That Difficult Age: Developing a more effective response to risks in adolescence

Summary and key points

This short briefing provides a summary of the central argument and key points from the Research in Practice evidence scope That Difficult Age: Developing a more effective response to risks in adolescence (2014) by Dr Elly Hanson and Dez Holmes. It should be read alongside the full scope and, in particular, the table of ‘Principles to Improve Responses to Adolescent Risk’, both of which are available here.

The scope looks at the serious and negative risks that face some adolescents in the UK today, focusing in particular on those risks that involve maltreatment by self and others. These serious risks – such as neglect, running away, sexual exploitation and offending – are often thought about separately. In the full scope, we intentionally consider them together so that common themes can be drawn out to inform a distinctive adolescent-centred approach to protection, prevention and the promotion of adolescent resilience.

Our central argument is that:

> The risks adolescents face are distinct. They differ from those facing younger children and older groups, as do the impacts of those risks, creating a distinctive set of inter-connected needs.

> Adolescence itself offers a distinctive array of strengths and opportunities that emerge as a result of social and physiological developmental processes. These are often not fully understood or taken into account in policy and practice.

> Rather than recognise these unique risks, strengths and opportunities, the current child protection system instead applies traditional definitions of risk and approaches to protection that do not necessarily fit with young people’s lived experience or research. This means practice is even more challenging, scarce resources are not allocated to best effect, and young people are not central either to service design or policy discourse.

> Excellent practice and effective services are evident at local level, although much of it seems to have arisen almost in spite of the current system. However, resource constraints, coupled with the sector’s increasing knowledge and determination to improve the system for adolescents facing risk, can and do act as a powerful catalyst for innovation.

> The evidence we draw on in this scope, both research knowledge and practice knowledge, can and should encourage us now to re-design the system in a way that ‘works with the grain’ of adolescent development, takes a more nuanced approach to risk identification, has relationships at its heart, and is focused on building resilience.

> This will be both effective and cost-effective but will require some risk-taking and innovation on the part of sector leaders. This evidence scope is designed to help us apply what we know, rather than be constrained by what we have.
Key Messages:

**Serious risk in adolescence and its impact**

> From a global perspective, the UK is a relatively safe place for adolescents to grow up. Nevertheless, many young people do encounter a range of serious risks, such as violence, exploitation, neglect, and self-harm. Recent research carried out for the ADCS1 suggests that many areas are seeing an increase in adolescents coming to the attention of formal child protection services. Other research, together with enquiries and media activity, has documented an apparent increase in the identification of risks such as running away and child sexual exploitation.

> The range and nature of adolescent risks are different to those facing younger and older age groups. For example, adolescents are far more likely to run away, to self-harm and to misuse drugs or alcohol. They are also more likely to come into contact with the criminal justice system. Parental neglect of adolescents may involve more ‘acts of commission’, such as pressurising a child to leave home, alongside acts of omission. Displays of romance and status are also used far more frequently in the grooming of adolescents for sexual abuse than in the grooming of younger children.

> The impact of maltreatment experienced in adolescence often manifests differently to that of maltreatment at a younger age. For example, sexual abuse in adolescence is more likely to lead to post-traumatic stress disorder (PTSD) whereas sexual abuse of a younger child may be more likely to lead to hyper-arousal (e.g. anxiety and vigilance).

> Maltreatment in adolescence is no less harmful than maltreatment experienced at a younger age. Indeed, quite the opposite is true given evidence that highlights the cumulative harm of risks such as exposure to domestic violence and neglect.

> Adolescents are exposed to a wider range of risks than younger children. At age 14 they are most at risk of entering the realm of ‘polycviictimisation’ – i.e. being the victim of many different types of maltreatment. Ten per cent of 11 to 17-year-olds in the UK have experienced 12 or more forms of maltreatment during their lifetime.

> There appears to be a growing awareness of, and arguably increased anxiety in relation to, this complex picture of adolescent risk. This coincides with the current increase in adolescents coming into care, including into welfare secure and specialist residential placements, even though research shows outcomes for late entrants to care are generally poor.

> Despite many local examples of promising practice, the overarching response of the system to adolescents facing serious risks is flawed. This is partly because the child protection system was designed to respond to a very different set of risks facing younger children and also because a strong understanding of those risks, their contributors (including adolescent development and adaptations to previous harms) and the means of promoting resilience are not sufficiently widespread.

> Applying such an understanding will be effective in terms of improving outcomes for young people and will be cost-effective. But to do this will require some risk-taking and innovation – for example, channeling resources into early intervention rather than care placements, and re-designing service pathways and transitions to enable relationships to play a more central role.

> This will also require a more fundamental shift across society as a whole in how we view young people – towards appreciating their agency and the ways in which they use it to fulfil essential developmental tasks, towards acknowledging them as citizens and assets, and towards recognising and tackling the societal contexts that can ensnare and discriminate against them.

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Adolescent choices and behaviours in risk

- The pathways leading to a number of the harms that adolescents experience are complex, not least because they often involve adolescent choices and behaviours.

- At times, these choices relate to the influence of specific developmental processes. For example, the adolescent stage of development involves increased risk-taking, emotional highs and lows, and sensitivity to peer influence, all underpinned by interacting social and neurobiological changes. These factors can play into risks such as self-harm, gang-involvement, violence and exploitation.

