Title: Safeguarding Adolescence: A review of the literature.

Author: Nadine Littler

Institutional Affiliation: University of Cumbria

Full Details:

Senior Lecturer in Nursing,

University of Cumbria,

Department of Nursing, Health & Professional Practice,

Hornby Room 08,

Bowerham Rd Campus,

Lancaster,

LA1 3JD

Office Tel: 01524 385682

email: nadine.littler2@cumbria.ac.uk

Abstract

Background: Adolescence marks a phase of biological, social, emotional and cognitive development. Hence, a critical period of transformation and vulnerability, when exposure to some of the highest safeguarding risks can be seen in young people, thus challenging this transition into adulthood.

Aim: The aim of this literature review is to explore qualitative research on adolescent safeguarding in the United Kingdom.

Method: A comprehensive literature review was undertaken to investigate the evidence base published over the last ten years.

Findings: Several key themes were identified; such as the need to adopt a public health approach to the adolescent life course, which aligns to a better understanding of risk and vulnerability, in order to support safeguarding young people within the wider social context.

Conclusion: Overall, this literature review recognises the need to undertake further research in this specialist field, through obtaining both practitioner and young people's experiences of safeguarding adolescence in practice.

Keywords: safeguarding, adolescents, protection, risk, young people.

Background:

Safeguarding is an umbrella term which encompasses both the prevention and protection of children (up to the age of 18), by preventing impairment of their health and wellbeing and the protection from maltreatment, through the delivery of safe and effective care (HM Government 2018). Over the last year (2017-2018) the number of child in need referrals has increased by 4% from 389,040 to 404,710, and there has been an increase of 5.3% from 51,080 to 53,790 for child protection referrals in England (Department for Education, DfE 2018). On reviewing the child in need referral figures, the largest age group which accounted for 31.7% of the referrals was for 10- 15 years (DfE 2018). It is not possible to identify whether this is due to increased needs, reduction in resources and services, a greater awareness of safeguarding or possibly a combination of all these factors (Radford et al 2011).

Adolescence is a key transition which is "*nestled between the end of childhood and the beginning of adulthood*" (Ledford 2018: 430). The term 'adolescence' originates from the *"latin word 'adolescere' which means to grow up"* (Sawyer et al 2018: 1). Evidence suggests that "*adolescence is seen as a forgotten group caught between adult and child and therefore between bureaucratic barriers and professionals' spheres of influence*" (Kennedy 2010:38). This phase of life is crucial, as it is one of the fastest changing periods of development for young people (Coleman 2011) where they are at risk of developing new health problems (Viner 2012), as well as being exposed to a range of safeguarding risks within the wider social context. Some of the key significant risk's adolescents have faced over the last decade includes: self-harm, suicide, sexting, cyberbullying, child sexual exploitation, peer on peer abuse, gang violence, extremism, radicalisation, and intimate partner violence (Sidebottom et al 2016).

It is essential that we continue to review safeguarding systems across the life course of childhood, which begins from the unborn infant, all the way through to young adulthood

(Powell 2011). Therefore, the aim of this literature review is to explore what qualitative research has been undertaken on adolescent safeguarding over the last ten years, in order to identify key themes and areas of development.

Methods:

A comprehensive review of the literature was carried out, in order to *"identify, evaluate and synthesise the existing body of completed or recorded work"* (Fink 2005:3) on adolescent safeguarding. A qualitative research approach was chosen for this literature review as the purpose is to "*describe, explain and explore the phenomena being studied*" (Ploeg 1999:36) by exploring themes within research already undertaken, as well as, identifying areas of development in this specialist field of practice.

The following key words: 'Safeguarding', 'adolescent', 'protection' 'risk', and 'young people' were inputted into the following databases: Ebrary, Proquest Central, Sciencedirect, Sage Journals, Emerald Insight, JSTOR Archival Journals, Proquest Scitech Collection, MEDLINE and CINAHL. In conjunction with this, hand searches of grey literature were completed on Google, Pubmed, Department of Health, Department for Education, The Children's Society and NSPCC websites which resulted in a combined total of 1,317 publications identified for further screening.

Inclusion and Exclusion Criteria:

In order to undertake further screening of the publications identified, a clear inclusion and exclusion criteria was formulated. This process began by only focusing on qualitative study designs, as the aim of this review was to explore adolescent safeguarding to uncover opinions, experiences, or perceptions of researchers or practitioners on this field of practice. Any publications which identified adolescence between the ages of 10-24 years were included, due

to recent reforms to the Special Educational Needs and Disability (SEND) system for young people. For the purposes of this literature review, the following terms "adolescence', 'adolescent' and 'young people' will be referred to interchangeably, all of which refer to an individual within the following age group 10-24 years.

