

Title

Small Scale Study exploring school attendance within an identified ASD population

What did we ask? (Research Questions)

- Is there a high rate of non-attendance/school refusal behaviour among the ASD population compared with the general school population in Stirling?
- Among those with a diagnosis of ASD, is there a general pattern to the reasons underlying school refusal behaviour/non-attendance, including poverty?
- What interventions are schools offering to promote school attendance?
- Can general guidance on early intervention be made for this population?

What is the evidence base? (link to your definition of the poverty gap)

Achieving equity, a key aim of the National Improvement Framework, is defined as “ensuring every child has the same opportunity to succeed” (Scottish Government, 2016). Ensuring pupils are *Included, Involved and Engaged* within education is highlighted as being of key importance to future outcomes (Scottish Government, 2007). A potential barrier to this engagement is school refusal behaviour (SRB), which can be defined as a child being “unable to meet typical development and chronological expectations and demands regarding school attendance, including going to school regularly, arriving on time, attending classes and remaining in school for an entire day” (Kearney & Albano, 2007).

Munkhaugen et al. (2017b) highlight that one group for whom prevalence figures of SRB are scarce are those with a diagnosis of Autism Spectrum Disorder (ASD). They assert that SRB is far more common within this population (40-53% of students) compared with the general population (5-28%) (Havik et al., 2015; Kearney, 2008; Kurita, 1991, Munkhaugen et al. 2017a).

International research among the general population outlines the role of a variety of underlying reasons for SRB including those related to disability, poverty and Adverse Childhood Experiences (Attendance works, 2015; Stempel et al. 2017). Munkhaugen et al. (2017b) outline that whilst there is limited research, there appears to be similarities in both familial and environmental reasons between those with a diagnosis of ASD and the general population such as poor family health and curricula. In addition, factors specific to this population were outlined including negative attitudes towards particular subjects, irregular schooldays and difficulties in the morning.

Initial consideration of the underlying psychological processes involved undertaken by Munkhaugen et al. (2017b) highlighted common characteristics among those with ASD who displayed SRB compared to those who did not. These included lower social motivation, increased impairment in initiating activities and problem solving strategies as well as increased symptoms of withdrawal and depression. It was noted, however, that causal relationships between these factors and SRB are not

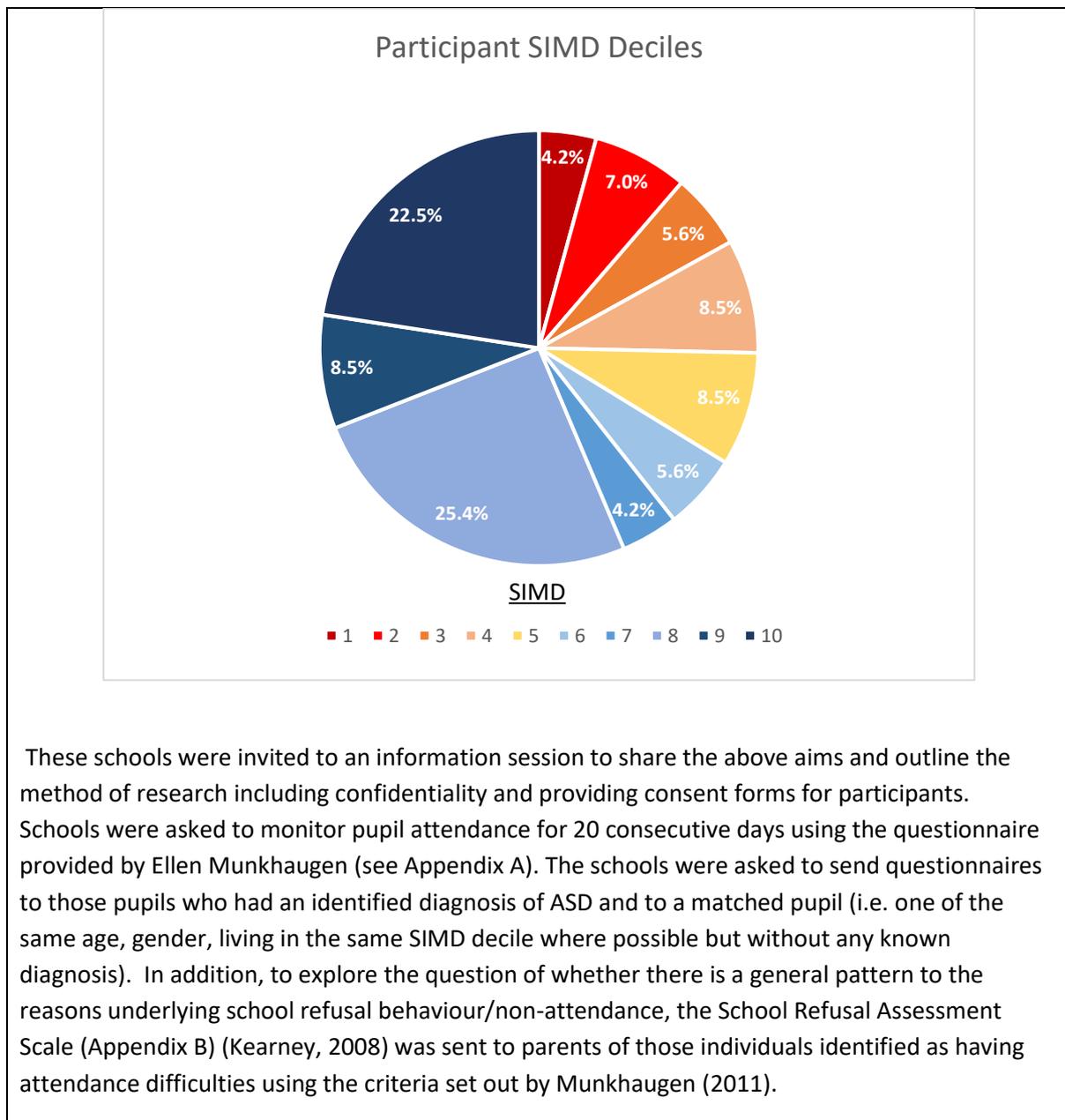
yet clear. The potential preventative role of teacher awareness of the association between social impairment, executive deficits and emotional problems with school refusal behaviour within the ASD population was highlighted in terms of assessment and early intervention which the authors asserted would need to take place on an individual basis.

