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Stakeholder perspectives on primary school pupils and sickness absence - exploring opportunities and challenges

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ABSTRACT

School absenteeism and its underlying causes can have negative effects on the cognitive, psychosocial and health development of a child. Research in primary education shows high rates of sickness absence. Many stakeholders are involved in addressing school absenteeism, including primary school professionals, child and youth healthcare physicians, school attendance officers and parents. This study explores these stakeholders' perspectives, their approaches and what they envisage to be necessary in order to improve. It also aims to unveil opportunities and challenges in addressing sickness absence among primary school pupils. Qualitative research was performed with six semi-structured focus group interviews and involving 27 participants from the West-Brabant and Amsterdam regions of the Netherlands. Thematic analysis was used. The overarching theme was aiming for the child's wellbeing. Each focus group interview started with low awareness of sickness absence as a threat to this wellbeing, but awareness grew during the interviews. The participating stakeholders regarded problematic sickness absence as complex due to a wide variety of causes, and felt that each other's expertise was necessary to reduce sickness absence. Schools registered absence, but only occasionally used planned steps; they based the identification of problematic sickness on gut feeling rather than any agreed-upon criteria. To be able to systematically address sickness absence and thus improve the wellbeing of children, stakeholders felt the need for a clearly structured approach, including monitoring of sickness absence of all pupils, identifying problematic absence and promoting collaboration with other stakeholders. An approach should allow for tailoring solutions to the individual child.

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Introduction

School absenteeism is of major concern to both the educational and public health sectors as it can lead to lower educational achievement, school drop-out and eventually, health problems (Kearney & Graczyk, 2020; Thornton et al., 2013). As such, school absenteeism is associated with a wide variety of underlying physical, psychological, and social problems (Fry et al., 2018; Kearney & Graczyk, 2020; Stempel et al., 2017; Thornton et al., 2013), the negative consequences of which can threaten a child's development.

To date, school absenteeism has been studied predominantly in secondary education, although it also occurs frequently in primary education (Cook et al., 2017; Stempel et al., 2017; Thornton et al., 2013). For example, 20% of 9 year old pupils in Ireland miss 20 or more school days (Thornton et al., 2013). Additionally, 91% of English primary school pupils and 85% of Dutch pupils were absent at least once during a school year. In both England and the Netherlands, illness is reported to be the main reason for absence (Department for Education, 2020; Pijl et al., 2021). Research in secondary education has shown that sickness absence can have many different causes, not just physical illness, but also social, psychological and lifestyle problems (Vanneste et al., 2015). Whatever the cause, finding the right care through cooperation between school, parents, students and youth healthcare physicians helps to solve underlying problems and reduce absenteeism (van den Toren et al., 2020; Vanneste et al., 2016). Research in primary education suggests that some children, with additional education needs or challenges at home, are absent more often, which can increase their educational and social disadvantages (Pijl et al., 2021; Roelofs et al., 2021; Vanneste, 2015). Therefore, this study aims to find opportunities to address sickness absence among primary school pupils and highlight any challenges. The study was done in the Netherlands, where the problem of sickness absence is acknowledged by policy makers who expect primary schools to have an absenteeism protocol (State Secretary of the Ministry of Education Culture and Science, 2016). The approach to unauthorised absenteeism (e.g. truancy) is described in the School Attendance Act (Ministry of Education and Science et al., 1969) and can be enforced by a school attendance officer, however, there are no guidelines to tackle sickness absence in primary education.

The advantage of addressing sickness absence and its consequences in primary education, as opposed to secondary education, is that it offers the opportunity for prevention, as absenteeism patterns generally start at a young age (Ehrlich et al., 2018; Schoeneberger, 2012; Simon et al., 2020). In order to map opportunities for preventing sickness absence and to address its challenges, it is necessary to explore the perspectives, experiences and ideas for improvement of the relevant stakeholders. This study concentrates on four groups of stakeholders who are directly involved with sickness absence among primary school pupils in the Netherlands. Firstly, school professionals (principals, special needs coordinators and teachers), who are responsible for education even when a child is absent, and who record and address absence and its educational consequences. Secondly, child and youth healthcare professionals, who offer preventive healthcare to all children in accordance with the Netherlands Public Health Act (Ministry of Health Welfare and sport, 2008). Their aim is to optimise the development of children and act on potential threats to that development. Sickness absence is considered to be one of

those threats (Dutch Knowledge Center for Youth Health, 2014). Thirdly, school attendance officers, who address unauthorised absenteeism. Fourthly, the parents, who are the primary caregivers and report their child as sick.

