



OPEN ACCESS

Addressing school absence in clinical practice

Catherine James ,¹ Shira Neville,¹ Tahirah Chaves,² Samreen Shah,¹ Hephzibah Ogunro,¹ Catherine Falconer ,³ Steven Hope ,¹ Katherine Styles,⁴ Sarah Martin-Denham,⁵ Dougal Hargreaves ,^{1,6} Kimberley A Foley ,^{1,6}

► Additional supplemental material is published online only. To view, please visit the journal online (<https://doi.org/10.1136/archdischild-2024-327832>).

¹Mohn Centre for Children's Health and Wellbeing, Imperial College London, London, UK

²London Borough of Hammersmith & Fulham, London, UK

³UK Health Security Agency, London, UK

⁴Imperial College Healthcare NHS Trust, London, UK

⁵University of Sunderland, Sunderland, UK

⁶Centre for Paediatrics and Child Health, Imperial College London, London, UK

Correspondence to

Catherine James;
catherine.james24@imperial.ac.uk

Received 2 October 2025

Accepted 1 February 2026

ABSTRACT

Introduction School absence is a major challenge, with one in five pupils persistently absent in 2022/2023. School attendance is an important predictor of long-term educational, health, economic and social outcomes in children and young people (CYP).

Methods This article reviews recent trends, determinants, effects and proposed strategies relating to school absence. It provides practical guidance for paediatricians to address absence in consultations and draws out key themes for future research. While focusing mainly on the English context, common challenges and solutions in the USA and other countries are also discussed.

Conclusions The importance of CYP–parent–school partnerships, special educational needs and disabilities and mental health provision, collaborative interagency support, flexible, individualised plans and curricula for absence and positive school cultures is raised. Despite current challenges, there may be opportunities for improvement by engaging further with integrated neighbourhood teams and mental health support teams in schools.

INTRODUCTION

Regular school attendance is important for the educational, health, economic and social outcomes of most children and young people (CYP).¹ Paediatricians and child health professionals have a crucial role in identifying, preventing and mitigating the impacts of school absence.² This article examines current trends in school absence, outlines key determinants and provides practical guidance to paediatricians and other child health professionals on how to address such issues in their consultations, communities and, where relevant, via broader public health and social policy.

UNDERSTANDING THE ISSUE: SCHOOL ABSENCE IN 21ST CENTURY ENGLAND

School absence is defined using a variety of terms (table 1). Overall school absence, which is the total of authorised and unauthorised absences, has risen in England in recent years from 4.7% in 2018/2019 to 6.9% in 2024/2025.³ As shown in figure 1, persistent absence, missing 10% or more of school sessions in an academic year, has increased from 10.9% in 2018/2019 to 18.7% in 2024/2025, and severe absence, missing 50% or more of school sessions, has soared by 187%, from 0.8% to 2.4% (figure 2). The COVID-19 pandemic may have exacerbated existing school attendance problems,

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ School attendance is strongly associated with long-term educational, health, economic and social outcomes for children and young people.
- ⇒ School absence has risen markedly in recent years, particularly following the COVID-19 pandemic.
- ⇒ School absence is driven by a complex interplay of health, educational, familial, social and economic factors, and children and young people with special educational needs and disabilities and mental health difficulties are disproportionately affected.

WHAT THIS STUDY ADDS

- ⇒ Synthesises recent evidence on trends, determinants and consequences of school absence, with relevance to paediatric clinical practice.
- ⇒ Provides practical guidance for paediatricians on addressing school absence within routine consultations and multidisciplinary working.
- ⇒ Identifies key system-level priorities, including strengthening partnerships, engaging with integrated neighbourhood teams, strengthening mental health support in schools and flexible, individualised educational approaches.

although the trends shown in figure 2 suggest it may have had a lesser impact on severe absence, which may be due to the complexity of the issues underlying severe absence.^{4–6} Despite a small reduction from the peak of school absence in England in 2022/2023, rates remain high, with overall school absence at 7.6% in summer 2024.⁷

Absence rates vary by sociodemographic factors. Absence rates rise after age 10 and are higher in special (12.4%) and secondary schools (8.7%) than primary schools (5.1%).^{8–9} The transition from primary to secondary school is critical for absence. In 2020–2022, there were 13 120 CYP leaving state school for elective home education (EHE), and 80% of these CYP were persistently or severely absent within the preceding year.¹⁰ Poverty is a central factor in school absence, with a doubling in persistent absence rates in CYP eligible for free school meals (FSM) compared with non-eligible CYP^{7 11 12} (figure 3).

Severe absence also varies between communities and geographically. The highest percentages of severe absence are in travellers of Irish heritage (14.2%) and gypsy/Roma CYP (9%), and lower



© Author(s) (or their employer(s)) 2026. Re-use permitted under CC BY. Published by BMJ Group.

