arise out of economic adversity or advantage' (Katz et al, 2007).

This is not to say that poverty does not increase the stresses felt by parents and that this, in turn, may lead to disruptions in their parenting – and these are issues that will be explored further as the research programme develops.

Supervision and adolescent neglect

Findings from the survey around supervision and neglect were the most difficult to interpret during the analysis. Parenting scores for this category often had less definitive links to young people's responses to questions about their well-being and behaviours than for the other types of parenting included in the measure.

The supervision category in the questionnaire focused on three items to record parenting input:

'In the last year how often did your parents, or the adults you live with …

…ask you where you were going when you went out?

…like to know where you were after school?

…expect you to call or text to let them know if you were going to be home late?'

On the face of it these questions are about some basic aspects of inquiry or reassurance-seeking on the part of a parent and may seem, in isolation, not to be contentious things to ask a daughter or son.

However, analysis of the links between the frequency of these parenting inputs and young people's responses to questions on their well-being and their own behaviours suggested that there was more complexity in these relationships than had been anticipated. In the initial broad analysis of correlations between scores for supervision and other issues, the associations revealed were the weakest of all of those for the different categories of parenting (see Appendix four). The work to establish neglectful levels of supervision for these items was not able to identify

a three-tiered classification of scoring for neglect/at risk/cared for in the way that had been done for the other types of parenting. Just two groups could be distinguished (ie no 'at risk' level), with a higher score signifying neglect than had been the case for the other categories.

This suggests that the interconnectedness between these issues – frequency of supervisory behaviours by parents, young people's well-being and young people's risk-taking behaviours – is not straightforward.

Other research offers clues as to why this may be. There have been many studies with a focus on the links between parental supervision and monitoring and delinquent behaviours in adolescence which have found that context is important. Alongside experiences of parenting at home, these studies have looked at the relevance of the area a family lives in, the influence of peers, and the effects of gender and ethnicity amongst many factors which may be associated with offending, antisocial behaviour or substance misuse. Findings have included, for example, that reductions in supervisory behaviours during adolescence (referred to as 'premature adolescent autonomy') heightened the risks of substance misuse and antisocial behaviour for 'high risk youth', and that interventions to

maintain levels of supervision by parents led to reductions in risk (Dishion et al, 2004).

Other studies, however, have noted that the effectiveness of 'supervisory behaviours' – parents asking their adolescent about where they are going or what they intend to be doing and who with (in a bid to exercise some control) – is determined by the willingness of the young person to disclose this information (Kerr and Stattin, 2000). This challenges the assumption that the effects of parenting of adolescents are one-way, from the parent to the young person (a well-established idea in parenting research which has often presumed that parental control is key to successful development)[57] and brings young people's own agency into the picture.

This research adds the issue of young people's well-being to this mixture too. Findings that high supervision was not strongly linked to high well-being seemed to contradict the more general finding that more parenting was better. Other research on well-being has shown that young people particularly value autonomy, freedom and choice, but that they feel that this decreases as they become older[58]. This might suggest that increasingly throughout adolescence young people will find inquiries about their life away

from home to be intrusive – and equate this with attempts to restrict their behaviour, which they find unwelcome. This, in turn, would be likely to detract from more general feelings of well-being (hence, for example, the finding in this study that more young people are 'happier' – have high life satisfaction – when their parents are marginally less intensive in their inputs around supervision).

Whether or not this is a correct reading of these findings, there is without doubt a need to look further at how these issues relate to each other, for example to ask young people what they do when away from home, how safe they feel, how their activities link to what their peers do, and how their parents attempt to control their behaviour (rules, sanctions etc). This is an aspect of parent-adolescent relationships where young people themselves may be able to have an influence on how they are treated, and where there might be most conflict about the more interactive, 'bi-directional' aspects – for example, how much stake young people have in negotiating with their parents on these things, how much this changes as they become older, and whether, how and why they manage their information-sharing with their parents. The primary component of the next phase of the research programme – a multi-perspective, qualitative study – will explore these issues.

Well-being and adolescent neglect

By linking neglect to self-reported well-being, this study exposed the more covert harms which are associated with poor parenting. One impediment to understanding and responding to the neglect of adolescents has been the failure to acknowledge how much a lack of care and support may be affecting a young person – because there are no physical symptoms and no acute or harmful events, and because there is a sense that teenagers have their own natural resilience (Baginsky, 2007; Rees et al, 2010a).

This study reveals that neglected teenagers report doubts about their competence, have little faith that anyone cares about them, feel pessimistic about the future and are very dissatisfied with their lives overall. Also, although there was some variability in the associations between multiple forms of neglect and the externalising behaviours surveyed (eg on drinking alcohol and truanting for school), there was a consistent association between experiencing a combination of different forms of neglect and deteriorations across measures of well-being.

These findings underline the need to take adolescent neglect seriously, because young people who experience it are also likely to

suffer a pernicious undermining of their well-being, regardless of whether they exhibit other negative behaviours.

