Secondary school educational practitioners' experiences of school attendance problems and interventions to address them: A qualitative study

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Abstract

School attendance problems are associated with a range of adverse consequences, and educational practitioners play a role in identifying and responding to attendance problems. This qualitative study explored educational practitioners' experiences of working with students with attendance problems and interventions to address them. Focus groups were conducted with sixteen practitioners across three secondary schools. Data were analysed using thematic analysis. Attendance problems were considered resource-intensive and emotionally challenging. Practitioners expressed difficulty understanding causes, although individual/family factors were emphasised over school factors. A range of interventions were described, including adaptations to school context and providing emotional support. Views on punitive approaches were mixed. Individualised interventions implemented at the first sign of problems, and a team approach, were considered important. Findings highlight the important role of educational practitioners in identifying attendance problems and implementing interventions. Recommendations include early intervention, team-work, and emotional support for students with, and staff responding to, attendance problems.

Keywords: school attendance, school, students, teachers, mental health.

Introduction

School attendance problems threaten a young person's education, health and social-emotional development, and are associated with economic, psychiatric and social problems in adulthood (Kearney 2008a). A range of child, family and school factors are associated with school attendance problems, including mental or physical ill health in the young person; parental unemployment, poor mental health or history of not completing education; stressful family events; low parental involvement in education; bullying; authoritarian school management style, an inflexible curriculum not tailored to individual needs, low teacher morale, and negative student-teacher relationships (Egger, Costello, and Angold 2003; Ingul

et al. 2012; Kearney 2008a, 2008b; Malcolm 2003; Reid 2007; Thambirajah, Grandison, and De-Hayes 2008; Wimmer 2008).

School attendance problems can result from complex interactions between multiple risk factors, and understanding these interactions, as well as identifying what a young person might gain from not attending school, is key to effective prevention and management (Elliott and Place 2012; Kearney 2008b; Thambirajah, Grandison, and De-Hayes 2008; Wimmer 2008). Researchers, clinicians and educational practitioners have proposed that early identification of attendance problems, timely intervention, and a swift return to school increases the likelihood of successful outcomes (Elliott and Place 2012; Kearney and Beasley 1994; Kearney and Graczyk 2014), and that delay in identifying and responding to the problem is a common reason for a poor prognosis (Thambirajah, Grandison, and De-Hayes 2008). A team approach involving students, school staff, parents, peers and health personnel, has been strongly encouraged (Brand and O'Conner 2004; Gren-Landell et al. 2015; Kearney 2008a; Kearney and Graczyk 2014; Wimmer 2008).

School staff are well placed to identify and address school attendance problems (Salemi and Brown 2003), and understanding their experience is key to advancing our understanding of the problem and potential interventions. In a study by Torrens Armstrong et al. (2011), school health personnel reported struggling to differentiate between different causes of school attendance problems, and constructed typologies such as 'the sick student', 'frequent fliers' and 'school phobics' to help them make sense of attendance problems and determine who they believed needed help versus punishment. Likewise, in a survey of Swedish teachers, problematic absenteeism was viewed as a multi-causal problem, with teachers expressing difficulty determining the causes for each child, although family factors and child mental health were considered more important than school factors (Gren-Landell et al. 2015). Conversely, a qualitative study with parents of school refusers highlighted the role of school

factors in contributing to attendance problems, and parents emphasised the need for a coordinated team approach. They also believed that teachers did not have a good enough understanding of school attendance problems to identify and respond to students at risk (Havik, Bru, and Ertesvåg 2014).

Previous research has focused on understanding educational practitioners' perspectives of causal factors rather than investigating broader experiences, including support and intervention strategies that may or may not be helpful. Rates of overall absence in UK secondary schools have been declining since 2011/12, which may indicate increased awareness and attempts to address the problem, such as through changes in policy by the Department for Education (DfE 2016, 2017). Nonetheless, 13.1% of UK secondary school students were absent for 10% or more of possible school sessions in the 2015/16 school year, and were deemed 'persistently absent' (DfE 2017). This study aims to use qualitative methods to address the following research questions:

1. What are secondary school educational practitioners' experiences of working with students with school attendance problems?

2. What are secondary school educational practitioners' experiences of interventions for students with school attendance problems?

Methods

Data were collected using focus groups, which are useful in generating a rich understanding of participants' experiences and encouraging participants to make collective sense of phenomena by questioning and explaining concepts, as well as highlighting commonalities and contradictions between individuals (Barbour 2007; Morgan 1998).