Exploring these stakeholders' experiences of sickness absence will show how children who are absent due to illness are currently identified, then approached and supported, and will give some insight into possible improvements. Three research questions will be addressed in this study with directly involved stakeholders:

(1) How is sickness absence among primary school pupils viewed?
(2) How is sickness absence among primary school pupils currently approached?
(3) Does the current approach need to be improved, and if so, how?

Methods

Qualitative research was performed using six semi-structured focus group interviews, held in 2017, with a total of 27 participants. Participants were recruited in two areas of the Netherlands, one rural and the other urban: West-Brabant and Amsterdam.

Sampling

Representatives of four groups of stakeholders were approached, i.e. school professionals, school attendance officers, child and youth healthcare professionals and the parents of primary school pupils. The group of school professionals consisted of principals, special needs coordinators and teachers.

Three sampling techniques were used: convenience sampling, purposive sampling and snowball sampling. Respondent characteristics are presented in Table 1.

First, using convenience sampling, fifteen primary schools participating in another study (Pijl et al., 2021) on school absenteeism were approached in January 2017 and asked to recruit a member of staff for a group interview. These schools are located in the West-Brabant region in both urban and rural areas and are a sample of the 272 schools in this region. Ten schools were interested in participating and three principals and three special needs coordinators from these schools attended the group interviews (response 60%). The main reason for non-response was that they were unavailable on the date of the interview.

Second, teachers were approached separately. Two schools in the West-Brabant region were contacted through a convenience sampling method. The two school principals chose a date and invited their teachers. One school pulled out due to an emergency. Two teachers and a principal attended the group interview (response 50%).

Third, child and youth healthcare physicians and school attendance officers were approached through purposive sampling. With the aim of recruiting participants with expertise in school absenteeism and experience with primary school pupils, the physicians and officers working with the ten interested schools were approached. Eight child and youth healthcare physicians were approached, five of whom were able to attend the group interviews (response 63%). Nine school attendance officers were approached, three of whom were able to attend the group interviews (response 33%).

Table 1. Characteristics of respondents in group interviews.

#	Function	Region	Employer	Interview	Work experience in years or the number of children
1	Principal	1	School 1	1	unknown
2	Principal	1	School 2	1	unknown
3	Principal	2	School 3	1	< 5 years
4	Child and youth healthcare physician	5	Regional public health office	1	< 5 years
5	Child and youth healthcare physician	4	Regional public health office	1	> 20 years
6	Special needs coordinator	3	School 4	2	> 20 years
7	Special needs coordinator	4	School 5	2	> 20 years
8	Child and youth healthcare physician	4	Regional public health office	2	> 20 years
9	School attendance officer	2	Regional school attendance office	2	10–15 years
10	School attendance officer	1	Regional school attendance office	2	5 to 10 years
11	Special needs coordinator	1	School 6	3	> 20 years
12	Child and youth healthcare physician	1	Regional public health office	3	5 to 10 years
13	Child and youth healthcare physician	2	Regional public health office	3	> 20 years
14	School attendance officer	1	Regional school attendance office	3	< 5 years
15	Principal	6	School 7	4	5 to 10 years
16	Special needs coordinator	6	School 8	4	10 to 15 years
17	Child and youth healthcare physician	6	Regional public health office	4	unknown
18	Child and youth healthcare nurse	6	Regional public health office	4	unknown
19	School attendance officer	6	Regional school attendance office	4	5 to 10 years
20	Parent	n/a	Regional public health office	5	3 children
21	Parent	n/a	Regional public health office	5	5 children
22	Parent	n/a	Regional public health office	5	4 children
23	Parent	n/a	Regional public health office	5	5 children
24	Parent	n/a	Regional public health office	5	2 children
25	Principal and special needs coordinator	5	School 9	6	< 5 years as principal
26	Teacher	5	School 9	6	10 to 15 years
27	Teacher	5	School 9	6	10 to 15 years

n/a: not applicable.

Additionally, a sample of school principals, special needs coordinators, school attendance officers and child and youth healthcare professionals was created in a different region: the city of Amsterdam. Participants were invited through snowball sampling, starting with one child and youth healthcare physician in Amsterdam who approached potential participants in her network, who in turn asked others. A principal, a special needs coordinator, a school attendance officer, a child and youth healthcare physician and a nurse were included.

Finally, a sample of parents of primary school pupils was formed. As a snowball sampling method was unsuccessful, a convenience sample was taken among employees from a regional public health office. Parents had to have at least one child in primary education (inclusion criterium) and could not work for the child and youth healthcare department or directly with schools (exclusion criterium). Approximately 40 employees were approached, seven of whom were eligible for inclusion and four of whom agreed to participate (57% response). They had children of different ages who attended different schools, varying professional backgrounds (e.g. information technology, infectious disease prevention) and educational levels (e.g. a vocational education degree, or a university degree).