The potential implications of these findings for changes to policy and practice are discussed alongside other findings from studies of neglect in a briefing which is being published to accompany this report.

Methodological reflections

When reading the findings in this report it is important to bear in mind that they are based on the first use of a methodology for measuring adolescent neglect, including the creation and deployment of a new measure of parenting behaviours. For this reason they should be regarded with caution at this stage in the development of the research programme, and there is a likelihood of revision as the measure is further refined and used with fresh samples in the future.

There are a number of benefits in the methodology designed for this study, and these are discussed below alongside the limitations of the approach taken to measuring adolescent neglect. An outline of some of the proposed future work for the programme of research is also included here.

A new approach to measuring adolescent neglect

The findings from this study on the nature and scale of adolescent neglect were generated via a methodology that was grounded in young people's own reports of their experiences, their well-being and their behaviours. This led to a value-neutral assessment of neglect, removing the biases that may have been present in prior research studies which have relied on researchers' preconceived ideas and assumptions of what neglect is (which may be influenced by class, culture etc).

The categorisation of parenting behaviours into four distinct types also worked well, and offered initial insights into the importance of differentiation in how parents care for and support their adolescent children. It highlighted some of the complexities which have to be navigated as young people grow older – eg when to have less intense parental oversight and 'interference' in relation to young people's activities outside the home or at school ('autonomy granting' – Steinberg, 2001).

This study represents a step forwards in researching adolescent neglect. The new measure of parenting behaviours which has been developed may prove to be a simple means of

finding out that a young person is neglected solely through asking them about how often they experience particular parenting inputs. In the longer term, once the measure has been tested in additional surveys, this could have benefits for research and for interventions with adolescents where a brief assessment would be helpful.

Benefits and limitations of this approach to measuring neglect

The study leads to an operational definition of adolescent neglect – that the frequency of parenting behaviours can be measured within four distinct categories through a young person's self-report; that low frequencies are harmful because they are associated with low levels of subjective well-being and negative behaviours or experiences; and that a threshold can be identified in the score for each type of parenting below which a young person can be considered to be neglected.

This is one way of 'measuring' neglect – and it has a number of strengths and weaknesses, as outlined later – but, as was highlighted at the beginning of the report, a complete definition of adolescent neglect will necessitate the inclusion of a broad range of potential contributory factors. Further consideration of these factors

and the part they play in a comprehensive conceptualisation will be undertaken as the research progresses through additional phases.

There are particular benefits in the approach taken in this study to measuring neglect:

- The basis of the 'operational definition' used for this exercise – how much parental care and support a young person receives – is widely-accepted as the foundation for establishing whether they are neglected or not.

- The other component of the definition and measure – different, identifiable types of parenting behaviour – is intuitively-appealing, has been successfully used in other research on parenting and neglect (see Straus and Kantor, 2004), and worked well in this study.

- The 'measurement' of neglect was neutralised in this approach – grounded in systematic analysis of the associations between low levels of parenting and other aspects of a young person's life (which were also recorded by the young people themselves by responding to validated measures) rather than via questions which pre-determine what neglect means based on researchers' assumptions (which may be false, culturally-relative etc).

- Developmental needs are likely to vary over time – perhaps especially during the transitional period of adolescence – and this methodology could be used with other age groups within the 11–17 year old age range to establish scores for neglectful parenting at different stages of maturation.

- Using a nationally-representative sample of young people in school avoided some of the methodological flaws in measuring neglect which some other studies have had. Due to a reliance on pre-determined sampling frames which only include those families where neglect has already been assessed 'officially' and an intervention is in place – thereby excluding neglect which has not been identified by the authorities – other studies may tend to be biased towards particular socio-economic classes, skewing findings on the contexts for neglect.

- Using a nationally-representative sample of young people in school also had the advantage of being able to make direct comparisons of self-reported associations for other issues (eg health) between neglected and non-neglected young people.

- Asking young people directly about their experiences of parenting avoided the problems associated with asking parents about their own behaviours (eg Radford et al, 2011), or of observational studies.[60]

- The use of a measure of experiences of parenting may have reduced the problem of young people's resistance to responding honestly to negative inquiries about their parents and home – something which research into sensitive issues often encounters and can obscure accurate findings.[61]

At the same time there are caveats which should be taken into account when considering the findings reported here, and these include some limitations of the measure itself, but also – perhaps more importantly – of the context within which it was used for this study.

The measure included categories and items which may not be exhaustive in covering all the aspects of parenting behaviours which are relevant to good or neglectful parenting (despite a thorough process of consultation and piloting). In addition, its focus on frequency of inputs does not take into account the potential effects of the quality of parenting behaviours, or how different aspects of parenting may combine to create a 'culture' of parenting (as theorised

and researched in studies of 'authoritative parenting' – see Baumrind, 1991; Maccoby and Martin, 1983).