- Equally important are the ways in which young people may have adapted to types of harm experienced in earlier childhood. These can increase the risk of harm in adolescence. For example, a child may have responded to a violent home environment by becoming hyper-vigilant to signs of danger; this may increase the risk of joining a gang in adolescence for its perceived protective benefits.

- Additionally, significant adversities in earlier childhood can leave young people with unmet needs that they seek to meet via risky routes in adolescence. This is especially likely if other and more safe routes remain unavailable; for example, staying with an abusive boy or girlfriend in an attempt to be loved or noticed.

- All of this is important because when adolescent choices and behaviours, driven by development and adaptations, play a part in risk, they cannot then be ignored in attempts to protect and prevent. Harnessing and working with adolescent choices and behaviours is essential to them keeping safe during this life stage – yet the traditional child protection system presents a challenge to this way of working.

- One significant challenge is that adolescent ‘choice’ is sometimes misinterpreted as rational informed choice akin to that of adult decision-making. Conceptualising adolescent choices as ‘lifestyle choices’ can lead to victims of harm being denied appropriate support. Conversely, another challenge is that professionals can often minimise adolescent choice and agency – thereby missing the opportunity to work in partnership with young people.

- Training and workforce development, including supervision, must ensure practitioners have the skills to work with adolescent choice and agency, provide assistance in developing a nuanced understanding of adolescent choice, and offer support in dealing with the emotional impact of it.
Resilience

> Adolescent resilience is a means by which adolescents may avoid the serious risks they are more likely to experience during adolescence, or avoid longer-term harm if they do encounter them – for example, avoiding gang involvement despite personal or environmental susceptibility, avoiding longer-term emotional harm following exploitation, or avoiding addiction following substance misuse.

> A belief in one’s own ability to effect change in one’s life (self-efficacy), aspirations, the development of a positive identity, authoritative parenting, peer support, and trusted relationships with adults are all commonly associated with resilience.

> Resilience is promoted and developed when a young person’s strengths interact with those of the people and environment around them. When young people engage in education, for example, it helps them to develop self-efficacy and problem-solving skills, assets they can then use to make the most of further opportunities.

> Some typical features of current systems and services make it difficult for those who work with young people to build resilience – for example, high thresholds for support, a focus on short-term interventions, the prioritising of ‘managing risk’ over ‘building resilience’, the ‘labelling’ of young people according to their difficulties and risks, and separate services dealing with different (yet connected) parts of the picture.

> Adolescent resilience is supported by positive relationships with family and with peers; these potentially powerful networks should be better utilised.

Engagement

> Engagement – the process by which a practitioner and a young person connect in an authentic and committed relationship focused on achieving certain goals together – places the adolescent-professional relationship at the heart of developing young people’s resilience. Practitioners working in this field and young people themselves both emphasise the importance of meaningful and sustained relationships between adolescents and professionals.

> There are a number of ways in which the system makes such relationships difficult to establish and sustain, however. These include service-led pathways and thresholds, structural divides that ignore the inter-connected nature of adolescent risks, and a lack of emotional support for some practitioners.

> Engagement is more likely when practitioners: a) focus on and work with an adolescent’s strengths; b) have support in understanding what factors might be influencing the salient risks; c) ‘go with the grain’ of adolescent development and use it as a strength (eg identifying opportunities to develop identity); and d) start with the young person’s needs, goals, values and aspirations.
A different approach – some principles for practice

Adolescents are not simply young adults or old children. The risks they experience, their pathways to risk, and the impact those risks have, are often different to those affecting other age groups. Furthermore, the adolescent developmental stage is one that encompasses distinctive and important strengths and opportunities. All these factors have major implications for policy and practice.

Using evidence drawn from promising and effective international and local practice, the evidence scope seeks to distill knowledge into a set of principles upon which to build a distinctive and adolescent-centred approach. These complement long-standing principles for best practice across the age range, such as embedding the voice of children and multi-agency working.

These seven principles are summarised below. They are set out fully in the table of ‘Principles to Improve Responses to Adolescent Risk’, which is available here (See also Section 9 of the full scope for explicated examples of the principles in practice.)

1. Work with adolescent development - in particular perception, agency, aspiration and skill – for example, identity formation, friendship attachments, risk-taking. This includes avoiding policies and practice that respond to adolescent choice and behaviours in ways that could ‘ensnare’ them and constrain positive development – see Section 3 of the full scope – and to avoid responses that ‘do to’ adolescents rather than ‘work with’ them.

2. Work with young people as assets and resources

3. Promote supportive relationships between young people and their family and peers (where possible)

4. Prioritise supportive relationships between young people and key practitioner(s) within the system response

5. Take a holistic approach to young people and the risks they face

6. Ensure services are accessible and advertised – for example, services should incorporate self-referral mechanisms, social marketing, and assertive outreach to target hard-to-reach groups

7. Equip and support the workforce, including through high quality learning opportunities and regular supportive supervision.

As examples highlighted throughout the scope demonstrate, these principles can be applied across the spectrum – at one end, to innovative whole-system restructuring, and at the other, to day-to-day practices. The principles and their explicated examples (see in particular Section 9) are described to generate ideas about what might work in a local context, rather than as a limiting list.

Whilst redesigning systems and services to address adolescent risk will be challenging, the rewards will be considerable.