



When Young Children Have Difficulty Attending Early Childhood Education

A knowledge guide to
good collaboration and
solutions in practice

**This is a condensed version of the
Danish report published in 2025.**

Please contact us for more knowledge
on how to use the presented models.

Mail to: : **ikh@ps.rm.dk**

FOREWORD

This knowledge guide, “Difficulty attending early childhood education and care” (ECEC), has been developed by our interdisciplinary specialists, who work daily to improve the wellbeing of young children. With this guide, we aim to contribute to the wider debate on children’s wellbeing challenges with practice-based perspectives.

In the guide, we provide recommendations on how professionals can work with a preventive focus from the earliest years, and how to support collaboration between ECEC settings, educational psychology and advisory services (referred to throughout as the support service), children and family departments, and parents, so that solutions can be created together that lead to positive change in the lives of children and families.

The background for this focus is that, in our work as advisory specialists in the early childhood area, we experience that some of the children who later in life are affected by problematic school absence already show signs of reduced wellbeing much earlier — indeed as early as the ECEC years. There is currently no research-based evidence for our practical experiences, and we still do not know enough about the relationship between young children’s wellbeing challenges and the later development of concerning school absence. In general, this area is under-researched, but we are encouraged to see increasing research attention on this important field.

When a child has difficulty attending their ECEC setting, it is rarely a simple matter of motivation and behaviour, but rather an expression of a complex interaction between the child, the environment, and the adults around the child. We increasingly see that parents and professionals are under pressure, where good intentions and professional expertise are challenged by a lack of shared language and coordination.

Our hope is that this guide can strengthen both understanding and capacity for action in working with children who have difficulty attending ECEC — and at the same time contribute to placing greater focus on the early childhood years as an important foundation for wellbeing, learning, and participation later in life.

Tina Frederiksen
Deputy Head of Specialised Social Services

WHO ARE WE?

The Specialised Advisory Service, under the Department of Communication and Disability (IKH), is a nationwide provider delivering advisory and assessment services to young children with severe communicative, social, developmental and/or motor difficulties. We work in interdisciplinary teams consisting of, among others, psychologists, special education consultants, speech and language therapists, and physiotherapists.

Our target group

One group we have extensive experience with is children in early childhood education and care (ECEC) who require a specialised, targeted, and often long-term intervention to thrive and develop, whether they attend mainstream or specialist settings. We often encounter children with special needs who are not thriving optimally in their ECEC setting. This includes children who attend sporadically, children with periods of complete absence, and children who have been withdrawn from their setting altogether.

The knowledge group

The knowledge group consisted of psychologist Lea Trier Troldborg, special education consultant Gitte Bjerg, child neuropsychologist Karen Bøtkjær, special education consultant Jeanette Nielsen Damgaard, physiotherapist Inge Tornbjerg Pedersen, and project manager Louise Rosendahl Bomholt.

INTRODUCTION TO THE KNOWLEDGE GUIDE

With this knowledge guide, the Specialised Advisory Service has gathered its specialist knowledge and experience in advising professional networks around children who have difficulty attending their ECEC setting and children with actual concerning ECEC absence. We hope the guide can help strengthen practice-based knowledge, reflection, and capacity for action in this area. The guide includes both recommendations for organisation and collaboration as well as concrete ideas for approaches and solutions.

The guide is primarily aimed at those who work daily in and around educational practice in ECEC settings: teaching and care staff, pedagogical leaders, and educational support services. It is also relevant for advisors in children and family departments and may be read by parents and other members of a child's network.

The guide is inspired by and structured around a model for collaboration and interventions for children and young people with concerning school absence. Throughout the guide, the reader will encounter Sofie and her situation — an example of a child the team may meet in advisory practice. The case is inspired by a number of representative cases of concerning ECEC absence.

The guide begins with a brief introduction highlighting the need for an increased focus on young children's wellbeing challenges and children who have "difficulty attending their ECEC setting", and outlines how we understand the concept of wellbeing.



