

NAVIGATING SCHOOL ATTENDANCE CHALLENGES DURING COVID-19: A QUALITATIVE STUDY WITH PARENTS AND PROFESSIONALS

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ABSTRACT

Schools throughout the globe were forced to close due to the COVID-19 epidemic, and since then, there has been a noticeable rise in unexcused absences.

Our goal was to (i) learn more about the ways in which COVID-19 has affected primary school-aged children's school attendance issues (SAPs) and (ii) find community-based intervention options that may help. We drew on the opinions of many stakeholders to do this.

We adopted a two-stage sequential strategy for our qualitative data collecting. Findings from qualitative questionnaires administered to parents and educators in elementary schools formed the basis of Phase 1. Phase 2's in-depth stakeholder interviews were guided by these findings.

In the first phase, 29 parents and 19 professionals were included in the study of SAPs in elementary school-aged children. In the second phase, ten parents and twelve providers participated. Social media was used to recruit parents, while schools and related networks in Southern England were used to identify professionals.

Findings: Students with special education needs and a history of anxiousness had a very hard time attending class. Concerns about falling behind in school, inadequate communication and teamwork between home and school, anxiety associated to the COVID-19 pandemic, and other issues all contributed to a more challenging adjustment to school life. Close collaboration between family and schools was a hallmark of effective assistance. Early intervention, repairing parent-school ties, providing parents with peer support, and enhancing special education services were the

focal points of the practice improvement recommendations.

Conclusion: The current COVID-19 environment must be considered while developing new therapies for SAPs. At the home-school interface, within family systems, and for individual children, there has to be community-based support that addresses modifiable risk and protective variables. COVID-19, parents' mental health, qualitative research, issues with school attendance

I. INTRODUCTION

Poor school attendance is associated with adverse outcomes including low academic attainment, school drop-out, unemployment and mental disorders (Egger et al., 2003; Kearney & Graczyk, 2014; O'Connor, 2017). School attendance problems (SAPs) typically emerge in primary school (Havik et al., 2014) and there is increasing recognition that intervening early is instrumental in mitigating persistent absences and associated negative outcomes (Cook et al., 2017; Ehrlich et al., 2014). Previous research has examined a broad range of individual child factors (e.g., mental health, special educational needs [SEN], physical health and sleep problems); parental factors (e.g., parent mental health, school engagement, family functioning and parenting); and environmental factors (e.g., school climate, school and home relationship, community support, socio-economic resources) as contributors to SAPs (Kearney, 2016). These factors can be understood within a bioecological model, which positions the child in a hierarchy of environments that can influence the onset and maintenance of SAPs over time (Melvin et al., 2019). The majority of the available research has used quantitative methods, with relatively little attention paid to

the explanatory models and intervention priorities of children, parents, education staff and other stakeholders (Heyne et al., 2019). As well as a lack of qualitative research on stakeholders' perspectives, the available research is also skewed towards secondary school samples (Cook et al., 2017). Furthermore, COVID-19 has caused unprecedented disruption to schooling worldwide. In the UK, both primary and secondary schools were closed to most pupils from March to July 2020 and January to March 2021. SAPs have increased in the aftermath of these closures, with 22% of children being persistently absent in England (i.e., missing over 10% of sessions) in Autumn 2021. Although COVID-related illness has played a direct part in many absences (i.e., due to self-/family isolation and the effects of long COVID), there is also evidence to suggest the influence of psychological and contextual factors (Children's Commissioner, 2022). When COVID-19-related absences were removed from absence statistics, 12% of children were persistently absent in the 2021-/2022 academic year, compared with a pre-pandemic persistent absence rate of 10.8% (Department of Education, 2022). Data indicate that child and parental mental health have worsened over the course of the pandemic (Ashikkali et al., 2020; Creswell et al., 2021; Panda et al., 2021), particularly in families with children who have SEN, families living on low incomes, and families with pre-existing child and parental mental health difficulties. Families have also experienced major disruptions to support services, with one UK study suggesting that social care input had been suspended for 80% of UK families during the first period of COVID-19 'lockdown' in spring 2020 (Waite et al., 2020). Capacity issues in children's health and social care have persisted throughout the pandemic, as seen in growing waiting lists and staff vacancies (Foster & Foley, 2022). Moreover, the extended use of COVID-19-related social

distancing restrictions (e.g., suspending parent-teacher consultations on school premises) has continued to disrupt channels for effective communication between parents and schools, even after schools reopened (Kim et al., 2021).

Existing interventions for SAPs have not been designed or evaluated in the context of COVID19. Empirically supported approaches typically target child factors (especially the amelioration of child anxiety problems), while paying relatively little attention to wider risk and protective factors beyond the immediate family system (Cook et al., 2017). As we emerge from the COVID-19 pandemic, there is a need for more contextually sensitive interventions that do not rely on already over-stretched specialist mental health and social services for delivery

The current study explores the nature of SAPs and stakeholders' service priorities in the context of the COVID-19 pandemic. This is the first step in a larger research programme that aims to develop a novel intervention for families with primary-school children experiencing SAPs. While much previous research on SAPs has been either survey-based or limited to single-stakeholder perspectives (Cunningham et al., 2022; Heyne et al., 2020; Reid, 2016), the current study seeks to assimilate complex real-world perspectives from multiple stakeholders in southern England.