The new parenting behaviours measure was accommodated within a broader survey, itself conducted as part of an international study of children's well-being.[62] As a consequence, the self-completion online questionnaire which was used was principally focused on issues other than parenting and neglect, and there were constraints in place with regard to the number of additional questions which could be inserted. This meant that some factors which would have been helpful in exploring adolescent neglect could not be included. For example, it was not possible to inquire in detail about the composition of a young person's family (number, age and gender of siblings) and there were limited opportunities to ask questions about the economic prosperity of their household.[63,64]

Other methodological constraints of 'piggy-backing' on another survey included limitations of:

- Sample size – a target of 1,000 in each year group restricted the prospects for analysis of how young people's characteristics might link to neglect (eg whether disability or ethnicity made a difference to experiences of parenting behaviours at home).

- Sample characteristics – (i) age group: a focus on a spread of age groups (on Years 4, 6, 8 and 10) in the main study meant it was not possible to look at neglect of young people in other periods of adolescence, and – combined with the use of a one-off data collection exercise – meant that findings were restricted to a relatively narrow cohort of 14–15 year olds;[65] (ii) education status: the recruitment of a sample solely from mainstream schools in the public sector will have missed young people not attending on the day of the survey or who were not engaged in education because they were in alternative provision (special schools, pupil referral units etc), permanently excluded, or missing from the system.[66,67] This also precluded young people who were being educated in the private sector.

In addition this approach meant the study was restricted to:

- A 'snap-shot' assessment of parenting input and the other indicators. This reduced the ability of the research to capture the chronic nature of neglect[68] – although this was mitigated to some extent by asking young people about their experiences over the past year – and did not permit any analysis of causation or outcomes.

- Assessing neglect from one perspective (a young person's) and via one contributory factor (their experiences of parenting behaviours). This does not allow for the complexity of interactions that comprise the adolescent-parent relationship and have been found, for example, to affect the amount of parenting input over time (eg Huh, 2006). Nor does it permit a wider appreciation of other things that may influence neglect, eg a young person's agency, such as by failing to share information with a parent to inhibit their ability to monitor or supervise behaviour.

- Finding out about neglect 'passively' – ie by building a picture on the basis of a range of other responses from young people. This way of interrogating the issues, whilst appropriate and fruitful in terms of the options available for this data collection exercise, also meant that the study was not able to inquire about other forms of maltreatment – although other studies have found that neglect is the most prevalent form of maltreatment, for many young people it is co-occurring with abuse, in particular with emotional abuse.[69]

There were also restrictions in this approach in terms of considering the experiences

of parental neglect of young people living in different home circumstances. Previous national surveys with school students which have been conducted by The Children's Society (eg as part of research on running away from home) have found that a significant proportion of adolescents live regularly in two homes, perhaps as the result of separation of their birth parents and ongoing joint care arrangements. As a result, questions to establish the 'living arrangements' of young participants are usually included in surveys which are designed by the team, as this has proven to be an important factor in understanding young people's responses on a variety of issues. The piloting of the parenting measure for this study had indicated a need to incorporate such questions in this research as there was a likelihood that young people would have different experiences of parenting in their two homes. Responses to this survey indicated that around 20% of the weighted sample of 14–15 year olds lived in two homes. These young people were asked a sub-set of questions from the full parenting behaviours measure twice (once for each home), but the findings from this were difficult to interpret with certainty. This indicated that revisions to the methodology will be necessary in order that an understanding of the experiences of this group

– who represent a significant minority of adolescents – can be incorporated into the wider study of neglect.

In relation to young people's home contexts, it was not possible to explore the experiences of adolescents living in the care of a local authority. This was partly because of the size of sample for the survey, though it may also have been difficult to interpret the responses of these young people without more information about their lives than a survey questionnaire could elicit (eg for those in foster care, the nature of their placement, how many moves they had experienced over what period etc).

Finally, but very importantly, it must be acknowledged that this was the first use of the parenting behaviours measure in a national survey. Administration of the measure in other large-scale exercises will help to establish whether it works consistently.

These limitations and constraints will have had a number of impacts on findings from the study, hindering a full conceptualisation of adolescent neglect and a more complete consideration of contexts and causes. They may also have led to an under-estimation of the overall scale of adolescent neglect. Future projects within the research programme will be designed to

address the shortcomings of this study.

Future direction of the research programme

Within these findings there are indications of the need for a deeper exploration of particular issues through qualitative inquiry and through additional quantitative studies. These include the possibility of varying contributions of different types of parenting to adolescent neglect. For example, the associations between supervision and the indicators for well-being and behaviours were often weak, and sometimes not found in instances where they might have been anticipated (eg more supervision did not correspond with less smoking or more infrequent truanting from school)[70]. This, along with the evidence that 14–15 year olds are happier with their lives overall when parents are less supervisory or intrusive, points to some of the complexity around 'autonomy-granting' and deciding what is 'good' or 'bad'/neglectful parenting for adolescents and suggests the need for more detailed investigation.