Data collection with focus group interviews

To stimulate discussion, four focus groups were heterogeneous, with a mix of school principals, special needs coordinators, child and youth healthcare professionals and school attendance officers. One group interview with teachers comprised school professionals only. To facilitate a safe interview environment for these two stakeholder groups, the group interview with parents did not include any other stakeholders (Table 2).

The six semi-structured focus group interviews were conducted face-to-face by the first author and a second researcher in 2017. The interviews took place at meeting rooms in schools or at the regional public health office and lasted 45 minutes on average. They were recorded with informed consent.

The topic guide, based on the literature (Kearney & Graczyk, 2014; Teasley, 2004; Thornton et al., 2013; Vanneste, 2015; Vanneste et al., 2015, 2017), included open-ended questions concerning the general thoughts of stakeholders about pupils who were reported sick, the causes of sickness absence, the factors that influence it and current approaches to sickness absence. They were also asked for their opinions and ideas about what needed to be done to address the challenges of sickness absence. Additional topics raised by participants were also explored. After the first, fourth and fifth interviews,

Table 2. Overview of stakeholder groups represented in six focus group interviews.

Focus group Interview	Stakeholders	Location
1	3 Principals 2 Child and youth healthcare physicians	West-Brabant
2	2 Special needs coordinators 2 School attendance officers 2 Child and youth healthcare physicians	West-Brabant
3	1 Special needs coordinator 1 School attendance officer 2 Child and youth healthcare physicians	West-Brabant
4	1 Principal 1 Special needs coordinator 1 School attendance officer 2 Child and youth healthcare physicians 1 Child and youth healthcare nurse	Amsterdam
5	1 Principal 2 Teachers	West-Brabant
6	4 Parents	West-Brabant

intermediate analysis was performed to determine whether all topics had been explored sufficiently, and if new concepts had arisen. If this was the case, these were addressed in the subsequent interview. No new themes were introduced after the fourth interview.

Analysis

All interviews were transcribed verbatim. A thematic analysis was performed to examine the experiences of stakeholders and assess their ideas for improvement (Braun & Clarke, 2006). The transcripts were open-coded by two authors. The transcripts and codes were discussed by all authors, and categories were then defined based on the information in the transcripts. Themes were defined, also in relation to one another, by constant comparison with the interviews and discussion with all authors. When it was deemed necessary, codes and theme definitions were adjusted.

Ethical considerations

The study was approved by the Medical Research Ethics Committee of the Academic Hospital Maastricht/Maastricht University (METC 17-4-026). Support from the three regional school partnerships, the regional public health office, municipalities and the school attendance office in the West-Brabant region, as well as the regional public health office and the municipality of Amsterdam was obtained for this study.

Participation was voluntary and consent forms were obtained. Data were stored anonymously.

Results

The overarching theme shared by all participants was the importance of the child's wellbeing. In the interviews, participants discussed when they considered sickness absence to be problematic for the wellbeing of the child, as well as their worries about the problems underlying the absence. Additionally, the steps in their current approach and their ideas on what was necessary to develop a structured approach and improved collaboration were discussed. The themes are pictured schematically in relation to one another in Figure 1 and are described below.

Key theme: the importance of the child's wellbeing

A drive to ensure the child's wellbeing was recognisable in all interviews, although rarely discussed specifically. Participants across all interviewed stakeholder groups discussed various aspects of the child's wellbeing, such as the psychosocial wellbeing, e.g. feeling happy and safe at home and at school, being healthy enough to attend school and having the chance of a healthy future.

> Well, I'm here because of an idealistic standpoint too. I want every child to have a good time at school, to be happy to go to school and to feel safe. (Special needs coordinator)

The concept of the child's wellbeing created common ground for participants during the interviews, and can be understood as the basis of their actions and ideas.