Participants

Participants were 16 educational practitioners across three secondary schools in the South West of England, recruited via opportunity sampling. One focus group was conducted for

practitioners at each of the three schools. To be included in the study, practitioners were required to have experience of working with students with school attendance problems. Table 1 provides further information on participating schools. [Table 1 here] Practitioners from a range of teaching and non-teaching roles were sought, in order to gain understanding of the experiences of those from a variety of job roles. The mean length of experience in schools was 12.9 years (SD 5.05). Table 2 provides characteristics of individual practitioners. [Table 2 here]

Focus groups

A semi-structured topic guide was used that asked about practitioners' experience of, and their role in responding to school refusal, the current support available, and further support they believed would be beneficial (full topic guide provided in Supplementary Material 1). The term 'school refusal' was used throughout focus groups, but participants were not given, nor asked to provide, a definition. Prompts were used where necessary to help participants elaborate on their responses, but questioning was flexible and practitioners were encouraged to introduce new topics. To facilitate open discussion, practitioners were advised that the aim was to explore everyone's views and were encouraged to express their honest opinions.

Procedure

Ethical approval for the study was given by the University of Reading Ethics Committee. Eighteen schools were approached to take part in the study by email from BD. Emails were followed up with a phone-call to the school, with further information provided on a recruitment poster. Three schools agreed to participate, and practitioners from these schools were recruited via word-of-mouth by a lead point of contact at the school; Head of Key Stage Four at the first school (Focus Group 1), Assistant Principle at the second (Focus Group 2), and Deputy Safeguarding Lead at the third (Focus Group 3). Focus groups were conducted within schools, during or at the end of the working day, between May and July 2016, by BD

who had prior experience as a teacher and was undertaking an MSc in Psychology, which included qualitative methods training. A moderator also attended each group to provide general assistance and make field-notes. BD had no relationship with participants prior to making contact for the study. Participants were advised that the aim of the research was to obtain a better understanding of educational practitioners' experiences in relation to school refusal. They provided written informed consent before participating. Focus groups lasted between 39 and 54 minutes. They were audio recorded, transcribed verbatim and double-checked for accuracy by a second researcher.

Data analysis

Data were analysed using thematic analysis as described by Braun and Clarke (2006), using QSR International's NVivo 11 software to organise the data. Thematic analysis is a flexible approach to qualitative analysis that assumes no underlying theoretical orientation. Transcripts were read and re-read by KF to familiarise herself with the dataset, while making notes and marking ideas for coding. Transcripts were then read line-by-line, and codes generated and applied to the data. Consistent with the constant comparison approach, each new concept emerging from the data was compared with existing concepts, allowing codes to be refined as analysis progressed (Boeije 2002). Negative cases were given consideration by annotating in NVivo any extracts that demonstrated an opposing view to the pattern emerging or views previously expressed.

The final list of codes were written on individual pieces of paper, allowing them to be represented visually in their entirety, and were sorted into themes based on their semantic similarity. For example, individual codes labelled 'building child's resilience', 'mental health support', 'pastoral support' and 'transition support' were combined into a theme called 'supporting the child'. Once an initial thematic map was developed, coded extracts from each theme were reviewed to ensure they formed a coherent pattern, with clear distinctions

between each theme. Transcripts were re-read to ensure the themes appeared credible in relation to the entire dataset, and to allow any final coding to take place. Throughout this process, codes and themes were reviewed and discussed between KF, PW and KH. This process continued until the final thematic map was produced. Themes were defined by identifying their core aspects, and data within each theme were summarised, organised, and used to produce a narrative, which is presented in the results section.

Results

Analysis identified six themes, three related to each of the two research questions. Findings are summarised in Table 3 [Table 3 here].

Experiences of working with students with school attendance problems

Practitioners identified challenges of working with students with attendance problems, including limited resources and the need for emotional resilience. Practitioners also discussed the diversity of attendance problems, and difficulties understanding the causes for each student.

Limited resources

School attendance problems were described as resource-intensive, requiring time, money and effort from multiple stakeholders. Interventions were considered expensive, with funding cuts limiting the availability of support services. Group One believed the National Curriculum to be restrictive and unsuitable for some students, expressing a desire to offer more vocational subjects. Practitioners described the extensive time required to support students with attendance problems and the risk of wasting time on those who fail to engage, with some considering themselves going *over and above* (P01, Head of Key Stage Four, Group One) their role as educators.

> *The teacher's going "I'm doing this voluntarily, we're trying to help the kid, he's not*
>
> *buying into it", that gets withdrawn because it's just, you're wasting their time, it*

could be used elsewhere helping other students, doing other things. (P01, Head of

Key Stage Four, Group One)

Practitioners discussed difficulties accessing support services such as alternative education provision and Child and Adolescent Mental Health Services (CAMHS), with limited places, strict eligibility thresholds or long waiting lists. Group One were especially critical of their local alternative education provision, describing it as a *doss* (P01, Head of Key Stage Four, Group One) that makes students' behaviour worse:

There's talk of someone setting up a free school to rival the local PRU* because it's so rubbish… they're going to set it up as somewhere you would not want to go to, which is how it should be… if you haven't got a strong, almost like a prison, the same reason that prison works, that strong school where you think "I don't want to end up there". (P01, Head of Key Stage Four, Group One)

*PRU = Pupil Referral Unit; a Local Authority establishment which provides education for children unable to attend mainstream school, for example due to exclusion.

