



Supporting young people and parents: the impact of COVID-19 on adolescents, parenting and neglect

The restrictions on normal day-to-day life which have been put in place to respond to the COVID-19 pandemic are severe and unprecedented, putting us all under duress. Fears for the health of loved-ones and worries about the future dominate day-to-day life and there are signs that this period of uncertainty may continue for some time to come.

Social impacts of the pandemic will be felt disproportionately by different groups. Young people and their families are under extraordinary pressure and having to spend long periods of time at home is one aspect of the current situation which may have a particularly negative impact on family relationships, especially where these were already strained or dysfunctional. Concerns about the fate of some particularly 'vulnerable' groups – for example, those who may be exposed to domestic abuse¹ – have rightly been expressed in recent weeks, and some provision has been made for children who are known to social care departments. But many young people are outside the safety net because their needs can be harder to understand or address.

This briefing – based on recently-published academic research, data collected since the onset of the pandemic and consultation with practitioners – highlights the challenges that adolescents and their parents face at the current time. It explains how:

- All adolescents are likely to be severely impacted by the COVID-19 crisis.
- Parents' capacity to provide care and support may be compromised, leading to increases in neglect.
- It is important to try to prevent this or to alleviate the associated harm to young people's health and well-being in the short and long term.

The briefing also offers advice for professionals on how to reduce the likelihood of neglect occurring or to mitigate its effects and includes recommendations for national and local decision makers around prevention and responses to adolescent neglect.

When we talk about 'adolescents' in this briefing we are mainly referring to young people aged from 10-17, and the paper sometimes highlights differences between 'early adolescence' (ages 10-13) and 'middle adolescence' (14-17). Adolescence has been said to 'begin in nature' (i.e. to start with the onset of puberty²) – and to 'end in culture' (Smetana, 2007). As this implies, deciding when a young person is independent of their parents is sometimes difficult to determine, and some countries and worldwide organisations have added 'late adolescence' (18-early 20s) to their definitions to account for this and to acknowledge ongoing physiological change – for example to the brain.^{3, 4}

For the sake of brevity we refer to 'parents' in the briefing, but this is intended to include any adult who has a role in caring for a young person in their home.

Key points summary

- A young person's psychological health and well-being can be fragile throughout adolescence because of the normal process of development.
- The impacts of the COVID-19 pandemic are likely to impair adolescent development and to cause a high degree of stress and potential harm to many young people across the population. Awareness of this can help professionals to support young people more effectively – and can help parents to understand a young person's behaviours.
- Many parents will experience stress and difficulties in their lives during the pandemic – and these may be accentuated for the parents of adolescents, leading to fractures in family relationships and to increases in poor parenting practice and neglect.
- Neglect is most often caused by the coming together of different factors – including household financial stress, parental ill health, isolation from support networks and intra-family conflict – and many of these will be exacerbated during the COVID-19 pandemic.
- There is growing evidence of the significant harm that adolescent neglect can lead to, including impacts on physical and mental health, relationships and increased problematic externalising behaviour (including offending, substance misuse and sexual risk-taking).
- During the extended period of restrictions to tackle COVID-19 it will be important to make every effort to prevent increases in adolescent neglect where possible, and to address adolescent neglect when it arises or resurfaces in families where young people have been neglected in the past.
- Professionals can support young people and their parents to maintain and manage their relationships during the extended period of restrictions to tackle COVID-19 – and it will be important to do this to prevent increases in adolescent neglect where possible, or to address neglect when it arises or resurfaces in families where young people have been neglected in the past.
- Planning for recovery as COVID-19 restrictions are reduced should incorporate provision to address adolescent neglect.
- A holistic approach to effective prevention and responses to adolescent neglect can adopt the tenets of a public health methodology – including an onus on improving awareness and understanding of the scale and impacts of adolescent neglect, acknowledging the challenges all families face in bringing up adolescents and reducing the stigma around seeking support.