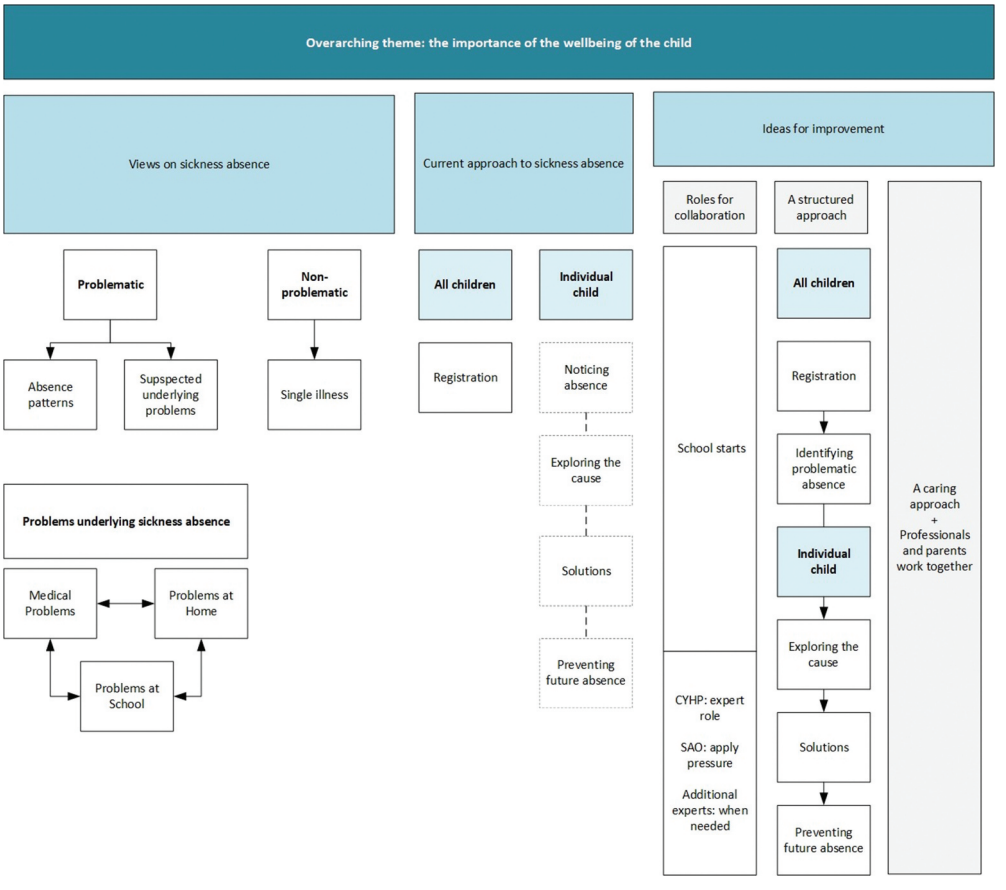

Figure 1. Themes in relation to sickness absence among primary school children according to directly involved stakeholders. CHYP: Child and youth healthcare physician, SAO: School attendance officer.

How the stakeholders view sickness absence

Prior to the interviews, parents and school professionals had not actively considered sickness absence as a factor in the child's wellbeing. However, child and youth healthcare professionals and school attendance officers firmly expressed their belief that sickness absence is related to a child's wellbeing. During the interviews, awareness of sickness absence as a threat to a child's wellbeing grew in all participants.

Sickness absence as a problem

According to participants, there are many reasons to regard absence due to sickness as "problematic", as something that needs action. Firstly, when the pattern deviates from what is expected. If it feels as if the sickness absence is lasting too long, if it happens too often or if it frequently occurs on the same day of the week, professionals considered the absence to be problematic. Sickness absence in the days around a holiday period raised suspicion of unauthorised absence.

> I believe it when they are ill for three or four days, for example, and then one after the other goes off. (. . .) But, being reported sick every Monday, I don't consider that normal. And I also don't think it's normal on the Friday afternoon just before a holiday. (Teacher)

Secondly, professionals consider it more problematic if they suspect there are problems at home or at school, and the period of absence is regarded as a sign of that problem.

Both deviant sickness absence patterns and absence associated with an existing problem situation were regarded as a sign of underlying problems. These underlying problems caused participants to worry about a child's wellbeing, more so than any negative social-emotional and cognitive consequences of the absence. School professionals and parents genuinely believed that absence would not impact the child's cognitive development in a meaningful way. Some special needs coordinators were worried about the social-emotional aspect of frequently missing school.

> The cognitive side is the least worrying, I think. But, of course, the social and emotional aspect, that a child would miss out on that. (Special needs coordinator)

Child and youth healthcare professionals and school attendance officers felt differently, they stressed that both underlying problems and the absence itself have negative consequences for the child's development and wellbeing.

> Being ill happens by chance (. . .), but sometimes there are patterns that start in primary school, continue in secondary school and right into your working life. (. . .) It can cause you a lot of bother. (Child and youth healthcare professional)

Child and youth healthcare professionals and school attendance officers believed that addressing problematic absence in primary education could prevent future problems.

School professionals and school attendance officers believed that the only legitimate reason for the child to be reported sick is when the child is too ill to attend school. Otherwise, the absence was considered as a non-legitimate reason and likely problematic. In contrast, child and youth healthcare professionals did not approve of this distinction as it excludes the sickness absence that is due to illness from being considered problematic. They believed that "legitimate" absence could be as problematic for the child's wellbeing as "non-legitimate" absence, because absence due to sickness can be a sign of unknown problems or the suboptimal treatment of known problems.