WELLBEING CHALLENGES AND “DIFFICULTY ATTENDING ECEC”

Children’s wellbeing challenges have received considerable attention in public debate in recent years. In particular, there has been focus on the increasing number of children developing concerning school absence. The debate highlights increased societal costs and the strain on children, parents, and siblings when school absence affects the whole family.

There is broad agreement among professionals that early identification and intervention are essential when children do not thrive and develop concerning absence. Despite this, there is currently limited societal focus on children who already experience difficulties in their ECEC setting — a phenomenon we encounter regularly in practice.

In our advisory work, we also engage with school-age children experiencing school absence. In these cases, parents often report that there were issues during the early childhood years that were not systematically addressed or collaborated on. Opportunities for early preventive intervention may therefore be missed.

CASE EXAMPLE

Sofie is 4½ years old when we, as advisory specialists, first hear about her. She has just had a period of 1½ months of complete absence from her ECEC setting, but now attends on some days when her parents assess that she is able to go. There have previously been shorter periods of absence, including while Sofie’s mother was on maternity leave with her younger brother.

The parents experience that Sofie reacts negatively to attending her ECEC setting: she has difficulty sleeping and eating, wets herself, has frequent meltdowns, and appears anxious. During the period away from her setting, the parents observed improved wellbeing in Sofie, including reduced anxiety.

The ECEC setting describes Sofie as having fluctuating daily functioning. She has attention-related challenges and a high energy level. She is well liked and is sometimes able to participate on equal terms with the other children. At other times, she withdraws and finds it difficult to meet ordinary everyday demands.

»Wellbeing« is understood as follows: when, overall, one is satisfied with one’s life; when one is able to develop, realise one’s abilities, and participate in and contribute to communities. One can experience wellbeing even when going through periods of adversity and challenges — what is crucial is the ability to manage such periods. Importantly, wellbeing cannot be equated with comfort, nor can reduced wellbeing be equated with mental illness; rather, wellbeing and reduced wellbeing should be understood as a continuum.

Research and practice both indicate an increase in wellbeing challenges among young children in recent years. Several large-scale surveys of ECEC managers and educational support service leaders point to a growing proportion of children experiencing wellbeing challenges.



Context note: ECEC attendance vs school attendance

There is an important difference between how absence is recorded and managed in ECEC settings compared to school settings, and this varies across countries and systems. In many countries, school-age children are subject to compulsory education and formal attendance monitoring. Young children in ECEC settings typically do not have a statutory attendance requirement, and there is often no formal system for tracking or responding to absence.

This means that individual ECEC managers carry the responsibility for monitoring patterns of absence and deciding when and how to follow up. Some local authorities have developed their own action plans, but dedicated roles such as “ECEC attendance consultants” are rare compared to equivalent roles in the school sector.

THE ECEC ABSENCE MODEL: AN OVERVIEW

THE ECEC ABSENCE MODEL



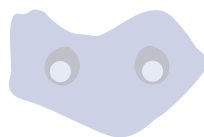
The knowledge guide is based on an ECEC absence model for collaboration and solutions in practice. The model consists of four core elements:

The four core elements:

Modellens har fire kernelementer:

- Collaboration
- Identification
- Mapping
- Action possibilities and interventions

In the model, collaboration surrounds the three other core elements — signalling that the quality of collaboration underpins all identification, mapping, and action. In addition, the model rests on a value base and a set of organisational conditions that are important for effective collaboration.

