Navigating risk during adolescence

What parents think and what they talk about with their children.

The Children's Society

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Summary

Context and outline of the research

At a time when new threats to young people's safety, health and wellbeing are causing concern – the growing use of 'vapes' (electronic cigarettes'), the dangers of social media use, the extent of 'child exploitation'[1] – this exploratory research considers what parents and carers think about adolescent risk-taking.

Risk-taking in adolescence has tended to be portrayed in the mainstream media in stereotypical ways, largely focusing on the problems that 'troublesome' teenagers can cause (e.g. through drinking alcohol or behaving antisocially in their local area). The scale of issues is often exaggerated and little sense given of what may underly these behaviours, including the fundamental role of normal developmental processes. At the same time, there have been recent moves to broaden understanding and to reframe aspects of risk in adolescence towards the risk of harms that young people might encounter – for example, focussing on experiences of abuse in 'County Lines' drug markets (including by government[2]).

To find out how they perceive adolescent risk-taking, including their role in supporting their own children, more than 2,000 parents and carers of children aged 10 to 17 in households across the UK were surveyed in 2021 for this research. They were asked for their general views on adolescent risk and about whether they had discussed different types of risk-taking with their own children – and if not, why not.

Findings were considered in relation to what currently available evidence says about adolescent risk, and whether this offers a steer on how parents and carers could be better supported in relation to these issues.

This report will be of interest to parents, carers, educators and decision makers who are considering how to help young people navigate risk during their adolescence.

Methods

The research included two elements:

1. A brief scoping review of literature on adolescent risk (including specific behaviours that are often associated with young people's risk-taking during this period of development – e.g. smoking, drinking alcohol, intimate / sexual relationships).
2. An online survey of over 2,000 parents and carers and a young person in their household aged 10 to 17 from across the UK (questions were included in The Children's Society's annual survey conducted from April to June 2021).[3]

[1] When young people are manipulated or coerced into sexual or criminal acts (HM Government, 2018) – for example, through 'County Lines' drugs dealing where young people are recruited to transport illegal drugs across the country and deliver / distribute them, protecting criminals from arrest and detention (Turner, Belcher and Pona, 2019).

[2] https://www.gov.uk/government/publications/county-lines-programme/county-lines-programme-overview

[3] Full details of the methodology were published in 'The Good Childhood Report 2021.'

Survey findings

Parents' and carers' general views on risk in adolescence

Most parents and carers of children and young people aged 10 to 17 agreed with a set of positive statements about adolescent risk. For example:

- 74% strongly agreed / agreed that their child's school taught them about the risks they may encounter as they are growing up (19% neither agreed nor disagreed and 7% disagreed or strongly disagreed).
- 80% strongly agreed / agreed that they trusted their child's decision-making in relation to risks (16% neither agreed nor disagreed and 4% disagreed or strongly disagreed).
- 86% strongly agreed / agreed that they felt confident to support their child with risks throughout adolescence (12% neither agreed nor disagreed and 2% disagreed or strongly disagreed).

These findings could be interpreted in different ways – including that many parents are confident that schools teach children about risk, which may impact on if and how they talk to their own children about this. More research – qualitative and detailed – is needed to help to understand parents' and carers' views and their implications for supporting young people to navigate risk during adolescence.

How many parents and carers talk to their adolescent children about specific types of risk?

A majority of parents and carers had discussed with their children (aged 10 to 17[4]) the types of adolescent risk-taking asked about in the survey (drinking alcohol; smoking or vaping; sharing personal information or images online; being in contact online with people not known offline; spending time out and about with friends, unsupervised by adults; going to unfamiliar places or spending time with people they don't know). Findings included that:

- The risks that most parents had talked to their child about related to online safety – for example, 93% of parents and carers had discussed sharing personal information or images online, and 95% about having contact online with people whom their child did not know offline.
- The least talked about types of risk were those linked to physical health – although, even for these issues, more than three quarters of parents and carers had discussed drinking alcohol and smoking / vaping (78% and 79% respectively).

Parents and carers of older children – those aged 14-17 – were also asked about other risks, that might be more relevant for this age group. Among findings from these questions:

- The most discussed issue was 'drugs' (91% of parents and carers of this age group had talked about this with their child).
- The least discussed risk was 'intimate or sexual relationships (now or in the future)' – 75% of parents and carers with a child in this age group had talked with them about this.

[4] n.b. Respondents were asked to think specifically about the child in their household who would be completing the children's part of the questionnaire.

The reasons parents and carers gave for not talking about specific risks with their adolescent children

The proportion of parents and carers with children aged 10-17 who had not talked about a specific type of risk ranged from 5% to 22% (i.e. from a small minority to a sizeable group). They were asked to indicate why they had not discussed particular issues with their child (selecting options from a predetermined list of potential reasons) and their responses suggested:

- The most common reason given by parents and carers for not discussing drinking alcohol, smoking / vaping, and spending time out and about with friends was that they felt their child was 'too young' (e.g. two-thirds who had not talked about drinking alcohol).
- Many parents and carers who had not talked about online safety risks felt they 'did not know enough about this' (e.g. more than one in four of this group for both issues – sharing personal information or images online and having online contacts not known offline) – although higher proportions said this was because their child was 'too young' when asked about sharing personal information or images (30% of parents and carers who had not discussed this) or that they 'would feel uncomfortable' with regard to their child having online only contacts (33% who had not discussed this).

Among parents and carers of older children overall proportions not talking about specific issues ranged from 9% (drugs) to 25% (sexual / intimate relationships).

- Knowing they 'would feel uncomfortable' was the reason given by 41% of parents and carers who had not talked to their 14–17-year-olds about intimate or sexual relationships.
- 35% of parents and carers who had not discussed drugs said this was because they 'did not know enough about this.'

Conclusion

This research – asking parents and carers in an online survey about their general views on adolescent risk, whether they had talked to their children (aged 10 to 17) about specific risks, and, if not, why not – had three overarching findings:

- Most parents and carers are accepting of risk. They think it is a normal part of adolescence, have faith in in themselves to support their children and think that schools teach young people about risk. They also have faith's capabilities to deal with risk – to access information; to have, with them, a mutual understanding of what is risky; to make appropriate decisions and choices.
- Most parents and carers talk to their children about particular forms of risk-taking that can occur during adolescence e.g. drinking alcohol, spending time with their friends unsupervised in the local area, online contacts, drugs, intimate relationships.
- Some parents and carers are less accepting of adolescent risk-taking and some do not talk to their child about some forms of risk-taking. Those who do not talk about risk-taking gave a variety of reasons for this relative to the issue under consideration – for example, that they felt their child was too young to know about it, or that they would feel uncomfortable discussing it.

Reviewing their responses in the light of wider evidence – which indicates that parents and carers can have an important and powerful role in preventing or reducing risk-taking during adolescence, or in mitigating negative impacts (Kapetanovic et al, 2019; Carver et al, 2017; Livingstone and Blum-Ross, 2020; Morawska et al, 2015) – suggests that some parents and carers may need more support with talking to their children about particular issues. For example, physical health risks, including drinking alcohol, smoking / vaping and sexual or intimate relationships. They would also benefit from having a clearer understanding of what young people are taught about risk at school (as part of PHSE or in other areas of the curriculum) and of how they can complement this through their own input at home.

Improving parental / carer understanding of normative adolescent development and the adaptive role of risk-taking, alongside equipping parents and carers to support their children to navigate risk in adolescence (e.g. giving some parents the confidence to address this), could be beneficial in preventing, reducing or mitigating risk-taking and in contributing to young people's wellbeing (Glatz and Buchanan, 2015; Kapetanovic et al, 2019; Carver et al, 2017; Drugs Education Forum, 2021; O'Connor and Scott, 2007; Albanese, Russo and Geller, 2019).

Introduction

Over 100 years ago, in his pioneering treatise on adolescence the American developmental psychologist, G. Stanley Hall, suggested that "cruelty, laziness, lying and thievery" were normative behaviours for young people in this age group (Hall, 1904: Vol. I, p. 334–335). He went on to propose a model of 'storm and stress' that has had a continuing and pervasive influence on how society regards young people, even into the 21st century (Buchanan et al, 2023a).