And there are other issues related to the immediate or 'proximal' factors[71] which link to adolescent neglect which have not been covered through this approach. Looking at this through the lens of experiences of parenting behaviours alone (and with a one-

off snapshot of data collection) is to concentrate on just one part of the picture. The successful parenting of adolescents is widely regarded as being the most challenging stage of child rearing, not least by parents themselves (Smetana, 2006). It involves a numerous and multifarious range of skills – combining responsiveness and warmth with authoritative control (Baumrind, 1991; Maccoby & Martin, 1983), the management of a changing dynamic as a young person matures towards independence, and the ability to accommodate their individual needs and characteristics (Steinberg, 2001). To comprehensively explore adolescent neglect will require a wider focus, taking into consideration the quality of the parenting inputs and of the relationship between a young person and her/his caregiver(s), and the stake that young people themselves have in the way they are cared for (ie the bi-directionality of relationships with parents during adolescence). There is also an imperative to explore change over time and whether, for example, lower inputs for some types of parenting might be regarded as being less neglectful as a young person matures.

If the frame of reference is widened further – to the more 'distal' factors[72] that may contribute to adolescent neglect – there are also initial indications

in this study of the bigger issues which the research programme will need to contend with in order to meet the aspiration of improving conceptualisation, definition and measurement of neglect. For example, although they relate to one particular aspect of material deprivation (a young person's report of themselves or their family not owning particular items, or not benefiting from particular experiences), the findings point to the possibility of structural contributors to neglect (ie factors located outside the family). Evidence for a causal link between poverty and parenting is not clear-cut (Katz et al, 2007) but some researchers have asserted that any definition of neglect that fails to include poverty, alongside other social and environmental factors, will be inadequate as a basis for rounded and effective professional responses (eg Hearn, 2011).

The study also raises questions about the merits of 'parenting styles' relative to context. Although researchers in this field have tended to conclude that authoritative parenting is the most successful approach regardless of personal characteristics, location, or any other factors in a family's circumstances (Steinberg, 2001), most of the studies conducted have been done in the US. Consequently there remain questions around how well this translates to UK communities and also, for example, how modern

mobile technology may be affecting parenting and changing the boundaries for authoritative or neglectful parenting of adolescents.

The measure of parenting behaviours and the wider set of questions used in the survey which underpins this study were only able to cover part of the jigsaw of potential contributory factors to the neglect of a young person and to allude to the impact that adolescent neglect can have. The measure will be subject to development over time –through improved learning from qualitative work and more surveys with samples of different ages and with different characteristics – and will be complemented by other questions about the environment within which the parent-adolescent relationship is functioning, to move gradually towards a better understanding and measurement of adolescent neglect.

Qualitative inquiries with young people, parents and professionals will form the basis of the next phase of research, taking in different perspectives to provide more detailed insights into adolescent neglect. Findings from this work will also feed into development of survey methodology and highlight issues for the programme to focus on in the future.

Conclusion endnotes

[52] See Appendix five.

[53] Using the same analytical process it was not possible to find an 'at risk' level of inputs for supervision, so, for this type of parenting behaviour, a binary categorisation of 'neglected' or 'cared for' was used.

[54] It has been estimated that around 10,000 young people were missing from education in England in 2013 (Ofsted, 2013).

[55] There is relatively little published research around parenting in more affluent families, although some researchers have begun to study the factors around 'isolation from parents (literal and emotional)' that may manifest within high income families (eg see Luthar, 2003; Luthar and Latendresse, 2005).

[56] eg Currie and Spatz Widom, 2012.

[57] See Smetana, 2006.

[58] See in particular Rees et al, 2013. Interestingly young people also reported in this study a sense that their autonomy decreases as they get older.

[59] Recent studies of this topic have concluded that controlling behaviour/suppressing autonomy tends to be bad for young people's well-being and to lead to poor outcomes (Soenens and Beyers, 2012), and also highlighted the importance of 'family harmony' and 'parental support' alongside parental autonomy granting as key contributors to high life satisfaction (Rees et al, 2013).

[60] See Fielding, 1993 for a discussion of the challenges of observation studies in social science.

[61] Although there may still be some 'social desirability bias' in young people's responses (Nederhof, 1985).

[62] See the 'Children's Worlds' website for more information on this. http://www.isciweb.org/

[63] There were particular limitations on the number of questions which could be added to the Year 8 questionnaire – resulting in the use of only a shortened, eight item version of the measure and a knock-on effect on how findings could be analysed and reported.

[64] This context also meant that it was not possible or appropriate to ask young people completing the questionnaire about experiences which might relate to different types of maltreatment. This may have restricted a broader understanding of the context for neglect as other studies have identified a co-occurrence with emotional abuse (Arata et al, 2007).

[65] The survey took place mainly during the Spring term, restricting the inclusion of some sub-groups within the age range (eg on January 1st the youngest 14 year old would have been 14 years and 4 months and the oldest 15 year old would have been 15 years and 4 months and this would vary depending on the date the survey was completed).

[66] See, for example, Ofsted, 2013.

[67] Research suggests that young people who are outside the education system may be over-represented amongst those who are neglected (Rees et al, 2011).