We investigated the following research questions:

1. What are the factors associated with SAPs for primary school-aged children within the context of the COVID-19 pandemic?
2. (i) What formal and informal sources of support have been provided to address new/persistent SAPs during and prior to the pandemic, and

(ii) to what extent have these approaches been effective?

3. (i) What other intervention approaches may be helpful for children and families affected by SAPs, and

(ii) what are the opportunities and potential strategies for implementing these?

II. METHODS

Study design

We used a qualitative, mixed-method design with two sequential phases of data collection (Morse, 2010). In Phase 1, a hybrid deductive-inductive insight-generating approach was applied through qualitative surveys with parents and professionals (Braun et al., 2020). Findings from Phase 1 were used to guide in-depth qualitative interviews in Phase 2. Approval was obtained prior to study commencement from a UK Research Ethics Committee (Reference: ER/BM333/6).

Participants

Eligible participants included parents of a child who was (i) enrolled in a state-funded mainstream primary school within the local authorities of East Sussex, West Sussex, and Brighton and Hove; and (ii) had experienced SAPs over the academic year 2020–2021. Parents who identified more than one child with SAPs were asked to select the child who had the greatest difficulty attending school. Parents were recruited through targeted advertisements placed on relevant parent and community social media groups across the aforementioned local authorities in England.

We also recruited professional stakeholders working with primary school children in the same localities. Professionals were recruited through contacts with local authorities and educational psychology services, and by directly approaching five schools with the highest persistent absence rates from each

district within the relevant local authorities (Department of Education, 2021). Twenty-nine parents and 19 professionals completed Phase 1 data collection. The 22 participants in Phase 2 included a sub-sample of seven participants (six parents; one professional) from Phase 1 who consented to further participation and were available for interviews. An additional 15 participants (four parents; 11 professionals) entered directly into Phase 2.

III. RESULTS

Participant characteristics

Phase 1 parent participants ($n = 29$) were predominantly mothers ($n = 25$; 86%) and White British ($n = 26$, 89%). Nine (31%) reported a household income below the UK median ($<£29,999$), seven (24%) reported a household income between £30,000 and £49,999, 11 (38%) reported a household income above £50,000, and two (14%) preferred not to disclose their household income.

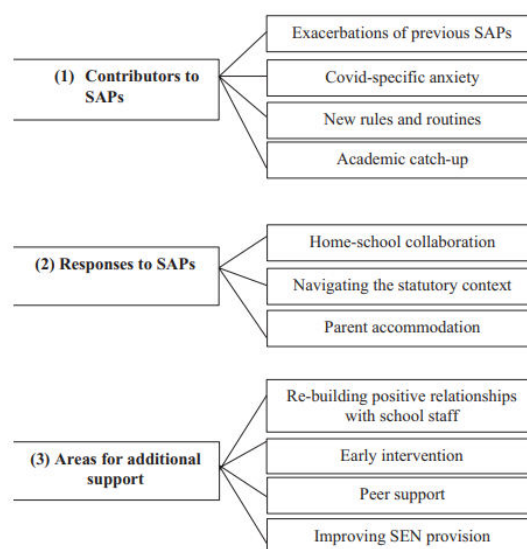
Just over one-third ($n = 11$; 38%) of children were female, and the mean age was 8.3 years ($SD = 1.8$, range = 5–11). Ten children (35%) were eligible for Free School Meals (i.e., school lunches provided at no cost to families who are in receipt of welfare benefits) compared to the national average of 19%. Fourteen children (48%) had SEN; six (21%) had an Education Health Care Plan (a document which sets out the education, healthcare and social care needs of a child for whom extra support is needed other than which the school can provide directly) and eight (69%) had additional learning needs such as identified autism or dyslexia but were awaiting assessment for an Education Health Care Plan. Based on parent report, 10 children (35%) met the Department for Education's (Department for Education, 2022) national criteria for 'persistent absence' in Autumn term 2020 (absent from $>10\%$ of total

sessions); nine children (31%) met this same persistent absence criterion in the Spring term 2021. The professionals (n = 19) included nine headteachers (47%), four Education Mental Health Practitioners (EMHPs; 21%), two educational psychologists (11%), two class teachers (11%), and two SEN coordinators (SENCOs; 11%). Phase 2 parent participants (n = 10) were all White British mothers. Six (60%) reported a household income below the UK median, one (10%) reported a household income between £30,000 and £49,999, and three (30%) reported a household income above £50,000. Exactly half of the children were female, and the mean age was 8.4 years (SD = 2.0, range = 5–11). Three children were eligible for Free School Meals (30%), four (40%) had SEN, one (10%) had an Education Health Care Plan, and three (30%) had additional learning needs. Set against Department for Education criteria, 60% of the children were persistently absent in Spring term 2021 and 40% in Summer term 2021.