> When a child has an illness, more support is needed. (. . .) Are the specialists even aware of the absence? Therefore, I think it is a problem even before the question of legitimacy arises. (Child and youth healthcare professional)

Child and youth healthcare professionals felt it was important not to ignore sickness absence considered legitimate by others, as they saw opportunities to address the physical problems, and thus reduce sickness absence.

Although problematic sickness absence was discussed extensively during the interviews, it was also clear that sickness absence is often considered unproblematic. Both parents and school professionals expected that in most cases, parents report their child sick for a single episode of illness with no long-term impact on the child's wellbeing. Participants saw it as a necessary period of absence that occurs when a child is too ill to go to school. In the opinion of the participants, this is something that happens only occasionally, and not for such a long period that it has consequences for the child.

> When you get a report from the parent that the child is ill, then that's all I expect it to be. You wish them well and hope the child gets better soon. (Teacher)

As parents are the ones to report a child as sick, some participants recognised that parents have to make a decision; weighing the need for school on the one hand, and the need to stay at home on the other. Professionals believed some parents decide to report their child as sick more easily than others.

> Someone has decided, made the choice, that it is not possible today. I always keep in mind that it isn't always because the child is very ill, but a combination of the burden parents can cope with and the medical situation of the child. (Child and youth healthcare professional)

Parents illustrated this decision by sharing the complex weighing of factors: physical symptoms, personality, motivation and need to go to school, the demands of a school day and sometimes the parents' work obligations.

> My oldest will go to school no matter what, she loves school, so she'll go. (. . .) I think that's great! Perhaps it's selfish, but as working mother or father it can be difficult to stay home. (Parent)

Types of problems underlying problematic sickness absence

Participants said that when absence due to sickness is problematic, the underlying causes vary enormously and might include medical problems, problems at home and problems at school.

Absence due to medical problems. Participants supposed that most pupils who are reported sick have some type of illness or physical complaint. For example, a child might have the flu or an asthmatic child might have had an attack. Most participants felt some physical symptoms (e.g. a high fever or broken bone) are more legitimate reasons for sickness absence than other symptoms (e.g. stomach aches or headaches).

> I believe that many children who are reported sick actually have signs of illness, like throwing up or a stomach ache, although stomach aches are more dubious. (Principal)

The causes of symptoms such as a stomach ache were thought to be vague and more likely to be influenced by psychological or social factors. School professionals and school attendance officers felt the lack of a clear physical cause made it more difficult to find a solution and thus, it was considered more concerning.

Problems at home. School professionals saw problems at home as the main cause of problematic sickness absence. For example, when there are transportation problems or when a lack of sleep causes a child to be too tired to attend school. Some school professionals also viewed neglect and child abuse as possible causes of sickness absence.

> We see that sickness absence also happens when parents have trouble raising their children, kids get tired or don't eat well which means they are ill more often. And sometimes parents can't cope, when it's raining and (. . .) instead of cycling 5 kilometres, they report their child as sick. (Principal)

School professionals considered the problems at home to be the most difficult to address because they felt it was outside their sphere of influence.

Problems at school. In contrast, the participating parents did not discuss problems at home, instead they believed problems at school such as bullying or a lack of connection with the teacher to be an important contributor to sickness absence. Parents experienced that it can be difficult to pinpoint and address problems at school. They felt that they had little influence on what happens at school and felt lucky if their child had a good teacher to help solve school related problems.

> For weeks one of my children would cry in bed on Sunday evenings because he had to go back to school the next day. In hindsight, it was because he felt misunderstood at school. That is when you might be inclined to think he might be ill, and you worry, and you would keep him at home the next day. But I thought, no, you aren't ill, something is up. But just try and find out what. (Parent)

Albeit with a degree of caution, school professionals wondered if feeling unsafe in class could contribute to absence, suggesting that bullying or too many children with disabilities in the class might lead to a negative class environment, which in turn might influence the child's need to report sick.

Participants felt that the different causes should be taken into account when addressing problematic sickness absence.

Current approach

Two aspects could be distinguished in the current approach of professionals to sickness absence: the registration system for all pupils and the specific approach to an individual child who is reported sick. Generally, the registration systems were presented as weak. However, when sickness absence in a child was considered to have become problematic, professionals acted in similar ways.

Weak registration systems

Most school professionals reported using software for the registration of absence, one special needs coordinator reported that the software was so complicated that they used pen and paper instead. Most school professionals had never looked at the prevalence of sickness absence in their schools, a few principals revealed that they had looked into the prevalence for the first time just before the interview and they felt shocked by the high prevalence they found, and considered it a real blind spot. School attendance officers pointed out that the software systems used for registration do not seem designed to help schools gain insight into school absenteeism.