The timeframe for this review focused on the period between 2008 and 2018, which encompasses contemporary literature, as well as any changes to the safeguarding landscape over the last decade. Research which took a broader perspective of safeguarding was included, as opposed to the focus being on one specific area of risk. This was incorporated from a range of specialisms relating to children and families, not just isolated to nursing; such as; medicine, public health, paediatrics, child and family research. Finally, only publications from the United Kingdom were included, due to different safeguarding and child protection practice and procedures operating in other countries worldwide.

Any literature which had parameters outside of this inclusion criteria in this case this relates to 1,312 publications, were excluded from this review. There were 5 remaining articles/documents which required full analysis, all of which had a similar study design as they did not have any participants and were scoping reviews, briefing documents or expert opinion studies, thus demonstrating a significant gap in the research base with participants such as professionals and young people within this particular field of practice.

Data analysis:

As a qualitative research approach had been adopted for this review, the Critical Appraisal Skills Programme (CASP 2014) qualitative checklist was used to establish the relevance of the literature and to ensure the articles/documents were appraised using the same inclusion criteria

(Figure One). Once this process had been completed, a thematic analysis method was chosen to "*provide a rich and detailed, yet complex account of the data*" (Braun and Clarke 2006:78) through completing the following six steps; familiarising myself with the data, generating and searching for initial themes, reviewing, defining and naming the themes (Braun and Clarke 2006:78). This resulted in the following key themes being identified within the literature: adolescent life course, risk and vulnerability and a public health approach to safeguarding all of which are interlinked and should not be viewed in isolation (Figure Two).

Figure One: Literature Review Findings:

Reference	Study Design/Sampling/Geographical location	Study focuses on adolescents within the following age range	Findings	Themes
Brandon M, Sidebotham P and Bailey S (2012) New lessons from serious case reviews: a two-year report for 2009–2011, Department for Education, London.	Qualitative Study, No participants, UK	10-17 years	• Two thirds of serious case reviews featured the toxic trio – domestic violence, parental mental health and parental substance misuse. • Professionals need to understand developmental pathways over childhood and adolescence. • Second peak of safeguarding seen in adolescence.	Adolescent Life Course, Risk and Vulnerability, Public Health Approach to Safeguarding.
Hanson E, Holmes D (2014) That Difficult Age: Developing a more effective response to risks in adolescence. Devon, Research in Practice	Scoping review, No participants, UK	10-18 years	• Definitions of adolescence, • Significant risks adolescence face, • Current safeguarding system does not adequately recognise the risks adolescents face. • Take holistic approach to both young people and risk/complex aetiological pathways, • Need to equip and support children's workforce on adolescent development,	
Holmes D, Scale E (2018) Mind the gap: transitional safeguarding - adolescence to adulthood. London, Research in Practice	Briefing paper, No participants, UK	10-18 years	• Definitions of adolescence and young adulthood, • Variety of risks and harm adolescence may experience, • Environmental and structural factors that can increase a young person's vulnerability which persists into adulthood.	
James D, Sargant N, Bostock N et al (2017) New challenges in adolescent safeguarding. Postgrad Medical Journal, 2017; 93, 96-102.	Expert opinion study, No participants, UK	12-18 years	• Lack of recognition within health, education, media and society of the need to protect adolescents in comparison with younger children. • A number of risks adolescents are exposed to, which have interlinking patterns of abuse. • Need to consider adopting a life course approach to identify the vulnerabilities adolescents are exposed to.	
Khadr S, Viner R, Goddard A (2011) Safeguarding in adolescence: under recognised and poorly addressed. Archives of disease in childhood. Nov 2011, Vol 96, No.11.	Expert opinion study, No participants, UK	10-18 years	• Adolescent maltreatment needs to be viewed through a wider lens. • The nature and presentation of maltreatment in adolescents often differs from those seen in younger children. • Need to develop clinical, policy and research specifically focusing on adolescent maltreatment.	

Findings/Discussion:

Adolescent Life Course

There are many definitions of when the age of adolescence starts and finishes across different contexts, which can cause confusion. Recently the latter age range of 10-24 years has been identified as being more reflective of young people in our current society, due to changes in earlier puberty onset, thus biological growth and role transitions such as education, marriage and parenthood, which consequently shift the commencement of adulthood (Sawyer et al 2018). This also correlates with research on brain development, as well as aligning closely with reforms to Special Educational Needs (SEN) and disabilities for young people (Department for Education, DfE/Department of Health, DH 2015) both of which extend into the mid-twenties.