Following in the same tradition, contemporary writing on adolescence often characterises young people in negative terms, using descriptions "such as 'identity crisis', 'generation gap', 'acting out' … and 'raging hormones' " (Daniel, Wassell and Gilligan, 2010: 205), and adolescents are stereotyped as 'risk-takers', not only in the mainstream media, but also in guidance for parents / carers and professionals (Buchanan et al, 2023a; Defoe, Rap and Romer, 2022).

The crudeness of this phraseology – its homogenising of the experiences and behaviour of *all* young people – has been challenged and contested, with research showing how aspects of adolescent development (e.g. changes in the brain) interact with contextual factors to influence behaviour (Arnett, 1999; Blakemore, 2018; Bucahnan et al, 2023a).

In addition, the stereotype misrepresents the reality of contemporary life in the UK for most young people. Research has shown that among current adolescents, far fewer smoke, drink alcohol, use cannabis, or have 'early'[5] experiences of sexual intercourse than their predecessors in earlier generations since the turn of the millennium (Brooks et al, 2020). And a recent international study spanning diverse cultures[6] found that although some aspects of risk-taking increased, 'typical behaviour' across all groups was positive and not reflective of a 'storm and stress' model (Buchanan et al, 2023b). Another study, reviewing a variety of research including on risk-taking across the lifespan, challenged the notion that adolescence is 'a time of heightened risk-taking', instead suggesting that 'emerging adulthood' (between the ages of 19-29) saw the greatest prevalence of risk-taking behaviours across multiple domains (Willoughby et al, 2021).

At the same time, it is reasonable to assert that parents and carers face a challenging task in supporting their adolescent children through the extended transition from the dependency of earlier childhood to adult independence. During this period, young people have a developmental drive to build a sense of 'self' distinct from their family and from others around them – to act on a growing feeling of 'agency' where they are keen to make their own choices (Coleman, 2011; Smetana, 2017; Rees, Goswami and Bradshaw, 2010). They undergo changes that can make them have strong emotions, become impulsive and sensation-seeking, unpredictable, tired, insular, stressed about school, rejecting of family and preoccupied with a need to belong within their friendship group (Blakemore, 2018). All these things can contribute to a higher likelihood of young people taking risks, and it has been shown that parents and carers can play a key role in preventing, postponing or mitigating the potential negative impacts of adolescent risk-taking (Drugs Education Forum, 2012).

[5] In 2018, 20% of 15-year-olds reported having had sexual intercourse, compared to 35% saying the same in 2002. In this survey, 'early sexual initiation' was categorised as being at the age of 12 or younger – with the proportions of young people reporting this also decreasing over the same period (e.g. for boys from 17% in 2002 to 6% in 2018) (Brooks et al, 2020).

[6] From nine countries: China, Colombia, Italy (Naples and Rome), Jordan, Kenya, the Philippines, Sweden, Thailand, and the USA (African American, European American, and Hispanic).

This research looked at what parents and carers think about adolescent risk and whether they talk about risk-taking with their children (asking specifically about drinking alcohol; smoking or vaping; sharing personal information or images online; being in contact online with people not known offline; spending time out and about with friends, unsupervised by adults; going to unfamiliar places or spending time with people they don't know). Where parents and carers had elected not to discuss forms of risk-taking with their children they were also asked to say why – and their responses considered in the light of evidence on adolescent risk-taking, to reflect on whether parents and carers could be better supported with their role in relation to these issues.

Methods

The research included two elements. Firstly, a scoping review of literature on adolescent risk was undertaken, looking at topics including how 'risk' is conceptualised for adolescents and what recent research says about different aspects of risk-taking (prevalence and contextual factors). The review also considered some specific behaviours that are often associated with young people's risk-taking during this period of development (e.g. smoking, drinking alcohol, intimate / sexual relationships), concentrating on studies from the last 10 years.

Secondly, an online survey of parents and carers and young people aged 10 to 17 was conducted, involving more than 2,000 households across the UK.[7] Young people were purposively selected to match the demographic (age and gender), and geographic profile of the wider population. Their parents or carers were asked questions on their attitudes towards risk in adolescence and whether they had talked to their child about specific forms of risk-taking. These questions – detailed later in the report – were piloted and refined prior to inclusion in the survey.

Although 'prefer not to say', and 'don't know / can't remember' were included as response options for some questions (as appropriate), response rates were high (between 96-99% for parents and carers). These responses were excluded when main findings were reported. It is worth noting that, even for questions on 'sensitive' issues, very few participants selected 'prefer not to say.' For example, just 0.6% of respondents chose this option for a question on talking about intimate / sexual relationships with their child, and 0.1% for a question on talking about drugs. This suggests that most of the parents and carers who took part understood the questions and felt able to answer them.

It is important to be aware that the survey was conducted during a period when the impacts of the COVID-19 pandemic (e.g. lockdown measures including school closures) were still being experienced by families. This should be borne in mind when reading the report as it is likely to have affected how parents and carers responded to our questions.

Analysis and reporting

Parents' and carers' responses were analysed in a variety of ways – e.g. to look at overall proportions, the reasons they gave for their views, etc. Appropriate statistical tests were conducted, using a confidence level of 99% for statistical significance. Data were weighted

[7] This was part of The Children's Society's annual survey conducted in April to June 2021. Full details of the methodology can be found in 'The Good Childhood Report 2021 https://www.childrenssociety.org.uk/good-childhood

to ensure representativeness in line with the approach taken in The Good Childhood Report 2021.

Language / terminology

Throughout this report the terms 'young person' / 'young people' have been used to refer to those aged 10 +. However, in instances where there is specific reference to parents' / carers' survey responses about a child in their household, the terms 'child' / 'children' have also been used.

'Risk' has been used in different ways in relation to adolescent development and to UK policy and practice focused on young people, as is discussed later in the report. However, this is mostly used in this report as an umbrella term, to refer to 'risk-taking' behaviours (i.e. behaviours that may increase the possibility of experiencing harm in the short or long term).

Adolescence, risk and parenting – what do we know?

This section of the report outlines research on relevant topics, including on adolescent development, parenting of adolescents and risk-taking during adolescence.

Risk-taking in adolescence

Risk-taking in adolescence has tended to be viewed narrowly and in terms of negative, 'delinquent' and socially unacceptable externalising behaviours. Minor offending, 'anti-social behaviour', drinking alcohol, smoking and taking recreational drugs, unprotected sex and unplanned pregnancy have often been the focus, especially within popular media and as part of a discourse that positions young people as being 'troublesome' or even a 'threat' to society (Chowdry, Kelly and Rasul, 2013; Hanson and Holmes, 2014; Telzer et al, 2022).[8] Some of the current evidence on adolescent risk-taking is outlined on pages 9-10.

However, perceptions of adolescence have recently begun to be reconsidered – and perhaps to become more sympathetic – in light of greater knowledge and understanding of the complex factors that can underlay apparently risky behaviours or questionable choices by young people (LeFevre, Hickel and Luckock, 2019; Beckett, 2019). For example, the Department for Education recently noted the 'Key risks in adolescence' as including familial maltreatment (emotional, physical or sexual abuse, and neglect) and extra-familial abuse (e.g. community / gang-related violence, violence in intimate relationships, sexual abuse by peers, 'child sexual exploitation' by individuals or gangs or groups, including online). This typology was also extended to internalising behaviours related to mental ill health (including self-harm, anxiety, depression, eating disorders and suicide attempts) (Department for Education, 2017).

Recent shifts in the discourse indicate changes in how adolescent risk is viewed in this country, especially by some policy and practice audiences. It also highlights how some risk-taking can be an indicator of underlying experiences of harm. For example, use of substances (drinking, smoking and drug taking) can be a way for a young person to cope with abuse and behaviours symptomatic of mental ill health can also be signs of maltreatment (Fisher et al, 2017).

