

Handling Cases of Affluent Neglect in Schools

Maria Strauss and Janine Roderick RGN | May 2022

1. Affluence and neglect

It is a common misconception that children who grow up in affluent families do not experience adversity and neglect. We know that both independent and maintained schools up and down the country are supporting children who, for one reason or another, have experienced neglect and harm despite being from otherwise affluent families.

Many of us tend to think of neglect as “the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing”. This is the NSPCC definition used by many schools and other organisations, although the NSPCC also advise that “neglect can be a lot of different things, which can make it hard to spot”.

The NSPCC guidance is that there are **four types** of neglect:

- **Physical neglect**
A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
- **Educational neglect**
A parent doesn't ensure their child is given an education.
- **Emotional neglect**
A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.
- **Medical neglect**
A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Some of the “signs of neglect” listed by the NSPCC (see [here](#)) may resonate in relation to children from affluent families but others will not. For example, the signs categorised under the “change in behaviour section” (withdrawn, depressed, anxious, self-harm, use of drugs or alcohol) may be present in cases of affluent neglect although they equally could indicate a plethora of other types of harm or issues. These signs however are more likely to be present than poor appearance and hygiene, though we have, for example, heard from schools where younger children have poor language and social skills because of little contact or virtually no interaction with their primary carers at a young age (see [health and development problems](#)).

2. Adverse Childhood Experiences (ACEs)

Applying an ACEs lens may provide a more effective way to understand the neglect and abuse children and young people can face even when growing up with every material advantage.

In this briefing, we discuss ACEs, their impact on children from affluent families and how schools can identify and respond to children experiencing ACEs. This is an important subject for schools at this time, particularly due to the impact of Covid on children with the loss of their support networks for much of that time and the focus placed on the involvement of schools in protecting children.

What are ACEs?

ACEs are stressful experiences that occur during childhood.

Globally, there is an increasing body of evidence that shows that certain experiences during childhood can have long-term impacts on our health and life chances.

There are nine commonly identified ACEs. Research¹ shows that these nine events, listed below, have the most impact where they are experienced directly by the child or are present in their household:



Experienced directly by the child:

Physical abuse

Emotional abuse

Sexual abuse



Present in the household:

Domestic abuse

Drug misuse

Alcohol misuse

Mental health issues

Incarceration

Parental separation

Home environments where violence, assault and abuse are common, can lead to these behaviours becoming normalised leaving children who live in these environments at risk of being either a perpetrator or victim of harm in adulthood.

Research² also demonstrates that the trauma caused by exposure to ACEs can lead to individuals engaging in harmful behaviours which can of course manifest in school or online. These behaviours can offer short-term relief but at the expense of longer-term health. For example, smoking, harmful alcohol consumption, poor diet, and early sexual activity.

¹ [REPORTS – Ace Aware Wales](#)

² [REPORTS – Ace Aware Wales](#)

Research shows that children growing up with four or more ACEs are associated with increased risk of suicide, depression, chronic disease and being a victim or perpetrator of domestic abuse.

Experiencing ACEs is not determined by wealth or social standing and many Designated Safeguarding Leads and pastoral staff in school will recognise that these nine ACEs can be found in many types of families whatever the income and wealth bracket.

Further, we have seen a number of cases in schools where relevant background information about the child and the family was not disclosed to the school (by previous schools or the family themselves) and not enough questions were asked on admission leaving the school and child more vulnerable as a result of the school not knowing about significant relevant ACEs that had occurred.

Understanding how to identify ACEs and respond in a “trauma-informed” way is the key to helping children achieve their full potential and prevent long term impact.

We argue that this will increase the life chances of a child in the longer-term and reduce the propensity of the child engaging in harmful or anti-social behaviours in school which puts these children at risk of disciplinary sanctions.

With access to protective factors and the opportunity to help a child develop resilience, schools can mitigate the impact of ACEs.

3. Examples of ACEs in affluent families

The examples below are based on experience from cases and from reviewing the research³ available.

- **Emotional disconnect**
Parents may work long hours, leaving children in the care of paid carers which can (though not always) leave children feeling lonely, with their emotional needs unfulfilled by their parents.
- **Pressure to succeed**
Putting a high pressure on their children to succeed academically, which can sometimes lead to psychological and emotional problems for children. Evidence⁴ has shown a higher rate of anxiety and other mental health issues in children of affluent parents.
- **Parental alcohol and substance abuse**
There may often be a more relaxed attitude to parties, sex and socialising, with older children having the means to buy drugs and alcohol.