Practitioners discussed particular difficulties accessing support for students without a diagnosable mental or physical health condition, but conversely medical diagnoses could be a barrier to implementing school-based interventions:

It would be very difficult then to get attendance involved or the Education Welfare Officer involved if there is medical evidence supporting that child should do an alternative timetable or reduced time…or not come into school. (P08, Assistant Principal, Group Two)

Time delays in addressing attendance problems, such as setting up multi-agency meetings or reapplying for support that is removed prematurely, were considered problematic, causing

the problem to spiral. Conversely Group Three appeared to have a different decision-making system, and described the benefits of having freedom to make their own decisions:

> *There is that lack of red tape that's good though isn't it and again you wouldn't get that, you know in a lot of secondary schools you'd have to go through lengthy meetings and decisions…it is about the kids, every day that goes on is a day that they're not in, we'd be waiting days and days for decisions to be made.* (P15, Personalised Learning Assistant, Group Three)

Practitioners described the limits of their ability to create change, with students spending a significant amount of time at home, and the family environment considered a critical factor. For students with a long history of attendance problems, the pattern of behaviour was considered particularly hard to change:

> *They've come from another school but there have also been patterns of attendance and behaviour issues, then that has a significant impact because it rarely gets better.* (P16, Deputy Safeguarding Lead, Group Three)

Resilience required

Practitioners in a variety of job roles discussed the emotional challenges of supporting students with attendance problems, requiring effort and resilience on a daily basis:

> *I think we're very resilient people ourselves…we have to accept the crazy, or the difficult, or the, every day you have to start again, and that might last for a whole year and you can never give up on those children, ever, ever, ever, ever, which we don't.* (P11, Inclusion Manager, Group Two)

Particular difficulties included a lack of time to reflect on good practice, and becoming desensitised to extreme behaviour displayed by students with attendance problems. The cycle or habit of attendance problems was considered hard to break, and practitioners expressed frustration about their extensive efforts resulting in only small or short-term gains:

The levels of resilience from all the stakeholders involved in trying to get that young person back into school need to be very high, because often these plans break down and don't succeed, they fall apart or they're not stuck to and you have to keep going back and starting again. (P08, Assistant Principal, Group Two)

Often the successes with school refusers tend to be short lived and then they fall back into the habits again and the cycle. (P02, Special Educational Needs Coordinator [SENCO], Group One)

Practitioners discussed the challenges of working with parents, particularly those who do not support their child's education, and difficulties communicating with parents who have a history of attendance problems themselves:

My biggest frustration is that so many parents won't buy-in in the first place to understanding why there it's a problem that their kid isn't in school. (P01, Head of Key Stage Four, Group One)

And a lot of kids that school refuse, their parents have been school phobic in the past themselves, so getting them to school is quite difficult. (P13, Family Liaison Worker, Group Three)

There was also recognition of the emotional challenges for parents. As P03 explained: *I get a lot of that, mum in tears…mum sort of rings in tears and just couldn't get her to come in* (P03, Assistant Head of Sixth Form, Group One). Practitioners also described having to provide reassurance to worried parents:

I'd have a message left on my phone from a really upset parent saying 'I've had to send him in because I've had to go to work, please can you go and check on him?' and actually when you did they were absolutely fine. (P07, SENCO, Group Two)

One size doesn't fit all

Attendance problems were described as a diverse issue, with different causes for each student. As P04 explained: *The only thing that links all of these kids together is the fact that they don't come to school, that's it, that's the only thing* (P04, Head of Year, Group One). Practitioners placed value on understanding the causes for each student, but described difficulty in doing so. Reasons for attendance problems were often unclear and students could sometimes hide the underlying cause, for example when there were difficult family circumstances or child protection concerns. Practitioners expressed confusion and frustration in making sense of attendance problems:

> *I think understanding the issues is a really big barrier as well, I'd say we've all learnt quite a lot but I'm learning all the time about each, each case is so individual isn't it and I think that understanding, my own understanding and other people's understanding, can be a big barrier.* (P09, Parent & Family Support Advisor, Group Two)

> *The frustration is that we still even, whatever you do for people, I still don't understand quite why she won't come because when she's here, she's happy and that is the problem isn't it?* (P11, Inclusion Manager, Group Two)

Distinguishing between anxiety-based non-attendance and *bad behaviour* (P01, Head of Key Stage Four, Group One) was considered important in guiding the response, yet the differences were not always clear. Concerns were expressed over misunderstanding the causes and making the situation worse by rewarding oppositional behaviour or taking a punitive approach with students where non-attendance is caused by mental health difficulties:

> *The fine line that you're always walking with so many kids between this might be a mental health issue, this is something else, there's a family thing here and what is just this is a naughty kid and we're pandering to it. And you don't always get it right as a*

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school or as individuals, you sometimes make the wrong call one way or the other.