1. Adolescence and the impacts of COVID-19 restrictions

A period of heightened vulnerability: normal development during adolescence

Adolescence is a phase of ongoing, sometimes rapid and radical change for every aspect of a young person's existence – biological, psychological and social (Sawyer et al, 2018). It is a period during which most young people experience challenges and difficulties, when emotions can be hard to contain and actions may provoke conflict with parents and peers and, for some, lead to problems at school or in the community. But there is strong international evidence that this is part of normal development – that teenagers' brains grow in ways that can drive impulsivity and reduce self-constraint, and also that this is 'adaptive', a necessary step in successfully navigating a path to maturity and independence (Steinberg et al, 2018; Romer, Reyna and Satterthwaite, 2017).⁵

A young person's psychological health and well-being can be fragile throughout adolescence and some forms of mental illness, such as anxiety or depression, are more likely to start in adolescence than in later life, as recent figures showing increases in the numbers of diagnosed conditions across childhood have demonstrated (McLaughlin and King, 2015; Blakemore, 2018; NHS Digital, 2018). Adolescents can sometimes seem moody, angry or distant, but the belief that they have a 'natural resilience', even to the effects of child maltreatment, is misplaced (Rees et al, 2010).

What supports healthy adolescent development

Security, predictability and a degree of routine provide an important foundation for mental health for everyone and for adolescents this is crucial for healthy development. A young person's home life and relationship with their parents or carers forms the core for this and a large body of research suggests that young people benefit from having secure 'attachment' to their parents – an underlying bond that underpins the confidence to explore and build productive social relationships (Bowlby, 1969; Scott et al, 2011).

The Children's Society's research on children's well-being highlights the importance of happiness with family, including how vital a good relationship with parents is (see, for example, 'The Good Childhood' reports for 2013, 2014 and 2017). There is also strong evidence that an 'authoritative' approach to parenting – characterised by high levels of emotional warmth and support combined with high 'demandingness' (aspirations, rules and openness to explain and negotiate when there is conflict) – can help young people mature into happy, healthy adults. By contrast, parenting which relies on a more 'authoritarian' style – resting on strict, inflexible rules and less warmth – or a 'permissive' style – where young people are granted high levels of choice and autonomy (before they are mature enough to deal with this) – have been shown to have more negative outcomes (Sorkhabi and Middaugh, 2014; Smetana, 2017).

Why adolescents are particularly vulnerable to the impacts of COVID-19 restrictions

Current and foreseeable restrictions on movement and social interaction to contain the COVID-19 virus are likely to have a particularly negative impact on adolescents.

- Adolescents experience stress in ways that younger children or adults do not. For example, appropriate strategies to cope with stress are learnt over time. Young people begin to develop ways to actively withdraw from conflict or other stressful situations early in adolescence, but only tend to develop reflective strategies – like seeking support from others – as they become older (and girls learn to do this sooner than boys) (Seiffge-Krenke, Aunola and Nurmi, 2009).

The disruption to everyday life which the COVID-19 pandemic has brought may hinder adolescents in learning to cope with stress, with potential longer term impacts on their ability to respond in appropriate ways.

- Conflict with parents is a primary source of stress for adolescents (Stange, Hamilton, Abramson and Alloy, 2014). Young people say that parent-related stress is more difficult to cope with than peer-related stress – and tend to adopt passive responses to problems with parents rather than seeking a resolution through active negotiation as they would with a friend (Persike and Seiffge-Krenke, 2016).

Relationships with parents will be exposed to unanticipated levels of stress during the lock-down – and young people may feel that they have little option but to retreat into themselves and withdraw from family life.

- As they grow older adolescents tend to spend less time with parents – as peer relationships take on new and increasing significance. This can be for many reasons – for companionship, to exchange and compare experiences, to explore identity or sexuality – and it plays a key role in socialisation (Smetana, Campione-Barr and Metzger, 2006). All adolescents (but especially girls) are susceptible to the impacts of ‘interpersonal dependent’ stress – i.e. events such as fights with parents, friction in friendships, or the end of romantic relationships (Stange et al, 2014).

Relationships with peers will be severely compromised by COVID-19 restrictions. The absence of direct contact will be keenly-felt by adolescents, perhaps especially for those who have a romantic partner whom they cannot spend time with. Physical separation may expose the fragility of some adolescent relationships as maintaining them through online platforms is likely to feel like a poor substitute for meeting face-to-face. The ability to discuss and share privately will be denied to many young people.

- The ‘need to belong’ is especially strong during adolescence. For example, young people have a drive to bond with peer groups, to feel that they have a voice and are ‘respected’ – and a sense of belonging has been linked to physical and mental health (O’Brien and Bowles, 2013).

Adolescents are particularly reliant on their sense of belonging for their well-being and the physical and psychological distancing which has been introduced to contain the COVID-19 virus will significantly reduce normal ways to achieve this.