[68] Though some aspects of adolescent neglect may be acute – eg parents forcing a young person to leave home (Rees and Siakeu, 2004).

[69] See Arata et al, 2007.

[70] This reinforces a wider issue in psychological research where, despite many studies into the effects of parental supervision and monitoring of adolescents there remains a debate around how the issue should be defined and how these aspects of parenting impact on young people's behaviour (Smetana, 2006), and suggests – as discussed in the Conclusion to the report – that capturing this aspect of parenting and its links to neglect will be challenging.

[71] See Bronfenbrenner, 1979.

[72] Bronfenbrenner, 1979.

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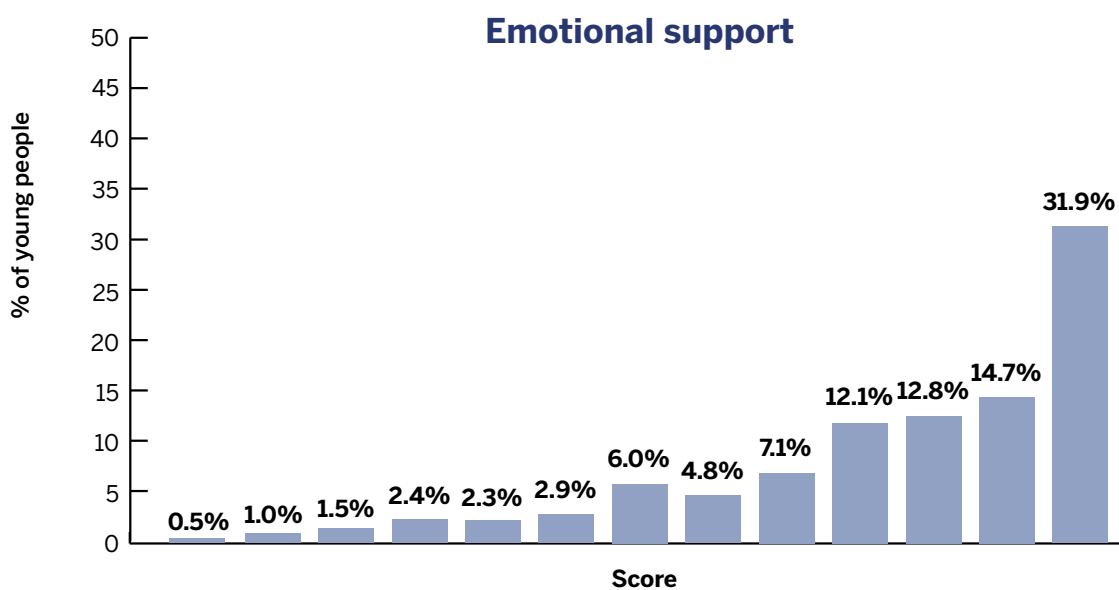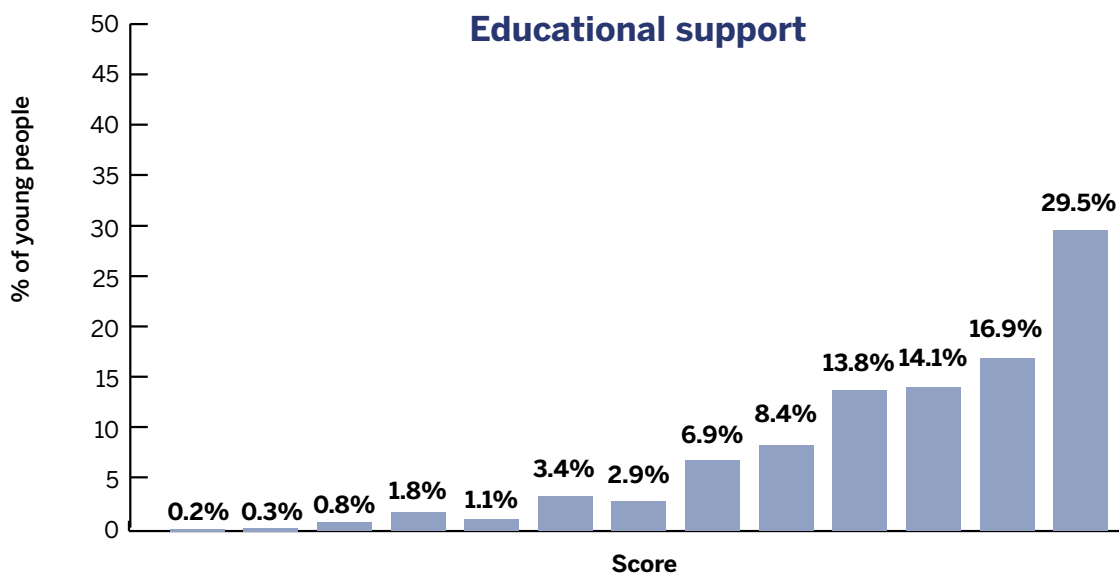# Appendix one: *The MNBS-A measure and the pilot measure of parenting behaviours created for this research*