To cite: James C, Neville S, Chaves T, et al. *Arch Dis Child Epub ahead of print: [please include Day Month Year]*. doi:10.1136/archdischild-2024-327832

Table 1 Defining absence from school⁸

Defining school absence	
Authorised CYP absence	Absence with permission from a teacher or authorised school representative
Unauthorised CYP absence	Absence without permission from the school or arrivals after registration has closed CYP initiated: emotionally based school avoidance and truancy Parent/guardian initiated: school withdrawal
Disciplinary absence	School-initiated legal absence for disciplinary purposes Includes suspension (fixed-term exclusion) and expulsion (permanent exclusion)
Overall school absence	Total authorised and unauthorised absences in CYP of compulsory school age
Persistent school absence	CYP of compulsory school age who have missed 10% or more of school sessions within an academic year
Severe school absence	CYP of compulsory school age who have missed 50% or more of school sessions within an academic year

CYP, children and young people.

percentages in Asian, Black and Chinese groups than white British students (2.6%).⁷ Persistent (24.5%) and severe absence (2.9%) are highest in South West England, with the lowest rates of persistent (17.9%) and severe (1.5%) school absence in London. Post-pandemic improvements in school absence are higher in urban than rural schools.¹³

EXPLORING THE FACTORS ASSOCIATED WITH SCHOOL ABSENCE

Common themes in the literature suggest that school absence is driven by a complex interplay of health, educational, familial, social and economic factors.^{14 15} CYPs with poverty, socioeconomic (SE) disadvantage, social, emotional or mental health needs,¹⁶ special educational needs and disabilities (SEND), bullying or adverse childhood experiences are disproportionately affected. It is a very complex issue, and studies have shown that the school climate itself may impact school absence.^{17–19}

**Figure 1** Rates of persistent school absence, 2014–2024.⁷

Family factors

Family dynamics and structure can influence school attendance.²⁰ For example, those who have been assessed by a social worker to need extra help and protection, known as children in need, are twice as likely to be persistently absent, four times more likely to be either severely absent or suspended and seven times more likely to be permanently excluded than others.²¹ These are important associations to be aware of, but it should be noted that this does not imply causation. The complexity of the underlying reasons why these children are identified as children in need may be related to their absences. One in four of the 800 000 young carers aged 11–15 years in the UK regularly miss school.²² One-third of persistent absentees have unemployed parents.⁹ Other family factors such as poor parental mental health, family mobility, challenging family circumstances and a lack of understanding of school policy have been shown to affect absence.^{14 23} Shifting parental attitudes to absence, poorer school family relations, higher poverty due to the cost of living crisis and poorer mental health post-pandemic have exacerbated absence, with disadvantaged CYP most affected.^{6 24–26}

Individual factors

Persistent absence is highest in those with profound, multiple learning difficulties (53.1%), social, emotional and mental health needs (41%) and physical disabilities (39.1%).⁷ Illness is the leading cause of overall (total unauthorised and authorised) school absence (3.5% in 2023/2024), with rates consistent from 2019 to 2024.^{7 27} Mental health diagnoses in England have increased by 50% since 2020, affecting 21% of children aged 8–16 years,²⁸ with 1.5 million CYP requiring mental health support post-pandemic.²⁹ Poor mental health predicts absence, with CYP who had a probable mental health disorder seven times more likely to miss at least 15 days of school than their peers without.²⁸ Punitive approaches to discipline (eg, sanctions or behavioural management for non-attendance) may worsen mental health and increase the risk of absence.³⁰



Figure 2 Rates of severe school absence, 2014–2024.⁷

SE factors

Lower SE status strongly predicts absence and is linked to several other risk factors outlined in this section.^{31,32} CYP from low SE backgrounds have a higher risk of behavioural problems or antecedents to school absence and more commonly have physical and mental health challenges, specifically obesity and asthma. Health can be understood as a mediator: lower SE status increases the likelihood of poorer health, which then contributes to an increased risk of school absence. Wider environmental and social factors, such as greater exposure to substance abuse, environmental hazards and crime, also independently predict school absence among these CYP.^{32,33} Parental education, FSM eligibility, neighbourhood deprivation, housing tenure and SE class all correlate with absence.³²

Adding to the complexity of the issues related to school absence is the interplay of various factors. For example, CYP with SEND are five times more likely to be excluded and seven times more likely to be severely absent compared with those without.⁷ School distress refers to emotional challenges that make it difficult for CYP

to attend school. One study found that 92.1% of CYP with school distress are neurodivergent and 83.4% autistic. Anxiety, linked to bullying, school-based anxiety or poor support, is common (92.5%) in autistic CYP, with emotional distress underpinning 94.3% of absence in this group.³⁴ CYP with Education, Health and Care Plans (EHCPs) have the highest rates of overall (16%) and unauthorised school absences (7%).⁹

Although these factors have been presented in isolation, the ability of the school to accommodate and address individual needs may play a role, and it is important to consider that high rates of absence may indicate the school is unable to meet these needs.^{34,35}

School factors

Bullying leads to 16 000 school absences daily in CYP aged 12–18 years in the UK.³⁶ Bullying exists in many forms, with social exclusion (89%), verbal bullying (86%) and rumours (54%) most prevalent.³⁷ It occurs in 80% of CYP with learning