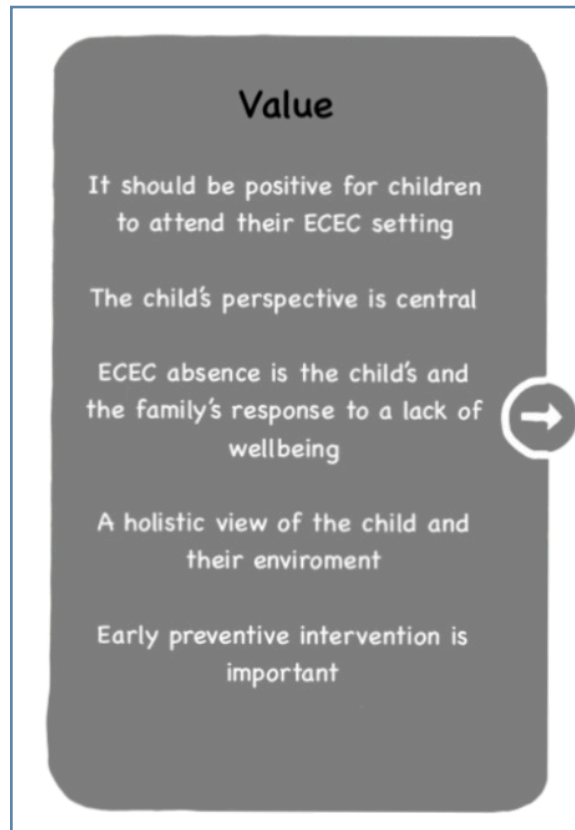


Value base

The value base is the fundamental understanding on which collaboration around young children with wellbeing challenges and ECEC absence should rest. It should constitute the shared mindset across home, ECEC setting, support services, and the wider professional network. Value

Values:

- **It should be positive for children to attend their ECEC setting.**
A high-quality ECEC setting is one in which children experience wellbeing, learning, and development in an environment characterised by presence, care, and nurturing relationships. Being part of the social community in ECEC helps ensure children's wellbeing and future opportunities.
- **A child's perspective is central.**
The child should be met with openness and interest, so that the child's resources and knowledge can form the basis for understanding and addressing ECEC absence.
- **ECEC absence is the child's and the family's response to a lack of wellbeing.** ECEC absence can have many causes and is often the way in which parents and/or the child cope with something that is difficult. As young children have less autonomy than older children, it will in practice often be the parents who keep the child at home when they assess that the child is struggling.
- **A holistic view of the child and their environment.** ECEC absence should be addressed with attention to conditions across the ECEC setting, the home, and leisure contexts.



- **Early preventive intervention is important.** An early focus on absence can reduce the risk of the problem becoming more extensive and entrenched.

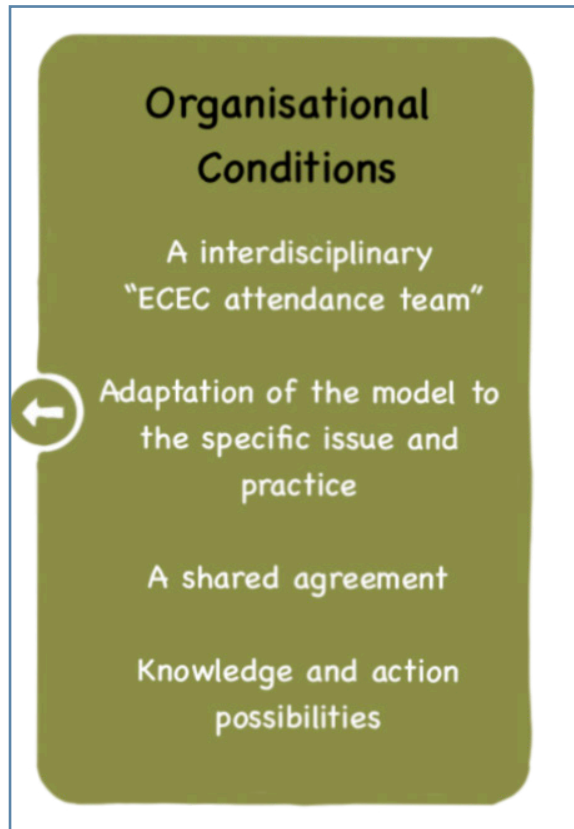


Organisational conditions

Working with the ECEC absence model requires a strong organisational foundation, with a focus on the fact that addressing absence issues and wellbeing challenges is a shared responsibility. The specific organisation of collaboration may vary from one setting or local authority to another. However, there are certain organisational conditions that management should take into account:

- An interdisciplinary “ECEC attendance team”
- Adaptation of the model to the specific issue and practice
- A shared agreement document
- Knowledge and action possibilities

These organisational conditions are described in more detail in the following section on good collaboration.