There is evidence to suggest that some professionals do not have in depth knowledge of the stage of adolescence, hence, the need for improvement in child development education for all practitioners working with children and young people has been highlighted (Brandon et al 2012). Thus, this will provide a greater understanding of the different stages of development in adolescence, which will support professional's role in safeguarding young people.

In early adolescence young people experience a metamorphic period of biological, emotional and sociological development, with most of the changes occurring within this phase. Biological changes have the most influence in this stage, as there is acceleration in physical changes to young people's bodies due to the onset of puberty. Parallel to this, begins the process of the second extensive stage of brain development, the first being in infancy. As grey matter volumes in the brain reach a peak and decrease, which eliminates and prune excessive brain connections

and increase white matter volume, thus speeding up connections between different regions of the brain and increasing connectivity.

During this remodelling period, young people have risky decision-making tendencies and higher impulsivity due the immaturity of the pre-frontal cortex (Holmes and Smale 2018). From a social perspective, early adolescence is a crucial time for connecting with peers and for romantic relationships, as young people begin to develop their own self-identity, within critical social contexts such as school and the family environment (Hanson and Holmes 2014).

In late adolescence, there is emphasis on emotional and sociological changes in this stage, as puberty reaches maturation. The brain continues to mature particularly within the pre-frontal cortex and the brain networks, which correlate with the continued development of self-regulatory skills and in decision making. Family influences begin to lessen, even if young people still live at home, as they start to enjoy autonomy, with a continual focus on both peer and romantic relationships (Hanson and Holmes 2014).

The commencement of young adulthood focuses on the development of adult roles and responsibilities. Whilst the pre-frontal cortex and brain networks reach maturation, other emotional changes may take place, such as marriage and children, which corresponds with sociological changes such as economic independence and entering the workforce or higher education (Patton and Viner 2007).

Figure Two: Themes

Public Health Approach
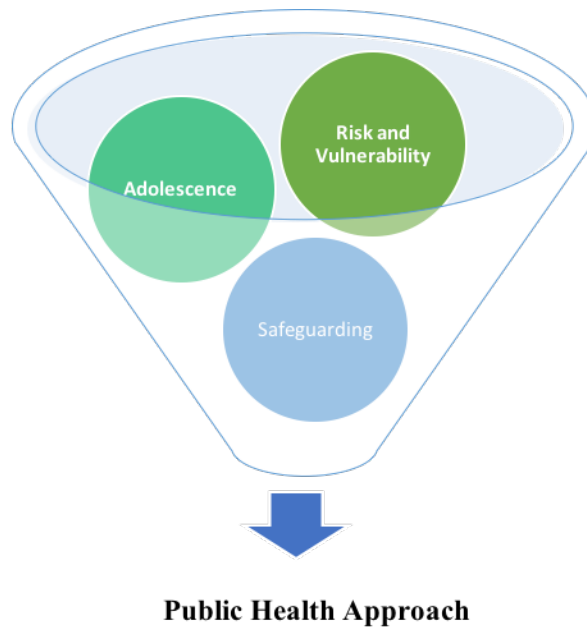
It is clear that the interaction between body changes, brain development, autonomy, relationships and changes to environments such as school and family settings, during the course of adolescence, encourages this key transition. However, it can also give rise to significant risk in young people's lives (Viner 2011) which may distort key developmental processes such as attachment, identity formation, impulse control and socialisation, thus, laying the foundations for adulthood (Patton and Viner 2007).

Risk and Vulnerability:

The development of autonomy and independence in adolescence is a key aspect of the transition into adulthood, however "*young people still require the support in attaining these milestones within a loving environment*" (Khadr et al 2011:991). As resilience, which involves avoiding the negative effects of risk exposure is developed when young people are encouraged with support, experiences and opportunities (Hanson and Holmes 2014).

It is a misconception, that adolescents are more resilient than younger children, and that many of the risks encountered are due to their own poor choices (Hanson and Holmes 2014). The environment in which young people grow up in constantly evolves, with each new generation experiencing both benefits as well as harm (James et al 2016). By virtue of their expanding social worlds, they are exposed to a greater range of complex and wide-ranging risk than younger children (Rees et al 2010).