School attendance officers and child and youth healthcare professionals believed that schools are likely to underestimate how often children are reported sick. They worry that children will develop the habit of being absent before school recognises the absence as problematic.

Steps taken on behalf of the individual child with problematic absence

Regarding the individual child, school professionals unknowingly acted in similar ways when dealing with children who have been reported sick. A recognisable six-step structure emerged from the interviews: (1) registration, (2) identifying problematic sickness absence, (3) exploring the cause of individual absence, (4) solving underlying problems, (5) applying proven solutions, and (6) preventing future absence. Each school professional had implemented one or more of these six steps, although no one had implemented all the steps.

(1) ***Registration.*** A register of absence is kept for all children. The parents report their child as sick and school professionals register this as sickness absence. Additionally, the teacher checks their class and contacts the parents of any absent children. Depending on the parents' explanation, sickness or another reason, absence is then registered.
(2) ***Identifying problematic sickness absence.*** School professionals revealed there is no universal method in place to identify children when registered absenteeism occurs either often, or for long periods of time. Sometimes teachers and principals noticed persistent sickness absence by chance or went on gut feeling. If they suspect problematic absence, they act.
(3) ***Exploring the cause.*** All participants said that if problematic absence is suspected, it is important to talk to the parents. Some school professionals made special appointments to do this, some telephoned and some talked to parents at drop-off or pick-up times. All participants believed that it is the teacher's job to talk to the parents. Parents considered school professionals asking after children who had been reported sick to be a sign of involvement, and when they did so parents felt more willing to share their concerns. When back at school, school professionals question the children themselves about the sickness absence, considering it necessary for the child's wellbeing to know what happened. While doing so, some felt it was dishonest to question children without the parents knowing, and it made them uncomfortable. Teachers who then found out the child was not ill said they never discuss this finding with the child or its parents because they do not see a reason to do so and felt it would damage the relationship with parents needlessly.

T1: Children are very open.

T2: "We've been to the theme park!" Really? How nice.

T1: And then?

T2: Well, I'm not going to say: weren't you ill?

Interviewer: Would you talk to the parents?

T2: Actually, no.

P: No, I think in practice, we're very nice and don't give that sort of feedback. (Teachers and principal)

(4) ***Solving underlying problems.*** School professionals felt they could often solve school-related problems without outside help. However, they felt there was a limit to their ability to help with sickness absence if there were medical problems or problems at home. At the same time, school professionals sometimes felt reluctant to seek outside help. They reported a variety of positive and negative experiences when collaborating with the social care or health care services. School professionals were disappointed when collaborating with inactive or frequently changing professionals, and felt especially dissatisfied with child protection services. When school professionals did collaborate, they preferred to go to a professional they knew and trusted, even if an unknown professional had more appropriate qualifications. School professionals had therefore developed their own trusted network of professionals.

A lot has changed with the social workers and coincidentally we have a child healthcare physician who was a parent at our school, and then we kind of do it like this [moving his hand in a zig-zag motion] (Principal)

Child and youth healthcare physicians also noticed that pupils were only referred to them if a school professional knew the physician well. Some school professionals have regular meetings with child and youth healthcare physicians, social workers and school attendance officers. They regarded these meetings as constructive and an easy way to discuss and refer children in need. Other school professionals had only occasional or no contact with a child and youth healthcare physician.

(5) ***Applying proven solutions.*** Professionals shared solutions that had worked for specific children in the past, such as psychological treatment or contacting medical specialists. School professionals always paid attention to the immediate cognitive effects of absence, using homework and repetition to support a child who had been absent.

Just practically, if they've missed three days, you'll look at what they've missed. (. . .). Repeat, repeat, repeat and then you can join the rest of the class. (Teacher)

(6) ***Preventing future absence.*** Professionals said that talking to parents and improving their relationship with parents was really important to prevent future problems and reduce absence. Additionally, some participants had experienced that returning to school was easier if a child was kept involved with school in some way, even when attendance might not yet be possible.

Ideas regarding improvements

While some participants had not previously explicitly reflected on addressing sickness absence, during the interviews all participants agreed that it was necessary to improve the approach to sickness absence in the interest of the child's wellbeing. The participants felt that their roles in any future approach needed to be made clear and supported a universal approach.

Defining roles

Participants wanted the roles of those involved with sickness absence to be defined. Previous collaborations with social care and healthcare professionals had sometimes left school professionals feeling frustrated because their responsibilities had been unclear.