- Most adolescents conduct at least some aspects of their relationships online – through social media accounts, playing games, etc. – and most have ready access to the internet (Ofcom, 2019). There is ongoing debate about the impacts on those young people who spend extensive time online, of the potential harm from experiences like cyber-bullying or grooming and sexual exploitation and around whether long periods online are harmful *per se* (although emerging evidence suggests that young people who are most engaged in this may do so because of difficulties in their lives, including mental ill health) (Finkelhor et al, 2020; May-Chahal et al, 2018; Orben and Przybylski, 2019). However, there is a large amount of uncertainty about the multitude of possible effects on adolescents of their extensive digital lives.

Whether and how well it will work for all adolescents to be compelled to manage relationships online as a substitute for direct contact is unclear – but it seems likely that the decline in intimacy and physical closeness which are part of the current restrictions will have a marked impact on relationships with peers and extended family for all young people. Maintaining important relationships may be especially challenging for vulnerable young people – especially those for whom contact and support from a professional is key to their health, well-being and safety. In addition, for the minority of young people whose access to the internet is constrained in some way (e.g. because they do not have their own equipment, such as a smartphone or laptop) there may be more severe experiences of loneliness and isolation.⁶ For some adolescents, extra time spent online during the pandemic may increase the likelihood of exposure to exploitation.

- In middle adolescence young people report that academic performance is the issue that leads to the most stress – especially for girls (Anniko, Boersma and Tillfors, 2018).

School closures, reduced access to teachers and academic support and the uncertainty around assessment, progression and how educational establishments may function in the future will be a source of significant stress for adolescents. The social benefits of school and the routine it provides are also currently undermined and may be compromised through restricted operations once the lockdown is pared back.

- Adolescents can be poor at assessing risk, tending towards ‘impulsiveness.’ In mid adolescence a strong drive towards ‘sensation-seeking’ can predominate decision-making – although, this may also be helpful in supporting young people to learn from experience (Romer et al, 2017).⁷

In weighing up the options between keeping to the current rules on staying at home, social distancing, etc., some young people may be inclined to favour ‘solutions’ which meet their immediate needs, and elect to ignore the restrictions. They may put pressure on parents to let them to go out, increasing the potential for conflict at home. (Initial evidence from police data on fines issued for breaches of the new public health regulations related to COVID-19 shows that of almost 9,000 Fixed Penalty Notices issued by the police in England and Wales during April, more than a third have been to young people aged 18-24).⁸

- Adolescents increasingly ‘manage’ information-sharing with their parents as they become older, e.g. when asked about their plans. Research has shown that young people who take part in ‘delinquent’ behaviours are less likely to disclose the true nature of their activities to parents than those who are engaged in less malign activity (e.g. Kerr, Stattin and Burk, 2010; Keijsers et al, 2012).

Even before the COVID-19 crisis many parents will have had limited knowledge of what their adolescents were doing when they were out and about and not subject to direct monitoring. The urge to spend time with friends now, especially where this is reinforced because of a peer group motivation to engage in risk-taking behaviour or to see a romantic partner, may lead to young people being dishonest with parents about what they might do if allowed to go out.

- Adolescents are ‘cognitively vulnerable’ – the way they think and how they frame difficult issues changes as they mature. Repeated exposure to negative life events during early adolescence has been found to predict negative patterns of thought which can become ingrained in a ‘negative cognitive style’, i.e. a bias towards interpreting events unfavourably (Calvete, Orue and Hankin, 2013; Michl, McLaughlin, Shepherd and Nolen-Hoeksema, 2013).

The scale, scope and wide-ranging impacts of COVID-19 are likely to have a profound impact on many young people’s perspective on the world and how it works, radically affecting their feelings and leading them to frame their future experiences in a negative way.

Why parents may need extra support

Many parents are not fully aware of the changes that are happening for their adolescent children as part of normal development or how these can affect everyday interactions and behaviour. Even in less difficult times than the current pandemic they may misinterpret their teenager's responses to them, lose patience or find it hard to maintain a positive relationship over time.

There is evidence that parents may fail to understand the level of upset or stress experienced by their adolescent children – e.g. that young people are more aware of parents' relationship problems and more worried about them than parents realise (Gorin, 2004). Young people also report much higher rates of self-harm than are reported on their behalf by parents (Meltzer et al, 2001; The Children's Society, 2018). The myth of adolescent resilience that can influence professional judgement extends to most adults, including many parents (Rees et al, 2010).