Some studies have taken an alternative perspective, highlighting that a narrow conceptualisation of risk in adolescence, focused on jeopardy / negativity rather than taking a broader view, ignores obvious examples of young people taking 'positive risks' – e.g. young activists, inventors and Olympic medallists. This prompted the researchers to advocate for more study of positive risk-taking by young people to facilitate a clearer, less biased understanding (Duell et al, 2018). They argue that a risk is "essentially just a behaviour for which the outcome is uncertain," that "adolescents are more willing than adults to lean into uncertainty" and that this "is essential to learning and development."[9]

Adolescent development and risk-taking

During adolescence, a young person undergoes significant changes, physically, socially and emotionally. The 'goal' of adolescence is to build a sense of 'self' distinct from family and from others, and normal adolescent development is underpinned by a drive for choice and agency (Coleman, 2011). At the same time, the part of the brain that is responsible for 'cognitive control' (weighing up consequences) is relatively immature. When combined with

[8] https://www.childrenssociety.org.uk/what-we-do/blogs/common-teenage-stereotypes

[9] https://developingadolescent.semel.ucla.edu/topics/item/science-of-risk-taking

a need to belong within a peer group, the prioritisation of 'sensation-seeking' [looking for thrills, novelty, or excitement (Zuckerman, 2008)] and a tendency to act impulsively, it is not surprising that the likelihood of risk-taking is heightened during adolescence (Steinberg et al, 2018; Blakemore, 2018; Duell et al, 2018; Shulman et al, 2016).

Three discrete phases of development within adolescence have been identified – 'early adolescence' (from 10-13 years old), 'middle adolescence' (14-18) and 'late adolescence' (18-24) – each marked by clear physical, cognitive and social-emotional progressions (Coleman, 2011). This is particularly relevant to risk-taking, since – for example – there is evidence that impulsivity peaks in middle adolescence and declines thereafter (Braams et al, 2015). However, it is important to remember that individual difference also plays a part in this – whether this is viewed in terms of differences in character or temperament (Zohar et al 2019) or taking into account physiological / genetic influences or neurodiversity which lead to 'differential susceptibility' to influences that might affect risk-taking (Belsky et al, 2007; Brody, Yu and Beach, 2015; Casey, Getz and Galvan, 2008; plus Kirby, 2021).

Risk-taking by adolescents can also be beneficial. It has been shown to play a part in the development of 'resilience' – i.e. by exposing young people to limited / 'safe' levels of risk with help and support to avoid harm, to effectively navigate situations or to mitigate negative impacts, this facilitates learning, understanding, coping skills, etc. and a capacity to actively resist or recover (Fergus and Zimmerman, 2005). The advantages of 'building resilience' among adolescents have become widely promoted (Malhi et al, 2019) – for example, in the arena of 'youth at risk' (Hanson and Holmes, 2014: Sanders et al, 2015), of positive mental health and wellbeing during adolescence (Mesman, Vreeker and Hillegers, 2021) and in the context of 'digital / online resilience (Vissenberg, d'Haenens and Livingstone, 2022; Livingstone et al, 2017).

Risk-taking has also been shown to have an 'adaptive' function, helping a young person to learn and mature, and to develop 'Lifetime Wisdom' (Romer, Reyna and Satterthwaite, 2017). From this perspective, without experiencing risks, young people's healthy development would be hampered. The same authors note that a focus in some research (and much popular response) on harm and negative outcomes obscures the reality that very few adolescents suffer negative consequences. They advocate for a more sophisticated approach to understanding adolescent risk-taking, noting, for example, the differences between 'sensation-seeking' (common to all adolescents) and 'impulsive' tendencies (linked to individual psychology rather than age-group) – with the latter leading to only a minority adolescents (and younger children and adults) being more likely to pursue potentially harmful trajectories of risk-taking behaviours (Romer, Reyna and Satterthwaite, 2017; Khurana et al, 2018).

There are, then, many ways in which risk-taking intersects with aspects of development over the course of adolescence, but the overall message from research is that it is a normal, and largely helpful, part of growing up.

Young people's views on risk-taking

Young people's own views on their risk-taking have, for the most part, been overlooked. The few studies that have explored this (conducted in the US, Canada and the Netherlands – with young people as young as 13) have focused on substance use – smoking, drinking alcohol or using cannabis (Defoe, Rap and Romer, 2022).

When asked why they did these things, young people said it was (Defoe, Rap and Romer, 2022):

- To be seen as being 'cool / tough.'

- For enjoyment – the taste of the substance or the feeling it gives.
- To belong / fit in.
- To have fun.
- For experimentation.
- As a coping mechanism (e.g. for stress reduction).
- (For smoking only) Because of being addicted.

The first of these – promoting a cool image – was the most mentioned across different studies, and this may link to identity formation, an important part of adolescence. However, the rarity of this kind of research, and its limited geographical scope, makes it difficult to understand how much the findings can be generalised, or apply more readily to particular countries or cultures.

Linking to the commonality of 'being cool' as a primary reason for substance use, the authors of one study also suggested that there could unintended negative consequences of 'labelling'[10] adolescents as 'stereotypical risk-takers.' This could encourage young people to adopt a risk-taking identity (to conform to adult expectations) and motivate young people to associate with risk-taking peers – compounding the higher likelihood of adolescent risk-taking (Defoe, Rap and Romer, 2022).

Parenting of adolescents

Bringing up an adolescent can test parents' and carers' capacity and skills in many different ways. For example, the natural desire that young people develop to exert greater control over their activities outside the family (where they go, what they do and who they see) can lead to increased conflict with their parents or carers (Kerr, Stattin and Burk, 2010; Cumsille, Darling and Martinez, 2010; Hessel, He and Dworkin, 2017; Darling and Tilton-Weaver, 2019). Recent research has shown that even worrying about the potential this also has for risk-taking – based on the stereotype of teenagers – causes significant stress for many parents and carers (Glatz and Buchanan, 2015; Zuckerman, 2008).

A variety of 'solutions' for how best to parent adolescents have been proposed over the past 50 years or more, in terms of evidence-supported advice on what supports 'good' parenting or how to go about it. For example, studies have suggested that 'emotional flexibility' (being able to regulate emotions in different situations and recover from a reactive emotional response when necessary) is an important capability for parents and their children to manage the strains of their interactions during adolescence (Branje et al, 2021).

More generally, research on parenting during this period of a child's life has tended to emphasise the merits of an 'authoritative' approach, one that combines clear rules and boundaries ('demandingness' / 'control') alongside open communication and positive affection and care ('warmth'). This has been shown to have the most positive outcomes for a young person – how safe, supported and happy they are, and on whether they exhibit problematic externalising behaviours (e.g. offending) or internalising behaviours (anxiety, depression) throughout adolescence. However, it has also been argued that this may be relative to the wider context for a family – for example, an 'authoritarian' parenting style (comprising a greater onus on control and less warmth) has been found to be more effective

[10] 'Labelling Theory' – developed by Howard Becker – proposes that 'deviant' behaviour can be driven by external judgements, or labels, that change an individual's self-concept / identity and subsequently lead to differential treatment and ongoing reinforcement of their behaviours (Becker, 1963) – in the case of young people being stereotyped as risk-takers, to them taking on this identity (a 'self-fulfilling prophecy'). The theory underpins a lot of sociological and criminological research.

in some disadvantaged communities or in countries with more 'conservative' cultures (Baumrind, 1972; Smetana, 2017).

While the authoritativeness and general applicability of 'parenting styles' research may be open to question – and recent research has tended to focus on more discrete aspects of parenting input – three key findings surface frequently across studies:

- Ideally, the parent-child relationship gradually realigns allowing a young person to have greater privacy, personal choice and freedom – though this *'autonomy granting'* can be something of a 'balancing act' for a parent or carer trying to meet competing priorities between safety and autonomy (e.g. Kobak et al, 2017).

- Parents and carers need to feel confident about their parenting capability (e.g.Glatz and Buchanan, 2015).

- The *quality* of the parent / carer–adolescent relationship – with mothers and, importantly with fathers too – is of fundamental importance to young people's health and wellbeing and for other short and long term outcomes (e.g. Burgess and Goldman, 2023: Gaspar et al, 2023).[11]

Is it helpful for parents and carers to talk about risk-taking with their children?

Recent research on what goes on in families ('family process' – Buehler, 2020) has found that 'positive outcomes' – in this context, less risk-taking, later risk-taking or less harmful risk-taking – are generally based on the quality of relationships and good communication alongside confident parenting (Kapetanovic, 2019; Morawksa et al, 2015).