³ [Report Neglect in Affluent Families 1 December 2017 \(gold.ac.uk\)](https://www.gold.ac.uk)

⁴ [The Culture of Affluence: Psychological Costs of Material Wealth - PMC \(nih.gov\)](https://www.nih.gov)

- **Domestic abuse**

Whilst violence may not be obvious, coercive control (which is a criminal offence, see below) is a common feature in relationships where safeguarding issues have come to light. In these cases, parents may already be separated or still together and causing emotional harm to the children.

What is also important for schools to consider is that power and wealth can provide the means to hide issues. For example, healthcare may be delivered by private specialists which does not always allow for easy sharing of information when safeguarding issues do come to light, resulting in a poor multi-agency response. Anecdotally, we have heard social workers report that when working with some affluent families they have experienced a sense of entitlement, with parents assuming they are not bound by the same rules as everyone else.

4. What is the impact

Some ACEs can have a direct and immediate effect on a child, for example, if they are physically abused and sustain an injury.

However, the chronic stress and fear which alters how their brain develops and also negatively impacts on the nervous, hormonal and immunological systems development can have a much longer-term impact on their future.

This toxic stress can result in a child always being on “alert” which takes a physiological toll and wears out their body.

During school years, children who are experiencing ACEs will be displaying a heightened emotional state of anxiety, they will always be ready to fight or flee and will find it difficult to focus on education. This short and useful video, from the UK Trauma Council shows the neurological impact of childhood trauma on the brain and development, view [here](#).

Where children display the following behaviours, schools should consider whether ACEs may be present and respond accordingly:



Toxic stress of this kind on a child can lead to risk taking, self-harming and substance misuse to ease the emotional pain.

5. Support and intervention

It is important to recognise that ACEs and the impact of ACEs are preventable by providing the right support and environment to ensure young people still thrive.

Research⁵ tells us how you can tip the balance of the negative impact of ACEs with protective factors and building resilience.



Schools can play a critical role in this endeavour by carrying out these **three practical steps**:

Step 1: Understand ACEs and their impact

- The whole school community should understand ACEs and their impact on children and young people through including ACEs in high quality staff training on the subject.
- You may consider asking sensitively about ACEs in existing assessments and consider ACE history of parents (where appropriate). Also, see our point above about receiving information and asking questions on admission; schools could usefully review their admissions process in this regard.

Step 2: Provide the building blocks of resilience to all pupils

There are four blocks recognised to build resilience⁶ which can benefit **all** pupils (not only those who experience ACEs). These should be integrated holistically into school life and not just seen as isolated activities:



⁵ [RespondingToACEs_PHW2019_english\(002\).pdf\(wales.nhs.uk\)](#)

⁶ <https://www.acesaware.org/2021/12/06/building-the-road-to-resilience/>

Step 3: Create a whole school environment which is “trauma informed”

A school environment which is trauma informed **assumes** that an individual is more likely than not to have a history of trauma and that, without interventions and supportive factors in place, the cycle of ACEs, trauma and adversity, is more likely to continue in future generations. The following principles should be applied:

- **Safety**
School staff create an environment where all children feel safe: physically, emotionally, socially and academically. All school staff understand how trauma affects learning and are involved in the school wide approach to addressing trauma. School leaders must have their finger on the pulse on what’s happening both in their school and communities.
- **Choice**
Maximising pupil choice and control as well as addressing trauma in holistic ways, not in a singular program.
- **Collaboration**
School staff maximise collaboration and share power, explicitly making children feel part of the school community and provide children with multiple opportunities to practice newly developing social and behavioural skills.
- **Empower**
All school staff should embrace a shared sense of responsibility for helping every child succeed, maximising opportunities which build on and validate others’ strengths and create opportunities for individuals to take power for themselves and realise their individual strengths.
- **Trust**
Staff being available for pupils and maximising trustworthiness through relationships, task clarity, consistency and interpersonal boundaries.

We would encourage schools to take steps to become “ACE aware” and “trauma informed”. A very useful starting point is this organisational toolkit available online (see [here](#)).

At a more individual level, below are some practical strategies that can be applied universally in the classroom:

1. **Recognise that a child is going into survival mode and respond in a kind, compassionate way.** When you notice that a child might be having a difficult time, start by asking yourself, “what’s happening here?” rather than “what’s wrong with this child?” This simple mental switch can help you realise that the pupil has been triggered into a fear response which can take many forms.
2. **Create calm, predictable transitions.** Transitions between activities can easily trigger a student into survival mode. Some teachers will play music, ring a meditation bell or blow a harmonica to signal it’s time to transition. The important thing is to build a routine around transitions so that children know: a) what the transition is going to look like, b) what they’re supposed to be doing, and c) what’s next. Have a plan in place in advance for how to deal with challenging situations with some children which are expected to arise.