GOOD COLLABORATION

In the collaboration around Sofie, both the educational support service and a children and youth advisor are involved. The collaboration between the parents and the ECEC setting is generally positive, but there is increasing conflict — particularly between the parents, the support service, and the advisor.

The parents point out that there is a lack of resources in the setting. The setting agrees, as they find it difficult to ensure consistent wellbeing for Sofie. However, the setting increasingly struggles to recognise Sofie in the parents' descriptions of her reactions at home, and begins to question whether the cause of her difficulties should be found within the setting itself.

The parents feel that their only option is to keep Sofie at home when she is struggling, while experiencing that this is being problematised by the support service and the advisor. The advisor points to a need for family support in the home, which the parents do not believe is necessary.

Effective collaboration around a child who has difficulty attending their ECEC setting is crucial for the child's wellbeing and development. The case above shows how conflicting and tension-filled perspectives, interests, and needs can hinder the identification of interventions and solutions that can best support the child.

Be curious

The way the professional network collaborates is a key factor in successfully addressing wellbeing challenges.

In the collaboration around Sofie, intentions are good on all sides, but increasing pressure and a lack of understanding of each other's perspectives are placing strain on the collaboration. Curiosity has disappeared, and it is necessary to begin by focusing on improving the collaboration.

Professionals often encounter many different perspectives on an individual child's challenges, and consequently many different objectives. Curiosity and openness towards all perspectives should be given high priority. Efforts should be made to foster psychological safety, so that individuals have the courage to ask difficult questions, express their own uncertainties, and demonstrate transparency regarding their own challenges.

It may be necessary to draw on relational and facilitation skills in the collaboration in order to give all parties the confidence



to address potentially difficult dynamics that may challenge the work towards shared goals.

A Coordinator Ensures Coordination

There is often a lack of a clear coordinator in complex cases where children have difficulty attending their ECEC setting. It is not always clear who contacts whom and who is responsible for what. Parents often report that they feel compelled to take on the coordinating role themselves out of necessity.

In a large professional network around a child like Sofie, many interactions take place across different actors:

- The educational psychologist provides guidance to staff in the setting.
- The key worker holds meetings with the parents.
- A special education consultant may be attached to the ECEC setting.
- A children and youth advisor also meets with the parents.
- The parents may independently seek information and advice.
- The child may be referred to a paediatrician due to restlessness, anxiety, or toileting concerns.

As a result, multiple interventions are often carried out simultaneously, requiring coherence and oversight so that everyone works towards shared overarching goals. Without this, professionals may unintentionally work against each other's efforts, or the family may become overwhelmed. A coordinator has overall responsibility for coordination and for following up on agreements and processes — preferably using a shared agreement document, such as an advisory log.

Interdisciplinary "ECEC Attendance Team"

We recommend that work on ECEC absence is organised within an interdisciplinary "ECEC attendance team". The term "team" signals that everyone in the network is working towards the same goal, has different tasks, and shares responsibility. The team composition may depend on the child's resources and challenges, the expectations and possibilities of the parents and wider network, and the options within the local support system. The following participants may be relevant:

- **Coordinator.** Responsible for coordination and for following up on agreements and processes
- **Parents.** Key informants who can contribute insight into the child's voice and perspective.
- **ECEC manager.** Can support the process, allocate resources, and determine how knowledge is disseminated to other staff.
- **Key worker/Primary caregiver.** Has knowledge of daily life, the pedagogical environment, the parents, and the child.
- **Special education consultant** fra PPR. Kan fx have overblik og resourcer til at støtte barnet, forældre og personale i børnehaven. Kan evt. møde barnet i hjemmet/følge barnet i børnehave i en overgangsperiode.
- **Educational psychologist.** Can support different phases of the process and contribute knowledge about children's development and challenges. udfordringer.
- **Children and youth advisor (social services).** May provide insight into the family's overall situation and can support interventions in the home, for example through family support, financial assistance, or similar.