Upon reviewing the pre-disposing factors associated with these significant risks, it is clear that there are interlinking pathways, which identify commonalities between the following safeguarding issues; mental health, gang violence, extremism and radicalism, child sexual exploitation, toxic trio and polyvictimisation (Figure Three). Two thirds of serious case reviews identified three common risk pathways, these being the toxic trio "*domestic violence, parental mental health and parental substance misuse*" (Brandon et al 2012: 36). Moreover, Sidebottom et al (2016) identified other complex risk pathways which include adverse childhood experiences, acrimonious separation, patterns of multiple consecutive partners and a history of violent crime within the family.

Figure Three: complex adolescent risk pathways

Complex Adolescent Risk Pathways (CARP)	
	Lack of identity
	History of abuse
	Violent crime
	Domestic abuse
	Poverty
	Lack of self-esteem
	Chronic illness in the family
	Lack of family support
	Young carer
	Lived/Living in Care
	Academic achievement
	Social isolation
	Parental substance misuse
	Bullied

Adolescents are more "*likely to be poly victims than younger children*" (Khadr et al 2011: 991) as they are "*disproportionately at risk of entering a realm of polyvictimisation (experiencing multiple levels (different types) of victimisation*" (Hanson and Holmes 2014:11). A common link of polyvictimisation is that young people usually live within one of three vulnerable contexts, these being: dangerous community, dangerous family, stressed/disrupted family due to unemployment and/or substance misuse (Finkelhor et al 2009). Goldenring and Rosen (2004) developed the HEEADSSS psychosocial screening tool (10-19 years) for young people. This tool was designed to identify vulnerabilities and abuse by asking screening questions on the following areas: **H – Home, E – Education/Employment, E -Eating, A – Activities/Hobbies, D- Drugs/Alcohol, S-Sex and Relationships, S- Self-harm/Suicide/Depression, S-Safety.** Research on opportunistic adolescent screening in surgical patients (Wilson et al 2012) found 30% of young people identified areas of concern which required an intervention (James et al 2016).

This highlights the need to adopt a life course approach and a broader lens to safeguarding adolescence, as young people aged between 16 -17 years are still vulnerable and that harm and its effects do not suddenly stop at the point of reaching the age of 18 years, this continues to extend into their twenties (Holmes and Scale 2018). As vulnerabilities during this period of development may be compounded by a range of interlinking risk factors which can increase the opportunities for harm, if not identified and addressed, and may cumulatively impact upon this key transition into adulthood.

Public Health Approach to Safeguarding:

The term 'safeguarding' was first initiated in the millennium, following the inquiry into the death of Victoria Climbie' (Laming Report 2003), which subsequently saw the introduction of

Every Child Matters (2003) and the Children Act 2004. This shifted the emphasis from a reactive approach to protecting children from maltreatment, which moved the focus away from signs and symptoms of abuse, towards a preventative approach, where the child is central to a public health model which considers multiple levels such as family, community and society (PHE, 2018). Within a public health approach to safeguarding, the focus is on two types of prevention: primary and secondary. In primary prevention, it is about "*preventing occurrence of the safeguarding issues within the first place through early identification, whereas secondary prevention is focused on preventing the recurrence of the safeguarding issues. However, the difficulty with maltreatment, is it is often hidden, so it raises the question as to whether intervention prevents occurrence or reoccurrence*" (Gilbert et al 2012:324).

Nevertheless, there are still improvements needed specifically for safeguarding adolescence, as over the last thirty years the rates of death and serious harm have either remained static or have risen, particularly within the following age group 10-17 years (Brandon et al 2012; Sidebottom et al 2016). Radford et al (2013:801) found that "*21.9% of 11-17 years and 18-24 year olds had experienced at least once during their childhood; physical, sexual, emotional abuse or neglect by a parent or caregiver*". Thus, reinforcing that whilst the highest risk of safeguarding still remains in infancy, the second peak is clearly seen in adolescence (Brandon et al 2012).

Evidence suggests that the wider safeguarding system is not working well for young people (DfE 2014) as there is a "*lack of recognition within health and education services, the media and society in general, of the need to protect adolescents in comparison with younger children*" (James et al 2017: 96). The reporting of death and serious harm in adolescence, compared to reports of this in younger children is under reported, as it is very rare that we see high-profile

cases in the media within this age group. Additionally, "*adolescents are less likely to be referred to social care than younger children*" (Khadr et al 2011:992). Some of the reasons for this include, not meeting threshold criteria, perception that adolescents are capable of defending themselves, difficult to engage with, or that the situation is as a result of their difficult behaviour (Khadr et al 2011). This raises the question as to whether for adolescents we are even getting the process right (Munro 2011).