> I am not talking about a child with an earache, (. . .), I'm talking about the excessive and the remarkable cases. (. . .) Those that disappear from the school's view, and then you get the 'frustration story' (. . .), who is the person involved with that family, and what are their responsibilities? (Principal)

Participants discussed the roles school, child and youth healthcare, school attendance officers and other professionals should play in sickness absence.

School should take the initiative. When discussing sickness absence, the participants felt strongly that the teacher should take action first and contact the parents. Next, participants thought that the principal and special needs coordinators were needed to help identify extensive absence, support the teacher and parents if conversations become difficult and to contact other professionals if necessary.

> I believe it is important to realise that, when it comes to sickness absence, it isn't just the teacher who is responsible. Actually, it's the whole school, because it starts with the first phone call, when the child is reported sick by the parents. (Child and youth healthcare professional)

School professionals said their main aim was to provide an education, yet participants also believed that schools should try to improve a child's wellbeing.

> I agree with the principal that it would be nice if there were a circle of people around us to whom we could refer. Because, of course, our primary task is to provide an education. However, we have so many other things on our plate as well. (Special needs coordinator)

School professionals sometimes felt conflicted if the effort to support wellbeing took time away from education, therefore they wanted support.

Child and youth healthcare physicians play an additional expert role. The professionals across all stakeholder groups thought that as child and youth healthcare physicians have medical, psychological and social expertise they should be consulted when there is extensive sickness absence.

> As soon as something is wrong with the child, and there is also absence, I think you need to involve us. Otherwise, you might act on one part of the problem, without mapping the whole situation thoroughly. (Child and youth healthcare professional)

Schools expressed the need for support especially when confronted with medical or social problems. Participants were of the opinion that child and youth healthcare physicians could offer this support by examining the complex problem of sickness absence from different perspectives. Additionally, they could refer children to the appropriate care and create a plan for reintegration together with the child, parents and school professionals.

School attendance officers could use pressure if needed. School attendance officers believed their contribution in individual cases of sickness absence would be limited, as they do not have a medical background. However, they wanted to advocate the use of a new approach. Additionally, school attendance officers offered to apply pressure to encourage parents to send their child to school, if all else fails.

> And I believe that's my job I guess. I don't mind being the bogeyman, giving the message that what you are doing is unacceptable, it's not in the interest of your child. (School attendance officer)

School attendance officers said that they did not mind using the stick rather than the carrot, if it is helpful to the child's wellbeing.

Social workers and others: supporting experts to address social problems. By far the most frequently mentioned other stakeholders were social workers. Specifically, when parents and school agree that the home environment is clearly causing sickness absence, social workers were considered to be the first professionals that needed to be involved. Professionals believed that more specialised professionals, such as psychologists or child protection workers, may be needed in more complex cases.

> The chain is only as strong as its weakest link. Where a child and youth healthcare physician can easily help you with that asthmatic child, when it gets to immense complexity, the network needs to be bigger. (Child and youth healthcare professional)

Participants expressed the opinion that if the roles of all involved had been clarified, collaboration would become easier. They also felt that a structured approach was needed.

Establishing a universal approach

The participants agreed that a method should be developed to approach sickness absence, and identified two main components that needed improvement: identifying possible problematic absence and the communication with parents by using a caring approach, rather than a controlling one.

Identifying possible problematic absence. Participants believed that registration and early identification of extensive sickness absence are the first steps towards addressing this problem, and many (but not all) regarded establishing a clear threshold for problematic sickness absence as necessary.

> It could be a point of reference, this is the line we've determined together, or researched, that is when we have to act. (Child and youth healthcare professional)

Absence above this threshold is not always problematic and should therefore always be analysed in a positive way, without blame.

Caring instead of controlling. All participants felt that the communication between professionals and parents should be conducted in a caring manner by focusing on collaboration and involving parents. This will facilitate communication and enables common ground to be found more easily, i.e. the child's wellbeing.

Discussion

The opportunities and challenges involved in addressing sickness absence among primary school pupils in the Netherlands, the perspectives of those stakeholders directly involved, their current approaches to the problem and the ideas for the future were explored by means of qualitative research using six semi-structured group interviews with 27 participants.

This study shows that the child's wellbeing is regarded a shared goal of all stakeholders. The interviews appeared to create the awareness that a connection exists between sickness absence and the wellbeing of the child for some participants. The connection was already well-established and familiar to child and youth healthcare professionals and school attendance officers. This is probably the case because these professionals are often involved in addressing problematic absence in secondary education (Vanneste et al., 2016).