Although there will be exceptions – for example the lockdown may provide respite for some young people from bullying at school or in their neighbourhood, or reduce the pressure around school work for those (such as young carers) who often feel pulled in different directions by the responsibilities or difficulties they have – the interaction between the social impacts of COVID-19 and normal psychosocial development will make this an especially negative experience for many adolescents and their families. It will be critical to support parents to maintain a patient, sensitive and responsive approach to parenting to smooth an adolescent child's passage through the forthcoming period of restrictions, at a time when this will be especially challenging. The alternative could be a rise in adolescent neglect – and the following section outlines why this would be a worrying outcome.

2. Adolescent neglect: why it may increase during the COVID-19 pandemic

What is neglect and how common is adolescent neglect?

Neglect is generally regarded as being the failure of parents or carers to meet the needs of a child or young person, as shown by the definition in official safeguarding guidance (Department for Education, 2018) – but whether and when low levels of parental care become neglectful is open to interpretation. Absolute thresholds for physical care are relatively straightforward to apply, but beyond these there are many more ways in which parents provide care and support which are more nuanced and relative to different circumstances including the changing developmental needs of a child from birth to adulthood (Horwath, 2007b; Rees et al, 2011). As a consequence it has been claimed

that neglect is the most complex form of child maltreatment to understand (Yang and Maguire-Jack, 2016).

Researchers have suggested that neglect can take a number of discrete forms, proposing typologies which can be distilled into four main types (e.g. Horwath, 2007b; Mennen, Kim, Sang and Trickett, 2010; Raws, 2016):

- **Emotional** – lack of responsiveness, attention, approval or affection.
- **Educational** – absence of stimulation; poor or no support around schooling.
- **Physical** – poor living conditions, lack of warmth, food or appropriate clothing; failure to support the maintenance of a child's health (e.g. by seeing a doctor if they are ill).
- **Supervisory** – failure to protect a young person from harm; absence of rules or boundaries (or failure to apply them); abandonment.

Annual reporting by local authorities on child maltreatment provides ongoing evidence of the significant numbers of children who are experiencing parental neglect regardless of age (e.g. Department for Education, 2019). At the same time, many children – especially adolescents – go unnoticed by official safeguarding systems, as prevalence research has consistently highlighted, showing that around 1 in 7 adolescents in high income countries experience neglect (Radford et al, 2011; Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013; Vanderminden et al, 2019).⁹

What are the impacts of adolescent neglect?

Research has begun to demonstrate the significant impact of neglect on adolescents. For example, studies from the UK have shown that neglect in early adolescence increases the likelihood of substance misuse in mid adolescence (Young, Lennie and Minnis, 2011) and that neglect in mid adolescence is linked to low well-being and increased risk-taking behaviour (Raws, 2016). Large-scale longitudinal research from the US has found that neglect in early adolescence can have a range of outcomes, including higher levels of involvement in violent offending in late adolescence and ongoing risk of offending, arrest and drug-use, and problems with mental health, in adulthood (Smith, Ireland and Thornberry, 2005; Stewart, Livingston and Dennison, 2008; Thornberry et al, 2010; an Australian study had similar findings – Ryan, Williams and Courtney, 2013).

We are also beginning to understand the effects of neglect on adolescent mental health with one recent longitudinal study finding that emotional neglect in early adolescence significantly increased the chances of young people developing a psychiatric disorder by the time they were 15 (Lalayants and Prince, 2016).

Neglect in adolescence has been linked to difficulties in interpersonal relationships (with family and peers, or in intimate relationships), a deterioration in physical health and problems with education (attendance, engagement and achievement) (Naughton et al, 2017; Raws, 2018). There is also emerging evidence of the association between maltreatment and the risk of additional harm through young people's online networks (Haddon and Livingstone, 2014; Negriff and Valente, 2018).

Parental neglect has also been linked to child sexual exploitation and to harmful sexual behaviour by young people themselves (Hanson, 2016; Hackett, 2016) – and analysis of Serious Case Reviews in England has highlighted the potential severity of neglect in adolescence (Brandon, Bailey, Belderson and Larsson, 2013; Sidebotham et al, 2016; Brandon et al, 2020).

What causes parental neglect?

It can be difficult to determine precise reasons why a young person becomes neglected. Many factors can contribute to a gradual decline in parental care and support, or trigger neglectful episodes, including:

- The absence of support networks – from wider family, friends or professionals.
- Change and transition – parental separation or divorce, family reconstitution (e.g. the arrival of a step-parent).
- Socio-economic factors – housing, employment and poverty.
- Parents' own problems – physical or mental ill health, alcohol or drug misuse, domestic abuse.¹⁰

Neglect also becomes more likely when these factors combine and tends to be considered as a chronic issue in a young person's life rather than something acute – although discrete events, such as redundancy or bereavement, can trigger an episode of neglect (Rees et al, 2011; Raws, 2016).