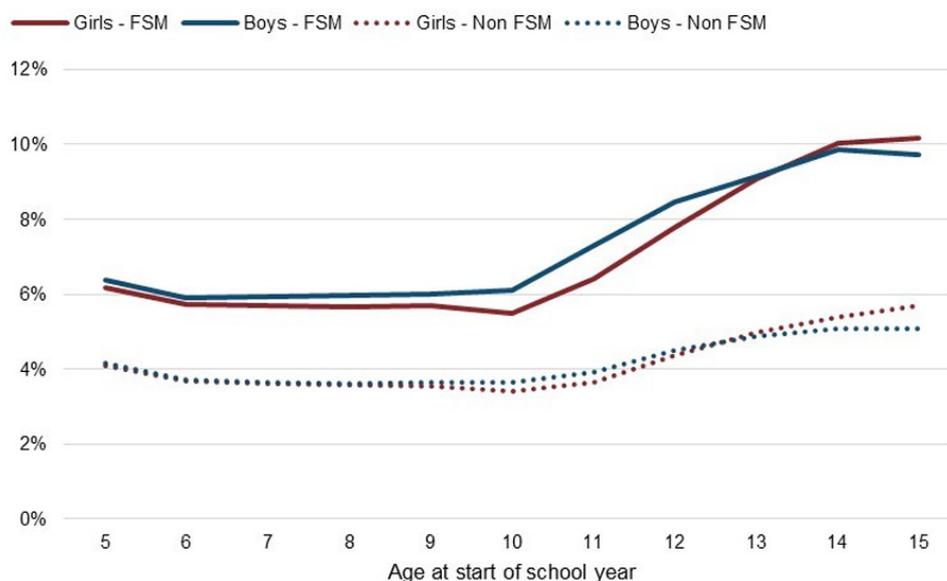


Figure 3 Absence rates by age, gender and FSM status, 2015/2016.¹² FSM, free school meal.

Table 2 Perspectives on school absence (imperial workshop 2024⁶⁷)

Role	Challenges perceived	Solutions suggested
Parent	Parents feel blamed, unsupported and guilty. Lack confidence navigating school systems. Lack knowledge of school SEND services. May have cultural and linguistic barriers. Prior negative personal school experiences. Punitive policies or sanctions feel unjust. Sanctions affect disadvantaged groups most.	Schools to recognise parents as partners. More support to address early absence triggers: Localised support groups and networks. Clear links to community resources. Accessible parent workshops in schools on attendance, school systems and well-being. Peer-to-peer support networks to reduce CYP isolation. Single caseworker model for joined-up support. Multidisciplinary wraparound services for families.
CYP	CYP feel silenced in decision-making. Rigid school attendance policies feel unjust. Limited curriculum options available to CYP. School attendance policies are imposed. Sense of belonging or inclusion often low. May be subject to bullying or exclusion. May have financial issues or caring duties. May have academic difficulties or SEND. Mental, social and emotional needs unmet. Labelling as 'school refuser' unhelpful.	Trust CYP with the responsibility for their attendance. Co-design attendance policies with CYP. Offer flexible pathways and safe ways to report stress. Increase school support for stress to avoid absence. Avoid labels such as 'school refuser'. Use attendance mentors and peer advocates. Develop youth councils feeding into school policies. Co-produce reintegration plans post absence. Offer flexible curriculum (vocational, hybrid and creative). Safe reporting of concerns (mentors and digital check-ins). Increase provision of well-being staff and support.
School	Pressure to prioritise attendance figures. Tendency for rigid, policy-driven approaches. Less priority to CYP well-being and inclusion. Exclusionary practices undermine trust. Rigid policy insensitive to legitimate absence. Policies increase anxiety for SEND pupils. Limited resources limit support available.	Individualise approaches to school absence. School cultures focused on belonging and well-being. Whole school trauma-informed, relational training. Use flexible attendance and reintegration plans. Hire dedicated well-being and attendance school staff. Embed belonging, well-being statistics with attendance. Develop stronger links with community support bodies. Offer individualised mental health resilience training. Expand hybrid learning for inclusivity and tech use.
Govt	Frequent use of fines and punitive policies. Disproportionately affect disadvantaged CYP. Inadequate resources to address absence. Weak fragmented interagency coordination. Health, education and social care separate. CYP fall through cracks between services.	Withdraw/review fines and sanctions in complex cases. Invest more in early interventions and family hubs. Expand CAMHS, SEND and mental health services. Clear statutory protection for CYP with health absence. Improve interagency collaboration and data-sharing. Integrate health, social care and education responses. Use national campaigns promoting attendance culture. Incentivise whole school approaches to attendance.

CAMHS, Children and Adolescent mental health services; CYP, children and young people; SEND, special educational needs and disabilities.

difficulties and persists after reporting in 40% of them,³⁸ with the rate of discrimination due to a disability three times higher for those with special educational need support and four times for those with an EHCP than peers without.³⁹ 52.9% of students feel schools respond to disclosures of bullying poorly,⁴⁰ and post-pandemic, 20% of CYP report missing school due to concerns about their safety.⁴¹

CONSEQUENCES OF SCHOOL ABSENCE

Health and well-being

School absence can impact health and well-being, as regular school attendance is a powerful predictor of lifelong health, with school absence considered to be a wider determinant of health by the Office for Health Improvement and Disparities.⁴² It is associated with lower mortality, reduced morbidity and lower risk of chronic disease and obesity.^{43 44} Schools foster physical activity, healthy behaviours⁴⁵ and contribute to broader social determinants of health by enabling social integration, civic engagement and access to peer and adult networks that shape life and health.⁴⁶ Schools aim to support the physical and mental health of CYP via sport, social and breakfast clubs, free school meals, personal social health and economic education, vaccination and nutrition programmes.²⁷ For vulnerable CYP, school plays a critical safeguarding role, offering early identification of abuse, neglect or unmet needs.⁴⁴ In contrast, school absence is associated with poor physical and mental health outcomes. The relationship between health and absence is bidirectional;

underlying health issues can lead to increased absence, and missing school reduces access to health-promotion activities, which can affect mental and social well-being.⁴⁷ However, for those children where school may lack the provision and support required, this not only has an impact on their own well-being but also that of their family.⁴⁸