All professionals working with young people need to have a thorough understanding of adolescent development, risk, resilience and presentation of abuse (Hanson and Holmes 2013). The presentation of abuse in adolescence can take two basic forms of maltreatment which is either a continuation of an abusive pattern which commenced in childhood or the maltreatment commences in adolescence (Khadr et al 2011). Adolescent maltreatment, which is also referred to as abuse and neglect, may result in young people exhibiting external behaviours such as aggression and delinquency (Rees et al 2010). The number of young people excluded from schools, in 2016/17 increased from 339,360 to 381,865 (DfE 2018). The biggest cause of exclusions was as a result of persistent disruptive behaviour. The latest youth justice statistics (2017/18) identify the number of knife and offensive weapons offences being committed by children has increased by 7% in the last year (Ministry of Justice 2019). Consequently, this can lead to wide-ranging effects which impact upon the transition to adulthood such as; lower educational achievement, mental health disorders, antisocial behaviour, substance misuse, and socio-economic outcomes (Gilbert et al 2008).

Whilst the current safeguarding system has moved to a public health approach, particularly within young children, we now need to build upon this by specifically focusing on this approach for safeguarding adolescents within the wider social context. Over the last two years

there has been a paradigm shift towards contextual safeguarding (Firmin 2017), which focuses on young people's vulnerability to abuse within a range of social contexts, rather than in the family context, thus demanding a different response from safeguarding services. Similarly, the notion of transitional safeguarding is starting to emerge which supports young people across the development stages of adolescence as they transition into adulthood (Holmes and Scale 2018).

Now is the time to review our current safeguarding system to ensure that it is updated and reflects the current risks and presentation of maltreatment in adolescence (Khadr 2011). Through undertaking this literature review it is apparent that there has been a significant lack of research being undertaken on safeguarding adolescence over the last ten years, with the focus instead being centred on children rather than young people (Rees and Stein 1999), as research undertaken on safeguarding for this age group focuses on specific safeguarding areas in isolation. Therefore, there is a need to develop a new safeguarding system which encompasses all areas of risks and presentation of abuse for adolescence into young adulthood under a new framework, which would reflect the current risk factors young people are exposed to in our society.

Conclusion:

In conclusion, there were three key themes; adolescent life course, risk and vulnerability and safeguarding identified in this literature review, all of which are intertwined and have public health as its central tenet (Figure Four). It is evident that adolescence is often overlooked, yet just as infancy is a vital development stage, so too is this period of development, which if disrupted can impact upon the transition into adulthood. Thus, highlighting the need to continue

to focus on safeguarding in adolescence, over the coming decades, as this will remain a key public health issue as children develop into young adults (Viner et al 2011).

Recommendations for Practice:

This literature review has identified the following recommendations for practice, which includes ensuring all practitioners working with young people have standards set to complete on child development education, not only during their professional training, but also as part of their ongoing continuous professional development.

Aligned to this, is the need to continue to develop a public health approach to safeguarding, through the development of risk pathways, to identify the range of vulnerabilities adolescents are exposed to during this stage of development. As the focus shifts from the family to the wider social context, therefore our safeguarding systems need to be continually reviewed and updated to reflect this, which in turn will support professionals in recognising and preventing maltreatment within this age group. Therefore, the routine use of adolescent health and psychosocial screening in young people (James et al 2016) with or without initial safeguarding concerns has been recommended, in order to identify a complete rather than an individual risk profile (Finkelhor et al 2006).

Finally, to support all of this process, it is essential that we undertake more research on adolescent safeguarding, as this is an area of practice, which clearly has significant gaps within the literature, therefore we need to complete further research with professionals and young people to obtain a holistic view of approaches to safeguarding within this life stage. This is a

key window of opportunity before adulthood commences, therefore it is vital that we invest in safeguarding young people both now and for future generations.

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Figure Four: Recommendations for Practice:

- To continue to develop a public health approach to safeguarding adolescence through the life course,

- All professionals working with young people should undertake a standardised programme of child development education and training,

- To undertake routine use of adolescent health and psychosocial screening in young people to identify a complete risk profile,

- Recognise and develop complex adolescent risk pathways, to support professionals in identifying and recognising risk and maltreatment in practice,

- More research needs to be undertaken in this specialist field of practice, specifically from professionals and young people.

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