Findings of recent European research indicated the prevalence of ASD with intellectual disabilities is increased in areas of higher deprivation (Delobel-Ayoub et al. 2015) although conflicting evidence worldwide in this area was noted. Therefore, it is important to consider the potential role which poverty itself may play when considering the underlying reasons for SRB and identifying appropriate interventions. Munkhaugen et al (2017b) also stress the need for future research to consider other factors including gender as well as school based factors.

The aim of the present study is to contribute towards this research base with a focus on the Scottish context in response to an identified local need.

What did we do?

This study aims to replicate the larger scale study of Munkhaugen et al. (2017a). This involved identifying those schools with pupils who had a diagnosis of ASD. Four primaries and four secondary schools were recruited, including both pupils within mainstream school and those educated within an ASD provision. SIMD distribution of the school population was considered when selecting the schools, however to recruit a sufficient participant sample it was necessary to prioritise those schools with the largest ASD populations. SIMD distribution of participants is shown below;

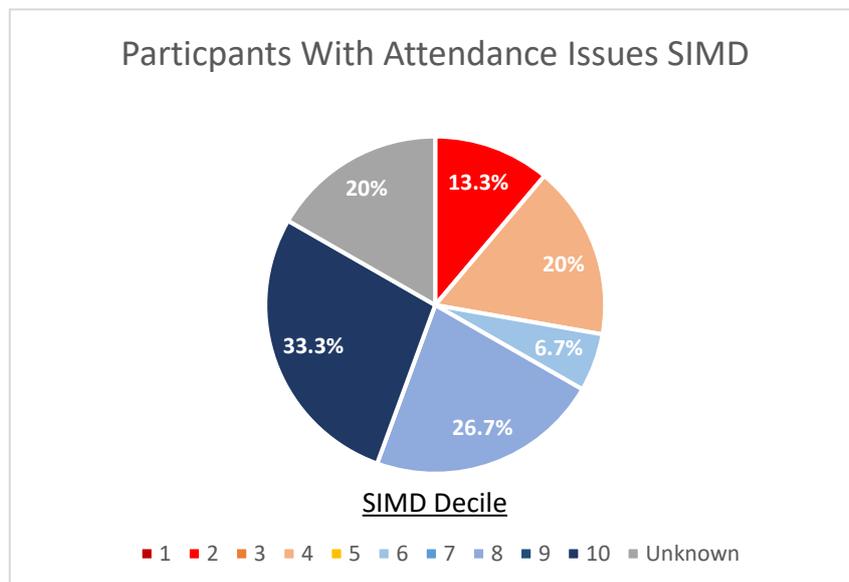


What have we found?

Initial analysis of attendance data indicated that there is a gap in attendance in Stirling Local Authority's ASD population at both primary and secondary school levels. A 93.7% school attendance rate was observed in our ASD population compared with 95.4% in our general population at primary level. This discrepancy increased at secondary school with attendance rates being 87.8% versus 92.6% in the ASD and general populations respectively. Attendance was approximately 6% higher for ASD pupils in provisions when compared to mainstream at secondary level but no difference in attendance was observed between mainstream at provision at primary

level. Attendance data from our provisions revealed 40% of pupils with an ASD diagnosis across primary and secondary level have school attendance below 95%, 22.9% have attendance below 90% and finally 12.9% below 85% attendance.

From the above sample identified, sixteen young people with an ASD showed non-attendance behaviour (44%) compared with 2 young people without a diagnosis (5%) during the 20 days their attendance was monitored by school staff. The SIMD distribution of these pupils can be seen below:



This data suggests that attendance is more of an issue in the upper deciles. However, the population recruited in this study was much more representative of the upper deciles. The School Refusal Assessment Scale (SRAS) (Kearney, 2008) was distributed to these 18 young people.

Focus groups carried out with primary and secondary school staff highlighted areas of good practice in relation to supporting the attendance of pupils with an ASD diagnosis. Moreover it emphasized the need for further research exploring the link between poverty and attendance as this was felt to negatively impact on attendance more so than an ASD diagnosis in secondary schools. Primary staff felt that practical support for parents e.g. family link workers, and feeling that school was a safe place (e.g. being greeted by a known face) were particularly important in promoting attendance in the primary ASD population. Furthermore, they highlighted parental anxiety as a factor negatively impacting on ASD pupils and their attendance.

What do we plan to do next?

We plan to collect views from pupils via online questionnaire to gain insight into our second research question. Analyses of the focus groups, SRAS and attendance data will inform improvement planning at service and school level in achieving equity.

References

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