- **Other professionals for shorter periods** Such as a physiotherapist, occupational therapist, speech and language therapist, or external advisory specialist.

In Sofie's case, the interdisciplinary team comes to consist of parents, an educational psychologist, a social services advisor, the ECEC manager, the key worker, and a family support worker. There is broad agreement that the previous collaboration has not helped Sofie and that a new approach is needed. The ECEC manager is appointed as coordinator, and together with external specialists, a process is initiated with an emphasis on curiosity and understanding the issue as a shared concern.

Adaptation to the Specific Issue and Practice

The following questions should be addressed to adapt collaboration and interventions to the specific context:

- **In which of the three arenas is support needed?**
Is support needed at home, in the ECEC setting, and/or in the transition between them?
- **What is practically and realistically manageable for the individual family and the ECEC setting?**
- **How many interventions are currently in place, and how can coordination of multiple simultaneous interventions be ensured?**
Hvis der er andre udfordringer i familien, eller andre indsatser i gang, enten i hjemmet eller i daginstitutionen, kan det være en overvejelse værd, hvor mange indsatser, der kan overskues i netværket på én gang.
- **Hvordan sikres koordinering af evt. flere indsatser på én gang?**

Shared Agreement Document — The Advisory Log

We have experience using a shared agreement document when there are many participants in the team, multiple parallel meetings, and/or a lack of clarity regarding goals and interventions.

An example is the advisory log: a continuous and shared working and agreement tool that systematises and structures dialogue and collaboration, and ensures a shared overview of goals, processes, and agreements.

Experience shows that in the ECEC context, a simplified version is often sufficient: a document in which goals, sub-goals, evaluation of goals, and agreements from meetings ("who does what") are recorded on an ongoing basis. The document can help the network embed the knowledge and working methods developed during the process.




Knowledge and Action Possibilities

When there are concerns about a child's wellbeing and attendance, there is a need for access to professional guidance and consultation. In addition to specific knowledge about the child and their family, the following areas of knowledge are useful:

- Knowledge of challenges related to ECEC absence and reduced wellbeing in young children, including knowledge of interventions for school absence in older children.
- General knowledge of developmental psychology and more specific knowledge of developmental challenges in young children; for example, cognitive ability, autism spectrum conditions, difficulties related to language, attention, or sensory processing.
- Special education and general pedagogical knowledge of interventions in practice.
- Local knowledge of the institutional environment, available support options, and the local support service.

