Marino Institute of Education

**An Examination of the Perceptions held and Approaches used by Primary School Teachers regarding Child Neglect in urban DEIS band one schools.**

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Submitted in partial fulfilment of the requirement of the award of the Degree of Master in Education Studies (Early Childhood Education)

June 1st 2021

TEACHERS' PERCEPTIONS OF AND APPROACHES TO NEGLECT IN URBAN DEIS BAND ONE PRIMARY SCHOOLS.

## Declaration:

*I hereby declare that this dissertation is a presentation of my original research work. Wherever contributions of others are involved, every effort is made to indicate this clearly. This work has not been submitted previously at this or any other education institution. The work was done under the guidance of Dr. Marian Farrelly at the Marino Institute of Education, Dublin. I agree that the Library may lend or copy this dissertation upon request.*

Signature: Jennifer McGuirk

Date: 01/06/2021

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## Acknowledgements

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## Abstract

Child neglect, a highly pervasive form of maltreatment, is associated with a caregiver's omission of care. Physical, emotional, educational and/or medical neglect can impair a child's psychological and physiological development. Such impairments are visible in primary school classrooms through a child's appearance, academic achievements and through their presentation of internalising and/or externalising behavioural problems. The research question underpinning this investigation relates to examining the perceptions held and approaches used by primary school teachers in urban DEIS band one schools regarding issues of child neglect. In this thesis, the author comprehensively explores the current literature concerning child neglect. Researchers discuss environmental factors that may be conducive to neglect including; poverty, unemployment, educational attainment levels, sociocultural backgrounds, substance misuse, caregiver-child separation and violence. Qualitative methods of research were used in this study to explore educators' practical experiences with issues of child neglect. Findings illustrate the increasing prevalence of child neglect in schools and classrooms and indicate how neglect is not restricted to those facing disadvantage. The study outlines how educators' inadequate knowledge of child neglect restricts their ability to identify signs in the range of definitions of neglect. Additionally, a disconnection between schools, outside agencies and professionals is indicated in this research as problematic in prolonging action to address and support minors living in neglectful home environments. The research concludes by recommending actions that could be taken to; develop practitioners' repertoire of knowledge regarding neglect and; introduce systemic structures to facilitate co-operation between schools, outside agencies and professionals to efficiently address incidences of child neglect.

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**Chapter 1: Introduction**

A child's performance, engagement and participation in the learning process both at home and in school may be impacted by numerous factors. Such aspects may refer to a child's personal learning difficulties while others may relate to unsuitable conditions in home and/or school environments. The latter has been an increasingly dominant topic for discussion within the educational sector. Particular concern has been placed on the factors in a child's life that may cause neglect and the impact neglectful environments can have on one's development, performance and outcomes. Thus, this research study will examine the perceptions held and approaches used by primary school teachers in urban DEIS (Delivering Equality of Opportunity in Schools) band one schools regarding such impaired development that may be visible through a child's appearance, academic achievements and internalising and/or externalising behavioural problems.

Child neglect, a complex construct of maltreatment, is increasingly identified as prevalent amongst children in Ireland and is associated with damaging psychological and physiological outcomes. It refers to an act of omission of care on a caregiver's behalf towards their child. In 2019, Túsla – the Child and Family Agency determined 59,683 children as victims of abuse and neglect in Ireland (McCrave, 2019). As will be described in the second chapter of this paper, the literature suggests that child neglect may be classified as multidimensional and may manifest itself in physical, emotional, medical and/or educational forms. Children may be reared in neglectful environments for multitudinous reasons including poverty, high levels of caregiver unemployment and low levels of caregiver educational attainment. Additional risk components for neglect include substance misuse, violence and crime. Though prevalent in communities with a low socioeconomic status (SES), this paper will outline the presence of neglect across all sectors of society, irrespective of a family's SES. Other adversities in a child's life mentioned in this research that may

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contribute to neglect beyond impoverished environments include; caregiver separation, one's sociocultural background, a caregiver's repertoire of knowledge, and a caregiver's availability to address the needs of their child.

This study will seek to explore the relationship between child neglect and adverse holistic development in children that may be compounded through a minor's presentation in an education setting. Thus, the third chapter examines how the author undertook interviews to comprehensively ascertain the experiences of a small cohort of primary school teachers in urban DEIS band one schools with regards to identifying and addressing child neglect. Elliott (2008) highlights the criticality of including practitioners in education in research as it facilitates the emergence of collaborative theory building and thus, empowering professional growth. Therefore, practitioner research originates within the reality of the teaching and learning environment. Practitioners' positioning in classrooms facilitates their ability to identify the chronic needs presented by children which could contribute to questioning existing knowledge and practices and thus, creating necessary change within the educational system. Findings relating to educators' knowledge regarding presentations of child neglect will highlight the current understanding of the concept among practitioners and will provide strategies that have been tried and tested in classroom practice to address neglect.

Chapter four will indicate the findings from this research study and will suggest that neglected children may have subsequent emotional self-regulatory issues conceptualised as internalising and/or externalising behavioural problems due to atypical development. Presentations of such problems comprise of; reclusiveness; depression; frequent disconnection from the classroom environment and; aggressive and violent outbursts. Additionally, findings may suggest that neglected children can experience delays in attaining multisystem developmental targets resulting in poor academic achievement and cognitive development in the forms of poor recall, retention and concentration levels (De Bellis, 2005).

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It is hypothesised that findings will concur with researchers' Stevenson (1998) and Hobbs, Hanks, and Wynne (1999) explanation of physical aspects of a child's appearance that can be presented in classrooms such as; unwashed body, nails and clothes; matted or thin hair; a strong bodily odour; the chronic infestation of head lice and; infected and untreated sores.

Consequently, chapter four of this study will also discuss how practitioners in education have utilised various methodologies to identify and address the inherent psychological and physiological issues related to child neglect. Such strategies will include utilising curriculum initiatives, documenting presentations of neglect and fostering knowledge of coping mechanisms in children. Whole school and multidisciplinary approaches with outside agencies and professionals to address child neglect will also be examined in this study. Chapter five offers suggestions for developing awareness regarding child neglect amongst student teachers and continued professional development amongst practitioners in education. This concluding chapter proposes the establishment of systemic structures in schools and in communities to address issues inherent to child neglect.

**Chapter 2 – Literature Review**

Child neglect is a multidimensional construct comprised of characteristic features of deprivation including physical, medical, emotional and educational neglect which negatively affects a child's development and well-being, and is the most frequently reported category of abuse, both in Ireland and internationally (Gao, Raine, Chan, Venables, & Mednick, 2010; Department of Children and Youth Affairs (DCYA), 2017; Child Abuse Prevention and Treatment Act Amendments, 1996). Such prevalence of neglect has been acknowledged by Governments, resulting in the establishment of non-profit organisations and the introduction of acts to address issues of child neglect. In addition, the literature argues that child neglect may negatively impact on a child's neurodevelopment, potentially causing chronic amygdala activation and increased levels of cortisol. Neglect may be the product of a diverse range of factors relative to one's home environment. Current literature explored in the suggests that such influences may include; poverty, one's sociocultural beliefs and values, substance misuse, caregiver-child separation, violence, a caregiver's repertoire of knowledge and a caregiver's availability. This chapter will highlight the presence of child neglect across all classes in society, irrespective of one's SES. The presence of neglect in a child's life may cause subsequent impairments to one's holistic development. Thus, this section will indicate how such impairments may present in primary school classrooms through a child's appearance, cognitive performance and internalising and/or externalising behavioural problems. Strategies used by practitioners in education to address child neglect in both the classroom and school environments will be elaborated on in this chapter. The focus of this study which will be placed on children attending schools in designated areas of educational disadvantage.

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SCHOOLS.
**Policies and Organisations**

The Government of Ireland and Túsla have raised awareness of and provided

safeguarding measures for child neglect through the introduction of acts such as; the Children

First Act (2015) and the Child and Family Agency Act (2013). These acts were introduced

for the recognition and reporting of child abuse and neglect along with guidance for best

practice for organisations concerning the safeguarding of children. Barnardos, a non-

governmental organisation and registered charity, seeks to deliver services and work with

children, families, organisations and communities to assist and transform the lives of children

who have experienced neglect and other adverse childhood experiences (Barnardos, 2019).

This organisation is funded by partners including the Government of Ireland and Túsla.

Barnardos aims to continuously protect children and lobbied for acts such as; the Domestic

Violence Act (2018) and the insertion of article 42A into the Irish constitution (2012). These

acts were introduced to ensure that all children receive adequate care, protection and respect.

Similarly, the Government of the United Kingdom (UK) have addressed issues of child

neglect through the introduction of acts such as; the Children Act (2004); the Children and

Young Persons Act (1933) and; the Protection of Children Act (1999). These acts position a

child's welfare as the most crucial aspect for decision on a child's upbringing and deems an

assessment of children's views on any decisions relating to their lives essential. The National

Society for the Prevention of Cruelty to Children (NSPCC) is a charitable organisation in the

UK that supports children and families affected by issues of abuse and neglect. Despite such

measures taken by governments and organisations, child neglect remains a negative influence

on children's development, health and welfare.

**Defining Neglect**

Child neglect may be classified as an act of omission and is a type of maltreatment that refers to the failure by a caregiver to provide essential, age-appropriate care to their child (Boyce and Maholmes 2013). Physical neglect refers to inadequate care given to the physical needs of a child, including food, shelter and clothing. Malnourishment and unsuitable or erratic feeding may be experienced by physically neglected children. A caregiver's inability to provide physically for their child may include homelessness or the absence of a stable and constant family home environment. The inadequate provision of physical care to a child relates to inhabiting unhygienic conditions and experiencing environmental issues such as insufficient heating and furniture. Physically neglected children may also experience caregiver absenteeism for prolonged periods of time, possibly forcing the minor to take on the role of an adult from a tender age in order to compensate for what their caregivers have failed to offer them (Tudoran & Boglut, 2015). It could then be said that medical neglect may be associated with physical neglect as children are at an increased risk for injuries and hospitalisations due to their inability to sufficiently care for oneself. The absence of adequate hygiene and health care may also be visible through a child's dental health. According to Bradbury-Jones, Innes, Evans, Ballantyne and Taylor (2013) dental neglect can exist in isolation but inadequately treated dental disease can be an important indicator of broader child neglect.

Children who experience neglect may develop in a deprived affective learning environment due to the limited experiences of normal social interaction, such as a lack of positive emotion expressed by caregivers (Pollak, Cicchetti, Hornung, & Reed, 2000). Emotional neglect is the failure on a caregiver's behalf to meet the emotional needs of their child. Children may be ignored, humiliated, receive little attention and insufficient affection and nurturing from their caregiver. Polonko (2006) suggests that caregivers can present as

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psychologically unavailable and overlook their children's cues, signals, cries and pleas, particularly for warmth and comfort. This emotional neglect may deprive the child of opportunities to develop a relationship with their caregiver. It could then be said that such inadequate and unstructured emotional nurturance, poor role-modelling, the absence of engaging in emotionally growth-fostering activities and failure to provide sufficient care could result in children experiencing chronic disconnection and isolation (Jordan, 2001; Stoltenborgh, Bakermans-Kranenburg, & von-IJzendoorn, 2013). Inadequate care may also present in educational neglect whereby a caregiver fails to undergo the necessary procedures to secure their child's education. Stoltenborgh et al. (2013) and De Bellis (2005) provide examples of educational neglect including; a caregiver's failure to enrol their child of mandatory school age in school, permitting chronic absence from school, and a caregiver's failure to attend to the special educational needs of their child. The experiences of childhood neglect may impair a child's overall development.

**Brain development**

Oates, Karmiloff-Smith and Johnson (2012) suggest that adverse childhood experiences of neglect can lead to atypical development of the structure and functions of the brain potentially resulting in issues of chronic stress, a suppressed immune system, hypervigilance and behavioural problems. During adverse childhood experiences of neglect, instructions from the environment are interpreted by the hippocampus section of the brain. The hippocampus produces behaviour in response to the environmental situation. Such behaviour may include the secretion of cortisol into the body. In cases of child neglect, an increased production of cortisol occurs and can lead to chronic amygdala activation which can produce impulsive and overreactive emotional responses and behaviour, affecting the messages received by and thus the development of the hippocampus (Lee & Hoaken, 2007). An impaired hippocampus may diminish cognitive functioning and restrict a child's memory

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formation, retrieval and recall. In the body, chronic amygdala may cause children to have dysregulated serotonin levels, experience toxic stress and to manifest a fight-or-flight or freeze reaction due to increases/decreases in heart rate, blood pressure, metabolic rate and alertness, which can suppress the immune system and cause mental ill-health, such as increased anxious and depressive behaviours (De Bellis, 2005; Lee et al., 2007; McGruder, 2019; Skinner-Osei & Levenson, 2018; Dallaire & Wilson, 2010; Hines, Thompson, Moore, Dickson, & Callahan, 2020). There are many reasons as to why children may experience neglect in the home. This paper will now seek to explore some of these reasons.

**Poverty**

A family's SES may predict children's health, socio-emotional, behavioural, and cognitive outcomes either through differential access to resources, such as food insecurity, or through exposure to stressful conditions of poverty, such as shelter and a safe home environment (Lawson, Camins, Wisse, Wu, Duda, Cook, …, & Farah, 2017; Bradley & Corwyn, 2002). Children may experience physical, medical, emotional and educational neglect due to the lack of income in a household. Caregivers may be unable to provide regular, high-nutrient dense meals and required hospital and/or doctor visits to their children due to insufficient funds. Several researchers including Ermisch, Francesconi, and Pevalin (2004), Kiernan and Mensah (2011) and Tobey, McAuliff and Rocha (2013) emphasise a link between high levels of caregiver unemployment in low SES communities, poor living conditions and increased instances of child neglect. Impermanent housing can coexist with unemployment and poverty. Emergency housing can be considered a marker for long-standing risks of neglect associated with deep poverty, unemployment and inequality (Cutuli & Herbers, 2019). Children living in homeless accommodation can experience impaired development as they may not be privy to secure and adequate conditions for their holistic development. Nowicki, Brickell and Harris (2019) comment on such long-term traumatic

implications on young children's development as families may be unable to conduct growth-fostering activities such as cooking and playing that are intrinsically associated with domestic routine. In addition, children may experience feelings of shame associated with emergency accommodation, compelling them to internalise emotions and refrain from sharing personal life experiences with others.