Educational attainment

A strong and consistent relationship between school attendance and academic success exists, with absence reducing direct instruction, peer learning and engagement with curriculum content.⁴⁹⁻⁵¹ Persistently absent CYP are less than half as likely to meet Key Stage 2 standards or pass English and Maths GCSEs compared with regularly attending peers.⁴⁶ Furthermore, non-attendance compounds over time, predicting further absence, reduced attainment and long-term socioemotional difficulties in adulthood.⁵² However, the relationship between absence and educational attainment is complex and varies according to a range of factors, including parental support.¹⁴ Furthermore, the relationship between non-attendance and educational attainment may reflect the underlying challenges faced by students who are absent from school.⁵³

Long-term SE outcomes

Absence has lasting implications for a child's economic and social future, increasing the likelihood of school dropout, juvenile

Table 3 Role of the paediatrician in school absence

At an individual level	At a community level	At a national or policy level
Offer appointments at times that would minimise school disruptions. Parent/guardian should liaise with school to support this (ie, recommending more suitable times or catch-up sessions for missed classes).	Facilitate connections between families and community services to overcome school attendance barriers eg, mental health, housing, social care, SEND and CAMHS.	Work with national and local authorities on policies to promote positive school environments and to shape attendance policies for inclusion, health and well-being.
Ask about attendance (missed days, suspensions and exclusions) at all routine medical visits for school-aged CYP.	Work with community leaders to promote culturally salient accessible school attendance messages. Identify those that resonate best with parents and CYP and are most effective.	Advocate for school attendance as a child health and public health priority in national policies and healthcare systems. Contribute to absence research. Support evaluation of interventions and data sharing between health and education.
Explore psychosocial risk factors for absence (eg, anxiety, bullying and family stress) and validate concerns.	Liaise regularly with the school nursing team to provide individual CYP support and amend action plans.	Advise on school reintegration plans for CYP with medical conditions and on inappropriate exclusions.
Explore whether parents are struggling to liaise with school and their barriers or fears. Then encourage and support parents and CYP to do this.	Liaise with education staff to ensure coordination between hospital and school programmes of education. Ensure paediatrician continuity of care for each CYP.	Campaign for well-trained specialist school staff (eg, mental health, SEND professionals and school counsellors).
Praise attendance and promote its long-term benefits on physical, social and mental health and well-being.	Encourage multiagency working on holistic child protection and school attendance plans.	Collaborate with public health experts to evaluate health-related causes of absence.
Following paediatric clinic attendance, encourage the young person to return to school to complete the day.	Support home and school transitions for CYP with long-term conditions or hospital stays.	Contribute to the development of school-based services (vaccination, nutrition, health education, social, behavioural and emotional provision).
Creating school action plans for CYP with chronic health conditions, for example, asthma, epilepsy, allergies, diabetes, to aid confidence and reduce absence.	Share clinical input with schools and families on how to prevent absence for minor illnesses.	Contribute to design and the evaluation of attendance interventions using population-level data and school health records.
Develop a clear understanding of the school context, including cultural and linguistic diversity, deprivation indicators (eg, FSM eligibility) and local community factors that interplay with the health of the CYP you care for.	Recognise and disseminate awareness to colleagues of the pressures that schools face, for example, inspection routines, resource constraints and accountability for attainment. Maintain consistent engagement with schools over time.	Paediatric and school health professionals embedded within schools in a role akin to police liaison officers, providing continuous, accessible support that integrates health with education to reduce school absence.

CAMHS, Children and Adolescent mental health services; CYP, children and young people; SEND, special educational needs and disabilities.

delinquency, antisocial or risky health behaviours, violence and imprisonment.^{54–57} Such outcomes limit life chances, reduce social mobility and diminish personal growth and economic potential. Each day of school absence is estimated to reduce future earnings by £750, with cumulative absences increasing the risks of unemployment and benefits claims.⁵⁸

NATIONAL POLICY AND RESEARCH INTERVENTIONS FOR ADDRESSING ABSENCE

In England, participation in employment, education or training until the age of 18 is a legal obligation. Under the Education Act 1996, CYP of compulsory school age (5–16 years) are required to receive full-time education suitable for their age, ability, aptitude and special educational needs at school or through EHE. Schools must operate for 190 days per year and maintain attendance registers with authorised and unauthorised absences. Local councils can enforce attendance through parenting orders, education supervision orders, school attendance orders, penalty notices (£80–160) or through courts with fines up to £2500, community orders or prison sentences up to 3 months.²⁷ However, these punitive measures can fail to achieve their stated goals, exacerbating harm, particularly for marginalised groups.⁵⁹ The Department for Education oversees national attendance and issued statutory guidance to support schools in maintaining high attendance after the increase in absence following COVID-19. Despite initiatives such as the Attendance Action Alliance, there has been limited improvement in attendance rates. And some parent groups report their children receiving insufficient support—particularly for needs related to mental health and/or neurodivergence.

Despite numerous initiatives, high-quality research on school absence is limited. Studies indicate that parent-CYP engagement, family support, communication to address the root causes of absence and skills training are effective in improving

attendance.^{60–62} Potential harm from punitive behavioural measures or zero-tolerance discipline policies is highlighted as obstructive and a barrier for school-wide positive behaviour interventions and supports.⁹ ⁶³ Inclusive, well-being-focused approaches, personalised support and flexible reintegration strategies are favoured.⁶⁴ Schools and family services should be supported to deliver tailored support to vulnerable children and families, focusing on transitions, routines at school and parental support and engagement.¹⁴ Increasing the provision of mental health support teams in schools across England may help provide support in this area.⁶⁵ However, we need more robust evidence on school absence to develop truly evidence-informed policy, and there is a clear need for initiatives in the education sector to integrate better with health services.