How adolescent neglect may grow during the COVID-19 pandemic

Taking into account the four-fold typology for neglect that was outline above, it seems clear that during the COVID-19 pandemic supervisory neglect may increase because (for example):

- Parents are struggling to maintain rules about personal screen time or how young people spend their time online, when many young people are being entrusted to manage school work via the internet.
- Young people pressurise their parents to allow them some respite by letting them go out into their neighbourhoods to meet friends despite restrictions on movement.

Educational neglect may also rise, as evidence of the low numbers of 'vulnerable' children attending school during lockdown suggests (DfE, 2020). In addition to health concerns some parents may be influenced by the resistance of their adolescent children to going to school – partly motivated by knowing that many of their friends will not be there, but also perhaps because of the attendant stigma of having been labelled 'vulnerable' that adolescents will be more aware of than younger children.

It seems apparent that material deprivation for families will increase during the pandemic because of a sharp rise in unemployment and the likelihood a global recession. Coming at a time when there was already evidence of an increase in financial stress on many

household budgets (e.g. in the growing use of food banks – Sosenko et al, 2019) the effects of the COVID-19 outbreak will hit some disadvantaged families particularly hard.

There is a widely-acknowledged association between poverty and neglect although the relationship is complex (Bywaters et al, 2016). Physical neglect – where parents fail to adequately provide for their children – may be driven by poverty, but only relatively rarely and is more likely to be present in families where there are other difficulties (e.g. where a parent suffers from mental ill health or addiction). However, poverty can affect parenting indirectly, especially when severe financial strain within a household increases stress and anxiety for parents, temporarily reducing their capacity to give the care and support to their children that they would usually provide. This means that widespread increases in poverty during the pandemic may underpin a growth in all forms of neglect.

If the focus around potential physical neglect is shifted to older adolescents – those aged 16-plus – it may be that the fracturing of relationships within families will lead to higher numbers of young people being forced to leave home. Family breakdown is commonplace as a factor in youth homelessness in normal times (Centrepoin, 2016) and the additional stresses present because of the pandemic are likely to exacerbate this.

Perhaps the widest-reaching impact of the current and ongoing regime of COVID-19 restrictions will be on the emotional neglect of adolescents. Research has demonstrated that even amongst safeguarding professionals there is a mistaken belief that adolescents develop a natural resilience to adversity (Rees et al, 2010), and there is no reason to think that this unfounded assumption does not extend to many parents too. As a result, at a time when parenting capacity is under pressure, emotional aspects of care and support may be the first to slip across many households.

Evidence of this happening in ‘normal’ times is limited, but one study found that fewer 14-15 year olds reported that parents had regularly ‘helped if you had problems’, given ‘support if you were upset’, or ‘told you when you had done something well’, than did their 12-13 year old peers (Raws, 2016). During the COVID-19 epidemic it seems likely that parents may assume that an adolescent’s need for this type of support is not as acute as that of a younger child, although the opposite is true. There have been compelling findings that emotional neglect in early adolescence leads to psychopathology in middle adolescence (Lalayants and Prince, 2016) and that it has the most negative associations with risk-taking (truancy, smoking and excessive drinking) as well as reducing life satisfaction for 14-15 year olds when compared with other forms of neglect (Raws, 2016). Emotional neglect in early or middle adolescence has also been found to be a precursor of lifetime affective disorders – specifically for depression (Gerke et al, 2018; Khan et al, 2015).

Recurrence of neglect is highly likely in families where it has happened in the past (Farmer and Lutman, 2014; Biehal, Sinclair and Wade, 2015; White, Hindley and Jones, 2015). The constraints on family life because of COVID-19 restrictions mean that the underlying problems in already fragile families will be more prone to resurface, perhaps leading to a new period of neglect.

Why professionals need to be attuned to the possibility of neglect emerging or recurring in families with adolescent children

The complexities of adolescent neglect mean that public understanding can be poor and there is evidence that safeguarding professionals sometimes struggle to identify or hesitate to respond (Turnbull, 2015; Burgess et al, 2014; Hicks and Stein, 2010 and 2013).

This is partly because neglect is strongly associated with blame and shame – as being located within a failure by parents to fulfil their role and responsibilities – and, although it is generally accepted that the parents of young children may need extra support¹¹ the same cannot be said for those with adolescents.