(P01, Head of Key Stage Four, Group One)

Although the causes of attendance problems could be difficult to understand, several practitioners believed school to rarely be the cause, instead emphasising the role of child and family factors:

If you removed all the barriers that they say are the issue with school, then you'd still have the same problems and they'd still refuse, and we've proved that on a number of occasions haven't we? So yes it's everything that happens outside school. (P16, Deputy Safeguarding Lead, Group Three)

Experiences of interventions for school attendance problems

Practitioners described a range of interventions, including adaptations to the school context, and providing emotional support to students. These were not always mutually exclusive, with some school-based adaptations also serving to support students emotionally, and vice-versa. Practitioners discussed the important role of multiple stakeholders, and the need for teamwork. Regardless of the interventions used, practitioners believed they should be tailored to individual needs, and implemented at the first sign of problems:

Being able to personalise your response to that child, to see their situation, is key.

(P16, Deputy Safeguarding Lead, Group Three)

We've had younger ones who've school refused, we've put loads of intervention in place…and then they've gone back in the school and they've been fine so it just depends, that early intervention is the key isn't it really? (P16, Deputy Safeguarding Lead, Group Three)

Adapting the school context

Practitioners discussed various adjustments made for students with attendance problems, with reduced timetables and additional in-lesson support considered helpful. Supporting

reintegration back into school after a period of non-attendance was considered important, for example by breaking learning into small chunks, providing virtual classrooms accessed from home, or reintegration packages provided by specialist teams. Groups Two and Three described settings within school that were used for those returning to school, focusing on the benefits of a calm environment:

> *This centre is used as a bit of a stop-gap as well… the geography of where it is, away from the main site, the sort of ambiance of the room as well, it's a very calm environment…not every school would have that, but we're lucky.* (P08, Assistant Principal, Group Two)

Teachers and/or support staff at all schools undertook home visits, which were considered beneficial in encouraging students back into school and getting to know the family better. Having a designated staff member or peer to meet the student at the start of each day and offer ongoing support, was described as a helpful strategy, but the personality and attitude of this person was believed to be key:

> *I think that kids also like that one-to-one, they can get that relationship going with somebody…I think that helps, if they know that they can come in and they've got a friendly greeting and not an angry miserable person who's fed up with them not being in the lesson.* (P14, Personalised Learning Assistant, Group Three)

Off-site alternative educational provision was considered an important intervention. P02 believed the greatest successes were when they had *set something up alternative, different…they've accessed their education elsewhere* (P02, SENCO, Group Two). The personalised learning environment of such provisions was considered particularly beneficial.

> *Our off-site provision is staffed by fantastic staff but they're not teachers and I think especially key stage four students, getting them taught by teaching staff, who have*

time to work one-to-one or two-to-one with the students is amazing. (P16, Deputy

Safeguarding Lead, Group Three)

All groups had experience of punitive interventions such as penalty notices, official school letters and threats of court action. Practitioners in Group Three were unanimously against this approach, believing that it *immediately creates a hostile environment* (P15, Personalised Learning Assistant, Group Three) and *normally doesn't work* (P14, Personalised Learning Assistant, Group Three). Groups One and Two, however, believed these approaches to sometimes be successful, while also recognising potential harms:

> *The prosecution side of things when it's an anxiety issue as opposed to a behaviour*
>
> *issue, I would say, makes it worse, it increases the anxiety and therefore makes it*
>
> *harder for them to come in.* (P09, Parent & Family Support Advisor, Group Two)

Providing emotional support

Practitioners believed poor resilience to be a key factor in students' school attendance problems, and discussed the importance of interventions aimed at building their resilience, confidence and self-esteem. Group One discussed plans for a Royal Marines course focused on building resilience for *"those kind of kids who give up too easily"* (P01, Head of Key Stage Four, Group One). Poor mental health, particularly anxiety, was recognised as a contributory factor, and practitioners described supporting students with psychoeducation:

> *Explaining that they will feel those fight, flight symptoms and kind of really go into*
>
> *depth about that… and giving them strategies for when they are feeling that how to*
>
> *kind of bring that down and kind of help them to calm.* (P09, Parent & Family Support
>
> Advisor, Group Two)

Supportive interventions were considered especially important for vulnerable groups of students, such as those with special educational needs or who had already been absent for some time. Times of transition, such as moving from primary to secondary school, or

returning after the summer break, were considered particularly high-risk, and practitioners described a range of interventions implemented by both teaching and support staff to assist students at these times, including providing extra emotional support, summer schools, home visits during the holidays, and one-to-one meetings:

> *It's a pretty detailed transition process isn't it, our Head of Year Seven goes out to every primary school and meets every student, we have treasure hunts don't we?* (P08, Assistant Principal, Group Two)
>
> *Yes we have them all up here of an evening when it's quiet individually.* (P07, SENCO, Group Two)

Practitioners in Group Three all placed high value on pastoral support and believed this to be a key intervention that they would like to see more of.