Experiencing difficulties in satisfying basic requirements may impact on a caregiver's parenting skills, mental function and emotional availability as it is such a fundamental concern and likely to be associated with ongoing worry and stress and feelings of hopelessness, lack of control and demoralisation (Brown, 2002). It could then be said that a caregiver experiencing poverty may fail to provide their child with competent emotional support and may permit a child's maladaptive behaviours due to a lack of emotional structure and consistency on the caregiver's behalf. Additionally, a lack of consistency between home and school may also present itself through a child's poor attendance and/or punctuality in school. This is supported by researchers such as Garrett, Ferron, Ng'Andu, Bryant and Harbin (1994) and McLoyd (1990) who document that inconsistent parenting is an important mechanism through which poverty affects child development. It must be noted that not all children living in low SES homes experience neglect. Kent and Pitsia (2018) found this to be true when they conducted their investigation into home environments of children with a low SES in Ireland. The crucial role of the home environment is emphasised by many theorists.

**Culture**

Vygotsky (1978) highlights how a child develops in accordance to their social and environmental life experiences. Bronfenbrenner (1979, 1986) also suggests that an individual has a genetic potential that can be amplified or suppressed, depending on the environment in which he/she lives. It could then be reasoned that a child's sociocultural background is

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influential in their holistic development. Additionally, defining neglectful practices can be challenging when one considers varying cultural beliefs and motives. A caregiver's personal judgement in relation to personal safety and how to keep others safe may differ across cultures. This varying nature of one's judgement could jeopardise a child's safety as one's perception of a safe activity may be deemed unsafe by another. It could then be said that a child may be medically neglected as a result of a caregiver's judgement of safe and unsafe. Lines, Hutton and Grant (2020) explain how a selection of health professionals expressed in their study that Aboriginal families choosing to co-sleep with their child could be considered a neglectful practice due to the danger it could potentially place on the infant. Conversely, Aboriginals may utilise this practice to develop a secure attachment with their child; thus, proposing that interpretations of neglect may be determined by cultural beliefs and societal norms. Gergen (2015) concurs with this statement by suggesting that one's values and beliefs originate from and are continuously shaped by one's sociocultural context, influencing an individual's views and beliefs. A caregiver's views may also be negatively influenced by excessive substance use.

**Home Environment and substance misuse**

Child physical and medical neglect can be caused by a caregiver's excessive alcohol use and/or drug intake. Although Sidhu, Dutta, Naphade and Shetty (2015) highlight that there is minimal evidence supporting a direct causal link between SES, parental substance misuse and negative developmental outcomes for children, many other studies and documentation have suggested otherwise. Several researchers mention that although substance misuse can be related to high SES, it is more positively related to those living in low SES environments (Guttmannova, Hill, Bailey, Hartigan, Small, & Hawkins, 2017; Wu, Slesnick, & Murnan, 2018; Gundersen & Ziliak, 2015; McGruder, 2019). The presence of substance misuse in a home can correlate with child physical and medical neglect as issues of

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safety and hygiene can arise. With increased intoxication, a caregiver's awareness of oneself and others deteriorates, increasing the risk of injuries among children in the home due to a lack of care and surveillance (Raitasalo & Holmila, 2017). This may result in children having to care for themselves from a young age due to the absence of, or inability to do so, on the caregiver's behalf. This self-care and risk to children's health is noted by Woodside, Coughey, and Cohen, (1993) in the USA and Sarkola, Gissler, Kahila, Autti-Ramo and Halmesmaki (2011) in Finland, who suggest that children of substance-misusing parents have more hospitalisations than children in non-substance-misusing homes. In addition, intoxicated caregivers can utilise punitive forms of discipline. Such punishment can serve to model aggressive behaviour and may instigate coercive cycles of conflict that children come to enact in other relationships (Patterson, Reid, & Dishion, 1998; Shaw, Keenan, & Vondra, 1997; Conners-Burrow, McKelvey, Pemberton, Lagory, Mesman, & Whiteside-Mansell, 2013). Such harsh parenting may cause psychological distress for children and contribute to low self-esteem, worry and anxiety.

A child's somatic health may be neglected in substance-misusing homes. In a study conducted by Asanbe, Hall and Bolden (2008) the rate of mental health issues in children living with substance-misusing caregivers was three times higher than the rate of a control group of children from similar SES homes. A child may suffer from heightened levels of stress, worry, fear and anxiety living in substance-misusing homes as their caregiver may be; absent, unreliable and display unpredictable behaviour and reactions. Children may be also affected by the burden of secrecy and denial of the caregiver's problem, repeated experience of loss and separation, and role confusion and role reversal (Kroll, 2004; Ostler, Sensoy-Bahar, & Jessee, 2010). It must be noted that not all children from substance-misusing homes experience mental health issues. Children of parents who misuse substances may demonstrate individual variations in outcomes and in mental health due to personal characteristics and/or

having the other caregiver as a buffer for the substance-misusing caregiver (Fals-Stewart, Kelley, Fincham, Golden, & Logsdon, 2004; Brook and Tseng, 1996; Velleman, 1992).

A child may be emotionally neglected by their substance-misusing caregiver due to the caregiver's physiological damage caused by various substances. Kepple (2017) and Dyba, Moesgen, Klein and Leyendecker (2019) suggest that if a child is exposed to a parent with on-going, deteriorating impairments in executive functioning from misusing drugs and/or alcohol, one could expect a higher frequency of child emotional neglect. Executive functioning is related to one's ability to regulate emotions, control oneself, concentrate and working memory. Deater-Deckard, Sewell, Petrill and Thompson (2010) suggest that impairments to a caregiver's executive functioning, may cause them to be less positive, less responsive, cold, insensitive, inflexible and less capable in managing a child's intense emotions. This physiological damage to the caregiver may contribute to the development of a child's insecure attachment style. Mary Ainsworth's strange situation procedure (1971, 1978) identified three main attachment styles: secure, insecure avoidant and insecure ambivalent/resistant (as cited in McLeod, 2017). Disorganised attachment style was a later addition. For children experiencing neglect, an insecure attachment can develop between them and their caregiver due to the lack of trust and dependability. Children with an insecure attachment style experience a lack of emotional stimulation from their caregiver and their cries for attention are often ignored. The child can foster a belief that their communication of needs has no influence on their caregiver and may deem themselves unworthy of attention and can develop low self-esteem. Associated with an insecure attachment style is a child's experience of intense loneliness, anxiety, worry and stress. Such emotions and child neglect are stressors in children's lives that can be heightened further through separation from one's caregiver.

**Home Environment and caregiver-child separation**

According to Poehlman (2005) and Murray and Murray (2010) the results of various studies have found that many children who experience separation from their caregivers can develop representations of insecure relationships and experience neglect. The imprisonment of a caregiver or the separation of caregivers can disrupt the caregiver-child relationship. The severity of such disruption has been compared by researchers to the trauma of divorce, abuse, or death of a caregiver (ElHage, 2016; Turney, 2014 as cited in Skinner-Osei et al., 2018; Bocknek, Sanderson, & Britner, 2009). This trauma is not only experienced by the child, but also by the caregiver's partner. Lieberman and Bucio (2018) suggest that in the immediate aftermath of the event, adults are also seeking to understand the events and how to proceed with normality which can often leave young children neglected and unattended to emotionally, and at times physically. The remaining caregiver may provide irregular or restricted visitation contributing to a child's emotional neglect with the absent caregiver. Children's attempts to seek attention may be interpreted as additional stressors by adults which can also lead to emotional neglect where children experience feelings of intense rejection and loneliness. Whilst their remaining caregiver attempts to regulate their thoughts and emotions about the separation, children may experience reduced supervision, less supportive parenting, and less effective discipline (Farrington, 2004; Cummings & Davies, 1994; Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004; Field, 1994). Levels of stress and anxiety in children may also increase due to a silence forced upon them in relation to their absent caregiver. Researchers including Nesmith and Ruhland (2008) and Braman (2004) indicate that children may feel shame and embarrassment about their caregiver's absenteeism and compelled to keep it a secret from others. In addition, Baxter (2008) notes that in circumstances when a caregiver is incarcerated, children are locked behind metaphorical barriers and may experience erroneous assumptions from their peers, teachers,

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and even other family members. It could be suggested then that children may experience feelings of loss towards an absent caregiver as well as increased sadness and anger, which can neglect a child's emotional development and affect a child's style of attachment. It must also be noted that not all children with absent caregivers develop an insecure attachment style. Mentalisation and emotional regulatory skills, which are developed through a secure attachment with a responsive, expressive and substitute primary caregiver, may act as a protective force during such adverse childhood experiences; preventing emotional distress and ensuring a positive developmental trajectory (Ostler et al., 2010; Mackintosh, Myers, & Kennon, 2006). For those who experience emotional neglect and trauma, it may also be accompanied with financial strain, leading to physical neglect.

Researchers such as Foster and Hagan (2009) and Murray, Farrington, Sekel and Olsen (2009) suggest that the separation of caregivers can magnify existing hardship in a child's life and introduce new strains such as financial hardship, residential instability, and family breakdown. The absent caregiver may have been the main source of income in a household. This loss of income and possibly child support can have detrimental effects on a family's economic stability, including poverty and subsequent homelessness, as caregiver incarceration/separation often disproportionately impacts those in low-income communities (Desmond, 2012; Murphey & Cooper, 2015; Geller, Garfinkel, Cooper, & Mincy, 2009; Murray et al., 2010). A reduction in money may reduce the availability of food for the family and a child's need for food may not be sufficiently met. In addition, the lack of income may result in the provision of inadequate clothing and impermanent home environments for children. It can then be said that caregiver absenteeism may cause child physical neglect. It must also be noted that it cannot be assumed that all children of incarcerated/separated caregivers live in high-risk families and will have impaired health and development (Collins, 2014). Researchers have suggested that a proportion of children whose caregivers are absent

grow up without apparent negative outcomes (Phillips & Erkanli, 2008; Phillips, Erkanli, Keeler, Costello, & Angold, 2006). In addition, some researchers such as Eddy and Reid (2003), Hagan and Dinovitzer (1999) and Robertson (2007) also speculate that the removal of a caregiver may result in a more positive and secure home environment, benefitting children's well-being.

**Home environment and violence**

Researchers such as; Ingoldsby and Shaw (2000); Kupersmidt, Griesler, DeRosier, Patterson and Davis (1995) and; Leventhal and Brooks-Gunn (2000) have found that the risk profile of children with absent and/or substance misusing caregivers can also include living in high-crime neighbourhoods where children may be exposed to additional risk factors of neglect such as violence. The presence of violence and crime in a child's environment neglects a child's safety and increases levels of stress and anxiety in young children. Children may regularly be exposed to violence directed at them and/or interparental violence in the home, as well as violence outside of the home in the local community (Schuler & Nair, 2001; Martinez & Richters, 1993; Casey, Shlafer, & Masten, 2015). As a result of experiencing violence in the home, child emotional neglect may occur as the home environment becomes hostile and threatening. Children may seek to avoid family members as they feel frightened and anxious. Such emotions may prevent them from seeking the attention they desire in order to build a secure attachment and progress one's emotional development. Physical neglect may also present itself in a violent home environment as caregivers become unable to respond effectively to children's behaviour and needs (Denham, Workman, Cole, Weissbrod, Kendziora, & Zahn-Waxler, 2000). Children may experience hunger, lack of supervision, poor discipline and poor attendance in school.

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**Caregivers' dispositions and availability**

Child neglect may occur as a result of a caregiver's personal dispositions and other various unidentifiable causes. Hartas (2012) mentions how a caregiver's involvement in their child's life may vary depending on their personal characteristics, including sensitivity, caring attitude, warmth, affection and loving nature. For some individuals, it can be hard to physically/verbally/emotionally respond to others in a loving way. This could result in a caregiver's unintentional, emotional neglect of their child due to their infant's desire for attention not being adequately met. Children may also be physically neglected by being over/underweight due to a caregiver's lack of knowledge regarding appropriate nutrition. Food portions, caloric intake, macronutrient and micronutrient intake may not be included in a caregiver's repertoire of knowledge. The Mayo Clinic (2018) highlights how such a deficit in knowledge, unbeknownst to the caregiver, could contribute to physical neglect through a child experiencing poor growth and weight gain/loss. An additional factor to consider that may cause child neglect, is a caregiver's hours of employment. Long working days may reduce the availability of time that a caregiver has to dedicate to their child's development through engaging in growth-fostering activities. Bronfenbrenner (1979, 1986); Lambrecht, Bogda, Koch, Nottbusch and Sporer (2019); Kluczniok (2017) and; Galindo and Sonnenschein (2015) highlight the importance of such caregiver-child engagements to promote a child's affective and cognitive development. It could then be said that a child may suffer neglect due to insufficient time being spent with their caregiver. The neglect experienced by a child can then present itself in various ways. The presentation of neglect through atypical child development can exist in educational settings.

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**Presentation of Neglect in the Classroom**

Traumatic childhood events, such as neglect, are viewed as a public health problem due to the prevalence of such adverse childhood experiences and their impact on a child's development, health and well-being (Larkin, Felitti, & Anda, 2014). Children who experience neglect may develop internalising and/or externalising behavioural problems. Internalising behavioural problems can include the development of anxiety disorders, depression, reclusiveness, isolation and inadequate emotional regulatory skills. Externalising behavioural problems can include violence, aggression, emotional outbursts, tiredness and hunger. For educators, neglected children can present themselves in the classroom through; the prevalence of both/either internalising and externalising behavioural problems; health issues; their appearance and; their cognitive development.

**Internalising behavioural problems**

Researchers such as Burge and Hammen (1991), Coté, Boivin, Xuecheng, Nagin, Zoccolillo and Tremblay (2009) and Dallaire et al. (2010) suggest that caregivers who neglect their children and rear them in stressful environments may undermine children's social and emotional competence and contribute to psychological distress characterising a number of internalising behavioural symptoms including behavioural inhibition, feelings of helplessness and irregular reactions. Children experiencing neglect may develop poor emotional regulatory skills due to the lack of involvement of their caregivers in their emotional development which may increase their vulnerability to internalising problems. Perry and Szalavitz (2006) note that neglected children experiencing internal issues may present themselves to teachers as difficult, easy to upset and hard to relax. Educators may also notice an insecurely attached, neglected child becoming clingy with them and may appear withdrawn, anxious, distracted, unusually shy or they may frequently have distressed,

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overreactive, emotional outbursts in response to trivial situations. This may be a result of the child believing that they are unwanted, unloved and unworthy. This insecure attachment style could also foster a child's lack of trust towards their teacher and others. Skinner-Osei et al. (2018) support this view by suggesting that neglected children may be predisposed to hypervigilance, a lack of trust, anxiety about being judged, avoidance of others and/or fear of authoritative figures, such as educators. Emotionally, children may also display depressive symptoms, such as being regularly sad, displaying a negative attitude and unwilling to participate in activities, as neglect positions children at an increased risk for depression (Kampfner, 1995; Wilbur, Marani, Appugliese, Woods, Siegal, Cabral, & Frank, 2007; Scommegna, 2014). A child's experience of depression can contribute to their development of low self-esteem.