In addition adolescent neglect can be hard to pin down:

- **External ‘signs’ are difficult to interpret and may not evoke sympathy.** For example, supervisory neglect can play a part in young people meeting up with peers and becoming involved in anti-social behaviour or offending that can be disruptive to the community. (Neglect is the form of child maltreatment most often associated with ‘youth delinquency’ in international studies – Hoeve et al, 2009).
- **Neglect is often (mistakenly) believed to only happen within disadvantaged families.** There is growing evidence from the UK and the US of supervisory neglect (linked to overly-permissive parenting) and emotional neglect (e.g. because of parents’ commitments to demanding careers) among affluent families (Luthar, 2003; Bellis et al, 2014; Bernard, 2019).
- **Many symptoms of adolescent neglect are hidden.** Young people are likely to become withdrawn, to suffer from low well-being or mental ill health and this may be misattributed to ‘normal’ adolescent moodiness (The Children’s Society, 2015; Lalayants and Prince, 2016).

Young people who are being neglected may or may not recognize this – but, even if they do, are likely to be reticent to disclose to professionals in part because of protectiveness towards parents or due to fear of the consequences (Rees et al, 2011). Adolescents will not want to bring blame or shame into their family – and so neglect remains hidden, part of a wider collective silence around the difficult lives of many young people.

The impact of this is clear, for example, in the most recent figures for calls to ChildLine. Between 21st January and 8th April 2020 there were 3,566 counselling sessions related to child maltreatment, but just 72 (2%) were about neglect – whereas, 41% were for sexual abuse and 32% for physical abuse. Initial records since the outbreak of COVID-19 show that even fewer calls about neglect have taken place – despite increases for physical and emotional abuse. For example, comparing the final week in March with the first in April, counselling sessions related to physical abuse rose from 91 to 124 (30% to 34% of all calls received), and there was a similar rise for those about emotional abuse – but sessions about neglect fell from 6 to 4 (from 2% to 1% of all calls) (NSPCC, 2020). These figures reflect a pattern that has been stable since the helpline began to operate (Turnbull, 2015). Although not a direct indicator, when compared to prevalence estimates they suggest a chasm between experience and disclosure of neglect by young people.

3. Conclusion and suggestions for practice and policy

Many aspects of adolescent development can make young people vulnerable – as evidenced, for example, by the likelihood that mental ill health will first emerge before the age of 18.

The same aspects of development make adolescents more exposed to the potentially negative impacts of many of the current and likely future restrictions on family and social life which have been imposed to tackle the COVID-19 pandemic. In particular, adolescents' relationships with parents will be under significant pressure, at the same time as parenting capacity may be severely compromised. This is likely to lead to increased levels of adolescent neglect.

Adolescent neglect is largely invisible – in ways that other forms of abuse are not – and this is compounded by challenges related to young people's own awareness or openness to disclose, the public's tendency to blame parents and scapegoat young people (e.g. if they behave in disruptive ways in their community), and professionals' difficulties in identifying and responding appropriately. It is important that professionals are attuned to the stress that young people and their parents are currently experiencing and that efforts are made to reduce the chances of neglect increasing during the COVID-19 pandemic, or to alleviate its effects in families where there are difficulties.

Suggestions for practice

Every family is different, but there are ways in which professionals can support parents and young people which may prevent neglect, or stop it getting worse.

For young people these include:

- Maintaining regular contact and communication – online¹² or face-to-face while keeping to physical distancing rules – to offer a space for a young person to share and reflect.
- Where there is an established, trusting relationship supporting a young person to reflect on what is happening and think through their feelings.
- Noting any changes in the young person's behaviour or demeanour and encouraging them to discuss this, if appropriate.
- In some situations it may also be worth:
 - Encouraging a young person to talk / keep talking to their parents – even if this is just a brief exchange every day.
 - Helping them to understand the pressures that their parents are experiencing.

Some aspects of support for parents will be similar, including:

- Providing a listening ear – a space for parents to share their problems.
- Maintaining regular contact using a flexible approach to suit the context.