> *Can you think of the things that work the best to get them in, the positive?* (Interviewer)
>
> *Nurture.* (P13, Family Liaison Worker, Group Three)
>
> *Nurture, pastoral support.* (P16, Deputy Safeguarding Lead, Group Three)
>
> *Attention.* (P15, Personalised Learning Assistant, Group Three)

Attendance problems are a shared responsibility

Continuous parental involvement right from the outset was considered essential, and practitioners in both teaching and non-teaching roles encouraged this by spending time with parents and organising regular meetings or telephone conversations.

> *You've got to keep contacting that parent, keep letting them know how things are going, keep letting them know what the next stage is, and again that requires an enormous amount of resilience and a huge chunk of time on a daily basis…but it's what you have to do because it's got to be kept at the forefront hasn't it, that child's attendance and that child's opportunities.* (P08, Assistant Principal, Group Two)

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> *I'd phone mum every day, is she coming in? She coming? I couldn't have left it for weeks and weeks, you couldn't, you <u>can't</u> do that.* (P15, Personalised Learning Assistant, Group Three)

Likewise, practitioners discussed the importance of supporting parents, for example by celebrating positive parenting, acknowledging when parents respond to attendance problems in a helpful way, and signposting to other services. Some believed parenting courses could be helpful, but others found it difficult to engage parents, preferring what P13 referred to as a trickle effect: "*like a parenting course style but just drip, drip through in different sort of sessions, not formal sessions*" (P13, Family Liaison Worker, Group Three). Practitioners recognised parents' own anxieties about school and believed in building strong school-family relationships:

> *Some kind of garden party or something to get the parents in…it is about trying to find the time to build relationships with those parents before they even get here.* (P07, SENCO, Group Two)

Support from mental health services, educational psychologists or other healthcare professionals was considered beneficial. Practitioners discussed the essential role of non-teaching, pastoral staff in spotting the signs of problems, encouraging attendance and maintaining regular contact with students and parents. As P09 explained: "*If money was no object, I would have loads more support workers to make sure that there was somebody available all of the time to deal with those things*" (P09, Parent & Family Support Advisor, Group Two). Taking responsibility for their individual roles was considered important, while also learning from each other and working as a team to tackle school attendance problems:

> *There's a team thing though isn't it, so I can get them to you, and you can do your thing.* (P13, Family Liaison Worker, Group Three)

Discussion

Practitioners perceived school attendance problems to be resource intensive, requiring time, effort and money. Financial restrictions and funding cuts were reported to restrict the availability of external services, as well as limiting schools' ability to respond internally. Time delays in accessing support caused particular concern and were perceived to cause problems to escalate. School attendance problems were considered emotionally demanding, requiring resilience., and the cycle of poor attendance led practitioners to describe intense effort for small or short-term gains, causing concern about spending too much time supporting students with attendance problems, at the expense of other students. These concerns are not unique to school attendance problems, with previous research suggesting similar difficulties balancing the needs of a few students versus the rest of the class, for teachers working with students with Attention-Deficit/Hyperactivity Disorder (ADHD) (Richardson et al. 2015).

In line with previous suggestions in the literature, practitioners emphasised the importance of understanding the underlying causes for each student (Brand and O'Conner 2004; Elliott and Place 2012; Ingul and Nordahl 2013; Kearney 2008b; Thambirajah, Grandison, and De-Hayes 2008; Wimmer 2008), but they also found it difficult to understand the causes and expressed concern about getting it wrong. This is consistent with findings from a previous qualitative study, in which school health personnel discussed the challenges of identifying reasons for school refusal (Torrens Armstrong et al. 2011). Several practitioners, however, commented that school is rarely the cause of the problem, which is consistent with previous findings that school staff de-emphasise the role of school factors in favour of other factors, particularly family factors (Gren-Landell et al. 2015; Malcolm 2003; Reid 2007). This is of interest since a range of school factors are associated with school attendance problems (Kearney 2008b; Wimmer 2008). Researchers have emphasised the potential of initiatives to

provide a safe, supportive school environment and increase school connectedness in reducing attendance problems (Elliott and Place 2012; Wimmer 2008), and parents believe that supportive teaching staff are essential to overcoming the problem (Havik, Bru, and Ertesvåg 2014).

Practitioners described a range of interventions they had used for students with school attendance problems, many of which are recommended in the literature, including individualised education plans and timetable modifications, peer mentors, having a trusted staff member to meet the student at the start of the day, home visits, mental health support, building strong school-family relationships, and offering additional support during times of transition or when returning to school after a period of absence (Elliott and Place 2012; Havik, Bru, and Ertesvåg 2014; Kearney and Bensaheb 2006; Kearney and Graczyk 2014; Reid 2007; Wimmer 2008). Consistent with previous literature, early intervention at the first sign of attendance problems, and the ability to individualise interventions to each student, were considered key (Elliott and Place 2012; Kearney and Albano 2004; Kearney and Beasley 1994; Kearney and Graczyk 2014; Thambirajah, Grandison, and De-Hayes 2008).