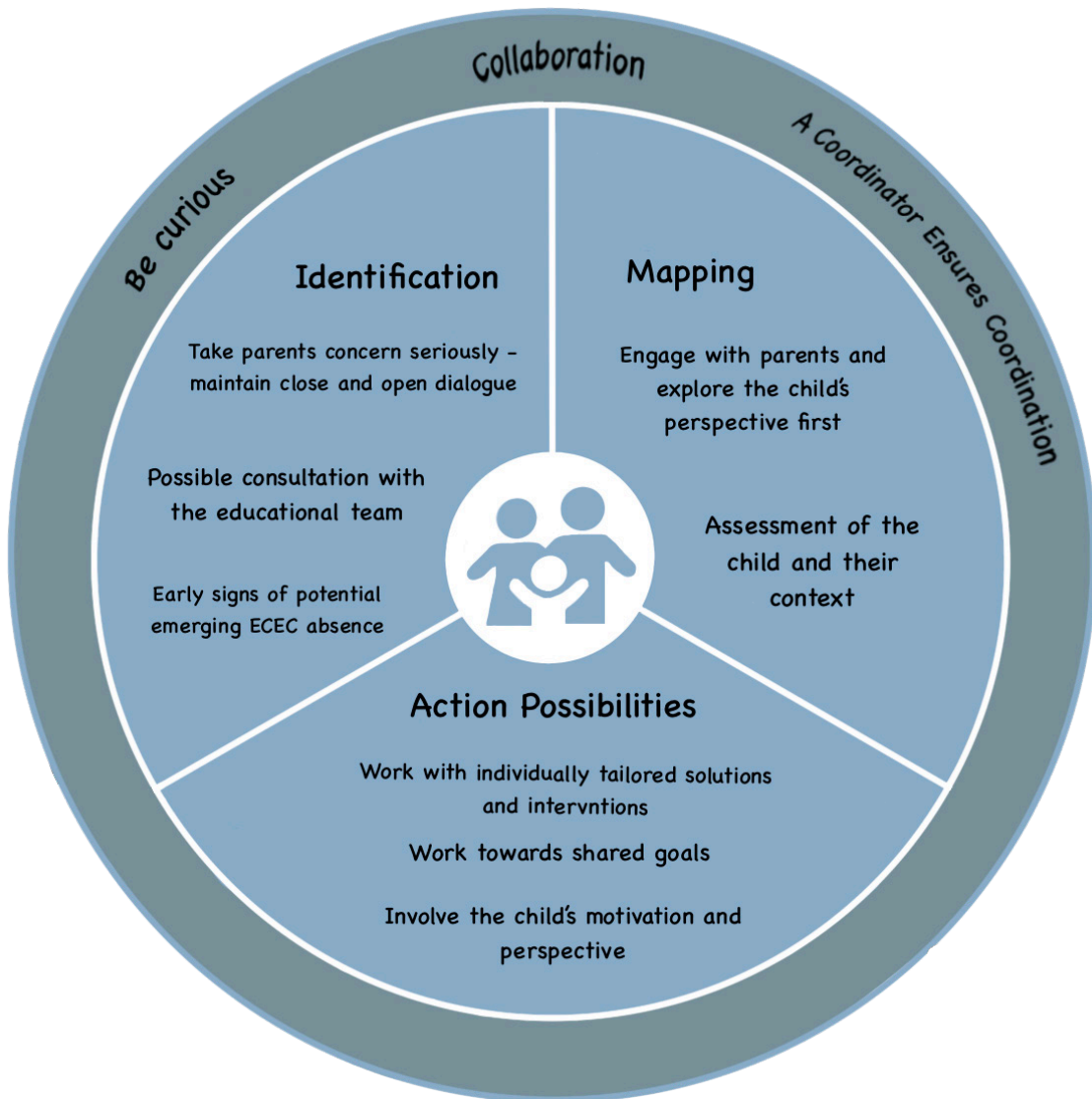
Due to the complexity of wellbeing challenges, professionals may need to think in unconventional ways when exploring interventions and solutions. This requires both knowledge and the courage to occasionally test new and alternative approaches.

ADVISORY LOG		
Factual Information Name: Advisory sessions: Dates:		
Goals and collaboration agreements 		
Roles and allocation of responsibilities		
WHO	Does	What



SOLUTIONS IN PRACTICE

In effective collaboration, solutions are a shared responsibility. The three elements — Identification, Mapping, and Action Possibilities — provide guidance on how to jointly identify absence and wellbeing challenges, develop a shared understanding of the causes, and find concrete solutions in practice.