Research on 'substance use' (alcohol, tobacco and drugs) has highlighted the importance of open communication and clear messages for adolescents, the avoidance of 'lecturing' by parents and carers and equal participation for young people in discussions. This may incorporate 'softer' messages – health risks, consequences, harms – and 'harder' messages (setting rules / mandating abstinence, explaining the law), but the evidence suggests that the most benefit comes when the content is informative and educational, and such conversations take place in a context of 'parent-child connectedness' (Carver et al, 2017). These findings also resonate with studies on reducing or mitigating risk in relation to online safety and intimate / sexual relationships during adolescence (Livingstone and Blum-Ross, 2020; Kesterton and Coleman, 2010).

[11] The Children's Society's own research supports this too – see, for example, The Good Childhood Report, 2018; Rees et al, 2010a; Rees et al, 2010b.

Evidence on adolescent risk-taking

Risks to physical health

- **Drinking alcohol**
- **Smoking / vaping**

Fewer young people regularly drink alcohol or smoke cigarettes than in previous generations – but there is evidence that these behaviours may be persistent (including into adulthood) for some groups, particularly those who are more disadvantaged (Bremner et al, 2011). The emergence and growth in vaping may present a significant new risk to young people's health, but less is currently known about its harmful impact.[12]

A 2021 survey of 11–15-year-olds in English schools showed (NHS Digital, 2022):

- 6% drank alcohol 'at least once a week', including almost one in seven (14%) of 15-year-olds.
- 3% were 'current smokers', including 9% of 15-year-olds who smoked 'regularly.'[13]
- 9% were 'current e-cigarette users' (an increase from 6% in 2018), including 18% of 15-year-olds.

The study also found that among 15-year-olds who had drunk alcohol, more than half (57%) said this took place when they were 13 or younger (13% when they were aged 10 or younger) – and evidence shows that the age when a young person has their first alcoholic drink plays a big part in whether they go on to become a regular drinker (Bremner et al, 2011).

Online safety

- **Sharing personal information, or personal images**
- **Contact with people online who a young person did not know offline**

Use of the internet has become ubiquitous in young people's lives, partly due to 'near universal' smartphone ownership in the UK by the age of 12 (Raws, 2022; Ofcom, 2023). There can be many risks for young people online (Raws, 2022), and recent research findings include that:

- Many children and young people – around one in six (17%) – receive requests via social media platforms to share personal information, according to research by Ofcom conducted during 2022 (Ofcom, 2023). However, there is a dearth of research related to children and young people's sharing of personal information online and their understanding of online privacy (Stoilova, Livingstone and Nandagiri, 2019).
- Young people share personal images for many reasons, few of them likely to be harmful (Setty, 2019), and most know how to 'manage' them by not responding or complying with requests (Kerstens and Stol, 2014; Lee and Crofts, 2015). However, international research published in 2018 – including over 100,000 12-16-year-olds across 25 European countries (including the UK) and the US – suggested that 11.5% of young people received requests of a sexual nature when online (Madigan et al, 2018).
- Cultivating relationships with others online can be a positive benefit of internet use, but online abuse or exploitation of young people (e.g. non-consensual sharing of images) can occur. This is complex and hard to quantify (Wager et al, 2018),[14] but can have profound impacts (Hanson, 2017).

[12] https://www.theguardian.com/society/2023/mar/18/uk-health-expert-raises-alarm-at-epidemic-of-vaping-among-teenagers

[13] 'Regular smoking' was categorised as having at least one cigarette per week.

[14] For example, analysis of data from the Crime Survey of England and Wales was unable to generate a reliable estimate for how many 10-15-year-olds had met an adult face-to-face whom they had only spoken to online (ONS, 2021).

Evidence on adolescent risk-taking

Local area risks

- **Spending time out and about with friends in the local area, unsupervised by adults.**
- **Going to unfamiliar places or spending time with people they don't know well.**

Fears about young people's proclivity for risk-taking and worries about their safety when unsupervised and away from the family home have surfaced over many years and in different ways.[15] Recently, concerns have focused on issues such as 'youth violence' and 'knife crime', and young people's exposure to risk when away from home such as 'child sexual exploitation' (CSE) or 'child criminal exploitation' / 'county lines' drug dealing (where young people are identified as being the victims of malevolent individuals or gangs / groups in their local area) (Havard, 2022).

Research in the UK has suggested that living in a disadvantaged neighbourhood is associated with a higher risk of victimisation (Densley, Deuchar and Harding, 2020; Pearce, 2014; O'Hagan and Edmundson, 2021). Studies have been unable to authoritatively establish the scale or level of risk for young people's exposure to these things, but spending time outside their home, allied to other factors (such as going to unfamiliar places), may be indicators that a young person has become involved in these potentially harmful activities.

Drugs

Although there has been a long term, substantial decline a small, but significant number of young people begin to use illegal drugs during their adolescence (NHS Digital, 2022; ONS, 2022). Research in England in 2021 found (NHS Digital, 2022):

- Among 11-year-olds – 12% had 'ever been offered drugs,' 7% had 'ever taken drugs' and 1.9% 'took drugs in the last month.'
- Among 15-year-olds – 51%, had 'ever been offered drugs,' 32% had 'ever taken drugs' and 12.9% 'took drugs in the last month.'

Going to parties

Risk-taking with peers can be an increasing aspect of young people's lives in middle adolescence, including going to parties where there may be a higher likelihood of some forms of risk-taking with other young people. No research from the UK was found in literature searches, but a US-based study of 13–16-year-olds in 2014 found that, in the past year, 76% reported attending at least one party and the average attendance across the sample was 8.7 parties. Almost half (47%) said they drank alcohol at all or most of the parties they went to (Friese and Grube, 2014). Another study in 2019 reported that drug use was not uncommon at parties attended by 15–20-year-olds (Egan et al, 2019).

Intimate or sexual relationships

Given the sensitivity around this topic – and the fact that the legal age for consent in across the UK is 16 – authoritative research on sexual activity during adolescence is scant, and little is known about whether parents communicate about this with their children.

Research published in 2013 compared sexual behaviour in Britain among adults aged 16-74. It found that 29.2% of 16–24-year-old women and 30.9% of men in the same age

(***Continued on next page)***

[15] e.g. See Office of the Children's Commissioner blog from 2022 – https://www.childrenscommissioner.gov.uk/blog/community-the-childrens-commissioners-view/ or 'Hidden in Plain Sight – final report from the Commission on Young Lives - https://thecommissiononyounglives.co.uk/wp-content/uploads/2022/11/COYL-FINAL-REPORT-FINAL-VERSION.pdf

(Continued from previous page)

group recalled having heterosexual intercourse before they were 16. Also, compared to older generations, the proportion of young adults (especially young women) reporting earlier first intercourse had increased (Mercer et al, 2013). The same study found that
almost one in five 16–24-year-olds (19.8% for both sexes) had had no sexual partners.

However, recent findings – from nationally-representative surveys of 11, 13 and 15-year-olds in English schools (around 1,500 young people) – suggest that the average age of first sexual experiences may be increasing for younger generations.

In 2018, 20% of 15-year-olds reported having had sexual intercourse, compared to 35% saying the same in 2002. The proportion of young people reporting 'early sexual initiation' (categorised as being at the age of 12 or younger) had also declined over the same period (e.g. for boys from 17% in 2002 to 6% in 2018) (Brooks et al, 2020).

SUMMARY

Adolescent risk is a complex issue, something that can be interpreted in multiple ways in different contexts. A consensus from recent research is that most adolescent risk-taking is normative and adaptive (important as part of healthy development) – but, equally, there is no doubt that some forms can result in difficulties in the immediate term (e.g. illegal drug use can affect educational outcomes, and bring a young person into contact with the police), or lead to longer term harms (e.g. illegal drug use can affect physical and mental health and lead to a criminal record, jeopardising employment prospects), as well as being worrying and challenging for parents and carers. Research has shown that risk-taking can, for some young people, be a warning sign that they are experiencing difficulties or harms, for example that they are being maltreated.