Oshri, Carlson, Kwon, Zeichner and Wickrama (2017); Ramazani (2014) and; Blumenshine, Vann, Gizlice and Lee (2008) suggest that neglect is a risk factor in the developmental aetiology of low self-esteem, a fight-or-flight or freeze reaction and can compromise one's overall quality of life. Educators may notice children with low self-esteem refraining from developing intimate relationships with peers and choosing to play alone. The absence of meaningful relationships in one's life can increase one's vulnerability to feeling ostracized and being made fun of and could also prevent children from possessing a level of comfort that enables them to confidently explore and master their classroom, school and local environments (Parke & Clarke-Stewart, 2002; Bowlby, 1973). Teachers may notice neglected children refraining from voluntarily engaging in conversations, displaying continued wariness and choosing isolation over involvement and collaboration with others. This could be due to them feeling different from those around them. Loneliness and ostracization can contribute to one's depressive and anxious symptoms. Educators may observe neglected children experiencing headaches, stomach aches, nausea, vomiting and incontinence. Hines et al.

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(2020) suggest that these physiological signs of stress could be indicators of internalising disorders and maladaptive coping styles to stress resulting from neglectful home environments. A child's maladaptive development may also manifest through the fostering of a fight-or-flight or freeze reaction. McGruder (2019) notes that in a situation when a child reacts to what they perceive as inescapable stress, their body prepares them for that stress by decreasing their heart rate, breathing, and other bodily functions. Children may seem to be nonresponsive and appear like "a deer caught in the car headlights". An educator may identify this frozen behaviour through a child's defiant refusal or their ignoring of teachers' requests, because the child literally cannot respond at that instant. The flight response refers to a child running away from a situation at any given point. Children who use this flight response can be labelled flight risks in schools. Children who adapt a fight response in various circumstances display externalising behavioural problems.

**Externalising behavioural problems**

Researchers such as Murray, Farrington and Sekol (2012) and Uggen and McElrath (2014) note that one in three neglected children display clinically significant externalising behavioural problems such as aggression, attention problems, and disruptive behaviours, in comparison with one in ten children in the general population. Evidence gathered by researchers such as Calkins and Fox (2002) and Eiden, Edwards and Leonard (2007) indicate that neglect may disrupt a child's ability to regulate and inhibit aggressive and impulsive tendencies. This may result in a child being disruptive, aggressive, craving both positive and negative attention and displaying heightened irritability within the classroom, on the school yard and during school events. Practitioners in education may view neglected children reacting to various situations using violence towards others as a result of an insufficiently developed knowledge of emotional regulation. Allen, Fonagy and Bateman (2008) and Skinner et al. (2018) reiterate this by suggesting that children growing up in a neglectful

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environment may not learn to use words in a way that helps them to make sense of internal feelings, thoughts, and impulses, resulting in aggression and violence as a re-enactment of the trauma experienced in the home. Externalising behavioural issues may also be the result of poor disciplinary strategies and inadequate boundaries set by the child's caregiver. It could then be said that teachers may identify children experiencing adverse childhood experiences of neglect as participating in delinquent behaviour in order to replicate or attempt to ignore the occurrences in their home environment. Such participation could lead to further isolation and social exclusion from peers. In contrast, it must be noted that some children experiencing neglect may use their peers as a buffer to the events in their home environment. Sidhu et al. (2015) and Furstenberg and Hughes (1995) suggest that at times, children experiencing adverse childhood experiences, may take on key positions in school and extracurricular activities in order to hide from the trauma in their home environments and have a greater stake in conformity as they do not want to jeopardise their relationships.

### Academic performance and appearance

Educators may identify neglected children through their cognitive performance and health. As children experiencing neglect are unable to effectively manage high levels of stress by themselves, it can lead to permanent changes in the development of the brain (Middlebrooks & Audage, 2008; Rice, 2012). As a result, practitioners in education may notice neglected children struggling to retain and recall new information and skills and display low concentration levels. This was noted by Turgeon and Nolin (2004) who suggest that children aged between five and twelve years with a history of neglect have shown a decreased verbal learning capacity, possibly stemming from deficits in registration and retrieval, relative to comparison children. This research was supported by Scommegna (2014) who identifies neglected children as at an increased vulnerability for attention deficit disorder, learning disabilities, and developmental delays. Teachers may identify neglect

through the lack of support and communication from a child's caregiver regarding such special educational needs. Caregivers may be unresponsive to attempts from their child's teacher to contact them in relation to offering support or opening a support file for their child. Poor nutrition, particularly the absence of certain micronutrients and starvation, may also contribute to inadequate brain development and performance. Teachers may identify children experiencing chronic hunger and tiredness as a result of poor nutrition and neglect. Child neglect may also present itself through a child's appearance.

Through observation, educators may identify neglected children as having; black/rotten teeth or poor oral hygiene; dirty, torn, ill-fitted or unsuitable uniforms/clothes; dirty fingernails; skin issues, such as rashes, left untreated, and; unwashed hair, face and hands. Neglected children may experience chronic headlice and have a strong bodily odour. Practitioners in education might identify neglected children through their weight as they may present as under/overweight. This was noted by Thulstrup and Karlsson (2017) who suggest that neglected children have twice the risk of health problems, including asthma, elevated blood pressure, high cholesterol, obesity and sleeping disorders, in comparison to children who have not experienced neglect. Such characteristics of neglect presented through a child's appearance can result in the child experiencing bullying from other children (Spiller, Lukefahr, & Kellogg, 2020). Child neglect may also be visible through a child's punctuality and attendance records in school and through a caregiver's failure to collect their child from school. Incomplete homework on a regular basis can also be a factor of neglect as children lack the support and guidance from a caregiver. Many educators identify such presentation of neglect and utilise various approaches and strategies to address this neglect in the classroom.

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**Approaches to Child Neglect**

### Educators' approaches

McGruder (2019) highlights how schools must ensure the physical and psychological safety of both students and staff in the physical environment and also in their interpersonal interactions. Creating a safe environment where trust is built between an educator and the child is important. A safe environment is one where practitioners in education are aware of the noise level within the environment along with; their personal tone of voice; positioning themselves at the child's level when speaking and; the use of the first person when engaging in conversation. Teachers may aim to keep the lines of communication open with children, through responding and not emotionally reacting in every situation. This approach may enable neglected children to share experiences from their home environment and develop a rapport with educators. Skinner-Osei et al. (2018) support this view as they suggest that practitioners in education who provide healthy and nurturing interactions and who model safety, warmth, trust, and responsible behaviour can provide a crucial antidote to the learned helplessness of neglected home environments. In addition, teachers could create opportunities for children through play and story time to share their experiences, validate their feelings, ask questions and develop a deep and meaningful connection with the child to aid the development of coping mechanisms and for healing to occur. The fostering of such a positive relationship with teachers can act as a protective barrier for children who experience neglect (Losel, Pugh, Makson, Souza, & Lanksey, 2012). It could also be said that through using curriculum initiatives, educators are giving children the tools and courage to speak about their own situation (Roberts & Loucks, 2015). The provision of such positive experiences is vital in order to foster a level of comfort and ease for the child. Research suggests the vitality of avoiding confrontational approaches as they can make a child feel threatened and force them to become hypervigilant, wary and resort to a fight-or-flight or freeze reaction (Skinner-Osei

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et al., 2018). Other strategies used by educators may include the provision of wipes for children to clean their hands and face and a nail brush to clean dirty nails. Hairbrushes may be kept in the classroom to brush and tidy a child's hair. Supplementary activities may be taught and completed through art, yoga and mindfulness practices regarding approaches to adequately address, manage and express one's emotions. The selection of appropriate approaches and strategies could be done through a collaborative process.

The educational treatment applied should be co-operative, transparent and individualised, taking into account child agency and one's personal and socio-familiar circumstances (Moreno-Manso, Garcia-Baamonde, Guerrero-Barona, Blazquez-Alonso, Pozeuco-Romero, & Godoy-Merino, 2017; McGruder, 2019; Skinner-Osei et al., 2018). McGruder (2019) highlights child agency and giving children the opportunity for shared decision-making and goal setting. By affording children with the opportunity to make decisions on content and strategies, educators are building and maintaining trust with children. This consolidation of a trusting rapport is vital when involving children in decision-making in order to address a child's concern for confidentiality between them and educators. Ramsden (1998) and Roberts et al. (2015) note how children often worry about whether their teachers would maintain confidentiality. In addition, it acknowledges and allows for individuality to be recognised and embraced, and for each child's needs to be met, as not every approach will be suitable for all neglected children. Such necessity for individuality to be considered and child agency to be promoted when approaching child neglect is supported by many researchers including Morgan, Leeson and Carter-Dillon (2013) and Roberts et al. (2015). McGruder (2019) refers to a collaborative approach as a wraparound process whereby several staff members in a school cooperate with those from the local community to engage in shared decision-making and goal setting with children to build resilience and

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facilitate recovery. Schools should consider the involvement of outside agencies in order to address and assist a child experiencing neglect.

**Schools and outside agencies**

Morgan et al. (2013) suggests the importance of educators understanding local services that work with children who experience neglect so that they can direct children to appropriate external support systems. In Ireland, teachers create and send a mandated report about neglected children to Túsla. Each school in Ireland has a designated liaison officer who is a key person within the school with the specific responsibility of reporting issues of neglect, and who is available to support their colleagues in assisting neglected children (Morgan, Lesson, Carter-Dillon, Wirgman, & Needham, 2014; Roberts et al., 2015). The designated liaison officer or classroom teacher completes the Child Protection and Welfare Report Form and returns it to Túsla where the form will be assessed. Túsla may suggest the use of Meitheal: A National Practice Model for all Agencies Working with Children, Young People and their Families. This case co-ordination process facilitates addressing families with additional needs through a multi-agency collaborative intervention (Túsla – The Child and Family Agency, 2013). This process is utilised for those considered in need but who do not meet the threshold for referral to the Social Work Department under Children First: National Guidance for the Protection and Welfare of Children (2017). Family support workers, psychologists, members of An Garda Síochána are examples of professionals that could be included in a Meitheal process.

Researchers such as Bullock, Stanyon, Glaser and Chou (2019) suggest that educators do not always act on suspicions of child neglect. This can be for several reasons, one of which includes a lack of staff training (Berliner & Kolko, 2016; Bullock et al., 2019; Roberts et al., 2015; Morgan et al., 2013). Professionals may feel ill-equipped to trust their own

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repertoire of knowledge regarding neglect. This is supported by Horwath and Tarr (2015) who suggest that some teachers refrain from reporting neglect until they have identified various indicators of neglect. It could be said that this delay may contribute to the ongoing chronicity of child neglect that can be damaging to a child's well-being and development. In addition, practitioners in education might refrain from reporting child neglect as they have experienced a lack of positive progress in previous experiences. Wilding and Thoburn (1997) expand on this view by suggesting that when child neglect is reported, it may not be prioritised as the threshold is positioned too high. Neglect positions a child at a disadvantage regarding their holistic development.

**Educational Disadvantage**

Kellaghan, Weir, O'hUallacháin and Morgan (1995) define disadvantage as a complex phenomenon inclusive of one's SES and cultural and educational conditions. To support educators in approaching disadvantage, the Government of Ireland established DEIS which is a national programme that was launched to address the educational needs of vulnerable children from educational and societal disadvantaged communities (Department of Education and Skills (DES), 2011; DES, 2017). The programme is rooted in the belief that everyone deserves an equal opportunity to access, participate in and benefit from education to reach their full educational potential (DES, 2005). DEIS schools are divided into two groupings; band one and band two. The designation of a school into band one or band two is dependent on the level of need and disadvantage within the community. Unlike band two schools, band one schools receive staffing schedules to reduce class sizes and to increase the level of support given to pupils. To facilitate addressing disadvantage, Fallon (2005) identifies various initiatives that have been established and introduced in both band one and band two designated DEIS schools including; the Rutland Street Pre-School Project, the

Early Start Programme, Breaking the Cycle and the School Completion Project. These initiatives attempt to prevent school failure, provide support to children and communities and encourage parental involvement in education. It must be noted that disadvantage is not confined to cities; it is inclusive of areas within the rural population. McSorley (1997) suggests that caregivers in disadvantaged communities can lack the economic, academic and emotional resources to ensure their children are awake, fed, dressed, with homework completed correctly and uniforms, books and lunch prepared in time for the school day. To assist children and families, DEIS schools receive an additional allocation of Government funding to provide children with necessities such as, lunches, a book rental scheme, breakfast clubs and homework clubs. DEIS schools also have the presence of a Home School Liaison Officer who strives to assist and include caregivers in their children's education. The teaching and learning experiences in DEIS schools are adapted with a focus on numeracy and literacy through initiatives such as; First Steps; Ready, Set, Go Maths; Reading Recovery and; Literacy Lift-Off.

It must be considered that researchers such as Atroszko (2013), Bojczyk, Haverback and Pae (2018) and Buckingham, Beaman and Wheldall (2014) suggest that a child's learning in school is a product of the classroom environment, in tandem with the dispositions of each individual towards learning, and their exposure to learning experiences in their home environment. A child's dispositions towards learning may be influenced by; their caregiver's attitude towards education; a caregiver's participation in educational activities with their child and; the availability of resources to assist learning in the home environment. Caregivers may experience low educational attainment levels and refrain from engaging their child in growth-fostering activities due to an inability to do so. Clark (2005) acknowledges such inconsistency between what children learn at school and what they learn at home or in the community. The researcher elaborates further by referring to Bernstein's theory of pedagogic

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discourse (1990, 1996) whereby it is argued that the distribution of educational access was very clearly tied to class and that educational failure was often language failure. Consequently, a disconnectedness may ensue between home and school language and sociocultural differences. It could then be said that if a caregiver is experiencing poverty, has a negative attitude towards education and neglects to provide and/or engage children with and in growth-fostering activities; children may still experience educational disadvantage, despite various efforts made by educators in the school environment.