Multidimensional Neglect Behaviour Scale, Form: Adolescent and Adult Recall (Straus, Kinard and Williams, 1995)
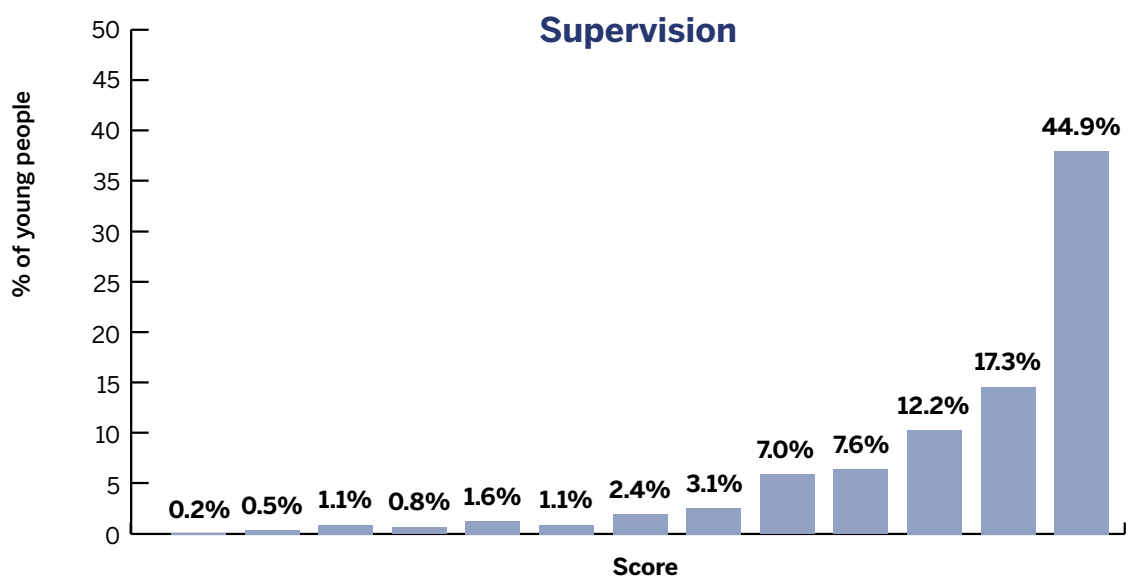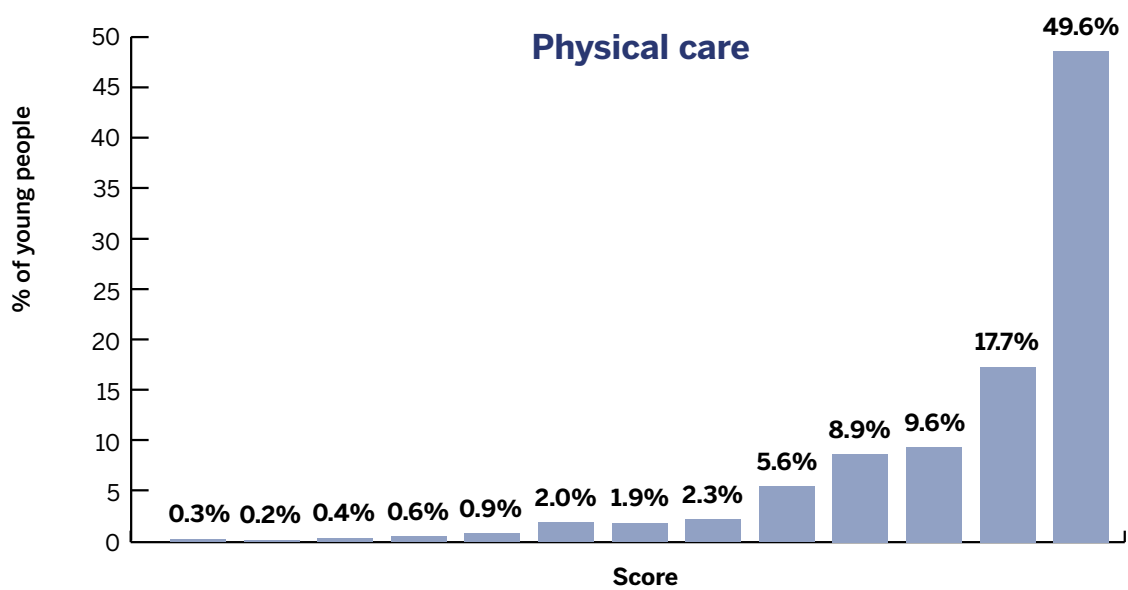
In the last year how often did your parent(s)...? (Response options – Never / Almost never / Sometimes / A lot)	
1) Make sure you bathed regularly? 2) Make sure you saw a doctor if you needed one? 3) Give you enough to eat? 4) Keep the house clean? 5) Give you enough clothes to keep you warm? 6) Take care of you when you were sick? 7) Have something for you to eat when you were hungry?	**PHYSICAL NEEDS**
8) Do things with you just for fun? 9) Take an interest in your activities or hobbies? 10) Comfort you if you were upset? 11) Help you to do your best? 12) Help you when you had problems? 13) Praise you? 14) Tell you they loved you?	**EMOTIONAL SUPPORT**
15) Want to know what you were doing if you were not at home? 16) Care if you got into trouble at school? 17) Take an interest in the kind of friends you had? 18) Care if you did bad things, like shoplifting? 19) Make sure you had somewhere safe to play? 20) Leave you home alone after dark? 21) Leave you home alone during the day?	**MONITORING/SUPERVISION**
22) Help you with your homework? 23) Make sure you always went to school? 24) Help you when you had trouble understanding something? 25) Read books to you?	**EDUCATIONAL SUPPORT**