At the same time, many young people do not engage in the potentially harmful risks most commonly associated with adolescence, and, among those who do, most 'grow out of' these behaviours. Parents can have a positive role in supporting their children to navigate risk in adolescence – including preventing, postponing or mitigating the impacts of risk-taking that may be harmful, or being sensitive to the possibility that risk-taking may be a sign that something is wrong.

Survey findings

Parents and carers completing our household survey in 2021 were instructed to think about the child (aged 10 to 17) in their household who would also be completing the survey. They were then asked about their views and attitudes towards risk in adolescence, and whether they had spoken with their child about specific risks. Key findings are presented in this section.

Parents' and carers' general views on risk in adolescence

Parents and carers completing our household survey in 2021 were asked to say how much they agreed or disagreed with a series of statements on risk in adolescence while thinking about the child (aged 10 to 17) who was completing the survey (see Figure 1 on the next page). [16]

Their responses showed that:

- The highest proportion (86%) of parents and carers who said they agreed / strongly agreed was for 'I feel confident about supporting my child to deal with risks throughout their adolescence.' 12% neither agreed nor disagreed and 2% disagreed or strongly disagreed with this.
- The lowest proportion of parents and carers (70%) agreed / strongly agreed that 'I know that my child will take risks – it's a normal part of growing up,' 19% neither agreed nor disagreed and 12% disagreed or strongly disagreed.

Talking to adolescents about specific types of risk

Parents and carers are central in shaping their children's knowledge, attitudes and behaviours, and the role they can take in supporting young people to navigate adolescent risk has frequently been highlighted (21,58,59).

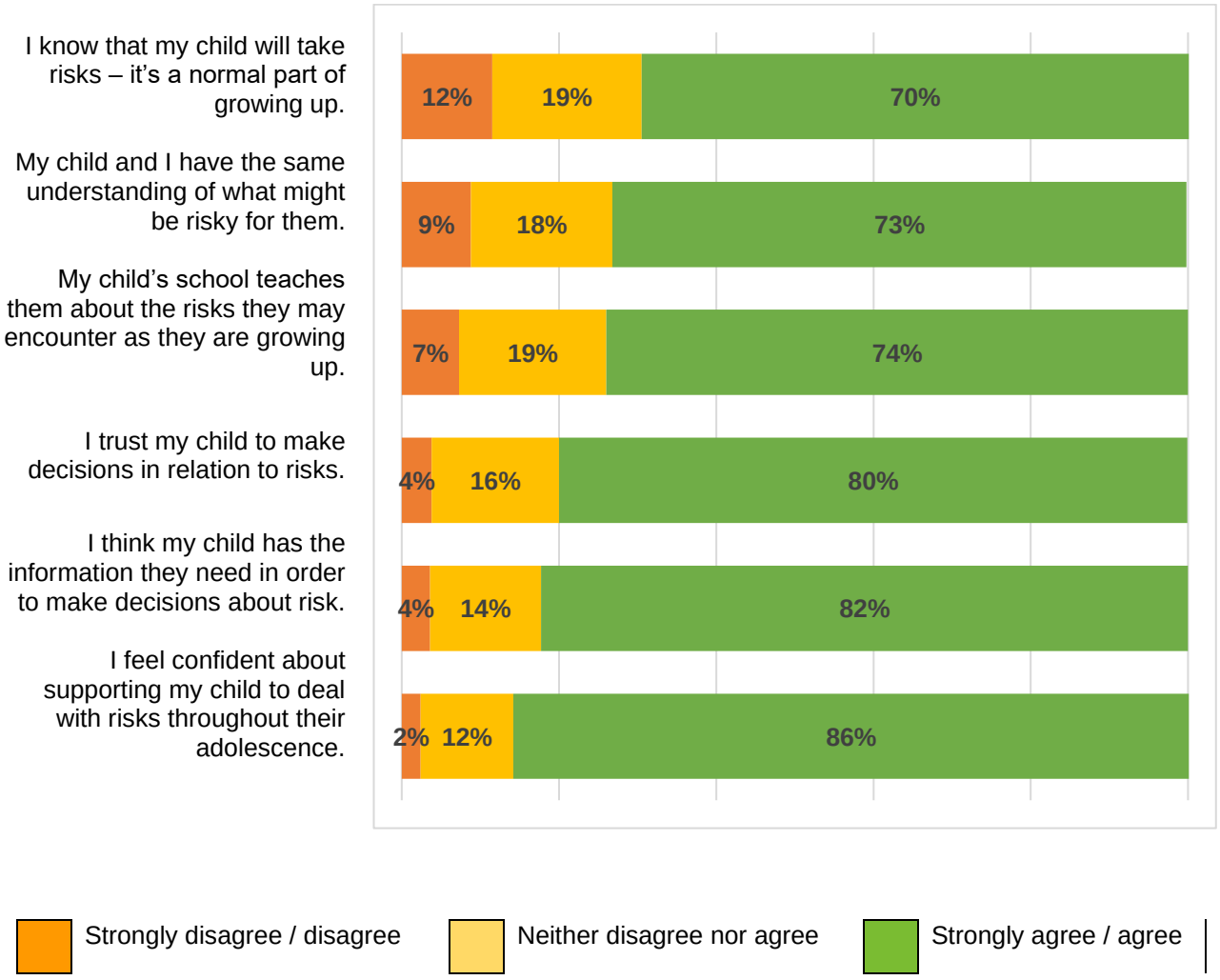
This section of the report presents findings on how many parents and carers completing our annual survey had spoken talk to their children about specific risks. Reponses from parents and carers of 10-17-year-olds showed that (see Figure 2, on page 15):[17]

- Almost four in every five parents and carers had talked about physical health risks – 78% about drinking alcohol and 79% about smoking or vaping.
- More than nine out of 10 parents and carers had discussed online safety issues – 95% about being in contact with people their child did not know offline: 93% about sharing personal information or images online. The first of these was also the type of risk most commonly talked about across those included in the survey.

[16] A five-point response scale was used: 'Strongly disagree'; 'Disagree'; 'Neither disagree nor agree'; 'Agree'; 'Strongly agree.' However, because of the small numbers who 'Strongly disagreed' with the statements, their responses have been combined with those who chose 'Disagree', and this was mirrored for those who Agreed or Strongly agreed. A 'Don't know' option was also available, though few respondents selected this (less than 2% for all items, except for the one related to schools where 4% said this). 'Don't know' responses were not included in the percentages presented in this report.

[17] Respondents could also select 'Don't know / Can't remember' or 'Prefer not to say' – but very few chose these options (across these questions, fewer than 3% of parents / carers). These responses have not been included in the figures presented in this report.

Figure 1: Parents' and carers' views on risk in adolescence



Source: The Children's Society's Household Survey April-June 2021. UK, weighted data

Note: Responses for 'Strongly disagree' or 'Disagree', and for 'Strongly agree' or 'Agree' have been aggregated in this figure. Percentages may not sum to 100 due to rounding. 'Don't know' responses are not included here.

- Around nine out of 10 parents and carers had spoken to their adolescent about risks in the local area – 88% about spending time out and about with their friends, unsupervised by adults, and 90% about going to unfamiliar places or spending time with people they don't know.

Overall, the least talked about risks were those related to physical health – 21% of parents or carers had not spoken about smoking or vaping; 22% had not discussed drinking alcohol.

Parents and carers of 'older' adolescents (aged 14-17) were also asked whether they had spoken to their child about other risks – issues that it was not felt appropriate to ask those with 10-13-year-olds.[18] Again, most of them had talked about the specific risks they were asked about for this age-group, although there was some variation (Figure 2, p15):

- More than nine in 10 parents and carers (91%) had talked to their child about drugs.
- Almost four out of five parents and carers (80%) had talked to their child about parties.
- Around three-quarters of parents and carers (75%) had talked to their child about having intimate or sexual relationships.

Although it is not possible to know whether or how much this had an impact on how parents and carers responded to these questions it is important to remember that the survey was administered during the COVID pandemic when, for example, young people may have spent less time outside the home with their friends due to restrictions on movement.

