

Teenagers: learning from case reviews

Summary of risk factors and learning for improved practice around working with adolescents

March 2014

Published case reviews highlight that professionals sometimes struggle to work with challenging and difficult teenagers. They are often viewed as independent young people, capable of looking after themselves and able to make their own choices and decisions. This means professional intervention focuses too often on tackling problem behaviour, rather than recognising that they are children in need of protection.

The learning from these reviews highlights that professionals need to listen to teenagers, but also be able to balance the young person's wishes with their best interests. Intervention needs to be timely and appropriate.

Reasons case reviews were commissioned

This briefing is based on learning from case reviews published since 2010, where teenagers were the subject of the review.

The teenagers in these case reviews faced a complex and wide range of risk factors. They became the subject of reviews following:

- [suicide or attempted suicide](#), often following years of abuse or neglect. This was by far the most common type of incident prompting reviews amongst this age group
- physical injuries or death at the hands of other young people/partners
- [sexual exploitation](#)
- accidental overdose.

Teenagers are also involved in case reviews where they have their own children. This briefing does not cover teenage parents.

Risk factors for teenagers in case reviews

Problems at home or within the family make children vulnerable to abuse

Problems at home are a common factor in case reviews involving teenagers.

- **Long history of parental neglect and abuse**
Chronic neglect and abuse during childhood has a long-lasting and significant impact on young people's development and mental health
- **Bereavement**
Death of a sibling or parent has a profound and lasting impact on young people and their families
- **Volatile family relationships**
Cycles of familial reconciliation and rejection have a significant impact on young people's wellbeing and mental health.
- **Emotional and mental health**
Young people's emotional and mental health problems, developmental delay and attachment issues make them vulnerable to abuse.

Teenagers have often experienced problems at school

Problems at school are a common factor in case reviews involving teenagers

- **Bullying at school or within the community**
Many of these young people experienced bullying at school or within the community, often in addition to abuse at home.
- **Poor educational attendance or achievement**
Poor attendance records and/or disruptive behaviour prevent young people from participating in mainstream education and reduce the likelihood of them gaining formal qualifications.

Risky teenage behaviour is not recognised as a potential indicator of abuse

The risky behaviour of teenagers is often not considered as a potential indicator of [child abuse](#). Intervention tends to focus on tackling the problematic behaviour, rather than looking at the reasons for it.

- **Underage sexual activity**
Teenagers who are sexually active from a young age are at risk of sexual exploitation. Both professionals, and often the young people themselves, viewed this behaviour as a "lifestyle choice", rather than recognising it as a potential indicator of abuse or exploitation.
- **Drug and alcohol misuse**
Tackling young people's substance misuse sometimes becomes the focus of professional intervention, rather than seeing substance misuse as possible indicators of abuse or exploitation.

- **Challenging and criminal behaviour**

Young people's challenging and criminal behaviour overshadows their vulnerabilities, leading to professionals treating them principally as perpetrators of anti-social activity, as opposed to children in need.

- **Self-harm and suicide ideation**

Young people's disclosure of suicidal thoughts and self-harm are not always taken seriously, and are often seen as attention-seeking behaviour as opposed to cries for help.

Teenagers often have a history of involvement with statutory agencies

Adolescents subject to case reviews, and their families, have often been known to services for a number of years.

- **History of care**

Many of the young people in these case reviews spent periods of time in care, often in multiple placements. This led to a lack of stability and the absence of adults willing or able to defend young people's best interests.

- **Periods of homelessness**

Many of these young people were homeless for periods of time. Accommodation that is provided to homeless teenagers is often not appropriate to the young person's needs, either because it does not provide the support or the safety that they need, or because they are unable to stick to the rules. So they leave, which increases their vulnerability further.

- **Victims of domestic abuse**

Girls in abusive relationships are sometimes treated as adult victims of domestic violence, rather than being seen as victims of child abuse.

- **Involvement with multiple agencies**

Teenagers with long standing and complex problems often receive a wide range of different services from different agencies. This can mean that there is no overall picture of the young person's situation.

Learning for improved practice

Listening to what young people are trying to say

Teenagers can find it difficult to articulate and explain their thoughts and feelings.

- **Take disclosure of abuse, self-harm and suicidal thoughts seriously**

Young people need to be listened to, so teenagers who disclose abuse, self-harm or suicidal thoughts should be taken seriously and their disclosure

acted upon accordingly. Retractions should not be taken more seriously than accusations.

- **Ensure that the lead practitioner knows the child**

Multi agency responses should be coordinated by a lead practitioner who has built up a relationship with the child.

- **Provide an advocate to represent the child's best interests**

Young people should be provided with an advocate to explain their rights and represent their best interests.

- **Recognise self harm or suicide incidents as child protection issues**

Incidents involving self harm or suicide should be treated as child protection as well as mental health issues. Young people should not be discharged from hospital following a suicide attempt without an assessment of their child protection needs.

- **Balance a child's wishes against their best interests**

Despite the apparent independence and maturity of some young people, professionals should not be too quick to act in accordance with a young person's expressed wishes. In some cases these wishes are in direct conflict with their best interests.

Keeping the focus on the young people

Professionals should always bear in mind that adolescents are still children in need of support and protection.

- **Treat 16-17 year olds as children in need**

Young people aged between 16 and 17 are still children, and need the same level of support as younger children.

- **Help young people access services**

Failure to attend appointments should not be equated with a lack of desire to receive support, and may be a reflection of the chaotic lifestyles some vulnerable young people lead. Cases should not be closed purely on the strength of poor attendance. Professionals should persevere to ensure that young people receive the services they need.

- **Consider causes of risky and challenging behaviour**

Professionals should consider the causes of young people's risky and challenging behaviour, rather than focusing on the behaviours themselves.

- **Update chronologies**

All agencies should be aware of, and continue to add to the young person's chronology. Agencies should be aware of and reflect on the impact long term

abuse and neglect has on the young people involved to ensure that the appropriate level of support is provided.

Providing early and age-appropriate services

Services need to be suitable and appropriate to ensure they are effective in helping to keep young people safe from harm.

- **Provide early intervention**

Interventions should take place as early as possible. Young people should not be exposed to long term, on-going abuse and neglect.

- **Provide appropriate accommodation and placements**

Teenagers taken into care should be placed in accommodation appropriate to their age and needs. In cases where they were subject to a child protection plan before being taken into care, families should be assessed for child protection concerns before young people are allowed to return home.

- **Provide appropriate sexual health services**

When an underage girl requests contraception it should prompt a full assessment of social circumstances and risk of sexual exploitation. Assessments of sexual activity should reflect on a girl's emotional and intellectual maturity as opposed to just their level of understanding of the treatment (i.e. contraception).

Contact the NSPCC's Knowledge and Information Service with any questions about child protection or related topics:

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