While practitioners in Groups One and Two believed punitive approaches to sometimes be successful, those in Group Three favoured nurture and pastoral support. Evidence suggests that penalties only improve attendance long-term for a small minority of students, and it has previously been proposed that punishment for school attendance problems should be avoided (Apter 2014). The opposing views reported in our study may reflect different job roles, since all practitioners in Group Three were employed in supportive or pastoral roles, whereas Groups One and Two included teaching staff whose views are likely to reflect their primary role as educators. In addition, School Three had higher rates of overall and persistent absence compared to Schools One and Two, and thus practitioners in Group Three may have greater experience with, and understanding of, school attendance problems.

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Addressing mental health problems and promoting emotional resilience were considered important, which is consistent with a previous study in which low mood/depression and worry/anxiety/nervousness were reported by teachers as key contributors to absenteeism (Gren-Landell et al. 2015). These findings support recent calls for schools to help prevent mental health problems associated with school attendance problems by supporting families, encouraging self-care and building resilience (DoH 2015). Consistent with previous literature, practitioners believed parent support and involvement, positive school-parent relationships and good communication to be essential to overcoming attendance problems (Havik, Bru, and Ertesvåg 2014; Kearney and Graczyk 2014; Wimmer 2008). Practitioners also described the vital role of school support staff in addressing attendance problems, and many described the best outcomes being achieved with collaborative working. Researchers have long recommended a team approach to school attendance problems, with students, school staff, parents, peers and health personnel all working together to address the problem (Brand and O'Conner 2004; Gren-Landell et al. 2015; Kearney 2008b; Kearney and Graczyk 2014; Wimmer 2008).

Limitations

We interviewed practitioners from a variety of job roles and with varying lengths of experience, which provided some diversity in our sample, providing a greater breadth of understanding. However, our opportunity sampling method may have led to homogeneity in other respects. For example, all participants worked with young people in mainstream state-funded academies and all expressed an interest in and knowledge of school attendance problems. We did not obtain the perspectives of educational practitioners exposed to, but unengaged with school attendance problems, or those working in special education schools.

For pragmatic reasons focus groups were conducted at the school-level, combining practitioners in different roles from each school. While ground rules were agreed at the start,

it is possible that the differences in status, job role, or experience made some participants less able to express their views. Focus groups were single-category and, consistent with good practice, three were conducted. For practical reasons, theoretical saturation was not sought. Second-stage sampling (convening additional groups involving participants with different characteristics) was carefully considered at the end of analyses, but was rejected because the data obtained was judged sufficiently rich to address the research questions.

Implications

Our findings show that educational practitioners support a team approach to attendance problems, involving the student, their family, teachers and support staff. School-based initiatives to increase parental involvement and improve parent-school collaboration could be a key step. Early intervention at the first sign of attendance problems should be encouraged. Educational practitioners should work with students to encourage emotional resilience, and provide mental health support where necessary.

Punitive approaches were supported by some practitioners in our study, despite evidence suggesting they are largely ineffective. Schools should be encouraged to focus on creating a safe, welcoming and supportive school environment, rewarding good attendance rather than punishing poor attendance (Apter 2014; Wimmer 2008). Our findings suggest that educational practitioners should be encouraged to recognise the potential role of school factors in attendance problems, and not underestimate the influence of factors that may be under their control. Finally, the emotional challenges for school staff supporting children with attendance problems should be recognised, and appropriate support provided.

Conclusion

Our findings highlight the challenge of school attendance problems for educational practitioners in terms of their limited resources to adequately support students, the emotional impact for practitioners, and difficulty in understanding the causes. Nevertheless, when

schools are able to implement individualised interventions at the first sign of attendance problems, and take a team-based approach involving students, parents, teachers and dedicated pastoral staff, this can lead to positive outcomes.

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Disclosure statement

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References

Apter, B., on behalf of the Behaviour Change Advisory Group. 2017. "Behaviour Change: School Attendance, Exclusion and Persistent Absence." The British Psychological Society. Accessed 10 August 2017. http://www.bps.org.uk/system/files/Public%20files/education.pdf

Barbour, R. 2007. *Doing Focus Groups*. London: SAGE Publications Ltd.

Boeije, H. 2002. "A Purposeful Approach to the Constant Comparative Method in the Analysis of Qualitative Interviews." *Quality & Quantity* 36:391-409.

Brand, C. and O'Conner, L. 2004. "School Refusal: It Takes a Team." *Children & Schools* 26 (1):54-64. doi: 10.1093/cs/26.1.54.