IDENTIFICATION

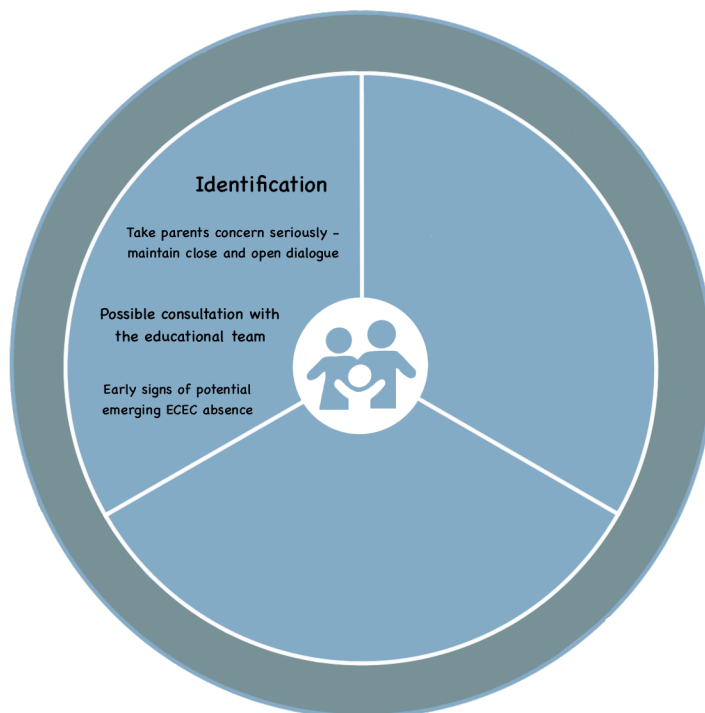
"Signs of reduced wellbeing in young children can manifest in different ways, and it can be difficult for professionals to interpret these, as there is often no linear relationship between the child's signs of reduced wellbeing and the underlying cause. A child's reduced wellbeing may be both periodic and more persistent, and can affect the child across a range of areas, such as language, motor skills, cognition, emotional wellbeing, and social functioning."

It is Sofie's parents who first notice the early signs of emerging wellbeing challenges. Sofie has begun to have more difficulty sleeping, eats less, and has started wetting herself again. She has meltdowns in situations she would previously have been able to manage and appears generally more anxious. Sofie has also begun to say that she does not want to go to her ECEC setting. She cries and resists when they have to leave in the morning. At first, the setting focuses more on Sofie's positive periods and hopes that these will become longer. However, they do not.

Take Parents' Concerns Seriously — Maintain Close and Open Dialogue

The identification of children with wellbeing challenges, who are at risk of developing ECEC absence, begins locally through collaboration and dialogue between parents and the ECEC setting.

It is often parents who notice the first signs when a child is not thriving. Some children are, to a certain extent, able to "hold themselves together" in the ECEC setting, meaning that signs of declining wellbeing can be difficult for staff to detect. It is therefore always important to take parents' concerns seriously.



It is not uncommon for parents and staff to have differing perceptions of a child's wellbeing. ECEC absence may become the parents' solution to a problem, particularly if they lack confidence that the setting and the wider professional network can meet the child's needs. Effective identification therefore requires an open and curious approach from both professionals and parents, where preconceptions are set aside.

Possible Consultation with the Educational Support Service

If it is difficult to establish a shared understanding between parents and the ECEC setting, it may be beneficial to involve the educational support service, which can contribute to the identification process through relevant, inquisitive questions, professional knowledge, and possibly by observing the child in the ECEC context. This can help build a clearer understanding of what is affecting the child and where additional support may

be needed.

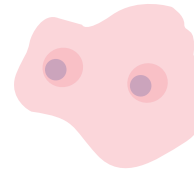
Early Signs of Potential Emerging ECEC Absence

Early identification of wellbeing challenges allows preventive interventions to be initiated. The following are signs that a child may be experiencing reduced wellbeing and may be at risk of developing concerning ECEC absence:

- Sporadic or increasing absence — without close dialogue and a trusting collaboration with parents.
- Difficult drop-off situations — particularly where parents choose to take the child home again.
- Difficult transitions between home and the ECEC setting.
- When the child expresses not wanting to attend — either verbally or through physical resistance.
- When the child finds it particularly difficult to return after holidays or breaks.