Differences in talking about specific risks

Bivariate analysis was conducted to look at whether there may be differences in talking about risk with young people of different ages or according to their gender or related to the parent's or carer's ethnic group.[19] The most pertinent findings were as follows:

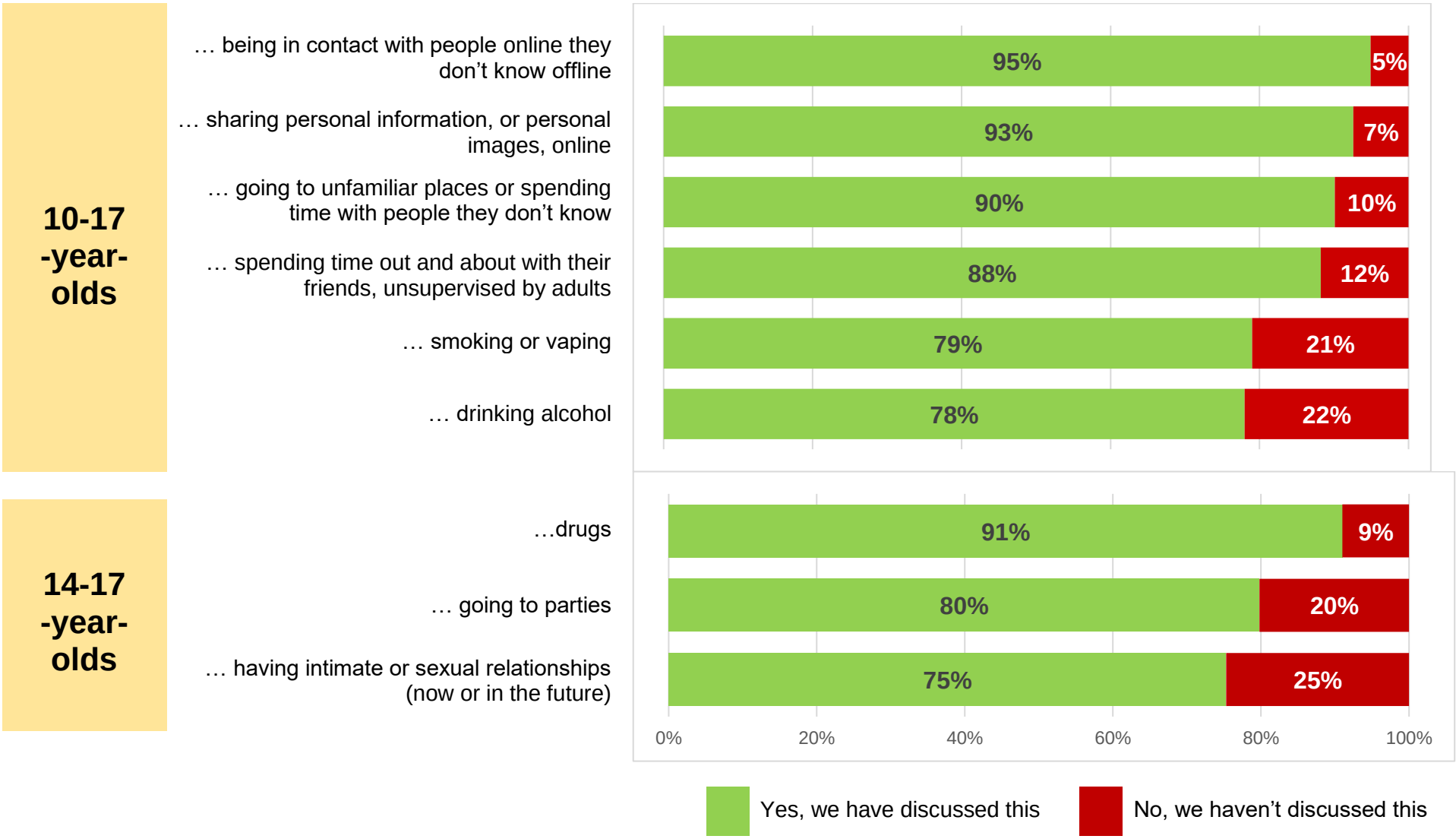
Age

- Parents and carers of 'older adolescents' (aged 14-17) were more likely to have talked to them about physical health risks than those of younger ones (10–13-year-olds). Almost a third (30%) of parents / carers of 10–13-year-olds said they had not discussed this, compared to 13% of the parents or carers of 14–17-year-olds. For not talking about smoking / vaping the proportions were 26% and 15% respectively for these age groups.

[18] This decision was made by the research team in line with how similar issues have been addressed in self-report surveys with young people (e.g. in the World Health Organisation's Health Behaviour in Schools survey, questions on sexual health are asked to 15-year-olds only – https://hbsc.org/)

[19] A number of 2x2 chi-square tests were conducted. Only those findings that would be statistically significant in a random sample ($p<0.01$) have been reported. For age, comparisons were made between 10-13-year-olds and 14-17-year-olds; for gender, females and males (a small number of young people – fewer than 1% of the sample – selected 'prefer to self-describe' or 'prefer not to say' – these responses were not included in this analysis); for ethnicity, those from white ethnic backgrounds/ all other ethnic backgrounds. Although a more detailed categorisation for ethnicity was used in the survey the sample size was too small to conduct statistical analysis using this framework. Further work with a larger sample would be needed to fully understand how ethnicity intersects with talking about specific risk-taking behaviours.

Figure 2: Proportion of parents and carers who had talked to their adolescent child about …



Source: The Children's Society's Household Survey, wave 20, April-June 2021. UK, weighted data

- Fewer parents and carers of young people aged 10-13 had spoken to them about 'spending time out and about with friends, unsupervised by adults' than of those aged 14-17. For the young group, 15% had not had this discussed with them – for the older ones, only 9% had not talked about this with their parent or carer.

Gender

- Fewer parents and carers of 14–17-year-old boys than of girls in this age group had talked to them about 'intimate / sexual relationships now or in the future.' 28% of boys' parents / carers had not done this, compared to 21% of girls' parents / carers.

- 25% of parents and carers of 14–17-year-old boys had not talked to them about 'going to parties', compared to just 15% of the parents / carers of girls in this age group.

Ethnicity

- More parents and carers with 'other ethnic backgrounds' than those who described their ethnicity as 'white' had not talked to their 10–17-year-old child about 'drinking alcohol', 32% and 21% respectively.

- Parents and carers with 'other ethnic backgrounds' were more likely than those who described their ethnicity as 'white' to report that they had not talked to their 10–17-year-old child about 'sharing personal information, or personal images, online' – 14% said they had not discussed this, compared to 7% of parents or carers from 'white' backgrounds.'

The reasons parents and carers gave for not talking about specific risks with their adolescent children

An aim for this research was to explore why some parents or carers had not talked with their own child about some of the risks that may arise during adolescence – for example to know whether this had been an active choice (e.g. because they thought their child was too young), or for other reasons (e.g. not knowing enough).

Parents or carers who said they had not talked to their child about the specific risks outlined in Figure 2 were therefore asked to indicate why not by selecting one or more potential response options (see Table 1 on page 17) or 'other reasons' which allowed them to answer in their own words.[20] Their responses are presented below.[21]

Physical health risks

- **Drinking alcohol**

Findings from our survey suggested that around one in five parents and carers (22%) had not talked to their adolescent children (aged 10 to 17) about drinking alcohol. Responses to the additional questions showed that the age of the child was the most common reason parents or carers gave for this – with two-thirds (66%) saying their child was too young.

[20] Fewer than 1.3% selected 'Prefer not to say' for any of the questions – these responses were not included in the analysis. 'Other reasons' responses were analysed and grouped according to the themes that arose most frequently.

[21] When reading these findings, it is important to remember that the numbers of parents and carers who had not talked about an issue was small and so the percentages reported here may translate to only a few respondents (e.g. for 'drugs' 33% of 85 who said their child was too young is just 28 parents or carers from an overall sample of over 900).

More than a quarter of parents and carers (14 out of 52) who gave an 'other reason' for not having talked about drinking alcohol said that this was because no-one in the household drank alcohol (five parents said this was due to their religion). A smaller number of parents or carers – two or three in each case – said that their child did not like alcohol, that their child was not interested in / had not tried alcohol, or that they believed their child's school had covered this topic.