Pilot measure for this study – used in cognitive testing and for online panel survey

In the last year how often did your parents, or the adults you live with… (Response options – Never / Hardly ever / Sometimes / Often / Always)	
…show an interest in what you were doing at school? …attend parents' evenings at school? …keep track of how you were doing at school – by doing things like reading reports? …take an interest in your hobbies or activities? …ask about what you want to do in the future? …help you to learn things outside school?	**EDUCATIONAL SUPPORT**
…help you when you had problems? …support you if you were upset? …praise you? …tell you they loved you? …help you to do your best?	**EMOTIONAL SUPPORT**
…make sure you saw a doctor if you needed one? …take care of you if you felt ill? …make sure you ate healthy food? …keep the house clean? …make sure you brushed your teeth? …make sure you washed or showered regularly?	**PHYSICAL CARE**
…ask you where you were going when you went out? …like to know where you were after school? …expect you to call or text to let them know if you were going to be home late? …know where you were going when you went out at night? …ask about the plans you had with your friends? …leave you at home alone overnight? …leave you with adults you don't know very well? …make sure you went to school?	**SUPERVISION**

Appendix two: *14–15 year olds experience of parenting behaviours: Overall scores for different types of parenting behaviour*

Educational support

Emotional support

Physical care

0.3% **0.2%** **0.4%** **0.6%** **0.9%** **2.0%** **1.9%** **2.3%** **5.6%** **8.9%** **9.6%** **17.7%** **49.6%**

% of young people

Score

Supervision

0.2% **0.5%** **1.1%** **0.8%** **1.6%** **1.1%** **2.4%** **3.1%** **7.0%** **7.6%** **12.2%** **17.3%** **44.9%**

% of young people

Score

Appendix three: *Well-being measures in the survey questionnaire*

The questionnaire was developed primarily for an international survey of children's well-being. For Year 8 students this was part of the Children's Worlds survey funded by the Jacobs Foundation (which was also adapted for Years 4 and 6); for Year 10 students in England, The Children's Society funded a survey to complement the one with younger children.

The measures and items used included the following:

Autonomy

- I feel like I can be myself in my daily life
- I feel in control of my life
- I have enough choice about how I spend my time
- I often feel under pressure
- I feel like I am free to decide for myself how to life my life

Competence

- I am good at learning new skills
- People often tell me that I am good at things that I do
- There are many things that I am good at
- When I do something I do it well

Relatedness

- People are usually friendly towards me
- I get along with people I come into contact with
- People in my life care about me
- If I need help, there are people who will support me

(Deci and Ryan, 2000).

Life satisfaction

- My life is going well
- My life is just right
- I wish I had a different kind of life
- I have a good life
- I have what I want in life

(Originally from Huebner, 1991; subsequently adapted by Rees et al, 2010b).

Response options for each item were on a five-point scale:
Strongly disagree/Agree/Neither agree or disagree/Agree/Strongly agree

For a full description of the concepts used in measuring well-being, and the extensive research conducted by The Children's Society on children's well-being, please refer to our website – http://www.childrenssociety.org.uk/what-we-do/research/well-being – and in particular the series of 'Good Childhood' reports published in recent years.

Appendix four: *Correlation scores for parenting behaviours and young people's reported experiences, behaviours or well-being*

Correlations scores were generated for a range of indicators in the survey dataset and the scores for parenting behaviours (see table below).

These varying strengths of relationship between frequency of parenting behaviours and the behavioural, health or well-being indicators suggested that there were differences in how the relationships worked which would merit further analysis.