Participants suspected sickness absence to be problematic when absence patterns deviated from the norm, which is in accordance with a pilot study by Vanneste (2015) where a threshold of more than 9 days or more than 4 periods of sickness absence in a school year indicated problematic sickness absence. Additionally, stakeholders consider sickness absence to be problematic when there are suspected problems at home or at school and believed the underlying problems causing sickness absence to be the biggest threat to a child's wellbeing. This shows the importance of analysing and addressing the underlying causes of problematic sickness absence. In contrast, participants were less concerned about the negative effects of missing school. In fact, primary school professionals and parents saw no relevant connection between educational achievement and sickness absence. This is surprising, as research shows there is an association between school absenteeism and lower grades and early school leaving (Gershenson et al., 2017; Gottfried, 2019; Thornton et al., 2013). Participants in the current study may be less concerned about school performance because primary schools, compared to secondary schools, often have more time for repetition and for tailoring educational programmes to the child, thereby mitigating the effects of any missed lessons. Participants also appeared not to value educational achievement as highly as the social and psychological wellbeing of the child.

The current approach to sickness absence seems arbitrary. Possibly, due to the lack of awareness, only a school professional's "gut feeling" determines whether or not a child's sickness absence is noticed. Additionally, while child and youth healthcare professionals and school attendance officers think it is important to act, like school professionals, they believe they cannot start without the school. It was therefore considered necessary to structure the approach and to improve the collaboration between stakeholders. Collaboration benefits from a common goal and sharing information about role definitions. Awareness of each other's roles can minimise negative experiences and promote trust, both of which are important prerequisites for successful cooperation (de Rijk et al., 2007; Marques & Franco, 2020). Three main components were considered important for a structured approach. Firstly, a structured approach should eliminate the arbitrary aspect of identifying children who are reported sick. Identification has been shown to be important for early intervention in general school absenteeism (Brouwer-Borghuis et al., 2019; Kearney & Graczyk, 2014). Secondly, addressing sickness absence should be done in

a caring manner rather than an accusatory one in order to improve communication between professionals and parents and to reach the common goal: the child's wellbeing. Finally, when exploring and addressing the sickness absence of an individual child, the possible variety of underlying problems should be considered. Kearney and Grazcyk (Kearney & Graczyk, 2020) recently described school absenteeism as a heterogeneous problem that needed a multidimensional approach due to its intricacy. The participants in the current study recognised some of the same intricacy in sickness absence, for example, in the wide variety of causes and the parent's decision to report the child as sick. Because different causes could require different solutions, the approach should allow tailoring to the needs of the individual child.

Recommendations for practice

This study shows that there is a clear need for a structured approach to sickness absence among primary school pupils. The necessary components of such an approach are shown in Table 3.

Recommendations for further research

It is important to examine more thoroughly when sickness absence starts becoming problematic for the child's development and wellbeing also including the different stakeholder perspectives on what "problematic" constitutes (e.g. a responsive evaluation (Guba & Lincoln, 1989)). Additionally, future studies should examine the views of parents who have experience with what they regard as problematic sickness absence in their children.

Methodological strengths and limitations

To the best of our knowledge, this is the first study to examine the views of stakeholders on sickness absence in primary education, their current approach and possible improvements.

Table 3. Components and actors recommended for an approach to sickness absence among primary school pupils.

Necessary components	Involved actor(s)
Registration and monitoring of the sickness absence of all pupils	Teacher
Identification of children with possible problematic sickness absence	Principal or special needs coordinator
Communication between school and parents using a caring approach, rather than accusatory	Parents and teacher, supported by principal or special needs coordinator
A problem analysis and subsequent plan, supported by experts	Parents, school professionals and experts
Combining medical, psychological and social expertise	Child and youth healthcare physicians
Supporting the home environment	Social workers
Adding pressure when needed	School attendance officers
Tailored to the child's situation	Additional experts can be involved when needed.

One of the strengths of this study is the variety of participants. Non-response was relatively low and without systematic reasons. An exception were the participating parents; who all worked for a health-care organisation. There were no parents with chronically ill children or low socioeconomic status or with language barriers included in our study. Those parents may have different experiences with sickness absence.

Another strength was the heterogeneity of group interviews with school professionals, child and youth healthcare professionals and school attendance officers; as these stakeholders are used to working together, it was deemed likely that they would feel safe enough in heterogeneous groups. Homogeneous groups were created for teachers and parents in order to promote safety and limit any socially desirable answers.

Conclusion

Sickness absence among primary school pupils is regarded problematic if caused by underlying problems that impact the child's wellbeing, according to a variety of stakeholders. Children with problematic sickness absence are overlooked in the schools' current approach, showing that registration alone is not enough. A structured approach to sickness absence in primary education is necessary, including monitoring the sickness absence of all pupils and taking actions tailored to the individual child's needs.

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