**Conclusion**

It is apparent that child neglect may occur in a child's life for a multitudinous of reasons. This chapter has highlighted the influential nature of one's home environment in an one's holistic development. The presence of poverty, cultural values, substance misuse, caregiver-child separation, violence and a caregiver's dispositions and availability can have damaging effects on a child's physical, emotional, educational and medical needs. The prevalence of such effects of neglect in children's life can be seen in primary school classrooms through their appearance, cognitive performance and internalising and/or externalising behavioural problems. It is for such reasons that educators have developed skills and strategies to identify and address child neglect. This research study will now seek to develop a more complex understanding of how neglect is identified and addressed by conducting interviews with practitioners in urban DEIS band one primary schools.

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**Chapter 3 – Methodology chapter**

The goal underpinning this investigation was to use qualitative methods of research to examine the perceptions held and approaches used by teachers of children in urban DEIS band one primary schools regarding issues of child neglect. This chapter will examine the criticality of utilising practitioners in education in research. Including teachers in research enables the emergence of a relationship between research and the education sector. Such a rapport can facilitate the development of need-oriented research that is relatable to the current challenges in schools and classrooms. In addition, practitioner research can contribute to the development of skills and policies to assist those within the educational sector. The qualitative methods of research applied to this study enabled participants to explicitly narrate their experiences regarding child neglect. Flexibility was embraced through the application of semi-structured interviews which facilitated the use of open-ended questions, allowing participants to direct the interview in correlation with their own personal experiences. Despite such flexibility, an interview schedule ensured that all interviews explored each aspect of child neglect sufficiently. This section will indicate the use of both convenience and purposive sampling to identify suitable participants. The author will comprehensively outline how consent was gathered from all interviewees. Due to the presence of Coronavirus (COVID-19) in Ireland, all interviews were conducted via an online communication platform. The visual element of such platform enabled the face-to-face aspect of interviews to remain whilst in the comfort of one's own home environment. Additionally, this chapter will indicate various ethical considerations to uphold the privacy and respect of all participants. To conclude, limitations of the study will be discussed, some of which include the challenges of utilising an online communication platform and the study's external validity.

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**Practitioner Research**

Anderson, Herr and Nihlen (2007) concur with the goal of this study as it deliberately aims to bring about changes to one's own teaching practices in the classroom and perhaps the practices performed in school institutions and within the educational system. Gathering data on how teachers identify child neglect in the classroom contributed to the documentation of the prevalence of child neglect in urban DEIS band one primary schools and allowed educators to focus on their own issues, problems and needs. Many researchers such as; Mockler and Casey (2015); Pascal and Bertram (2012); Murphy, Bryant and Ingram (2014) and; Saunders and Somekh (2009) promote practitioner research into educators' concerns as it facilitates raising and investigating teachers' own questions and provides practitioners with professional learning opportunities. Through engaging in research, practitioners in education can empower themselves; revitalise and strengthen the profession for themselves and others; and create change. Through the dissemination of findings, change in education can be facilitated in areas of chronic need identified by key participants within the educational system. Pascal et al. (2012) and Mockler et al. (2015) highlight a crucial advantage of practitioners in education conducting research regarding their wisdom of experience. Teachers are a vital cog in the education system and are capable of building authentic collegiality with colleagues to integrate various perspectives and experiences which could develop the profession and the system (Mockler et al., 2015). It could then be said that practitioners' conduction of research is important. The infiltration of this research into the broader educational system to inform policy and practice is also significant.

Dynarski (2010) suggests that a collaboration between researchers and local and wider education communities is needed. The author advocates that such co-operation can facilitate an exchange of information from both research and practice in order to inform future developments and changes within the educational system. A collaborative approach

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could enable practitioners to draw on practice-informed research and facilitate the emergence of need-oriented research within the educational system. This view is reiterated by Tobin (2007) who suggests that not all useful research occurs beyond classroom walls as the approaches and strategies utilised and disregarded by educators are forms of research conducted in the classroom and can highlight areas of need. It must be noted that in some circumstances, education research is removed from those in school environments. Davis (2008) suggests that most research in education is produced by members of university faculty who act as agents of their own institutions or as subcontractors for various governmental organisations or non-profit research-sponsoring organisations. This can mean that the influential factors leading to research may be fund-related and not need-oriented. Tobin (2007) and Davis (2008) suggest that education researchers studying in highly structured research environments can ignore the warning signs in education and fail to consider the implications of their work in the real world of schools. It is for such reasons that practitioner research in the educational research landscape is vital in order to inform policy and practice about the need for development in areas of concern identified by educators. An area of concern addressed in this practitioner research study is child neglect.

**Qualitative Approach**

Utilising a qualitative approach to this research study on child neglect facilitates the capturing of participants' in-depth perceptions, viewpoints, interpretations of reality, thoughts, opinions, feelings, and experiences as they can be defined as a systematic way of listening and talking to people and viewed as opportunities to probe deeply into issues (Croix, Barrett, & Stenfors, 2018; Block & Erskine, 2012; Anderson et al., 2007). Qualitative research allows for complex issues, such as child neglect, to be discussed, recorded, and reported in significant detail. Denscombe (2014) highlights that qualitative methods are advantageous in allowing researchers to gain privileged and sensitive information from key

players in the educational field who can give valuable insights and share knowledge based on their experience or position. Qualitative research focuses on human experience and enables each study to be unique as every human will recall and approach events and issues in different ways. This is supported by Stahl and King (2020) who suggest that qualitative methods are uniquely positioned to provide researchers with narrated and storied data closely related to the human experience and, to create unique circumstances to document, interpret, and write up. Research conducted using qualitative methods enables the researcher to reflect on and explore various phenomena of which we are aware of but require more detailed insights and information about. KOÇ and Fídan (2020) explore this phenomenological design and propose that it questions the experiences about a phenomenon to get into the essence of the practices and to understand the shared experiences of several individuals about the same phenomenon. To explore the phenomenon of child neglect, the qualitative method of research selected for this study is one-to-one interviews with a small group of primary school teachers in urban DEIS band one schools.

**Interviews**

Interviews are a multi-sensory approach to collecting data as they facilitate an exchange of views between two or more people on a subject of mutual interest and embrace the centrality of human interaction for the production of knowledge (Kvale, 1996 as cited in Cohen, Morrison, & Mannion, 2007). There are three different types of interviews: structured, semi-structured and open. The interviews conducted in this research study were semi-structured, allowing for flexibility on behalf of both researcher and interviewee. A semi-structured interview format allows for an exploratory nature to the research. Open-ended questions based on the study's central focus were developed to obtain specific information and, flexibility was embraced so that respondents could shape or inform the discussion and elaborate on points of interest (Tummons & Duckworth, 2012; Denscombe, 2014; Patton,

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2002; DiCicco-Bloom & Crabtree, 2006). The flexibility of semi-structured interviews facilitates the collection of detailed personal data through the interchangeability of the order of questions and the creativity that can occur depending on the conversation being had. Ritchie and Lewis (2003) emphasise the importance of the researcher asking open-ended questions to allow the interviewees to express their understanding of phenomena and the meanings they hold for them personally. It could then be said that every semi-structured interview in a research study is different as; although the same topic is being discussed, opportunities are provided to respondents for personal connections and interpretations to prevail. Croix et al. (2018) and Bryman (2001) elaborate further on this statement by suggesting that researchers can gain an understanding of what participants deem to be most important about the topic being investigated through explicitly appreciating, respecting, and listening to the interviewees' input and allowing the order of questions to be informed by the flow of the conversation.

**Interview schedule**

An interview schedule (see Appendix A) containing the well-structured main questions, as well as sub-questions to extract rich data, was included in each interview to ensure that the topic of the interview was explored sufficiently with each participant. Sturman and Taggart (2008) promote the use of an interview schedule as it ensures that there is a high degree of conformity in the interviewing process and it reduces the risk of interviewers involuntarily providing cues or supplementary information to the interviewees. An interview script was also included at the beginning of each interview. This was devised to; introduce the researcher; disclose the purpose of the research; explain why the research was of interest to the participant and to suggest the forty-minute length of the interview. Glogowska, Young and Lockyer (2011) suggest that an interview script enables the researcher to sound professional yet friendly. At the completion of each interview, further time was offered to

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each of the respondents to ask questions that they may have had themselves and to go over issues they had mentioned. A preliminary pilot interview took place as this approach is encouraged by many researchers including Rowley (2012) and Glogowska et al. (2011) to ensure that; the questions made sense; the schedule was accurate and; the script fulfilled its purpose.

**Interview sample**

The selection of interviewees was conducted through convenience and purposive sampling. Andrade (2021) defines a convenience sample as one that is derived from a source that is conveniently accessible to us. The participants in this study were drawn from urban DEIS band one primary schools only and initial contact was made via telephone to colleagues and friends. Andrade (2021) also defines purposive sampling by suggesting that it is one where characteristics are defined for a purpose that is specifically relevant to the research study. Participants in this study were required to have completed a continuous professional development course in neglect, trauma, child well-being or child welfare; or were teachers who had knowledge and experience of child neglect in their classroom. Upon identifying participants, a preliminary, informal and free-flowing phone call was made to conduct personal introductions. Farooq (2015) supports the use of an initial phone call as it provides the researcher with an opportunity to explain the nature and purpose of the study and it allows the researcher to immediately address any misunderstandings or reservations that the participant may have. It could then be suggested that this phone call permits the initial development of a trusting rapport between researcher and participant. The importance of this rapport is explained by Farooq (2015) as the removal of cognitive barriers where interviewees are more willing and ready to share their opinions and experiences with the interviewer. Following on from this initial contact was the provision of a consent form (see Appendix B) to every participant.

According to Lechuga (2012) a researcher is obligated to obtain informed consent from participants in a study and has a legal and ethical obligation to inform all possible interviewees of the potential harms and risks associated with participating in the research. The forms of consent applicable to this study were oral and written consent. The British Educational Research Association (2018) and Anderson et al. (2007) highlight that consent must be informed meaning that potential respondents are made fully aware of the nature of the research, the methods employed, the intended conclusion, why they as participants are necessary as part of the study, and what their involvement entails. Such details were provided to participants via a written document emailed on to them and orally at the beginning of each interview. Interviewees were instructed to; return the written consent form to the researcher prior to the interview; keep a copy of the consent form for their personal records and; inform the researcher via email how they would like to be informed of the research findings. An important consideration for participants is highlighted by Husband (2020) and Glogowska et al. (2011) who suggest that the rights, dignity, and mental well-being of all respondents must be protected and that they should suffer no loss of professional standing or suffer personal distress. To facilitate this care towards interviewees, contact details to seek counselling support from a trained individual were included in the written consent form. This provision of support is also endorsed by Adler and Adler (2002) who suggest that the retelling of powerful experiences may elicit intense emotions, which can influence participants' emotional state during and after the interview. At the time of this study, Coronavirus (COVID-19) was present in Ireland, which has been defined by the World Health Organisation (2021) as an infectious disease caused by a new and highly contagious virus. To protect both researcher and participants, the interviews were conducted via an online platform for communication.

**Online Data Collection**

Communication norms are continuously changing through advancements in technological communications with more and more people preferring to communicate through telephone and online modes, deeming face-to-face contact to stay updated and involved unnecessary (Farooq, 2015; Glogowska et al., 2011; Redlich-Amirav & Higginbottom, 2014). One such advancement in communication technology was the establishment of Zoom which is an easy and reliable application for video, voice, content sharing, and chat runs across multiple devices such as mobile phones, desktops, telephones, and room systems (Zoom Video Communications, 2021). Due to the presence of Coronavirus (COVID-19) in Ireland, video communication channels such as Zoom have become familiar to many and an accepted way to converse with others. It is for such reasons that Zoom was the chosen online platform for this research study. Many researchers have identified several advantages associated with utilising communication technologies in research studies. Platforms such as Zoom provide researchers and participants with access to varied resources and experiences in an environmentally sustainable and cost-effective manner without having to endure any expenses on travel to different locales (Block et al., 2012; Carr & Worth, 2001; Farooq, 2015; Knox & Buckard, 2009; Novick, 2008; Redlich-Amirav et al., 2014; Weller, 2015). It could then be reasoned that Zoom interviews save both interviewer and interviewee time as both can remain in a comfortable location within his/her home. In addition, researchers such as Weller (2015), Redlich-Amirav et al. (2014), Deakin and Wakefield (2014), Lechuga (2012) and Edwards and Holland (2013) suggest that there is less pressure of presence as an interviewee can experience a greater sense of calm through the freedom to choose the location within his/her own environment, without the sense of the researcher encroaching on his/her personal space, possibly allowing them to speak with ease. However,

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the presence of the researcher may still be felt through the visual element offered by platforms such as Zoom.

Researchers such as Weller (2015) and Redlich-Amirav et al. (2014) suggest that it is through using two-way real-time communication, comprising of both visual and audio elements, that the interview has the potential to remain, to a certain extent, a "face-to-face" experience whilst still preserving flexibility and private space elements. Face-to-face interviews facilitate the communication of body language which is a tool that can ensure participants' viewpoints and experiences are correctly portrayed and understood. Many researchers posit face-to-face communication, through using body language and facial expressions, an integral part of the interview process (Gillham, 2005; Kvale & Brinkmann, 2008; Rowley, 2012). The convenience of internet communication must also be considered, particularly due to the presence of the worldwide pandemic when people are restricted mostly to their home environments and where in-person interviews are deemed unsafe for all involved. Weller (2015) addresses this through highlighting the versatility of internet video calls as discussions can be paused and then resumed at a time appropriate for all parties. In addition, online communication platforms for research enable the gathering of data from people in other countries. Block et al. (2012) refer to such an increased reach for data collection via internet use. The ethical considerations of all participants involved in this study will now be discussed.

**Ethical Considerations**

Participants in this research study were afforded assurances of their right to anonymity and privacy, the right to withdraw without giving reason, the right to remain in good standing, and the right to be kept informed of any material changes to the research study that may impact on their decision to participate (Carr et al., 2001; Bell & Waters, 2014). The

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level of disclosure regarding information, views and experiences was decided on behalf of the respondents. Knapik (2006) records the importance of the researcher acknowledging an interviewee's boundaries as one participant in her study recalls noticing and appreciating how the researcher responded to signals that she had gone as far as she was willing to in sharing her personal experiences; thus, strengthening the trusting rapport between researcher and participant. Interviewees' personal details (name, other personal characteristics, place of work) were not disclosed, and all interviews were audio recorded and not visually recorded. Transcriptions of interviews were completed by the researcher only and all recordings and transcripts were saved securely on password-encrypted documents and drives on the researcher's password-encrypted personal laptop with no identifiable markers. Whilst every effort was made to ensure that participants' identities were protected, there is a chance, for example, that the supervisor to this study may listen to the audio and may recognise them. All data collected will be kept for thirteen months after the research submission. Every effort will be made on behalf of the researcher to accurately represent the information supplied by participants. All interviewees can request access to the data gathered from their personal interview at any time before it is destroyed. Whilst efforts were made to design the interview in a feasible, ethical, and efficient manner, limitations to the design and data must be considered.