But parents can also be supported by professionals in particular ways during the COVID-19 pandemic, for example by:

- Reinforcing the need to preserve regular communication with adolescents to help maintain relationships (one recent study of delinquency in disadvantaged communities found that even a quick daily check-in by parents with a young person helped to reduce problems – Bendezu et al, 2018).
- Explaining how the pandemic affects adolescent development – so that parents better understand what their children may be experiencing.
- Helping parents to understand the need to avoid being overly-intrusive and to respect a young person's privacy, whilst maintaining an active interest in their activities and being open to supporting them if they are upset (Lionetti et al, 2019).
- Highlighting the benefits of preserving 'attachment security' for adolescents – including by continuing to express praise, support and approval towards a young person, and through activities which maintain 'companionship' (especially with fathers) (Richaud de Minzi, 2006; Ruhl, Dolan and Buhrmester, 2015).
- Encouraging parents to preserve rules and expectations of their adolescent children, even when this becomes challenging. Effective parenting tends to combine a warm, caring approach with clarity about rules and expectations – whilst being open to explain and sometimes negotiate with a young person. Young people value being respected – being listened to, having autonomy and choice – but there is strong evidence that they respond positively to parental authority as long as they understand the reasons behind their parents' rules. (Miranda et al, 2016).
- Offering assistance with practical things – e.g. help to apply for welfare benefits and to navigate bureaucratic systems, facilitating access to crisis support (e.g. through the use of food banks), advocacy support when negotiating with other professionals – to mitigate the impacts of financial stress and preserve parenting capacity for families under pressure.

For some families it may be appropriate to regard the COVID-19 pandemic as a trauma event – one that arrived with little warning and has significantly undermined normal coping mechanisms, leaving some adolescents or their parents feeling ‘helpless and hopeless’ (Levine and Kline, 2006). Trauma can invoke an acute ‘fight, flight or freeze’ response, disrupting an individual’s capacity to regulate their emotions – as well as an ongoing chronic state where the same overwhelming feelings frequently resurface and they become disconnected and unable to engage with those around them. For parents this may underpin difficulties in caring for children – for young people it may lead to distancing and rejection of parental support. It is important for practitioners to be aware that this may be part of the reaction to the pandemic within a family and to try to incorporate ways of responding appropriately (for example by encouraging reconnection and engagement between family members) in working with traumatised young people or their parents (Herman, 2015; Rothschild, 2017).

Recommendations for policy responses

The COVID-19 pandemic initially triggered a crisis response in order to preserve life, but in the medium and longer term there is an imperative to extend provision in a holistic and considered way, to meet the diversity of need across vulnerable groups. This should be aimed at addressing the needs of all children, while taking into account the relevance of developmental difference across childhood. Adolescents are vulnerable as a function of their normal psycho-social development and awareness of this should inform thinking and planning around adapting restrictions to successfully counter the pandemic whilst protecting young people from other harms. Cognisance of the potential fragility within many families should ensure that new or revised measures take into account the importance of supporting young people and parents to maintain relationships, or to address problems that may arise.

Approaches to supporting parents and young people and preventing neglect while the restrictions continue could include:

- Public health messaging around the importance of maintaining communication and how to manage relationships with teenagers – and including acknowledgement that bringing up adolescents can be challenging for all families, in order to reduce the stigma around seeking support.
- Issuing advice to parents on how to preserve and manage positive relationships with adolescents.

- Awareness-raising, especially for professionals who have a role in safeguarding, around the developmental vulnerability of adolescents – in particular to psychological damage associated with COVID-19 restrictions.
- Public acknowledgement – e.g. in government briefings – of the pressures that parents face in relation to keeping their adolescent children safe and happy during the period of the virus.

Appropriate language is particularly important in relation to these ‘public relations-type’ activities. Avoiding direct reference to ‘neglect’ is advisable, given that this term has strong associations of stigma and shame.

In addition, it will be important to:

- Continue to encourage school attendance of vulnerable young people.
- Ensure that routes for identification and response to young people who experience neglect are clear, including in cases where the high level of risk threshold is not reached.
- Prepare for the likely rise in the number of referrals to children’s services as the restrictions are lifted.

As restrictions are eased, and to improve the longer term approach to prevention and responses to neglect during adolescence, it would be prudent to:

- Extend currently available services and better promote all services where young people can contact trusted adults for support.
- Introduce comprehensive training for all professionals who work with young people to ensure clear understanding of the scale, scope and impacts of neglect during adolescence – and on the benefits of early identification and response.
- Extend currently available services and better promote all services where the parents of adolescents can access support with parenting.
- Look to develop models of practice which work with families (including extended families) incorporating separate but complementary support to adolescents and their parents, combined with advocacy and mediation as appropriate (e.g. family group conferencing).
- Strengthen mental health support for all adolescents – e.g. through consistent provision within secondary schools or in other community settings.
- Complement the ‘We’re all in this together’ messaging with one that acknowledges the need for society to support all families to care for children – including adolescent children – during and after the pandemic, to help reduce stigma and shame around the challenges of parenting.