3. **Praise publicly and criticise privately.** For children who have experienced complex trauma, getting in trouble can sometimes mean either they or a parent will get hit. And for others, “I made a mistake” can mean “I’m entirely unlovable”. Hence, teachers need to be particularly sensitive when reprimanding these students.
4. **Adapt your classroom’s mindfulness practice.** Mindfulness is a fabulous tool for counteracting the impact of trauma. However, it can also be threatening for children who have experienced trauma, as the practice may bring up scary and painful emotions and body sensations.

Please see more about these strategies [here](#).

6. Legal and safeguarding considerations

Where children have experienced, or are experiencing ACEs, then there may be consequences for schools in terms of managing challenging behaviour or indeed mental health issues.

This in turn engages the school’s policies on behaviour and safeguarding and may also trigger a school’s statutory obligation to refer cases to the local authority children’s services teams where thresholds are met, and the school considers that a child is at risk of harm or may have suffered significant harm.

In cases of family neglect, or where ACEs are present, schools should take steps to properly understand their reporting duties and how to escalate cases where they consider that a child is not getting the right help.

Recent cases reported in the media have shown that there is an expectation that schools will advocate for children and appropriately challenge decisions of statutory agencies where, in the professional judgement of school staff, they believe that a child’s needs are not being met or that a child is being placed at risk of harm.

Knowing the statutory duties, the escalation procedures and how to appropriately challenge statutory services before a case happens will be enormously helpful in equipping school staff to provide an appropriate first response in an affluent neglect case. It can also be very useful to know what local services are available for children and families where ACEs are present (such as drug and alcohol addiction services or domestic abuse services).

We have mentioned domestic abuse in this article being one of the nine ACEs. Schools should note two relatively recent legal updates in this context:

1. Under the new Domestic Abuse Act 2021, children are recognised as victims of domestic abuse in their own right not just witnesses and should be protected and supported.
2. Coercive control, which is an act or a pattern of acts of assaults, threats, humiliation and intimidation used to harm, punish or frighten a victim, is also a criminal offence (s 76 of the Serious Crime Act 2015 and see [here](#)).

When schools are dealing with concerns about domestic abuse and working with the statutory agencies it is worth bearing those two legal developments in mind. (In September 2020, we published a [Guide for Employers on Domestic Abuse](#) which contains information about how to embed a strategy in the workplace that supports staff who may be victims of this form of abuse).

The second action that schools can usefully do on the legal and safeguarding front, is to review relevant policies to ensure that they are ACE aware and trauma-informed, the behaviour policy being key. ACEs may be considered mitigating circumstances in disciplinary cases and a safeguarding / ACE aware response as well as disciplinary response should be considered. Schools should always view isolation, suspension and exclusion as a disciplinary option of last resort given the significant impact on a child.

Thirdly, early intervention and support for children experiencing ACEs is helpful for another reason. There is no doubt that families who may be in crisis, where there is conflict present, where the child's behaviour is challenging, may in turn be more challenging towards schools and more likely to perhaps invoke a school's complaints system or make a legal challenge. Schools should always seek to engage in a way that deescalates tensions, avoid labelling parents as "difficult" and use restorative practices in their communications, building trust, saying "sorry" early if something has gone wrong and signposting to proper support for the family whatever their circumstances.

Finally, schools should always remember their other duties and considerations when creating an ACE aware and trauma-informed environment. Last year, a team from Farrer & Co worked in collaboration with AGBIS and produced a [Resource for Governors](#) on equality, diversity and inclusion in schools. This Resource can usefully be considered in tandem with becoming an ACE aware and trauma-informed school because the principles of creating a safe and inclusive school compliment the guidance we have given in this briefing about a whole school response to ACEs.

About the Authors



Maria Strauss is a Partner at Farrer & Co specialising in safeguarding, education and employment law. She advises schools on a range of matters including safeguarding cases, parental complaints and all types of staff issues. Maria is an Achieving Best Evidence trained investigator and a school governor.



Janine Roderick is a safeguarding consultant. She completed her general nurse training in 1994 and worked as a Staff Nurse on the trauma wards and a Sister in general practice before specialising in women's health and sexual health, working extensively with young and vulnerable people. Janine has led on national transformation programmes for early intervention and ACEs before leaving the NHS to work at a national charity where she pioneered a public health approach to ending domestic abuse. Janine is experienced in working with schools, conducting safeguarding investigations and culture reviews.

Further reading

- An evaluation of the adverse childhood experience (ACE) - informed whole school approach – see [here](#)
- Trauma and ACE (TrACE) informed organisations toolkit – see [here](#)
- Responding to adverse childhood experiences – see [here](#)
- Recognizing and addressing child neglect in affluent families – see [here](#)
- Supportive relationships and active skill-building strengthen the foundations of resilience – see [here](#)

This publication is a general summary of the law. It should not replace legal advice tailored to your specific circumstances.

© Farrer & Co LLP, May 2022