RELEVANCE OF SCHOOL ABSENCE TO PAEDIATRIC PRACTICE

The consequences of school absence for CYP extend far beyond the classroom. From academic underachievement to mental health deterioration, and from lost future income to increased risk of social harm, absence disrupts the foundations of health, learning and opportunity and is a key indicator of physical, mental, neurodevelopmental health and social vulnerability. Addressing root causes of non-attendance is not just an educational priority but a public health, social justice and economic imperative. Paediatricians are uniquely placed to combine their clinical expertise with trusted family relationships to coordinate care across different services, identify causes, advocate for support and develop inclusive, trauma-informed solutions.⁶⁶

Two recent multidisciplinary events, outlined below, explored policy and practice implications of school absence and potential solutions.

The post-COVID increases in school absence are not unique to the UK, and in the USA, the role of paediatricians in improving

school attendance was first highlighted in an American Academy of Pediatrics position statement in 2019. The All in for Attendance summit, hosted by the Johns Hopkins Bloomberg School of Public Health, framed school absence as a public health concern and emphasised the role of strategic cross-sector partnerships between education, health and social services in reducing school absence and supporting outcomes.⁶⁷

The US approach using attendance data as a vital sign, fostering strategic cross-sector partnerships and implementing strength-based policies mirrors UK policy directions that emphasise integrated working across education, health and social care. Initiatives such as Cincinnati's All Children Thrive network demonstrate how collaborative models can deliver positive outcomes for CYP, offering practical insights for UK systems seeking to reduce chronic absence and promote long-term well-being.^{66 68}

In 2024, following a review of the literature and via focus group discussions, the Imperial College London Mohn Centre for Children's Health and Wellbeing brought together 32 stakeholders (including parents, representatives from schools, local authorities, the National Health Service, charity/third sector and police) for a workshop to discuss the school absence crisis in England. Key themes from these discussions are shown in table 2, from the perspectives of parents, CYP, school and the government. It is clear that there are several challenges to addressing school absence, many of which reflect the ideas highlighted earlier from the review of the literature.

From this workshop, ideas were proposed about the role of paediatricians and other health professionals in supporting

children and young people with school absence (table 3). These suggestions are applicable at the individual level, community/school level or national/policy level.

A list of questions and/or comments a paediatrician could consider within the context of an individual consultation with a CYP, with an accompanying list of 'key considerations', is included in table 4. However, a balanced approach is recommended, as current needs may not be met in school. It may be useful to discuss reasonable adjustments with the school, but in some cases, moving to a different school, accessing alternate provision or homeschooling may also be considered. It is important to be flexible and responsive to the needs of an individual child.

Additional resources can be found in the online supplemental materials.

CONCLUSIONS

This paper provides an overview of determinants and recent epidemiological trends in school absence, identifying challenges and potential solutions from the perspectives of stakeholders at multidisciplinary school attendance workshops in England and the USA. It highlights the importance of communication, positive school-CYP-parent partnerships and co-design of absence solutions, as well as increased interagency health, education and social care collaboration and data sharing to maximise attendance. Supportive, holistic and individualised attendance plans with early intervention and support tailored to the root causes of absence are proposed. Expansion of

Table 4 Communicating with CYP about school absence

Potential questions	Key considerations
Attendance at school: <i>How is school?</i> <i>Have you been able to attend regularly?</i> <i>Have you ever been excluded or suspended?</i> <i>How many days have you missed in this academic year?</i> <i>Do your parents have any concerns regarding attendance?</i>	Supportive, non-judgemental language Phone calls, video calls and face-to-face meetings Use of school attendance data tool Early identification and discussion of concerns Absences framed as lessons missed Important to capture parental concerns
Reasons for school absences: <i>What have been your challenges attending school?</i> <i>Do you ever feel anxious in school? What caused this?</i> <i>Have you ever been bullied in school or online?</i> <i>What happened? Did you tell your parents or teachers?</i> <i>What support was offered?</i> <i>Do things at home ever make it hard for you to go to school?</i> <i>How does your health impact on your attendance at school?</i>	Positive parent and CYP partnerships Open communication, trust and respect Supportive and sensitive enquiry Direct and respectful two-way communication Positive and blame-free trauma-informed language High empathy and sensitivity and two-way dialogue Sharing of responsibility for school absences Encouraging, reassuring and motivational language
Tailored flexible support for absence, validate concerns: <i>It sounds like school is tough for you.</i> <i>We can help and support you.</i> <i>You're not alone: many families/CYP face ups and downs.</i> <i>What would help you most to attend school?</i> <i>How can we help you most with ...?</i> <i>Would it help if we created a plan for your health at school?</i>	Holistic benefits of attendance on well-being Inclusive flexible alternative educational paths Positive, individualised, future-focused messaging Clear, consistent guidance on absence impacts 'One day can be eight missed lessons, time with friends and extracurricular activities' Collaborative multidisciplinary partnerships Establish and remove barriers to attendance
Liaison with school, education and community services: <i>How can I best support you?</i> <i>Would you like me to help to explain this to the school/special educational needs coordinator/pastoral team?</i> <i>'If you're happy sharing what we've talked about with your school, it makes a huge difference to how they can support you.'</i>	Holistic multiagency response Integration of health and education services Offer specific contacts for those who can help School nurses, counsellors, special educational needs and disability professionals, teachers, attendance officers, pastoral leads etc. Offer joint meetings where challenges exist Provide helpful community resources
Praise for school attendance and flexible responses <i>I'm so pleased to hear you've been getting to school.</i> <i>It's so important for your physical, social and mental well-being.</i> <i>You're making great progress. Keep going.</i>	Individualistic, inclusive education Holistic child-centred education Flexible schools for a flexible world Bespoke learning environment
CYP, children and young people.	