These recommendations speak to merits of a ‘public health approach’ to broadly address adolescent neglect by covering prevention and protection. This would combine awareness-raising at a population level allied to non-stigmatised family education and support services, more detailed guidance and / or training for professionals, hands-on preventative (and ‘treatment’ – i.e. child protection) services and tailored support for young people. This methodology has implemented in some areas, including across Scotland to deliver a response to violent crime, especially knife crime among young people¹³ – and the UK government announced its commitment to a similar approach in 2019.¹⁴ It has been advocated as an appropriate way to improve parenting / address neglect, but not specifically with regard to adolescents (Merrick and Guinn, 2018; Sanders, 2008) – although some aspects have been tested in English local authorities (e.g. in Luton¹⁵).

In terms of the current situation, it seems clear that motivation, stamina and creativity will be needed in many families to maintain good parenting throughout what is likely to become an extended period of constrained social life. These qualities may be or become in short supply for parents under pressure and reassurance from national and local government that their plight does not go unrecognised, and will be addressed, would be particularly helpful. In the immediate and longer term future better support – for parents and for adolescents – will be important to reduce the considerable toll of adolescent neglect on young people and on wider society.

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**A complete list of references for this briefing is available via this link:
https://www.childrenssociety.org.uk/sites/default/files/adolescence_parental-neglect_during_covid-references.pdf**

¹ Victims’ Commissioner, 2020. <https://victimscommissioner.org.uk/published-reviews/sowing-the-seeds-childrens-experience-of-domestic-abuse-and-criminality/>

² Although this can be different for different young people as studies have shown that the age of onset of puberty is falling (Brix et al, 2019; Pierce and Hardy, 2012).

³ Sawyer et al, 2018.

⁴ Smetana, Campione-Barr and Metzger, 2006; Hagell and Shah, 2019; Blakemore, 2018.

⁵ It is also important to know that most young people grow out of involvement in anti-social behaviour or offending – this extends into adulthood for only a small minority and there is emerging evidence that this group show identifiable signs of impulsiveness prior to adolescence (Romer et al, 2017).

⁶ Early evidence of how vulnerable adolescents are being affected by a reliance on digital technology for support from professionals during the pandemic is provided in findings from an online questionnaire promoted by The Children’s Society and other charities. Copies of a weekly briefing on this are available via this link: <https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/responding-to-covid-19-issues-affecting-services-for-children> f

⁷ The stereotype of the ‘impulsive teenager’ has begun to be challenged. One current theory of adolescent brain development proposes that this is adaptively useful, as long as it is paired with the capacity to learn from experience (to begin to understand how to ‘postpone gratification’). Researchers have highlighted that this is characteristic of all adolescents, with only a minority progressing to more and more harmful externalising behaviours. Under this theory the measurement of ‘working memory’ and ‘impulsiveness’ are key to determining whether risky behaviour may lead to longer term negative outcomes or, for the majority of adolescents, to greater wisdom (Romer et al, 2017).

⁸ NPCC data released on 30/04/20 <https://news.npcc.police.uk/releases/police-chiefs-welcome-positive-start-to-recruitment-drive> No data is available for young people aged under 18.

⁹ The inadequacies in all official sources of data on the scale of neglect are widely acknowledged – e.g. see <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childneglectinenglandandwales/yearendingmarch2019>

¹⁰ Emerging evidence of the escalation of parent’s problems during lockdown has come from data being collected by The Children’s Society and other charities through an online questionnaire to professionals who work in children’s services. Copies of a weekly briefing of findings are available via this link <https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/responding-to-covid-19-issues-affecting-services-for-children>

¹¹ As shown, for example, in nationwide provision such as health-visiting in the early months and the Sure Start initiative (although this has been reduced during the past decade of cuts to public sector services).

¹² The Children’s Society has worked hard to quickly improve our approach to digital engagement in recent months. This blog explains what we’ve done and what we’ve learnt: <https://medium.com/@thechildrenssociety/adapting-to-digital-engagement-our-approach-what-weve-learnt-and-top-tips-when-thinking-about-1961dd5f1c34>

¹³ <https://www.gov.scot/policies/crime-prevention-and-reduction/violence-knife-crime/>

¹⁴ <https://commonslibrary.parliament.uk/home-affairs/crime/how-is-the-government-implementing-a-public-health-approach-to-serious-violence/>

¹⁵ <http://lutonlscb.org.uk/neglect-matters/>