- **Smoking / vaping**

One in five (21%) parents and carers had not talked to their child (aged 10 to 17) about smoking or vaping. Half (52%) of them said this was because their child was too young.[22]

Around one in seven parents and carers (15%) who had not talked about smoking / vaping said that this had been due to other reasons, with the most common (15 of the 58 who gave a response) being that their child was 'anti-smoking' (i.e. they had expressed a negative view). Also, similarly to drinking alcohol, some parents had not felt it necessary to talk about smoking because no-one in the household was a smoker (7 responses). A small number – 2 parents / carers – said that schools had taught their child about the risks from smoking / vaping.

Online safety

- **Sharing personal information or personal images online**

Only 7% of parents or carers had not discussed sharing personal information or personal images online with their child aged 10 to 17. Almost a third of these (30%) said this was because their child was too young, 28% that they didn't know enough about this, and 26% that they would feel uncomfortable. Only a small number of parents and carers (13) gave 'other reasons' for this, mostly stating that they restricted internet use or felt that schools had covered this issue

- **Being in contact online with people not known offline**

Overall, 5% of parents or carers had not talked to their child (aged 10 to 17) about being in contact online with people not known offline. Among these a third (33%) responded that they would feel uncomfortable discussing this, 28% that they did not know enough and a quarter (25%) that their child was too young. Just 11 parents and carers gave 'other reasons' for not having talked about online contacts not known offline and most also said this was because they restricted internet use by their child or that they thought that schools had taught them about this.

[22] A limitation of the survey was that smoking and vaping were asked about in one question – and, hence, it is unclear whether these parents and carers were referring to smoking, vaping or both. Given the current lack of detailed information available on the potential harms of vaping (as opposed to smoking where the health risk is proven and accepted), it seems likely that the focus for those who responded that they did not know enough was on this, but further work would be needed to verify this.

Table 1: Parents' and carers' reasons for not having talked about specific risks with their adolescent children

Age group	Risk	How many parents?	Reasons for not talking about this				Preferred not to say
			My child is too young	I would feel un-comfortable	I don't know enough about this	Other reason(s)	
10–17-YEAR-OLDS	Drinking alcohol	**22%** (*n*=433)	**66%**	**9%**	**9%**	**12%**	**6%**
	Smoking or vaping	**21%** (*n*=412)	**52%**	**12%**	**19%**	**15%**	**5%**
	Sharing personal information or images	**7%** (*n*=146)	**30%**	**26%**	**28%**	**10%**	**8%**
	Being in contact with people not known offline	**5%** (*n*=100)	**25%**	**33%**	**28%**	**11%**	**6%**
	Spending time out and about with friends	**12%** (*n*=232)	**37%**	**13%**	**23%**	**22%**	**7%**
	Going to unfamiliar places / time with people not known well	**10%** (*n*=195)	**28%**	**13%**	**24%**	**31%**	**7%**
14-17-YEAR-OLDS	Drugs	**9%** (*n*=85)	**33%**	**19%**	**35%**	**15%**	**6%**
	Going to parties	**20%** (*n*=187)	**30%**	**9%**	**17%**	**39%**	**6%**
	Having intimate or sexual relationships	**25%** (*n*=232)	**29%**	**41%**	**11%**	**19%**	**6%**

Source: The Children's Society's Household Survey 2021, wave 20, May to June 2021. UK weighted data.

Notes: '*n*' are for the weighted dataset. Parents / carers could select more than one reason. Therefore, percentages do not sum to 100.

Local area risks

- **Spending time out and about with friends unsupervised by adults**

One in eight (12%) of parents and carers had not spoken to their child (aged 10 to 17) about spending time out and about with friends unsupervised by adults. Among these, 37% said that this was because their child was too young. 22% indicated 'other reasons', including that their child did not go out unaccompanied (including due to having a 'SEN' or a condition such as autism). A small number of parents and carers (six) said that their child was trustworthy as a reason for not talking to them about this aspect of risk.

- **Going to unfamiliar places or spending time with people not known well**

One in ten parents and carers (10%) had not talked to their child (aged 10 to 17) about going to unfamiliar places or spending time with people who were not known well. 28% indicated that this was because their child was 'too young', but 31% said this was for 'other reasons.' As for spending time out with friends unsupervised, some said their child did not do this due to a learning disability or condition such as autism, some said they trusted their child and six parents reported that they always knew where their child was.

Drugs

9% of parents and carers of young people aged 14-17 completing the 2021 household survey had not talked to them about drugs. Among these, 35% indicated that they 'did not know enough about this', and one-third (33%) said that this was because they felt their child was 'too young.' 15% gave other reasons, including that their child was 'anti-drugs', or that the school had addressed this issue.

Going to parties

One in five (20%) of parents and carers of 14–17-year-olds had not talked to them about going to parties. 30% of these parents and carers said that this was because their child was 'too young', and 17% said they did not know enough about this. 39% gave other reasons, mostly stating that their child did not attend parties hosted by their peers (some said this was due to a learning disability or condition, others that Covid restrictions on social gatherings had influenced this). A small number of parents and carers said they trusted their child.

Intimate or sexual relationships

A quarter of parents and carers (25%) of 14–17-year-olds reported that they had not talked to their adolescent about having intimate or sexual relationships. Among these, 41% indicated that they 'would feel too uncomfortable.' 19% gave another reason, and these included that another person in the family had done this (most often a wife, but sometimes an older sibling of the young person). Some parents and carers suggested that their child was not dating or had shown no interest in these kinds of relationships, others that their child was not open to discussing this. Some said that schools had covered this topic

Links between parents' and carers' views and attitudes about adolescent risk and children's wellbeing

The Children's Society has been researching children's wellbeing for nearly 20 years[23], as well as supporting young people through our wellbeing services.[24] Data from our annual household survey supports analyses of the links between subjective wellbeing (reported by young people themselves) and other topics, including those which parents and carers have been asked about. Findings are presented here from a brief analysis on the associations between young people's wellbeing (self-rated 'life satisfaction'[25]) and their parents' or carers' responses to questions on risk.

Studies show that adolescent risk-taking is associated with low wellbeing. For example, research with 11–15-year-olds in England in 2021 found that 61% who said they had smoked in the last week also reported low scores for life satisfaction, 39% who had drunk alcohol in the last week reported low scores for life satisfaction and 47% who had taken drugs in the last month reported low scores for life satisfaction (5).

The same study also asked young people to rate the extent they felt that 'the things you do in life are worthwhile?' 69% of young people who had smoked in the last week reported low scores, as did 41% who had drunk alcohol in last week, and 51% who had taken drugs in the last month.

Analysis of the data from our survey found little evidence of links between parents discussing specific forms of risk-taking with adolescents and their life satisfaction, but there were indications that general parental views and attitudes were important,[26] including that:

- Young people (aged 10 to 17) whose parents or carers had faith in their child's ability to manage risk (i.e. they agreed with the statements, 'My child and I have the same understanding of what might be risky for them', 'I trust my child to make decisions in relation to risks' and 'I think my child has access to the information they need to make decisions about risk') had higher average life satisfaction than young people whose parents did not concur with these things. For example, the mean score reported by young people whose parents indicated that they trusted them to make decisions about risk was 6.9 compared to 6.3 for those whose parents were unsure (neither agreeing nor disagreeing) and 5.9 for those whose parents did not trust them to do so.
- Young people whose parents agreed with the statement, 'I feel confident about supporting my child to deal with risks throughout their adolescence' also reported higher life satisfaction (average scores of 6.9 for young people whose parents or carers expressed confidence compared with 5.9 for young person with parents or carers who were unsure and 5.4 among those whose were not confident about this).

These findings align to other evidence of what is important for young people's wellbeing and about what helps parents. The first tallies with studies that stress how much young people prioritise autonomy when making choices and decisions (Rees, Goswami and Bradshaw, 2010). It also points to the benefits of 'working with the grain of adolescent development' – i.e. recognising the natural drive for independence that young people have – when addressing their risk-taking (Hanson and Holmes, 2014). The second finding complements the results from studies on the importance of 'parental self-efficacy' in improving parenting (and in supporting young people's wellbeing) (Glatz and Buchanan, 2015; Albanese, Russo and Geller, 2019).