**Limitations**

Denscombe (2014) identifies a limitation regarding the interviewer effect which relates to one's personality, presentation, age, and other personal characteristics. He suggests that to surmount this challenge, interviewers can make efforts to be polite, receptive to ideas and views and remain neutral; thus, creating a suitable climate for an interviewee to feel comfortable in sharing honest information. The role of an interviewer is; to listen to and learn from participants; to manage their own reactions and; to be supportive by not passing

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judgements on comments made or by preaching one's own views or experiences. The interviewer must also establish a trusting rapport with each participant. Knox et al. (2009) suggest that the quality of this rapport is likely to affect participants' self-disclosure, including the depth of information they may share about their experiences and views. As the interviews were conducted online, the ability to develop this relationship might have been compromised by the separation between interviewer and subject. Block et al. (2012) and Erskine (2012) identify this limitation to a study and categorise it as structural distance which has the possibility of influencing perceptions and the nature of interactions between interviewer and participant. Psychologically, the researcher and interviewee might have experienced an increased separation, which could have decreased the trusting ability of the participant. Block et al. (2012) further emphasise the importance of trust by suggesting that it is particularly necessary to facilitate the divulging of sensitive information and is instrumental in eliciting in-depth responses to questions. The common practices used by researchers in face-to-face interviews to establish a rapport with participants through engaging in informal small talk, offering/accepting a drink, and admiring furniture, family photos and/or pets cannot occur via online interviews. Despite this, Deakin et al. (2014) and Farooq (2015) mention their experiences of conducting online and face-to-face interviews and argue that they faced no difficulty building relationships with their participants and that the level of rapport achieved was comparable. In addition, Trier-Bieniek (2012) emphasises that there is never a guarantee of a researcher being able to build a rapport with participants in face-to-face interviews.

Weller (2015) highlights a limitation using online communication technology in a research study. The author acknowledges the lack of control that the researcher has over some of the equipment and, in the event of possible technical difficulties, the lack of opportunity to take remedial action. Such technical difficulties could refer to the quality of the internet

connection within a home which could buffer and fluctuate, leading to interruptions to the flow of the conversation. This challenge was experienced by Seitz (2015) who refers to abrupt endings to calls and pauses throughout conversations that interrupted the interview flow. Other challenges relating to utilising online audio and visual platforms for research is the restricted element of the visual to the upper body. Such restrictions could mean that body language may not be wholly observed and interpreted by either the researcher or participant. Redlich-Amirav et al. (2014) support this view by suggesting that online platforms can involve the loss of both visual and interpersonal aspects of the interaction which caused some of the participants in their study to refrain from elaborating on responses or losing focus frequently throughout the interview process. To surmount any technical glitches on behalf of the researcher, all equipment and software were tested before each interview and during the pilot interview; including the alignment of the camera, the microphone, speaker, and the recording software. In addressing issues of concentration and comfortability in using an online platform, Irvine (2011) suggests that a participant's willingness to take part in an interview using communication technology could be interpreted to indicate a general level of familiarity with online communication platforms. In addition, all participants were encouraged to position themselves as clearly as possible in their camera and to disclose any concerns that they may have had in relation to conducting the interview online during the initial communication with the researcher and/or at the beginning of the interview.

**External validity**

The external validity of and the potential bias within the data generated by this study are also limitations to the research. Andrade (2021) and Davis (2008) argue that the findings of qualitative research conducted via convenience and purposive sampling are typically nested in highly particularistic and contextual environments meaning that they can only be generalised to the population that was conveniently accessible and purposely chosen, from

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which the sample was drawn. It could then be said that the data generated by this research

study is restricted to being generalised only to urban DEIS band one primary schools.

Another difficulty could be bias in relation to a participant's views or experiences. This bias

was highlighted by Kitwood (1977) who explains that every participant in an interview will

define a situation in a particular way (as cited in Cohen et al., 2007). It could be said that as

professionals, each participant is likely to have pre-considered ideas and views regarding the

topic about which they are being interviewed. Sturman et al. (2008) view such existing

opinions as advantageous and argue that each participant's pre-formed opinions are likely to

present as a fair representation of their true opinions. To surmount any potential bias, several

interviews were conducted to gather views and experiences from various teachers.

**Conclusion**

In conclusion, this chapter has highlighted the importance of practitioner research in

education as it enabled crucial perspectives of educators to be examined and facilitated the

interpretation of the reality of issues regarding child neglect within the educational system.

Furthermore, conducting interviews allowed the researcher to obtain a detailed understanding

of; complex issues, the inter-connectedness of factors and the operation of systems regarding

child neglect (Denscombe, 2014). Whilst the semi-structured exploratory nature of the

interviews enabled participants to focus on particular aspects of their experiences with child

neglect; the interview schedule ensured conformity regarding aspects of child neglect to be

discussed. The researcher obtained both oral and written consent from all interviewees. This

section of the study also discussed how the interviews were conducted via an online

communicative platform, suggesting a level of comfortability and ease on behalf of the

participant in his/her home environment. Ethically, the researcher ensured the protection of

personal data of all participants. The chapter concluded by addressing the challenges and

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limitations to the interview design and on the data collated. The findings gathered throughout

the interviews will now be discussed in the following chapter.

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## Chapter 4 – Findings and Discussion

Thematic data analysis was applied to analyse each interview. A selection of responses led directly to themes while others emerged from the information gathered as common views or experiences shared by interviewees. Three broad themes were identified by the researcher; defining neglect, presentations of neglect and approaches to neglect. Within each theme will be subthemes to further categorise and discuss data collated from the interviews. Findings included in the initial theme will indicate how participants defined the multifaceted forms of child neglect inclusive of physical, emotional, educational and medical neglect. Additionally, this preliminary theme will discuss factors in a child's life recognised by interviewees that may contribute to neglect such as; cultural backgrounds, poverty, caregiver educational attainment levels, unemployment, intergenerational neglect, substance misuse, violence and, caregiver absenteeism and separation. Findings will show that the presence of such features in a child's home environment may impact on a minor's development and thus, a child may present with an unhygienic appearance, impaired cognitive functioning and internalising and/or externalising behavioural problems. This chapter illustrates how teachers have identified such presentations of child neglect in their classrooms and schools. Additionally, participants' identification of strategies and approaches utilised as classroom and school practice to address issues of child neglect will be comprehensively explored by the author in this section. Curriculum initiatives, utilising yoga and mindfulness practices and, logging evidence of child neglect are examples of approaches that will be discussed. To conclude this section, the researcher will describe interviewees' experiences in collaborating with outside agencies and professionals to address issues of child neglect.

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**Defining Neglect**

### Types of neglect

Child neglect refers to the multidimensional maltreatment of children through a caregiver's omission of essential physical, emotional, educational and medical care that is critical for one's holistic development and well-being (Boyce et al., 2013; Bisby, Kimonis, & Goulter, 2017; Dale, 2019). Child neglect is a multifaceted concept and thus, can present in various formats throughout a minor's life. This wide range of the definitions of neglect is echoed in this research study by interviewees who classified neglect as experiences in a child's life when their needs aren't being met. Physically, children may be neglected through the non-provision of suitable accommodation, sufficient nutrition and appropriate clothing. Research participants concurred with this statement as many addressed how a child's accommodation could be unsuitable with a lack of furniture and poor hygiene standards. They also acknowledged how some children could be living in temporary homeless accommodation; noting a lack of consistency and security in children's lives. Researchers Casey et al. (2015) suggest that neglected children experiencing disruptions and inconsistency in their home environment resulting from homelessness and/or emergency housing may face further challenges with their social, emotional and academic development. Such challenges may also be experienced by children who have an incorrect, age-appropriate diet. Several interviewees in this research study referred to inadequate nutrition as nutritional neglect, classing it as a separate form of neglect to physical neglect. However, it must be noted that several researchers including Oshri et al. (2017), Erickson and Egeland (2002) and Stoltenborgh et al. (2013) include inadequate nutrition in their definition of physical neglect, rather than referring to it as an individual form of neglect. Interviewees expressed how children could also be neglected through ill-fitting and/or inappropriate clothing. Findings included participant Carly's experience with 'children coming in in cold weather with no

coats on a really cold day' while interviewee Beth recalled 'kids having to come in with you know, no socks, no underwear'. In addition, it must be considered that a substantial cohort of interviewees described aspects of physical and/or sexual abuse whilst discussing child neglect. Cigarette burns; marks and/or bruising on a child's body; a child's sensitivity regarding the removal of layers of clothing in warm weather and; harsh, physical punitive behavioural strategies on a caregiver's behalf were suggestions made by participants. Such comments might represent the absence of clarity in understanding in relation to the definition of child neglect and/or potentially signifying that some view these cases only as neglect and not as actual abuse. All interviewees unanimously identified the multifaceted nature of child neglect, leading them to also recognise emotional, medical and educational neglect. It could be suggested that it is for such variety in the forms of neglect that educators may find it challenging to comprehend and identify child presentations of neglect in the classroom, particularly when one's definition of neglect differs from others.

In relation to emotional neglect, Jordan (2001) and Evans and Burton (2013) describe it as the absence of opportunities in a child's life to engage in growth-fostering activities on how to interact and engage in mutual exchanges. This can result in the inability to foster healthy relationships and thus, experience chronic disconnection and loneliness. Several participants in this study identified emotional neglect as a more hidden form of neglect, with interviewee Gary expressing how it relates to 'children having nobody to talk to or kind of being ignored…or…in the care of people other than the parents for a large amount of time'. A majority of participants suggested that there was a link between unresponsiveness on the caregiver's behalf and emotional neglect as children's cries for attention could be ignored. Additionally, a lack of supervision and role reversal is noted by various interviewees, with Fiona recalling how children are 'potentially being left alone to care for younger siblings, to fend for themselves' and suggested a lack of 'safety around you know the hazardous things in

the home' such as boiling water, cookers and sockets. Tudoran et al. (2015) note this

ignorance on a caregiver's behalf which may compel a child to take on the role of an adult

from a young age in order to compensate for what their caregivers have failed to offer them.

Such a concern around the absence of care by caregivers prompted several participants in this

research study to identify the prevalence of medical neglect in children's lives. They regarded

unaddressed issues surrounding dental hygiene and a child's vision as the medical neglect of

a minor. There may be some issues over the accuracy of this as such expenses are covered by

medical cards for those most in need. Matters relating to the educational neglect of children is

a cause for concern for everyone. The unanimous identification of this form of neglect may

suggest educators' confidence in defining educational neglect. Thus, the lack of clarity in

understanding of other forms of neglect may suggest a lack of knowledge in defining them.

Tudoran et al. (2015) and Stoltenborgh et al. (2013) categorise educational neglect as a

caregiver's failure to; enrol their child in a proper educational configuration; acknowledge

and address the special educational needs of the child and; ensure their child attends school

every day and on time. Findings in this research study supported this view of educational

neglect. The causes of such educational neglect, along with all other forms of child neglect,

were explored by participants in this study.

### Culture

Bronfenbrenner (1979, 1986) notes that an individual has a genetic potential that can

be embraced or stifled, depending on their home environment. Thus, cultural beliefs of a

household are influential in how a child is reared at home. This was acknowledged by various

interviewees in relation to the experiences of children living within the Travelling and Roma

communities. They proposed that children might be physically neglected due to the lack of

amenities on a halting site, causing poor personal hygiene and unwashed clothing.

Additionally, participant Carly recalled an experience of prolonged absenteeism of a child in

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the Roma community. When approached, the child's caregiver explained how 'the child

couldn't come to school for like a month because his wife was 8 months pregnant…in

Romania women from 6 or 7 months, they don't leave the house you know and the children

just don't go to school'. Culture-specific practices were explored by researchers Erickson et

al. (2002) who express in their study how some Hispanic caregivers often refrain from using

car seats for their children because they think that the child will experience feelings of

abandonment if they are not in their caregiver's arms. Friedman and Billick (2015) discuss

this study and note that whilst many may consider this to be unsafe and constituting child

neglect, cultural beliefs and caregiver motives put this action in a grey area. Therefore, while

many interviewees interpreted prolonged absenteeism on behalf of the caregiver's cultural

beliefs as child neglect; it could be viewed as a difference in cultural practices.

**Poverty and educational attainment**

Tovey and Share (2000) contend in their study that caregivers experiencing poverty

find it challenging to foster a positive rapport and become involved with the education

system. Caregivers facing disadvantage may be apprehensive and opposed to conversing with

people of authority, such as a school teacher or a school Principal, due to their personal,

negative experiences within the educational system. Findings in this research study identified

this low level of engagement and interest on behalf of caregivers, causing a division between

schools and the home environment. Interviewees recalled experiences of hostility and

unresponsiveness from caregivers in relation to special educational needs referrals and notes

sent home regarding various issues of attendance and homework. There is a reasonable case

to be made that the use of notes to communicate with caregivers in DEIS schools is an

impractical form of communication due to caregivers' possible low literacy levels and could

potentially further discourage the development of a home-school link. In order to become

involved in their child's education and prevent such a withdrawal from the school

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environment and thus educational neglect, caregivers must foster a level of self-esteem to

perceive that they have the necessary skills to engage with and attend to the needs and/or

special educational needs of their child adequately (Hoover-Dempsey et al., 1997 as cited in

Bojczyk et al., 2018; Stoltenborgh et al., 2013; De Bellis, 2005). This is representative of

Bandura's (1994) social cognitive theory relating to self-efficacy which is a belief about

one's capabilities to perform a particular task, thus, determining how one thinks, acts, and

feels (as cited in Bojczyk et al., 2018). It could be said that the cause of such poor

involvement by caregivers in their child's education is their own low levels of educational

attainment.