school and community SEND and Children and Adolescent mental health services (CAMHS) provision and further engagement with integrated neighbourhood teams and mental health support teams in schools is encouraged. Finally, the importance of positive school cultures promoting belonging and well-being is highlighted.

Acknowledgements The authors would like to thank the children and young people, parents/carers, education and health professionals and others who contributed to the workshop to discuss school absence in England in 2024. We are also grateful for the support of Esta Orchard and Charlotte Gredal in organising and facilitating this workshop.

Contributors CJ, SN, SH, SM-D, DH and KAF provided input into the conception and design of the work, acquisition, analysis and interpretation of data, and drafting and critically reviewing the manuscript. SS assisted with the acquisition, analysis and interpretation of data, and drafting and critically reviewing the manuscript. TC, HO, CF and KS assisted with acquisition and analysis of data, and drafting and critically reviewing the manuscript. All authors approve the final version of the manuscript and agree to be accountable for all aspects of the work.

Funding This study was funded by the National Institute for Health and Care Research (NIHR208358).

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Commissioned; externally peer reviewed.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution 4.0 Unported (CC BY 4.0) license, which permits others to copy, redistribute, remix, transform and build upon this work for any purpose, provided the original work is properly cited, a link to the licence is given, and indication of whether changes were made. See: <https://creativecommons.org/licenses/by/4.0/>.