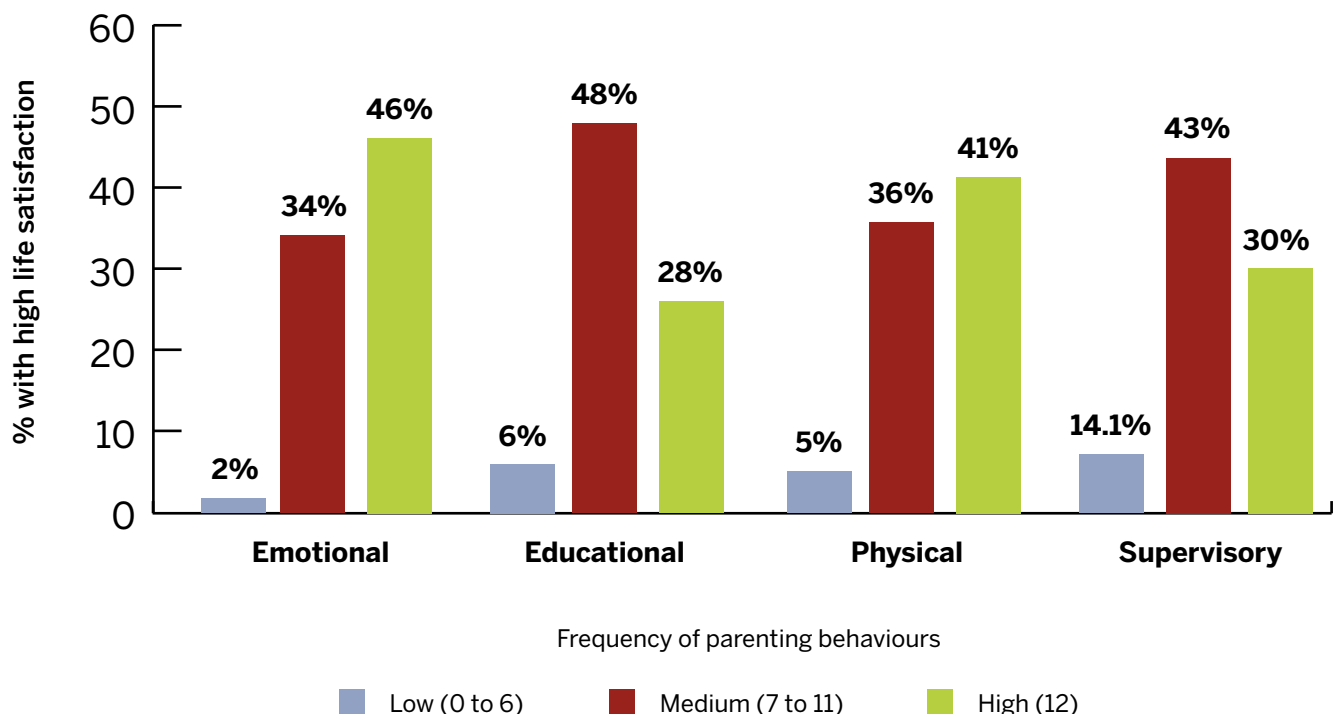|	EDUCATIONAL SUPPORT	EMOTIONAL SUPPORT	PHYSICAL CARE	SUPERVISION
Health	0.230	0.290	0.246	0.150
Life satisfaction	0.429	0.512	0.422	0.299
School performance	0.203	0.278	0.170	0.094
Smoking	-0.224	-0.220	-0.178	-0.091
Drinking	-0.181	-0.175	-0.118	-0.100
School problems	-0.211	-0.166	-0.196	-0.156
Problems sleeping	-0.188	-0.234	-0.172	-0.156
Unhappy or depressed	-0.241	-0.326	-0.272	-0.101
Trouble concentrating	-0.196	-0.287	-0.172	-0.098

| | Weak | | Medium | | Strong |

nb A white cell indicates where the association was not significant.

Appendix five: *Too much parenting? Contrary findings about the frequency of parenting inputs*

Although the primary focus in this study was on neglectful parenting, an overall comparative analysis of associations between high and low levels of parenting and externalising behaviours, experiences and well-being was undertaken as part of an initial assessment of the dataset. Interestingly this showed that there were some types of parenting which, for many young people in their mid-teens, had more positive associations where the input was not at the highest level – in contrast to a general impression that more parenting was usually more beneficial.

One example was the variable links between life satisfaction and frequency of parenting inputs. Life satisfaction was the most strongly positively-correlated measure with all the categories of parenting behaviours. But analysis of how young people rated their life satisfaction in comparison to different scores for parenting inputs showed that for two categories – educational support and supervision – a moderate input was more beneficial than a high input (see figure below).

Percentages of young people with high life satisfaction (overall % = 82 per cent)

Frequency of parenting behaviours

Low (0 to 6)   Medium (7 to 11)   High (12)

Source: The Children's Society Survey, 2014.

This suggests that some young people in their mid-teens prefer more independence in managing their own social lives away from home and less oversight of their efforts at school. Alongside other findings from this analysis – eg that high levels of supervision did not link to less smoking, or that more frequent inputs around physical care were not associated with less reporting of drunkenness – there were indications in this data (as other research on parenting of adolescents has suggested) that parents need to be attuned to the needs of their own individual child and sensitively incorporate elements of 'autonomy granting' to the ways they operate during adolescence (Steinberg, 2001).

It is a painful fact that many children and young people in Britain today are still suffering extreme hardship, abuse and neglect.

The Children's Society is a national charity that runs crucial local services and campaigns to change the law to help this country's most vulnerable children and young people.

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The Children's Society

For the full report go to childrenssociety.org.uk/publications

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