Braun, V. and Clarke, V. 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* 3(2):77-101.

DfE (Department for Education). 2016. *School Attendance: Guidance for Maintained Schools, Academies, Independent Schools and Local Authorities.* DFE-00257-2013I

DfE (Department for Education) 2017. *Pupil Absence in Schools in England: 2015 to 2016.* SFR 14/2017

DoH (Department of Health) 2015. *Future in Mind: Promoting, Protecting and Improving our Children's Mental Health and Wellbeing*.

Egger, H.L., Costello, J.E. and Angold, A. 2003. "School Refusal and Psychiatric Disorders: A Community Study." *Journal of the American Academy of Child & Adolescent Psychiatry* 42 (7):797-807. doi: http://dx.doi.org/10.1097/01.CHI.0000046865.56865.79.

Elliott, J. and Place, M. 2012. *Children in difficulty: A guide to understanding and helping., 3rd ed*. New York, NY: Routledge/Taylor & Francis Group; US.

Gren-Landell, M., Allvin, C.E., Bradley, M., Andersson, M. and Andersson, G. 2015. "Teachers' Views on Risk Factors for Problematic School Absenteeism in Swedish Primary School Students." *Educational Psychology in Practice* 31 (4):412-23. doi: http://dx.doi.org/10.1080/02667363.2015.1086726.

Havik, T., Bru, E. and Ertesvåg, S.K. 2014. "Parental Perspectives of the Role of School Factors in School Refusal." *Emotional and Behavioural Difficulties* 19 (2):131-53. doi: 10.1080/13632752.2013.816199.

Ingul, J. M., and H. M. Nordahl. 2013. "Anxiety as a Risk Factor for School Absenteeism: What Differentiates Anxious School Attenders from Non-Attenders?" *Annals of General Psychiatry*:25. doi: 10.1186/1744-859X-12-25.

Ingul, J.M., Klöckner, C.A. Silverman, W.K. and Nordahl, H.M.. 2012. "Adolescent School Absenteeism: Modelling Social and Individual Risk Factors." *Child and Adolescent Mental Health* 17 (2):93-100. doi: 10.1111/j.1475-3588.2011.00615.x.

Kearney, C. A., and Albano, A.M. 2004. "The Functional Profiles of School Refusal Behavior. Diagnostic Aspects." *Behavior Modification* 28 (1):147-61.

Kearney, C. A., and Bensaheb, A. 2006. "School Absenteeism and School Refusal Behavior: a Review and Suggestions for School-Based Health Professionals." *Journal of School Health* 76 (1):3-7. doi: 10.1111/j.1746-1561.2006.00060.x.

Kearney, C.A. 2008a. "School Absenteeism and School Refusal Behavior in Youth: A Contemporary Review." *Clinical Psychology Review* 28 (3):451-71. doi: http://dx.doi.org/10.1016/j.cpr.2007.07.012.

Kearney, C.A. 2008b. "An Interdisciplinary Model of School Absenteeism in Youth to Inform Professional Practice and Public Policy." *Educational Psychology Review* 20 (3):257-82. doi: 10.1007/s10648-008-9078-3.

Kearney, C.A., and Beasley, J.F. 1994. "The Clinical Treatment of School Refusal Behavior: A Survey of Referral and Practice Characteristics." *Psychology in the Schools* 31 (2):128-32. doi: 10.1002/1520-6807(199404)31:2<128::AID-PITS2310310207>3.0.CO;2-5.

Kearney, C.A. and Graczyk, P. 2014. "A Response to Intervention Model to Promote School Attendance and Decrease School Absenteeism." *Child & Youth Care Forum* 43 (1):1-25. doi: 10.1007/s10566-013-9222-1.

Malcolm, H., Wilson, Y., Davidson, J. and Kirk, S. 2003. *Absence from School: A Study of its Causes and Effects in Seven LEAs.* In DfES Publications: Research Report 424.

Morgan, D.L. 1998. *The focus group guide book*. London: Sage Publications.

Reid, K. 2007. "The Views of Learning Mentors on the Management of School Attendance." *Mentoring & Tutoring: Partnership in Learning* 15 (1):39-55. doi: 10.1080/13611260601037363.

Richardson, M., Moore, D.A., Gwernan-Jones, R. Thompson-Coon, J., Ukoumunne, O., Rogers, M., Whear, R. et al. 2015. "Non-Pharmacological Interventions for Attention-Deficit/Hyperactivity Disorder (ADHD) Delivered in School Settings: Systematic Reviews of

Quantitative and Qualitative Research." *Health Technology Assessment.* 19 (45):1-470. doi: 10.3310/hta19450.

Salemi, A.T. and McCormack Brown, K.. 2003. "School Phobia: Implications for School Health Educators." *American Journal of Health Education* 34 (4):199-205. doi: 10.1080/19325037.2003.10761864.