More research would help to clarify how these links work – and it is also important to consider the counterpoint to these findings. There are many families where parent-child relationships are not functioning well, 'connectedness' is low and, as a result, young people are likely to experience poor levels of wellbeing and may be more likely to engage in risk-taking behaviours. Developing better understanding of how to support these families as a way to counter risk and harm would be invaluable and could potentially improve wellbeing.

[23] https://www.childrenssociety.org.uk/good-childhood

[24] https://www.childrenssociety.org.uk/what-we-do/our-work/well-being

[25] A derived score of 0-10 was calculated for our preferred multi-item measure of life satisfaction (Huebner, 1991).

[26] ANOVA was conducted to compare the effect on young people's reported life satisfaction of parents' and carers' views on risk. Post hoc tests were used to determine statistical significance ($p<0.01$).

Conclusion

There is good evidence that parents and carers can play an important part in preventing, delaying, mitigating or reducing negative risk-taking by young people during their adolescence. Their input can lessen the prospect of negative outcomes for their children in the short or long term – in some circumstances warding off the possibility of serious harm (Kapetanovic et al, 2019; Carver et al, 2017; Livingstone and Blum-Ross, 2020)..

How parents and carers support their children to navigate risk is, then, an important issue to understand – to inform the development of appropriate responses which can guide and reassure parents and carers about how to best go about this. These may include policy at a national, regional and local level; public health strategies, campaigns and messaging; and guidance, resources and online advice portals.

This research was broad and exploratory in its scope. It looked firstly at general attitudes among parents and carers to risk and parenting related to risk-taking in adolescence. It also sought to determine how many parents and carers talk about specific risk-taking behaviours with their children, and the reasons why some do not. These elements were included to gain insights into the degree to which young people are supported by their parents or carers to understand, negotiate and navigate risk during adolescence – and to provide a steer on where parents and carers themselves might need more support.

The first overarching finding was that most parents and carers are accepting of risk. They think it is a normal part of adolescence, have faith in their child (to access information; to have, with them, a mutual understanding of what is risky; to make decisions and choices), and think that schools teach young people about risk. They also have faith in themselves to support their children to deal with risk during adolescence.

These views align to what has been found through recent research – for example, that risk in adolescence is a universal phenomenon and that a collaborative approach to parental support (including trusting a young person, facilitating access to information, talking about risks) is likely to work well in postponing or avoiding risk-taking, mitigating harmful impacts and developing resilience to deal with risk over time (Steinberg et al, 2018; Duell et al,, 2018; Kobak et al, 2017; Wright, Williamson and Henderson, 2006; O'Connor and Scott, 2007). This, alongside having confidence in one's own parenting capability, has been shown to be a productive and successful way to bring up young people in contemporary, 'Western' societies (Glatz and Buchanan, 2015; Morawska et al, 2015; Albanese et al, 2019).

There were variations in the proportions concurring with different questions on views and attitudes in the survey which may point to the need for action. For example, 12% of parents and carers 'disagreed' or 'strongly disagreed' that 'risk is a normal part of growing up.' Combined with the 19% who 'neither agreed nor disagreed' (perhaps indicating that they were unsure) this meant that around a third were uninformed about the normative nature of risk-taking during adolescence. This suggests that there could be merit in promoting greater understanding of adolescent development among parents and carers.

In addition, around one in four (26%) parents and carers either disagreed or were unclear as to whether schools were appropriately teaching their children about risk. This may highlight the diversity in how schools deal with these issues and differences in how well this is communicated to parents and carers – as illustrated, for example, in debates around Relationships, Heath and Sex Education (RHSE) and parents' recently reaffirmed right to

see what their child is being taught.[27] Greater transparency around whether, how and how much schools educate young people about different aspects of risk during adolescence may be helpful to ensure that parents and carers can better understand how they can complement or supplement this through their own inputs at home.

Overall, however, this finding is reassuring, indicating that most young people benefit from care and support by their families that is likely to facilitate their negotiation of risk as they mature through adolescence.

The second main finding was that most parents and carers talk to their children about particular forms of risk-taking that are common during adolescence (e.g. drinking alcohol, spending time with their friends unsupervised in the local area, online contacts, drugs, intimate relationships). This points to an acknowledgement by parents and carers that many adolescents will be exposed to risk-taking, engage in risk-taking and – potentially – have upsetting or harmful experiences, and that it is advisable to discuss this with them. However, 'talking about' a risk could imply many different things. Whatever had been the content of these interactions – sharing information, personal experience or views, offering advice and guidance, listening to a child's perspective, imposing rules (or negotiating and agreeing them), or other things – communication lines had been opened in most families with adolescent children. Research has suggested that this is an important foundation for supporting young people to manage risk (Kapetanovic et al, 2019; Carver et al, 2017; Livingstone and Blum-Ross, 2020; Smetana, 2017; Mallick, 2003).

The third overall finding was that some parents and carers are less accepting of adolescent risk and / or do not talk to their children about forms of risk-taking. The views and behaviours of these parents and carers run counter to what might be described as the 'prevailing approach.' When they were asked why they had not talked about forms of risk-taking, parents and carers of 10–17-year-olds most commonly selected the response 'my child is too young.' This was true for all the risks the whole sample were asked about in the survey, except for 'being in contact online with people not known offline' (for which most parents and carers said they would feel uncomfortable). In contrast, parents and carers of 14–17-year-olds gave a variety of reasons for not having talked about the three types of risk-taking that they were asked to consider. The most commonly selected responses were; for 'drugs', 'I don't know enough about this' (more than a third who had not discussed this); for 'having intimate or sexual relationships, now or in the future', 'I would feel uncomfortable' (41% who had not talked about this); and, for 'going to parties', 'other reasons' (39% who had not discussed this).[28]

The reasons given by these parents and carers offer some indication of how they could be better supported with their role in situations where discussing risk with a young person would be desirable. This could include, for example, learning more about how to engage and work with parents and carers to educate young people about risks that are already part of the statutory Personal, Health and Social Education (PSHE) curriculum (such as drug misuse or drinking alcohol), as well as those which are not [for example, online safety – including online abuse or exploitation (Raws, 2022; Livingstone et al, 2017), local area risk and contextual harms (O'Hagan and Edmundson, 2021; Firmin, Wroe and Lloyd (2019)].

[27] https://educationhub.blog.gov.uk/2023/10/24/rshe-relationships-health-sex-education-review-curriculum-to-protect-children/

[28] A wide range of 'other reasons' were given for not having discussed going to parties, including that their child did not go to parties hosted by peers, or that Covid restrictions had affected this – something that may also have had a wider bearing on how parents and carers responded to the survey, although this was difficult to assess.

Scrutiny of these findings suggest that the most pressing issues where greater support for parents and carers may be needed to help them discuss adolescent risk are in relation to the use of illegal drugs, drinking alcohol and smoking / vaping and sexual / intimate relationships. These are, of course, sensitive and complex topics – and many parents and carers indicated discomfort at the prospect of talking about them, or felt they were under-informed about what to say – but research suggests that overcoming these barriers could be beneficial for their children [Bremner et al (2011); Carver et al (2017); Morawska et al (2015); Drugs Education Forum (2012); Wight, Williamson and Henderson M. (2006); O'Connor and Scott (2007); Kesterton and Coleman (2010); Walker (2001); Kirby (2008) Ashcraft and Murray (2017)].

In addition, a corollary finding from this study was that young people whose parents or carers were accepting of risk and trusting of their children to make decisions related to adolescent risk, reported higher average scores for life satisfaction than their peers whose parents or carers had not responded in these ways. Furthermore, where parents and carers had faith in their own capabilities to support their children with risk throughout adolescence, young people also reported higher average life satisfaction scores than those who were in families where this was not true. These findings need further exploration and corroboration – and there may be other factors contributing too – but they add to the sense that reassuring parents and carers that risk is normative and integral to adolescent development, and equipping them to respond supportively, could not only have a positive effect on risk-taking and reduce negative outcomes, but may also support young people's wellbeing.

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