Medical Advice for Sick-reported Students (MASS)

Beneficiaries

Learners who are frequently absent

12-23 years. As of 2017, the intervention is adapted for age 4-12 (primary schools).

Countries

Netherlands

Education level and sector

Secondary education **Lower secondary education**
Lower secondary general education
Lower secondary vocational education and training (school-based)

Vocational Education and Training (VET) (school-based), secondary education (VMBO, HAVO, VWO)

Type of policy/initiative

Prevention

Prevention

Level of implementation / Scope

Regional level

As of 2017, 13 regions work with the MASS intervention.

Stage of implementation

On-going

From September 1 2017, the Dutch Association Youth health Care will manage the nationwide dissemination of the intervention, to support the implementation, encourage and

stimulate future research and to ensure quality by education of professionals and monitoring the implementation.

Aims of policy/initiative

The intervention aims to address school absenteeism due to sickness reporting, also called medical absenteeism.

Features and types of activities implemented

Main activities: involve the early identification of students with high absenteeism followed by a methodological approach involving a strong focus of school actors on students, cooperation with parents, and advice from the youth healthcare physicians. MASS provides a framework and a clear route in which the school and youth health care physician can operate in case of sickness absence. MASS tells everybody involved in student's school carrier when to act upon sick reports of students, and how: namely, by showing interest rather than control in every step.

A systematic process is followed, involving 6 steps:

1. The school communicates that it is a school's rule to participate in MASS. The school explains to students and parents their concerns about the sickness absence and the wish to improve the situation. It is emphasized that discussing the absence is from concern and not from control.
2. Registration is always followed by contacting the student.
3. By using fixed criteria, also called the MASS-criteria (reported sick four times in 12 school weeks or more than six consecutive school days), students are actively traced. Then, school always has a dialogue face-to-face with students and parents. Note: the MASS criteria have been investigated in secondary education, not in Vocational Education and Training (yet; the research is going on). In VET, the criteria can be determined by the school itself.
4. When this conversation does not lead to any results or is not fruitful, school can ask a consultation with the YHCP. Most of the time this is because of medical complaints or a diagnosed disease, because as a teacher or guidance counsellor you miss medical expertise
5. During the consultation, the physician, together with the student and the parents, identifies any underlying physical or psychosocial problem. The physician consults – if necessary - medical specialists already involved, and offers advices and counselling to improve student's health and well-being and maximize the attendance to school activities. Focusing not only on diagnosis, cure and care, but also on how to cope with this disease and to manage one's life. When needed, the physician sends the student to a specialist or a psychosocial support network. A management plan is made, which describes the agreements made and actions to be taken by students, parents, school and professionals in the cure and care. The plan also includes evaluation moments.
6. Monitoring he management plan, by school and YHCF.

The above process can vary in terms of interview locations, interviewees or acceptability thresholds of absenteeism (for VET, see above).

Furthermore, the measure serves as a guideline for schools. They stay autonomous in how they implement it.

Evaluation of the measure

The results have been published (Thesis:

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The international publications separately:

- Vanneste-van Zandvoort, Y.T.M., Feron, F.J.M., Mook, M.A.W. van, & Rijk, A.de. (2016).Towards a Better Understanding of Sickness Absence in Adolescence: A Qualitative Study among Dutch Intermediate Vocational Education Students. BioMed Research International, Article ID 1064307. https://doi.org/10.1155/2017/1064307
- Vanneste-van Zandvoort, Y.T.M., Mathijssen, J.J.P., Goor, L.A.M. van de, Rots – de Vries, C.M., & Feron, F.J.M. (2016). Addressing medical absenteeism in pre-vocational secondary students: Effectiveness of a public health intervention, using a quasi-experimental design. BMC Public Health, 16(1). https://doi.org/10.1186/s12889-016-3718-1
- Vanneste-van Zandvoort, Y.T.M., van de loo, L., Feron, F., Rots, M.C., & Goor, L.A.M. van de (2016). Attitudes towards addressing medical absenteeism of students: A qualitative study among principals and special education needs coordinators in Dutch secondary schools. PLoS one, 11(2). https://doi.org/10.1371/journal.pone.0148427
- Vanneste-van Zandvoort, Y.T.M., Mathijssen, J.J.P., Goor, L.A.M. van de, Rots, M.C., & Feron, F. (2015). Extensive medical absenteeism among secondary school students: An observational study on their health condition from a biopsychosocial perspective. Open Journal of Preventive Medicine, 5, 111-121. DOI: 10.4236/ojpm.2015.53013

Evidence of effectiveness of the measure

Results of the recent research showed that structural attention to students in prevocational secondary education with critical school absenteeism, resulted in a significant reduction of absenteeism from secondary education (compared to the control group), both on the short and long term.[1]

The research shows that since the introduction of MASS, the level of absenteeism due to reported sickness decreased from 8.5 days in 12 school weeks to 5.7 days after 3 months, and 4.9 days after 12 months.

[1] Vanneste et al. (2016). Addressing medical absenteeism in pre-vocational secondary students: effectiveness of a public health intervention, using a quasi-experimental design, BMC Public Health, 16:1107.

Success factors

The following success factors are based on the testimonies of participants in the measure interviewed for the Cedefop study:

1. Simplicity of the approach: no additional registration systems are needed to implement MASS approach in schools, the system can thus be fitted within the existing structures of the school (administration, absenteeism meetings, etc.).
2. Teachers' mind-set towards absenteeism: the MASS approach fosters teachers' responsibility to find out why the student is absent. Teachers' involvement leads to fewer absences, resulting in better chances for students to complete their education and training.
3. Autonomy in implementing MASS: the MASS concept and procedure act as guidelines, which means that schools stay autonomous in how they implement it.
4. Alderman enables financial means: the alderman was an advocate of the MASS approach in the pilot municipality. He managed to make financial resources available to further its development.

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