Participating professionals (n = 12) included two headteachers (17%); two EMHPs (17%); one educational psychologist (8%); two class teachers (17%); one clinical psychologist (8%); one School Mental Health and Emotional Wellbeing Advisor (8%); and three Education Support, Behaviour, and Attendance Service (ESBAS) officers (23%).

Thematic framework analysis

Results have been organized around three over-arching themes: (1) contributors to SAPs; (2) responses to SAPs; and (3) areas for additional support.



IV. DISCUSSION

This study drew on the perspectives of multiple stakeholders to develop a broad understanding of SAPs and associated service priorities in the context of the COVID-19 pandemic. Our results were organized into three main thematic areas. First, participants described a number of contributing risk factors for SAPs, including exacerbations of previous difficulties with school, COVID-specific anxiety, difficulties adapting to new rules and routines, and concerns about academic catch-up. Second, participants described ways in which parents and professionals responded to SAPs, encompassing school and home collaboration, navigation of statutory contexts and parental accommodations. Third, participants made recommendations about priorities for additional support, which included building positive relationships with educational staff, early intervention, peer support for parents, and improving SEN provisions.

Our findings indicate that many of the etiological factors known to contribute to the onset and maintenance of SAPs before the pandemic (Heyne et al., 2019; Melvin et al., 2019) also appeared to operate in the context

of COVID-19. This includes child factors such as anxiety and SEN; parenting behaviours; and school factors such as communication with families, school environment, and academic pressures (Gubbels et al., 2019; Melvin et al., 2019). COVID-19-related restrictions (e.g., social distancing, bubbles, new rules, removal of services) exacerbated these risk factors for children with pre-existing SAPs and also precipitated the emergence of new SAPs in some children. It has been suggested that the pandemic may have more persistent impacts on biological and psychological functioning for some children, and/ or on the risks to which they are exposed, with cascading effects for their mental health and associated outcomes over the longer term (Sonuga-Barke & Fearon, 2021). Thus, monitoring attendance, and intervening early where difficulties do arise, is of the utmost importance.

For children with pre-existing SEN, the negative impact of the pandemic on school attendance may have been particularly marked. Prior to the pandemic, children with SEN were already more than twice as likely to be persistently absent from school than a child without SEN (Department for Education, 2022). Heightened rates of mental health problems (Preece & Howley, 2018), and school-based factors such as the lack of adequate SEN provision (Havik et al., 2014; Humphrey & Lewis, 2008) are thought to, in part, explain the increased prevalence of SAPs in children with SEN. In the current study, parents and education professionals noted that anxiety around COVID-19, the frequent changes to COVID-related rules and safety regulations within schools, and the consequent disruption to children's routines and the provision of specialist resources were particularly difficult for children with SEN. These findings echo pre-pandemic research and underscore the importance of recognizing that certain groups of children may have significant and ongoing support needs related

to SAPs, even as we emerge from the pandemic (Waite et al., 2020).

While professionals were mostly sympathetic to the difficulties faced by parents in getting a distressed child to attend school, some described unhelpful parental behaviours in line with research on parental accommodations as a maintaining factor in child anxiety problems (Iniasta-Sepúlveda et al., 2020; Lebowitz et al., 2014). Parental accommodations are a key target in evidence-based cognitive-behavioural treatment protocols for child anxiety problems (e.g., Byrne et al., 2021; Lebowitz et al., 2014). Yet many parents in the current study indicated that they had received little or no professional guidance about managing high levels of child anxiety, despite their appeals for such support. Moreover, a significant minority of parents felt blamed by schools for the persistence of SAPs.

These findings point to a need for compassionate and non-judgmental support for parents to address their child's SAPs and for this support to be accessible when problems first emerge. Strategies could be informed by existing interventions, which integrate parent behaviour training on how to respond to children's distress and disruptive behaviours within a cognitive-behavioural treatment framework (e.g., Cartwright-Hatton et al., 2018; Lebowitz et al., 2014). Moreover, intervention development could usefully incorporate elements of peer support and potentially involve parents in intervention delivery roles (e.g., as facilitators of groups comprising fellow parents; Thomson et al., 2014). Peer-led formats are also highly relevant in the context of restricted access to specialist services both before and during the pandemic (Crawley et al., 2020; Crenna-Jennings & Hutchinson, 2020; Huang & Ougrin, 2021). Finally, building better relationships with professionals was identified as an important priority. Research has shown

that interventions aimed specifically at improving parent-school collaboration can improve school attendance and other academic outcomes (Smith et al., 2020).

V. CONCLUSION

In light of the current COVID-19 epidemic, this research has shed light on the perspectives of stakeholders about SAPs. To address SAPs and lessen the pandemic's long-term effects on children's outcomes, additional treatments are required. A variety of modifiable risk and protective variables, both inside and outside of family systems, should be addressed via readily available, relevant treatments. As part of this effort, we can help parents develop positive connections with school personnel and provide them non-judgmental assistance as they help their children cope with the anxiety that often accompanies school attendance. More study is required to design and assess such methods, with the goal of improving their practicability, acceptability, and results by learning from the real-life experiences of varied families.

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