Hartas (2012) notes that children facing disadvantage and living in poverty can

experience weaker caregiver involvement in their development which could lead to child

neglect as a result of a caregiver's personal educational development. Many participants

concurred with Gary's view when he indicated decisive factors in child neglect; 'I'd say

definitely it would be the parental background…and I'd say the level of attainment that the

parents have achieved'. Interviewees suggested that caregivers in disadvantaged communities

could diminish the role of education in a child's life by failing to engage their child in

growth-fostering activities to stimulate development as a result of their personal low levels of

education. Research supports this view as children experiencing educational neglect in low

SES households are less likely to enjoy high levels of stimulation in their home environments

(Crampton & Hall, 2017; Galindo & et al., 2015; Atrsozko, 2013). In addition, the absence of

enriching oral language experiences between child and caregiver can cause child emotional

neglect and an insecure attachment style. Some interviewees recognised the colloquial

language utilised by a selection of caregivers in their school environments with participant

Fiona suggesting 'there's a large cohort that would speak very, you know roughly to their

kids. Or, dismiss them very quickly. And that lack of just proper communication'.  They

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noticed that caregivers could lack the skills of conversation, particularly in relation to assisting their child in developing emotionally to reach understandings and make rational decisions. One could argue that conversational skills are influenced by one's socio-cultural background. Bernstein's theory of pedagogic discourse (1990, 1996) highlights that despite a national curriculum standardising the content and skills taught amongst all social classes, this practice does not of itself result in social equality. It could then be said that the communicational skills possessed by a caregiver may differ to those of an educator as such skills are a result of varying language discourses embraced within social and cultural backgrounds. However, it must be noted that if a caregiver is unable to assist with a child's emotional development, it can prevent a minor from feeling emotionally secure in order to take risks and explore opportunities for developing holistically within the home environment. Several researchers discuss deprived affective learning environments and suggest that children in low SES households may not be privy to experiences of; normally accepted forms of social interaction and subsequent skills development; acts of affection such as hugs and; playing games such as hide-and-seek (Pollak et al., 2000; Hartas, 2012; Kelly, Sacker, Del Bono, & Francesconi, 2011; Niklas, 2015). Thus, children may develop an insecure attachment style as their need for warmth, love and conversational exploration with a caregiver is unfulfilled.

**Poverty and unemployment**

Foster (2010) and Hartas (2012) suggest that when a caregiver's life experience lacks education and the intellectual capital associated with it to secure employment and a reliable income, there is an increased rate of unemployment that is directly associated with escalating incidences of child maltreatment. It could be suggested then that children may experience neglect as a result of a caregiver's status of employment and income. Findings in this study concurred with high rates of unemployment amongst families living in low SES

communities. According to Buckingham et al. (2014) the SES of a family is a composite variable of relative socio-economic (dis)advantage consisting of components inclusive of household income and a caregiver's employment status. Despite participants in this study identifying that many families of children in their schools are in receipt of a social welfare payment, many children are still experiencing the effects of poverty as a result of their households' income and caregiver's unemployment status. One could argue then that the social welfare payment received is insufficient to support families and that the efforts by the Government to provide equal opportunities of education and employment to all classes in society is inadequate. Such effects can be visible through a caregiver's inability to provide well-kept clothing for their child. Several interviewees identified such neglect as unintentional. Ivy noted that 'it's nearly unconscious neglect…that that's just the best they can do I suppose…where they just can't provide that for the child at that moment and time'. This may be due to financial instability and a lack of disposable income, irrespective of a caregiver's prevalent love and care for their child. Polonko (2006) highlights the existence of a relationship between child physical neglect and poverty which can be reflected through a family's differential access to resources that are essential in satisfying a child's basic physical requirements. In contrast to this, a minority of research participants suggested that caregivers in receipt of a social welfare payment, can overcompensate for their underdeveloped parenting skills by providing their child with designer clothing and the most desirable technology and gadgets. In addition, inconsistent and/or inappropriate shelter due to financial hardship can act as a factor of child physical neglect. With regards to homeless accommodation, interviewee Carly recalled her experience with one family that 'used to stay back after school once a week to get a shower in the school shower…the Principal used to facilitate that because like the accommodation would be so bad like the water, they wouldn't be getting hot showers'. Services for washing clothes, furniture for completing schoolwork

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and facilities to prepare food were also identified as absent in emergency accommodation and possible causes of child neglect as a result of caregiver unemployment and income recognised in this study.

Financial distress could also be a factor in child medical neglect as caregivers are unable to purchase essential commodities. Interviewees described how poverty can be a factor when children experience prolonged toothaches or when children are lacking particular vaccinations due to the expense doctor visits can cause for families. In particular, Diane noted how in her school there's a child with ADHD 'and she keeps going through loads of trainers so if we'll say the domiciliary care allowance isn't there; that mother has to fork out that money constantly'. Findings in this study suggested that the pressure on a household's income can be further increased when families have five or more children to provide for. Stress can be placed on sourcing food and often children may be malnourished or relying on inexpensive, nutrient-deficient food. Research participants alluded to such family circumstances when caregivers are focused solely on surviving from one day to the next. Such survival instincts could be a feature of child neglect as caregivers struggle to meet every child's basic needs daily. Bundy-Fazioli and Delong Hamilton (2013) state that a caregiver's inability to meet a child's basic requirements, potentially places the child at risk of serious neglect and harm. The impact such distress has on caregivers may cause further child neglect as a result of a caregiver's ability to function and perform parental duties.

**Intergenerational neglect**

Brown (2002) notes how experiencing difficulties in satisfying basic requirements may impact on a caregiver's parenting skills, mental function and emotional availability as it is such a vital concern and likely to be associated with continuing worry and stress. This challenge experienced by caregivers facing poverty in low SES communities may be cyclical

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due to the repetitive nature of generational disadvantage in families. This was acknowledged by a large cohort of interviewees who expressed that poverty and child neglect can be generational in many families, with some participants having experienced the children of past pupils presenting similarly to their caregivers in the school environment. Parenting practices associated with any form of child neglect can be normalised in families through cyclical behaviours, meaning that a child's caregiver may have been neglected themselves in childhood. Participant Diane concurred with this statement and expressed that:

If the parent has experienced trauma or a series of traumatic events you know, it kind of limits their capacity of thinking with clarity or rationally and it affects their ability to perform their normal caring duties. So…headlice, organising schoolbags wouldn't be easy you know if your brain is thinking irrationally, homework, managing finances. So, there's not enough food in the home. Meeting appointments for OTs, dentist, you know parent/teacher meetings.

Several interviewees' experiences coincided with Diane's as they recognised how parents are often engrossed in their own issues relating to irrational behaviour, impaired functioning and coping and that nothing was done to prevent this cyclical neglect in many generations of families within their school environments. Conversely, Buisman, Pittner, Tollenaar, Lindenberg, van der Berg, Compier-de Block, …van IJzendoorn (2020) question as to whether neglectful behaviour is transmitted from one generation to the next, or whether evidence of transmission is guided by dependency of the perceptions of one person. In addition, findings proposed that it is through issues experienced by caregivers that child neglect could lead to children's brain development being negatively impacted. Such views are supported by Oates et al. (2012), Lee et al. (2007), De Bellis (2005), Skinner-Osei et al. (2018) and McGruder (2019) who suggest that adverse childhood experiences of neglect can lead to atypical development of the structure and functions of a child's brain which can lead

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to issues of chronic amygdala activation causing chronic stress, a suppressed immune system, dysregulated serotonin levels, mental ill-health, hypervigilance and behavioural problems. In addition, impaired functioning and mental ill-health on behalf of a caregiver can lead to substance misuse.

**Home environment and substance misuse**

Numerous researchers indicate that children who live in a substance-dependent household are at an increased risk for neglect causing physical, cognitive, social, and emotional problems (Haber, Bucholz, Jacob, Grant, Scherrer, Sartor, …, Heath, 2010; Nunes, Weissman, Goldstein, McAvay, Seracini, Verdeli, & Wickramaratne, 1998; Smith, Johnson, Pears, Fisher, & DeGarmo, 2007; Walden, Iacono, & McGue, 2007). Substance-misuse amongst caregivers may cause child neglect as children are often forced to care for themselves. A majority of participants in this study emphasised such independence given to young children as a direct result of caregivers being preoccupied by their own involvement in substance misuse alongside both physical and mental ill-health. Interviewee Beth recollected on an experience of physical neglect in her school where 'kids whose parents were so bad, drug offenders, that they were caught shoplifting to feed themselves'. This lack of awareness and surveillance of children by a caregiver is recited by Raitasalo et al. (2017) in their study where they state that with increased levels of alcohol and/or drugs, a caregiver's awareness of oneself and others deteriorates, increasing the risk of physical neglect and injuries among children. In substance-abusing homes, children may experience emotional neglect due to a caregiver's focus being deviated away from the child. Interviewee John recalled experiences with several neglected children and expressed that:

They just want…someone to look after them and put their arm around their shoulder,

talk to them, give them a bit of praise, do you know they mightn't be getting any of this stuff

at home – the basics that you expect kids to be getting, they're not getting them.

In contrast, one participant argued that through her development of a secure attachment with

a neglected child, she believed that the minor developed a level of security and self-

confidence within the school, resulting from her consistent love and care. Losel et al. (2012)

support this by suggesting that the development of such a positive rapport between teacher

and child can act as a protective barrier for children who experience neglect. Furthermore,

findings suggested that caregivers can become easily overwhelmed by children's behaviour.

This is explained by Deater-Deckard et al. (2010) who mention how substance misuse can

cause impairments to a caregiver's executive functioning, resulting in negativity, a lack of

response, coldness, insensitivity, inflexibility and incapability in managing a minor's intense

emotions. Children may develop low self-worth and foster an insecure attachment style with

their caregiver as they deem themselves unworthy of love, attention and care. Taking care of

oneself posits fear, insecurity regarding safety and anxiety in a minor. Such intense emotions

can be also be experienced through the presence of violence in the home.

### Home environment and violence

Children living in low SES communities may experience child neglect resulting from

violence directed at them, interparental violence in the home and/or violence in the local

community (Schuler et al., 2001; Martinez et al., 1993; Casey et al., 2015). The presence of

violence in a child's life can cause minors to feel scared and unsafe at home. Participant

Carly highlighted the existence of violence in children's lives by recalling an incident where

'a father came up and was violent to the child in school'. Findings in this study also

acknowledged the existence of interparental violence in homes with educators recalling

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experiences of children admitting to not wanting to go home due to heightened levels of fear and chaos along with the absence of controlled boundaries and a structured environment. Minors living in such fear may experience increased cortisol levels causing impulsivity and hypervigilance. In some cases, children are surrounded by violence in their community. Participant Beth noted how 'children are seeing and witnessing…murders, bodies are being thrown out in front of them out of cars. They come in to school as if nothing has happened and we're all (shocked face)'. Growing up and experiencing such disturbing experiences on a regular basis can cause children to become accustomed to such violent and criminal behaviour. A child's overexposure to such criminality is a risk factor of neglect as they are not receiving the protective care and necessary supervision. This could prevent a child from seeking help from a family member as they don't feel secure in the household, contributing to the development of an insecure attachment with a caregiver. Few interviewees noted that the existence of a safe and secure household may decrease a child's exposure to violence inside the home and in the community; potentially preventing child neglect as a result of violence. In addition, participant Diane mentioned:

In pregnancy like if domestic abuse occurred, I'd say or if the pregnancy was ill-timed in young mothers, or as a result of rape -we mightn't be privy to that you know…the unborn baby might…develop like an unhealthy, emotional attachment…resulting in neglect in the form of just inattention again like lack of you know, the serve and return…and then leading to an inactivated first response system.

Furthermore, prolonged absenteeism on a caregiver's behalf due to substance misuse and/or incarceration are risk factors of child neglect. This is emphasised by researchers such as Foster et al. (2009) and Murray et al. (2009) who suggest that a caregiver's absenteeism due to substance misuse and/or incarceration can magnify existing hardship in a child's life and introduce new strains such as financial hardship, residential instability, and family

breakdown. However, children may experience caregiver absenteeism due to various other reasons.

### Caregiver absenteeism and separation

Caregiver absenteeism from the home environment due to work commitments and/or caregiver separation could result in a lack of parental monitoring and supervision and reduce their involvement in developmental activities with children (Mullan, 2009; Rokicka, 2016). Long working hours may impact on a caregiver's presence and availability on a daily basis in their child's life. Many interviewees acknowledged the effect caregiver employment can have on children and suggested that many minors could be left alone to care for themselves or be placed under the supervision of individuals, other than their caregivers, for long periods of time. They also alluded to a prolonged use of technological gadgets such as Tablets and iPads in the place of growth-fostering activities on behalf of children experiencing a lack of supervision from a caregiver. The use of Tablets and iPads may reduce one's brain stimulation and expose children to explicit content in comparison to more hands-on activities such as caregiver-child baking, cleaning and reading activities. Interviewee Beth recalled a time when she 'taught infants for a while and they'd be talking about the characters that they play on Grand Theft Auto which is for over-16s and there'd be messages for prostitution, drug taking and all that'. In addition, researchers identify several factors of child neglect associated with time constraints posited on employed caregivers including; increased screen-time activities and difficulties in the provision of regular, nutrient-dense meals (Cawley & Liu, 2012; Bauer, Bauer, Hearst, Escoto, Berge, & Neumark, 2012; Brown, Broom, Nicholson, & Bittman, 2010; Ziol-Guest, Dunifon, & Kalil, 2013). Physically, such neglect may impact on children's bodyweight and cause deficiency in various nutrients. Conversely, it must be noted that some researchers proclaim that caregiver employment may have a positive impact on children's physical health as it facilitates the purchase of healthier food

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and the enrolment of children in organised physical activities, such as sports clubs (Rao, Afshin, Singh, & Mozaffarian, 2013; Wikeley, Bullock, Muschamp, & Ridge, 2007)' Emotionally, children may experience neglect as they may not be privy to one-to-one bonding experiences with their caregiver as a result of caregiver employment hours and caregivers' separation.