ORCID iDs

Catherine James <https://orcid.org/0009-0007-4652-8010>

Catherine Falconer <https://orcid.org/0009-0004-0935-7417>

Steven Hope <https://orcid.org/0000-0001-6759-6927>

Dougal Hargreaves <https://orcid.org/0000-0003-0722-9847>

Kimberley A Foley <https://orcid.org/0000-0003-3664-8100>

REFERENCES

- Department for Education. Why is school attendance important and what support is available? 2023. Available: <https://educationhub.blog.gov.uk/2023/09/what-are-ghost-children-and-why-is-school-attendance-important> [Accessed 12 Dec 2025].
- Royal College of Nursing & Royal College of Paediatrics and Child Health. Supporting school attendance: a role for all healthcare practitioners. 2025. Available: <https://www.rcpch.ac.uk/sites/default/files/2025-09/supporting-school-attendance-role-for-all-hcps-rcpch-rcn.pdf> [Accessed 10 Dec 2025].
- Department for Education: The education hub. Why school attendance matters and what we're doing to improve it. Available: <https://educationhub.blog.gov.uk/2025/08/why-school-attendance-matters-and-what-were-doing-to-improve-it> [Accessed 30 Sep 2025].
- McDonald B, Lester KJ, Michelson D. "She didn't know how to go back": School attendance problems in the context of the COVID-19 pandemic-A multiple stakeholder qualitative study with parents and professionals. *Br J Educ Psychol* 2023;93:386-401.
- Nathwani G, Shoaib A, Shafi A, et al. Impact of COVID-2019 on school attendance problems. *J Glob Health* 2021;11:03084.
- The Centre for Social Justice. *Lost but not forgotten: the shocking reality of severe absence in schools*. 2022.
- The Centre for Social Justice. School absence tracker. 2025. Available: https://www.centreforsocialjustice.org.uk/wp-content/uploads/2025/03/CSJ-Absence_Tracker_Mar_25.pdf [Accessed 10 Sep 2025].
- Department for Education. Pupil absence in schools in England. 2025. Available: <https://explore-education-statistics.service.gov.uk/find-statistics/pupilabsence-in-schools-in-england/2024-25-autumn-and-spring-term> [Accessed 10 Dec 2025].
- Children's Commissioner. *Back into school: new insights into school absence*. 2022.
- Children's Commissioner for England. *Press notice: Children's Commissioner raises the alarm over the numbers of children who are falling through the cracks after leaving the state education system [Press Release]*. 2024.
- Sosu EM, Dare S, Goodfellow C, et al. Socioeconomic status and school absenteeism: A systematic review and narrative synthesis. *Review of Education* 2021;9:e3291.
- Department for Education. Absence rates by gender, age and free school meal status: ad-hoc notice. 2018. Available: https://assets.publishing.service.gov.uk/media/5aa93fe940f0b66b5fb4ba96/Absence_rates_by_gender_age_and_free_school_meal_status.pdf [Accessed 8 Sep 2025].
- Gunter TM L. *School attendance: analysing causes and impact in pursuit of solutions*. 2023.
- van Poortvliet M. The contested causes of school absence: Longitudinal findings from the UK. *Child Youth Serv Rev* 2026;180:108634.
- Kearney CA, Benoit L, González C, et al. School attendance and school absenteeism: A primer for the past, present, and theory of change for the future. *Front Educ* 2022;7:2022.
- Department for Education & Department of Health. Special educational needs and disability code of practice: 0 to 25 years. 2015. Available: https://assets.publishing.service.gov.uk/media/5a7dcb85ed915d2ac884d995/SEND_Code_of_Practice_January_2015.pdf [Accessed 1 Sep 2025].
- Karlberg M, Klang N, Andersson F, et al. The Importance of School Pedagogical and Social Climate to Students' Unauthorized Absenteeism – a Multilevel Study of 101 Swedish Schools. *Scandinavian Journal of Educational Research* 2022;66:88-104.
- Van Eck K, Johnson SR, Bettencourt A, et al. How school climate relates to chronic absence: A multi-level latent profile analysis. *J Sch Psychol* 2017;61:89-102.
- Pérez-Marco M, Fuster A, González C, et al. Exploring patterns of school absenteeism: Links to school climate in adolescents. *Int J Educ Res* 2025;133:102674.
- Kearney CA, Blanco AM, Dugan R. Family Dynamics and School Attendance Problems: Narrative Review and Recommendations for Clinical Processes. *The Family Journal* 2026;34:26-37.
- Adoption UK. Breaking the barriers to attendance at school 2024. Available: <https://www.adoptionuk.org/listing/category/breaking-the-barriers> [Accessed 1 Sep 2025].
- Action for Children. Hundreds of thousands of 'hidden' young carers not getting vital support this summer. 2025. Available: <https://www.actionforchildren.org.uk/media-centre/hundreds-of-thousands-of-hidden-young-carers-not-getting-vital-support-this-summer/> [Accessed 2 Sep 2025].
- Reid K. The causes of non-attendance: an empirical study. *Educational Review* 2008;60:345-57.
- Burtonshaw S, Dorrell E. Listening to, and learning from, parents in the attendance crisis. 2023. Available: <https://www.publicfirst.co.uk/wp-content/uploads/2023/09/ATTENDANCE-REPORT-V02.pdf> [Accessed 10 Sep 2025].
- Macmillan L, Anders J. Rising school absence: what do we know and what can we do? 2024. Available: <https://blogs.ucl.ac.uk/ieo/2024/01/16/rising-school-absence-what-do-we-know-and-what-can-we-do> [Accessed 1 Sep 2025].
- Long R, Roberts N. House of Commons research briefing: school attendance in England. 2025. Available: <https://researchbriefings.files.parliament.uk/documents/CBP-9710/CBP-9710.pdf> [Accessed 10 Sep 2025].
- Department for Education. Working together to improve school attendance. 2024. Available: https://assets.publishing.service.gov.uk/media/66bf300da44f1c4c23e5bd1b/Working_together_to_improve_school_attendance_-_August_2024.pdf [Accessed 1 Sep 2025].
- NHS Digital. Mental health of children and young people in England. 2023. Available: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up/part-3-education-services-and-support>
- Children and Young People's Mental Health Coalition. Babies, children, and young people's mental health: debate briefing. 2024. Available: <https://cypmhc.org.uk/wp-content/uploads/2024/01/Childrens-mental-health-week--Debate-briefing--Jan-2024.pdf> [Accessed 25 Aug 2025].
- Jones R, Kreppner J, Marsh F, et al. Punitive behaviour management policies and practices in secondary schools: A systematic review of children and young people's perceptions and experiences. *Emot Behav Diffic* 2023;28:182-97.
- Gottfried MA, Gee KA. Identifying the Determinants of Chronic Absenteeism: A Bioecological Systems Approach. *Teachers College Record: The Voice of Scholarship in Education* 2017;119:1-34.
- Klein M, Sosu EM, Dare S. Mapping inequalities in school attendance: The relationship between dimensions of socioeconomic status and forms of school absence. *Child Youth Serv Rev* 2020;118:105432.
- Gautam N, Dessie G, Rahman MM, et al. Socioeconomic status and health behavior in children and adolescents: a systematic literature review. *Front Public Health* 2023;11:1228632.
- Connolly SE, Constable HL, Mullally SL. School distress and the school attendance crisis: a story dominated by neurodivergence and unmet need. *Front Psychiatry* 2023;14:1237052.