Thambirajah, M. S., Grandison, K.J. and De-Hayes, L.. 2008. *Understanding school refusal: A handbook for professionals in education, health and social care*. London, England: Jessica Kingsley Publishers.

Torrens Armstrong, A.M., McCormack Brown, K.R., Brindley, R., Coreil, J. and McDermott, R.J. 2011. "Frequent Fliers, School Phobias, and the Sick Student: School Health Personnel's Perceptions of Students Who Refuse School." *Journal of School Health* 81 (9):552-9. doi: http://dx.doi.org/10.1111/j.1746-1561.2011.00626.x.

Wimmer, M. 2008. "Why Kids Refuse to Go to School . . . and What Schools Can Do about It." *Education Digest: Essential Readings Condensed for Quick Review* 74 (3):32-7.

Table 1. Characteristics of Participating Schools

Focus Group	School type	No. of pupils	Pupils eligible for pupil premium[a] (%)	Overall absence rate (%)	Persistent absence[b] (%)
1	State-funded academy converter[c] – mainstream	1622	19.2	5.9	15.5
2	State-funded academy converter - mainstream	1468	14.6	5.1	11.8
3	State-funded academy sponsor-led - mainstream	881	30.6	6.5	19.6

Source: DfE school comparison tool accessed via www.compare-school-performance.service.gov.uk. Data refers to the 2015/16 school year.
[a] Pupil Premium is additional funding provided to schools to raise the attainment of disadvantaged pupils. [b]Defined as ≥10% absence; National average is 13.1%.
[c]Academies are independent, state-funded schools that receive funding directly from central government rather than through a local authority. Converter academies are those deemed to be performing well that have converted to academy status; sponsor-led academies are mostly underperforming schools changing to academy status and run by sponsors.

Table 2. Characteristics of Participants

Participant	Focus Group	Gender	Age	Job Role	Age of students	Years as teacher
P01	1	Male	40-49	Head of Key Stage 4[*]	11-18	10
P02	1	Male	30-39	SENCO	11-18	14
P03	1	Male	40-49	Assistant Head of Sixth Form	11-18	14
P04	1	Female	30-39	Head of Year	11-18	9
P05	1	Male	30-39	Head of Year & P.E. teacher	11-18	10
P06	1	Female	40-49	Head of Year 9	13-14	N/A
P07	2	Female	40-49	SENCO	11-18	20
P08	2	Male	50-59	Assistant Principal	11-18	17
P09	2	Female	30-39	Parent & Family Support Advisor	11-16	9
P10	2	Female	20-29	Student Support Worker	11-14	N/A
P11	2	Female	60+	Inclusion Manager	11-16	10
P12	2	Female	40-49	Student Support Worker	14-16	20
P13	3	Female	50-59	Family Liaison Worker	11-16	18
P14	3	Female	40-49	Personalised Learning Assistant	11-16	N/A
P15	3	Female	40-49	Personalised Learning Assistant	11-16	N/A
P16	3	Female	30-39	Deputy Safeguarding Lead	11-16	4

[*]Key Stage 4 refers to school Years 10 and 11, when students are aged 14-16 years. SENCO = Special Educational Needs Coordinator; P.E. = Physical Education

Table 3. Research Questions, Themes and Summary of Results

Research question	Theme	Summary of results
What are secondary school educational practitioners' experiences of working with students with school attendance problems?	Limited resources	Attendance problems were considered resource-intensive, requiring time, money and effort. Some believed they are going over and above their role. Accessing support services could be difficult, and mental or physical health diagnoses could be both a help and hindrance. Time delays at various stages of intervention were considered problematic. Some practitioners felt their ability to influence attendance problems was limited.
	Resilience required	Practitioners discussed the emotional challenges of supporting students with attendance problems, requiring effort and resilience over long periods. Attendance problems were described as a cycle, with students often relapsing after successful intervention. Working with parents could be challenging, but practitioners recognised the challenges for parents too.
	One size doesn't fit all	Attendance problems were described as a diverse issue, with different causes and no one solution for all. Understanding the causes for each student was considered important but difficult, and there was concern over misunderstanding the causes and making things worse. Some practitioners believed that school factors are rarely the cause of attendance problems.
What are secondary school educational practitioners' experiences of interventions for students with school attendance problems?	Adapting the school context	Practitioners described various adaptations made, including reduced timetabling, virtual classrooms, reintegration packages, home visits, having a designated point of contact, and alternative educational provision. Views on punitive approaches were mixed.
	Providing emotional support	Building the child's resilience and providing mental health support were considered important, especially at high-risk times such as the transition from primary to secondary school. Group Three placed high value on pastoral support and nurturance.
	Attendance problems are a shared responsibility	Practitioners discussed two-way relationships with parents: parental support was considered crucial, but there was also recognition of the need to support parents in return. School-based support staff were highly valued, and practitioners believed that positive outcomes require teamwork and shared responsibility.