Developmental studies have connected prolonged and/or frequent separation from a primary caregiver with increased potential for emotional disorganisation and dysregulation in young children (McIntosh, Smyth, & Kelaher, 2013; Main, Hesse, & Hesse, 2011; Sagi-Schwartz & Aviezer, 2005; Sagi, van IJzendoorn, Aviezer, Donnell, & Mayseless, 1994). The separation of caregivers can place a caregiver and child into isolation as the support network may have been broken. Findings in this study suggested that to mitigate the effects of such separation could be difficult as the child is not getting the attention they crave. Inattention and the absence of a secure reciprocal relationship with a caregiver can be a factor of child emotional neglect. Child neglect can occur between a child and the caregiver who has departed the family home due to both the physical and emotional distance created between both parties. It must be considered that emotional neglect may also ensue between the child and the remaining caregiver in the home. Researchers highlight that separation may cause stress and depression in adults which are associated with negative perceptions of self; facilitating a reduced self-esteem with regard to one's caregiving abilities, potentially affecting child well-being (Farrington, 2004; Cummings et al., 1994; Sturge-Apple, Davis, & Cummings, 2006). Caregivers struggling with separation may become emotionally unavailable and insensitive towards their child, particularly in relation to a child's need to discuss and see a caregiver who has departed the family home. The absenteeism and inconsistency amongst caregivers during a separation can heighten a child's anxiety levels and children may experience feelings of loss. In contrast, few researchers suggest that due to

structured visitation and co-parenting arrangements, some children may experience an increase in time spent with caregivers, potentially preventing child emotional neglect (Amato & Gilbreth, 1999; Pryor & Rodgers, 2001).

**Presentation of Neglect in the Classroom**

**Internalising behavioural problems**

Both theoretically and empirically, child neglect has been linked to family dysfunction and problems in children's academic, social, emotional and behavioural development (Evans, Li, & Whipple, 2013; Obradovíc, Shaffer, & Masten, 2012). Children exposed to neglect decrease their ability to regulate emotions of fear, worry, anxiety, sadness and increase their vulnerability to internalising problems as caregivers refrain from providing them with tools to make sense of internal thoughts and feelings (Bergman, Cummings, & Davies, 2014; Allen et al., 2008). Continued periods of sadness in a child's life can place the minor in a state of depression, causing them to appear withdrawn and abnormally quiet in the classroom. In some cases, it can be a drastic change in behaviour from being bubbly and outgoing to reserved and mute. All interviewees in this study unanimously accounted for such withdrawn behaviour in children and labelled it concerning on behalf of teachers due to a child's unwillingness to talk. This undisputed identification of withdrawn behaviour from children may suggest the prevalence of this internalising behavioural issue in classrooms. Participants identified several reasons as to why children might not verbalise their inner thoughts including; a lack of communication skills; loneliness and; low self-esteem. Participant Carly also suggested that 'despite what happens or how much they might be annoyed at their parent or if they're too young to even have those emotions; they do always have like a protection of the parent at heart'. As these internalising signs can be hidden in children, educators often find it hard to identify and address them, contributing to a child's

feelings of loneliness and low self-worth as they constantly struggle with fear and/or worry.

Several researchers support this view by suggesting that caregivers who neglect their children and rear them in stressful environments may undermine children's emotional competence and contribute to psychological distress characterising a number of internalising behavioural symptoms including feelings of helplessness and underdeveloped coping mechanisms (Burge et al., 1991; Coté et al., (2009) and Dallaire et al., 2010). One could argue that educators with a developed knowledge regarding signs of neglect may identify such internalising behaviour and thus, refrain from contributing to a child's low self-worth. Findings in this study recounted experiences of children resorting to self-harm strategies to assist them in coping with their depression and issues of neglect in the home. Such mechanisms included one child's several suicide attempts and another experiencing bulimia. These severe coping strategies can have life-long effects on a child's mental health. Findings acknowledged the potential for mental ill-health into adulthood as maturity allows for greater awareness of how one is treated and neglected. Interviewee Elle identified how one past pupil is 'in a psychiatric facility and there was huge neglect in that house'. However, it could be suggested that other experiences in this individual's life could have resulted in their admittance to a psychiatric facility, irrespective of their childhood neglectful experiences.

Skinner-Osei et al. (2018) highlight that neglected children may be predisposed to hypervigilance, a lack of trust, increased levels of anxiety, avoidance of others and/or fear of authoritative figures. In classrooms, neglected children may present as nervous, anxious and apprehensive towards activities, other children, teachers and/or the environment in general. Such mannerisms can present as alarming to educators as extreme forms of such behaviour may be considered beyond the normal acts of children in a classroom. Interviewees in this study considered emotional turmoil in children regarding feelings of anxiety and stress as very challenging and difficult for a teacher to address as nobody can ever know what is

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innately happening in somebody else's head. Participant Ava recalled an experience with a child who was continuously experiencing stomach aches but the child was not physically unwell. Hines et al. (2020) offer an explanation for such behaviour as a physiological sign of stress which could be indications of internalising disorders and maladaptive coping styles to stress. However, one could suggest that with the pressures of teaching and learning, such signs of neglect may go unnoticed and cause long-term damage in children. In contrast, some children's anxiety is visible through their communication and actions. Children with increased cortisol levels may internalise constructive comments made by an educator directed at another child and deem it reflective of their own performance. In addition, few participants in this study pinpointed selective mutism in children experiencing neglect. Gary recollected on an experience with a student:

She wasn't even verbal despite like being from the area, English was her native language and everything but just wouldn't speak…she wouldn't…join in with the performances in the assembly like she'd very awkwardly stand to the side and not even physically…join the group.

Such presentation of destructive internalising problems due to neglect may cause a child to become ostracised from their peers in schools.

A child's demeanour in a classroom can be uninviting to those around them if they have an insecure attachment style and a lack of trust in others. Insecurely attached children may be abnormally reserved and unfriendly towards others. Researchers Parke et al. (2002) and Bowlby (1973) accredit the absence of meaningful relationships in one's life as positioning them in a state of vulnerability to feeling ostracized and being made fun of and could also prevent children from possessing a level of comfort that enables them to confidently explore environments. Findings in this study concurred with neglected children

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presenting as nervous, vacant and disengaged whilst interacting with others. Insecurely attached children may be conditioned from the actions of their unresponsive caregivers to believe that they are unworthy of attention. This low self-worth may be unappealing to a child's classmates as they appear uninterested and unwilling to play, causing a neglected child to appear marginalised in the classroom. One could suggest that such loneliness can contribute to a child's existing heightened levels of distress and reiterate their self-beliefs of unworthiness and unwantedness. It could then be said that this may cause children to withdraw further from others and refrain from sharing their inner thoughts as they believe nobody cares enough about them to want to know. Conversely, few interviewees identified increased empathy and solidarity from peers towards neglected children, particularly in circumstances where many students were also experiencing neglect at home.

**Externalising behavioural problems**

Child neglect may deprive children of developing affective language to express their internal thoughts and thus, disrupt their ability to regulate and inhibit aggressive tendencies resulting in violence as a re-enactment or expression of the trauma experienced in the home environment (Calkins et al., 2002; Eiden et al., 2007; Allen et al., 2008; Skinner et al., 2018). For some children a confrontational and physical approach is their chosen methodology to seek the attention they crave. Findings in this research study identified experiences of children shouting, throwing items at teachers/children and overturning items of furniture in a classroom. It could be suggested that children may choose to direct their aggressive outbursts at those with whom they've developed relationships with, such as teachers and peers; as an act of distancing to prevent them from experiencing rejection similar to that already projected by a caregiver. In addition, participant Elle encountered an experience with a child who continuously caused several fights with other children who were slagging him due to his poor dental hygiene. She suggested that the child was 'trying to get a reputation that he never

had…because nobody wanted to be his friend, really'. One could suggest that a child's seeking of either/both positive and negative attention is a need for care, structure and a provision of boundaries that are absent from their home environment. The absence of confinements in a neglectful low SES home accompanied with prevalent violence and crime in the locality, significantly increases a child's susceptibility to clinically substantial externalising behavioural problems and delinquency (Murray et al., 2012; Uggen et al., 2014; Dale, 2019). Such problems may direct a child to engage with antisocial behaviour and position them in dangerous situations. This heightened prevalence of danger and stress in a child's life accompanied with neglect may permanently alter a child's brain development.

### Academic performance and appearance

Chronic stress may negatively impact one's brain development potentially causing neglected children to foster a reduced capacity to register and retrieve knowledge (Turgeon & Nolin, 2004; Middlebrooks et al., 2008; Rice, 2012). Due to a hyperactivation of the amygdala and thus, an impaired hippocampus, children experiencing neglect may have decreased concentration and engagement levels in classrooms, potentially impinging on their academic ability. Findings suggested that children may present as giddy, chatty, unfocused and unable to complete tasks. Interviewee Diane elaborated on her experience of chronic amygdala activation by noting that children 'can be very unresponsive or deaf to your requests…their brain is firing from like the brain stimulation'. Children may not be ready to learn and often present with a vacant, disengaged look. In addition, several participants in this research study added that children could display increased frustration and stress levels over minor mistakes and overreactive emotional responses when in receipt of any feedback. Such circumstances could increase a child's heart rate, blood pressure, metabolic rate and alertness resulting in the manifestation of a fight-or-flight or freeze reaction (McGruder, 2019, Oates et al., 2012; De Bellis, 2005; Perry et al., 2006). Experiences of children bolting for the nearest

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exit, being physical and violent towards others and/or displaying a blank expression were all

described by various participants in this study. Additionally, findings identified the

prevalence of poor attendance and punctuality among neglected children which may

negatively impact on their academic achievements. Prolonged absenteeism and chronic

punctuality could permit a child's failure to achieve their academic potential in comparison to

their non-neglected peers. However, one could argue that children in DEIS schools achieve

lower scores than those in non-DEIS schools irrespective of neglect due to possible low

educational attainment levels among caregivers.

Practitioners in education may identify child neglect through a child's physically

neglected appearance consisting of inadequate clothing, nourishment, hygiene and rest

(Erickson et al., 2002; Stoltenborgh et al., 2013; Tudoran et al., 2015; Oshri et al., 2017). A

large cohort of interviewees mentioned children presenting with unsuitable clothing such as

soleless footwear and incorrect clothing sizes. Associated with a child's inadequate clothing

can be a low standard of hygiene. A lack of cleanliness can permit a child to having a strong

bodily odour due to infrequent showers and unwashed items of clothing. Findings in this

study accounted for children presenting with soiled underwear, dirty fingernails, several

weeks food spillages on clothing and omitting a strong smell of urination. One participant

admitted to a decreased awareness of such presentations of neglect and was only recently

reminded of them by an external visitor in the school. One could query as to whether a

neglected appearance in DEIS schools has become the norm due to the high frequency of

physically neglected children. In addition, participant Fiona recalled an experience with a

child who was suffering from chronic headlice. She recollected on how it had reached the

point where the only viable solution was to shave the child's and every female in her family's

hair off and to exterminate the family home. Fiona also described another child whose 'nape

of her neck was scabbed because headlice were burrowing in underneath it and were

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causing…like big scabs…from how far they had taken over in her head'. It could be suggested that the severe suffering in such circumstances of neglect could be a deterrent for different aspects of a child's life including friendships and concentration. Teachers may also recognise neglected children appearing much slimmer and malnourished in comparison to their age-equivalent counterparts living in non-neglectful homes; resulting in them squirming away any additional food in the classroom. One could argue that neglected children may also present as overweight due to the inexpensive nature of nutrient deficient convenience food in comparison to the increased cost of nutrient dense food. Research findings also recalled high levels of exhaustion among neglected children with interviewee Beth accounting for one child whom she thought had used an illegal substance due to his inability to sit upright and remain awake as a result of exhaustion. It is for such extreme presentations of neglect in classrooms that schools and outside agencies have identified approaches to address child neglect.

**Approaches to Child Neglect**

A school must be a physically and psychologically safe environment that promotes healthy, trusting, responsible and nurturing interactions between staff and students; thus, providing a critical antidote to the learned helplessness of neglected children (McGruder, 2019; Skinner-Osei et al., 2018). To facilitate the creation of such a safe environment, practitioners may aim to develop a warm and trusting rapport with children through keeping promises and identifying clear rules and boundaries; a structure that can be absent from neglectful households. Teachers may also tend to a child's needs by; assisting them in cleaning their hands/face; positioning them beside a radiator in the classroom and; sourcing spare items of clothing if necessary. Findings in this study alluded to educators' use of curricular subjects to address child neglect with the importance of utilising a child's interests to engage them in activities and ensure their sense of security in the classroom. Participants

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highlighted their prioritisation of the development of coping mechanisms through yoga, mindfulness, sensory spaces and social stories. Interviewee Holly suggested the importance of fostering such strategies to enable children 'to really tune into themselves, their inner environment, rather than their outer environment to try and build up some sort of resilience'. Several researchers discuss the criticality of fostering a positive educator-child rapport, developing coping mechanisms and using curriculum initiatives that can act as a protective barrier for neglected children by providing them with self-regulatory and communication skills (Losel et al., 2012; Roberts et al., 2015). However, one must consider the lack of knowledge surrounding issues of child neglect amongst educators and thus, the absence of awareness surrounding the importance of developing coping mechanisms and curriculum initiatives. Several interviewees commented on how they were unaware of the signs of child neglect and only developed such knowledge through teaching experience. It could be argued that teachers are ill-prepared in relation to identifying and addressing child neglect as a result of the education provided to them by teaching colleges throughout Ireland. This highlights the importance of a collaborative approach amongst school staff to address issues of child neglect and to enable teachers, particularly those newly qualified, to develop their knowledge and skills and prevent apprehension due to uncertainty.

**Whole school approach**

Co-operation, transparency and individualisation should be applied by a school's staff when addressing the needs of a neglected child (Moreno-Manso, et al., 2017; McGruder, 2019; Skinner-Osei et al., 2018). Individuality and focusing on each child's unique circumstances facilitates an interest in the child as an individual and provides them with attention that they may not receive in their chaotic home environments. Attendance and punctuality initiatives, breakfast clubs and the provision of lunches are schemes utilised in many DEIS schools. Few participants in this study suggested whole school checklists that

monitor the physical, cognitive, social and emotional development of children yearly and positions them in a tiered system based on each child's needs. In some circumstances, it is difficult to encourage caregivers to participate in initiatives identified in this tiered system, resulting in the responsibility being placed on children. Findings in this study suggested that; projects are completed; buddy systems are established and; items such as alarm clocks are purchased to assist children in satisfying their own basic requirements. One could argue that the attention placed on addressing the needs of neglected children may deplete the energy, focus and time placed on other children in the school. Conversely, it could be contended that effective classroom and school management skills could prevent such an effect on other children. A repertoire of knowledge regarding child neglect is a critical aspect of such managerial skills.

Researchers Bullock et al. (2019) and Horwath et al. (2015) advocate that educators refrain from reporting suspicions of child neglect until they have identified several indicators of neglect. Practitioners may vary in their strategies for identifying and recording such indicators. All participants in this study utilised anecdotal evidence when recording signs of neglect amongst children. Whilst embracing the importance of recording and dating signs of neglect, Holly acknowledged that:

You've to be careful what you put down on paper and you know, have a code down or if there's a certain behaviour…that's frequent like if it's an appetite thing you might have a little symbol…because obviously when it comes to a point that you have to report, you do need the evidence to back it up.