- 35 Nnamani G, Lomer S. 'What is the Problem Represented to Be' in the educational policies relating to the social inclusion of learners with SEN in mainstream schools in England? . *Research in Spec Educ Needs* 2024;24:1046–59.
- 36 Wolke D, Lereya ST. Long-term effects of bullying. *Arch Dis Child* 2015;100:879–85.
- 37 Smith PK. Anti-Bullying Alliance. Focus on: bullying. 2020. Available: https://anti-bullyingalliance.org.uk/sites/default/files/uploads/attachments/Focus_on_Bullying_2020%20-%20FINAL.pdf [Accessed 1 Sep 2025].
- 38 Mencap. Bullying wrecks lives: the experiences of children and young people with a learning disability. 2007. Available: <https://www.mencap.org.uk/sites/default/files/2016-07/Bullying%20wrecks%20lives.pdf> [Accessed 25 Aug 2025].
- 39 #BeeWell. The wellbeing of young people with special educational needs (SEN). 2025. Available: <https://beewellprogramme.org/wp-content/uploads/2025/04/Headline-Findings-Report-April-2025-The-wellbeing-of-young-people-with-SEN.pdf> [Accessed 25 Aug 2025].
- 40 Office for National Statistics (ONS). ONS website, statistical bulletin. 2024. Available: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/bullyingandonlineexperiencesamongchildreninenglandandwales/yearendingmarch2023>
- 41 Youth Endowment Fund. Children, violence and vulnerability. 2023. Available: <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2023> [Accessed 28 Aug 2025].
- 42 Department of Health & Social Care. Wider determinants of health. 2023. Available: <https://fingertips.phe.org.uk/profile/wider-determinants>
- 43 Cutler DM, Lleras-Muney A. 12352. Education and health: evaluating theories and evidence. NBER Working Paper No. 12352. Cambridge (MA) National Bureau of Economic Research; 2006.
- 44 Public Health England. The link between pupil health and wellbeing and attainment. 2014. Available: https://assets.publishing.service.gov.uk/media/5a7e2e2ded915d74e33f2eba/HT_briefing_layoutvFINALvii.pdf [Accessed 20 Sep 2025].
- 45 The DELVE Initiative. Balancing the risks of pupils returning to schools. DELVE Report no.4. 2020. Available: <https://rs-delve.github.io/reports/2020/07/24/balancing-the-risk-of-pupils-returning-to-schools.html>
- 46 The Health Foundation. Relationship between school absences and attainment. 2025. Available: <https://www.health.org.uk/evidence-hub/education/relationship-between-school-absences-and-attainment>
- 47 Pijl EK, Vanneste YTM, de Rijk AE, *et al.* The prevalence of sickness absence among primary school pupils - reason to be worried? *BMC Public Health* 2021;21:170.
- 48 Chavda J, Denyer L, Trivedi D, *et al.* Exploring the experiences of having a child who regularly does not attend school on parental mental health and wellbeing in the United Kingdom. *PLoS One* 2025;20:e0333501.
- 49 Gershenson S, Jacknowitz A, Brannegan A. Are Student Absences Worth the Worry in U.S. Primary Schools? *Educ Finance Policy* 2017;12:137–65.
- 50 Klein M, Sosu EM, Dare S. School Absenteeism and Academic Achievement: Does the Reason for Absence Matter? *AERA Open* 2022;8:23328584211071115.
- 51 Kirksey JJ. Academic Harms of Missing High School and the Accuracy of Current Policy Thresholds: Analysis of Preregistered Administrative Data From a California School District. *AERA Open* 2019;5:2332858419867692.
- 52 Ansari A, Hofkens TL, Pianta RC. Absenteeism in the First Decade of Education Forecasts Civic Engagement and Educational and Socioeconomic Prospects in Young Adulthood. *J Youth Adolesc* 2020;49:1835–48.
- 53 Klein M, Sosu EM. School Attendance and Academic Achievement: Understanding Variation across Family Socioeconomic Status. *Social Educ* 2024;97:58–75.
- 54 Gottfried MA. Chronic Absenteeism and Its Effects on Students' Academic and Socioemotional Outcomes. *J Educ Stud Pl Risk* 2014;19:53–75.
- 55 Baker M, Bishop FL. Out of school: a phenomenological exploration of extended non-attendance. *Educ Psychol Pract* 2015;31:354–68.
- 56 Zhang M. School Absenteeism and the Implementation of Truancy-Related Penalty Notices. *Pastor Care Educ* 2007;25:25–34.
- 57 Wolf KC, Kupchik A. School Suspensions and Adverse Experiences in Adulthood. *Justice Q* 2017;34:407–30.
- 58 Department for Education. The impact of school absence on lifetime earnings. 2025. Available: https://assets.publishing.service.gov.uk/media/67d2cf8f4702aacd2251cbae/The_impact_of_school_absence_on_lifetime_earnings.pdf [Accessed 10 Sep 2025].
- 59 Duarte C dP, Moses C, Brown M, *et al.* Punitive school discipline as a mechanism of structural marginalization with implications for health inequity: A systematic review of quantitative studies in the health and social sciences literature. *Ann N Y Acad Sci* 2023;1519:129–52.
- 60 Sutphen RD, Ford JP, Flaherty C. Truancy Interventions: A Review of the Research Literature. *Res Soc Work Pract* 2010;20:161–71.
- 61 Maynard BR, McCrea KT, Pigott TD, *et al.* Indicated Truancy Interventions: Effects on School Attendance among Chronic Truant Students. *Campbell Systematic Reviews* 2012;8:1–84.
- 62 Freeman J, Simonsen B, McCoach DB, *et al.* Relationship Between School-Wide Positive Behavior Interventions and Supports and Academic, Attendance, and Behavior Outcomes in High Schools. *J Posit Behav Interv* 2016;18:41–51.
- 63 Skiba R, Rausch MK. School disciplinary systems: alternatives to suspension and expulsion. In: *Children's needs III: development, prevention, and intervention*. Washington, DC, US: National Association of School Psychologists, 2006: 87–102.
- 64 Moore M, Walker E, National Foundation for Educational Research. *Voices from the classroom: understanding how secondary schools support pupils returning from absence*. 2025.
- 65 NHS England. Mental health support in schools and colleges. Available: <https://www.england.nhs.uk/mental-health/cyp/trailblazers> [Accessed 10 Dec 2025].
- 66 Allison MA, Attisha E, Council on School Health. The Link Between School Attendance and Good Health. *Pediatrics* 2019;143:e20183648.
- 67 Falconer C. *All in for attendance: collective action for public health strategies that address chronic absence*. 2025.
- 68 All Children Thrive. Improving the wellbeing of Cincinnati's children and families — together. Available: <https://actincy.org> [Accessed 15 Dec 2025].