One could suggest the criticality of utilising a log is its distinguishability between constant neglect and sporadic neglect, the latter of which may occur as a result of a temporary situation in the home such as the arrival of a new baby. Few interviewees suggested engaging

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children in one-to-one conversations to gauge the circumstances in a child's home environment. A query regarding this method relates to an educator's potential use of leading questions when conversing with the child. This innate skill held by many practitioners due to the role of questioning in the classroom could then jeopardise a child neglect report, if reporting is deemed a necessary step to take. Thus, highlighting the absence of knowledge held by few practitioners regarding effective assessment strategies for possible cases of child neglect. Schools are unable to be proactive in the literal sense relating to child neglect, their only strategy can be reactive. Following the identification of neglect by classroom teachers, the home-school liaison officer, designated liaison person and other staff members such as the behavioural, emotional and social teacher and the school completion person are consulted. Participant Elle noted that 'the teacher would be the nucleus of whatever happens next' and must utilise the channels and procedures available.

**Schools and outside agencies**

Research has emphasised the importance of a collaborative wraparound process between schools and outside agencies in addressing the needs of neglected children (Morgan, et al., 2013; Roberts et al., 2015; McGruder, 2019). Child neglect reports are created by schools and sent to Túsla to request further assistance in supporting a child experiencing neglect. An important consideration to note is included in the Children's First: National Guidance for the Protection and Welfare of Children (2017) whereby any individual in a community can report a suspected case of neglect; subsequently placing the onus of reporting onto the whole community. Findings in this study reflected heightened frustration from educators regarding reports, stating that Túsla's threshold for the acceptance of cases was positioned too high; resulting in generations of the same families being reported due to the infrequency of intervention. Participant Holly proclaimed that 'it's a legislation problem because like the children are never taken from…the parents…unless you see somebody

literally raping them or you see somebody actually beating them'. Schools are indisposed with trying to overcompensate for certain services that aren't delivering due to the threshold regarding cases of neglect. It could be suggested that the infrequency of intervention and acceptance of cases may cause educators to refrain from reporting cases of neglect and potentially increase the prevalence of neglect amongst children. This is supported by Wilding et al. (1997) Sikes, Remley, and Hays (2010) who acknowledge that reports of child neglect may not always be prioritised, causing educators to withhold producing reports. Additionally, older children may become aware of reports being made against their caregivers and the subsequent absence of intervention; potentially contributing to their existing low self-worth and feelings of helplessness as they fail to receive any further support. In circumstances where practitioners believe removing the child from their current home environment is the sole solution, interviewees in this study suggested that Túsla are slow and reluctant to do so. Participant Carly recalled:

I've a little boy at the moment actually that…I've organised play therapy for…he was being neglected but he has ASD…he was non-verbal and he has been placed…in a different home setting…with foster parents. And he has become verbal like within the space of like two months.

It could be argued then that removing a child from a neglectful household could limit the effects of neglect on a child's development. Few participants expressed their sadness regarding a lack of communication from Túsla relating to a child's circumstances, having being removed from their home environment. Conversely, one interviewee questioned as to whether such information should be privy to educators, once the child is no longer in their care, due to data protection reasons.

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Carlson, Wittrup, Moylan and Ortiz (2020) outline that a perceived good relationship between those reporting neglect and services addressing neglect, increases the likelihood of reporting. The rapport between Túsla and schools was mentioned several times throughout the findings in this study. All participants reflected on the overburdened nature of social workers. Additionally, interviewee Fiona explained how Túsla doesn't 'marry well with teaching in the sense that it's an administrative role…they don't understand the demands of the teacher and the demands of a teaching day' by constantly 'looking for immediate feedback'. Thus, failing to acknowledge that practitioners are unable to converse when teaching a class. However, Túsla's use of a multiagency approach in Meitheal was welcomed by many educators in this research study. Many appreciated the exposure it gave them to a child's caregivers and the accountability that it places on all parties involved to meet their targets in assisting the child. A crucial factor is the willingness of caregivers to be involved in the Meitheal approach; without it, this method cannot take place. This may be challenging due to a prevalent fear of authority amongst those in low SES communities. However, this involvement of a child's caregiver in addressing neglect is monumental in replacing neglectful practices in the home as children may become privy to non-neglectful engagements and experiences.

**Conclusion**

In conclusion, it is evident from data accumulated in this study that child neglect is prevalent in children's lives and such prevalence is apparent in urban DEIS band one primary schools. The uncertainty amongst interviewees when defining and elaborating on the definitions of physical, emotional, medical and educational child neglect was an interesting finding for the researcher. Additionally, participants indicated an array of factors in children's home environments that may be conducive to child neglect. Such aspects include sociocultural views, poverty, caregiver educational attainment levels, unemployment,

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intergenerational neglect, substance misuse, violence and, caregiver absenteeism and

separation. Methodologies mentioned by interviewees to address child neglect varied

depending on an educator's level of teaching experience. The criticality of collaboration

between staff within schools was highlighted while cooperation with agencies and

professionals beyond the school environment proved to be a source of frustration amongst

participants. It is for such findings that the researcher will draw conclusions and provide

recommendations in the concluding chapter of this study to assist in addressing the complex

issue of child neglect.

## Chapter 5: Conclusions and Recommendations

It is apparent that child neglect is a multifaceted and extensive form of maltreatment involving a caregiver's failure to meet a child's basic needs. This can detrimentally impair a child's intellectual, social, emotional and physical development. Findings identified a multitude of factors in an infant's life that may contribute to child neglect across all sectors of society. They also recognised a vast range of knowledge among practitioners regarding child neglect. Such knowledge relating to neglect appears to have been developed only through experience and one's personal motivation for continued professional development. An apparent disconnection between schools, outside agencies and professionals was highlighted, potentially causing a lack of understanding, co-operation and action in relation to cases of child neglect. This final chapter will attempt to further address and provide recommendations for such findings.

Evidence in this study corroborated with literature in acknowledging multiple factors in a minor's life that may contribute to neglectful home environments. Insufficient finance, unemployment, low educational attainment levels, substance misuse and violence are features in a child's home environment that may contribute to incidences of neglect. Though the latter was outlined when exploring current literature, the researcher was surprised at the number of participants who referred to violence as a pervasive aspect of children's lives contributing to neglect. Furthermore, interviewees noted that the prevalence of child neglect beyond impoverished backgrounds appears to be increasingly dominant with an escalation in employment levels among males and females. Consequently, the concern expressed relating to children's extensive use of technology was an interesting finding as it suggested that it is problematic across all sectors of society; potentially representing a societal and cultural shift in parenting practices. Thus, facilitating continued professional development at undergraduate and at employment level amongst practitioners in education regarding child

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neglect is crucial to serve sustained knowledge formation relating to such shifts in societal and cultural thinking.

The data also showed practitioners' apprehension and uncertainty regarding the identification of signs of child neglect and appropriate strategies to assist children living in neglectful home environments. Such ambiguity may be the result of the broad range of the definitions of neglect and the variety of presentations of neglect. An educator's comprehension of neglect appears to be developed solely through one's teaching experience and personal development. It could be reasoned then that currently, practitioners must make the personal choice to learn about neglect to prevent inadvertently ignoring or misinterpreting a child's presentations of neglect within the classroom. This suggests that an approach to begin to develop a comprehensive awareness of the multitudinous nature of child neglect is necessary in teacher education institutions across Ireland.

Brandon, Bailey, Belderson, Gardner, Sidebotham, Dodswarth, …, and Black (2009) identify the hesitation amongst professionals to determine presentations of child neglect as "neglect" due to; insufficient knowledge; fears of being viewed as judgemental and; confidence on the professionals' behalf as neglect is not their area of expertise. In addition, the development of practitioners' knowledge of child neglect is crucial to prevent the positioning of neglected children in a constituted forgotten group across the education system. Researchers Morgan et al. (2014) and Roberts et al. (2015) concur with this view by indicating that educators should receive knowledge development regarding neglect to ensure that their adequate understanding prevails in supporting children experiencing neglect. Associated with the education of teachers, is the proposed establishment of a systemic structure of support within all schools in Ireland, similar to Droichead: The Integrated Professional Induction Framework (The Teaching Council, 2017). In this, the suggested team structure of support in schools regarding child neglect would aim to create a network of

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practitioners to assist in building on teachers' existing foundational knowledge of child neglect for subsequent professional growth and learning. The creation of such a structure in schools could instil confidence in educators to seek additional support regarding issues of child neglect, particularly among newly qualified professionals. Furthermore, this structure could aim to develop a succinct policy dedicated solely to child neglect, rather than neglect being an aspect of other school policies. Critically, the policy could be developed in tandem with other professionals whose role is also concerned with safeguarding children.

Findings accounted for a substantial level of frustration among interviewees relating to Túsla's threshold for the acceptance of cases and its poor relationship with the education sector. Many interviewees identified the multitude of initiatives and strategies utilised in schools and noted that it appears a similar effort is not being made by agencies and other professionals in addressing child neglect. Bullock et al. (2019) discuss a similar concern identified in their study and suggest that cases are ignored until a specific threshold of seriousness has been reached, despite causing considerable harm to the child. Whilst acknowledging that the Meitheal process is a step towards a multidisciplinary approach, it fails to permanently connect agencies with schools as the collaboration is created solely for the purpose of a specific referral and family. This research study recommends the founding of school-based multi-disciplinary teams inclusive of social workers whose role is to regularly liaise with the designated child neglect team in each school to assist in knowledge development and making referrals. Incorporating outside agencies is supported by many researchers as it facilitates early intervention and eradicates the waiting period between identification and action (Bullock et al., 2019; Roberts et al., 2015; Morgan et al., 2014). The presence of representatives from Túsla and various other professionals such as occupational therapists, speech and language therapists and play therapists could facilitate the fostering of a rapport between schools, staff and outside agencies.

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The establishment of such a supportive and collaborative structure in schools has begun via the City Connects project, whose foundations lay in the United States of America and whereby every child receives a tailored set of intervention, prevention, and enrichment community-based services to promote his/her full development (Haywoode, 2020). Though this is a welcomed progression towards addressing child neglect, it is predominantly focused on DEIS schools and those living in disadvantaged communities. As the findings advocate for the presence of child neglect throughout all sectors in society; one could argue that a multi-disciplinary team comprised of schools, agencies and professionals is a necessity across all schools in Ireland, not just those designated as DEIS. Combining child neglect awareness development in teacher education institutions and the fostering of continued professional learning with school-based multidisciplinary teams, is an innovative strategy to further our understanding of child neglect and to prioritise action for the prevention of impaired child holistic development.

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## Appendices

## Appendix A

- Tell me about your teaching career to date.

- What factors in a child's life do you believe contribute to child neglect?

  - ✓ How do you think forms of neglect differ depending on the financial stability of a family?

- Tell me about the obvious signs of child neglect that you have seen in the classroom/school environments.

  - ✓ How have these been dealt with in your school or by yourself in the classroom?

  - ✓ Who, do you believe, is responsible for providing this care to the child within the school?

  - ✓ How do you think these forms of neglect affect the child in the classroom/school?

- Could you identify the more hidden signs of child neglect?

  - ✓ How would you assess that?

  - ✓ Would you say that these signs are more damaging to a child?

  - ✓ How difficult are these signs to detect and to deal with in the school/classroom?

- How does this impact on the teaching and learning within the classroom?

  - ✓ Would you say that other students' learning is negatively affected?

- Are there protocols/procedures/policies in your school for dealing with issues of child neglect?

  - ✓ What experience have you had with such protocols/procedures/policies?

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- ✓ How do you think that they could be improved?

- What practical/realistic supports do you think you or a class teacher need to assist them in dealing with the effects of child neglect?

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**Appendix B**

Date

Dear _____,

I am writing to ask for your help with a research study that investigates primary school teachers' perceptions of and approaches to child neglect in the classroom in urban DEIS band one schools. The research project involves learning more about physical, medical, educational and emotional child neglect and how it can affect children's development. I hope that the findings of the study will inform me about child neglect; how it impacts on child development and; how to identify and approach it in the classroom.

My study will gather research by conducting one-to-one interviews through the use of online communication technologies. I would like to interview you about your experiences of children neglect in your classroom and school environments. In particular, I would like to ask you in what ways children in your classroom and school, past or present, have been neglected and the approaches that you and your school have used to address such child neglect. The interview would last for approximately forty minutes and it would be recorded.

I hope that you will be willing to participate because your responses are important and a valued part of the study. Your participation will remain strictly confidential. No identifiable markers will be attached to any of the data you provide. You are welcome to discontinue participation in the study at any time, should you wish to do so. The risks of participation in the study are very low and of a social or reputational nature. If your participation elicits intense emotions and distress, the Employee Assistance Service offer free and confidential support to all teachers. You can contact them via free phone on 1800 411 057 or via SMS and WhatsApp by texting 'Hi' to 0873690010. While every effort will be made to ensure your identity is protected, there is a chance, for example, that my supervisor who may listen to the audio may

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recognise you. The audio will be kept in a secure location on a password- encrypted device without your name attached to it. The audio will be retained only for the purposes of the current study. Once the study is completed, the audio will be destroyed on the basis of the schedule outlined in the Institute's data retention schedule. If you would like more information on how long the data will be retained for, please don't hesitate to contact me directly. There are no risks or direct benefits in participating in the cognitive interview. You will be asked to sign the form attached below indicating your agreement to participate in the different parts of the study.

If you agree to participate, please contact me in one of the following ways: by phone on ____ or by email at ____. If you are willing to participate, it would help me greatly to know this as soon as possible so that your participation can begin as soon as possible. Your participation in this project is sincerely appreciated.

Thank you for volunteering to participate in this research. Should you have questions regarding your participation, please contact me. You may also contact my advisor for the project, Dr. Marian Farrelly at ____.

*This study has been considered from an ethical perspective by the Marino ethics in research committee. Should you have any questions or concerns about the ethical approval or conduct of this study, please contact ____.*


Yours faithfully,

Jennifer McGuirk

**Please retain a copy of this information for your records.**

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**Statement of Consent:**

Please read the questions below and indicate whether or not you would be willing to

participate in the study as described by highlighting a yes or no response.

Do you consent to participate in the study by interview as described above?    Yes      No

Do you consent to have the interview recorded?                                Yes     No

Signature:_____    Date: _____

Signature of Investigator:_____    Date: _____