- When the child appears exhausted after the ECEC day — to an extent where they react behaviourally and/or emotionally at home.
- When parents express a lack of confidence that the child will be able to thrive in the setting.
- When parents express a lack of confidence that the child will be
 - Lacks meaningful attachment to children and adults.
 - Becomes overstimulated and fatigued.
 - Is constantly under strain throughout the day.
 - Persistently misses their parents and/or withdraws from the group.
 - Appears anxious and may cling to adults.
- A note regarding developmental needs: when formal assessment tools indicate a need to initiate interventions and/or involve the support service (for example, in relation to language, motor skills, sensory processing, or cognition), these should be followed up promptly. Developmental needs and delays are not the same as wellbeing challenges, but they may increase the risk that the child is not receiving sufficient support.



MAPPING

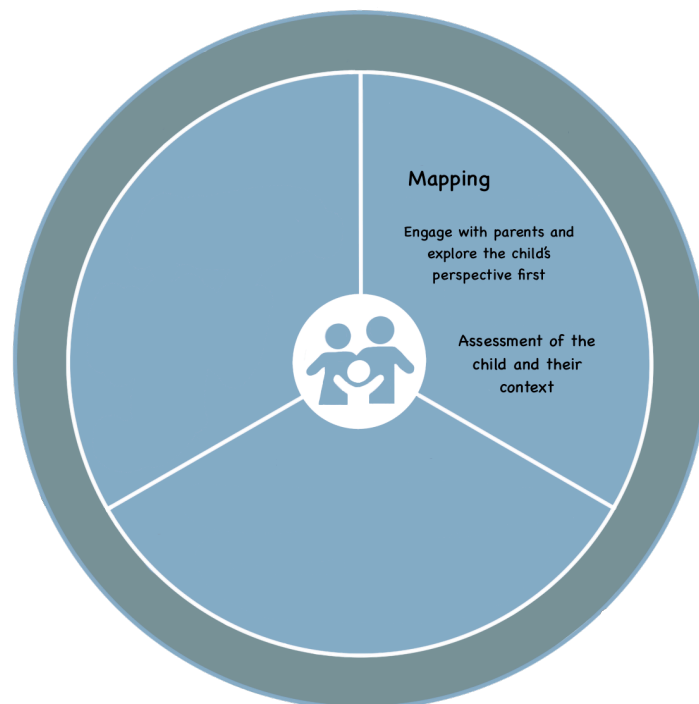
Following identification, there is often a need for systematic mapping and an overview of possible causes of the child’s wellbeing challenges. The mapping should form the basis for shared goals and the selection of concrete actions and approaches.

We recommend that a coordinator takes responsibility for coordinating processes and initiatives within the network and for ensuring follow-up and progress. In many cases, the mapping needs to include several of the contexts in which the child operates. In particularly complex cases that go beyond the scope and competencies of the local support service, referral to a more specialist advisory service may be appropriate.

The mapping process typically includes:

- Involvement of the parents
- Exploration of the child’s perspective
- Assessment of the child’s relationships, communities, resources, challenges, and protective factors — across the ECEC setting, the home/local environment, and the child themselves

In collaboration with external specialists, it is decided to further explore what is “at play” for Sofie across different contexts. Sofie is not able to explain what she finds difficult, apart from saying that she does not want to attend her ECEC setting. The specialists observe Sofie both at home and on a day when she attends the setting, and conduct interviews with staff and parents. An educational psychologist carries out a cognitive assessment of Sofie, and both parents and the setting complete questionnaires to screen Sofie’s skills across various developmental areas.



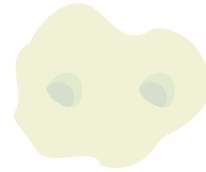
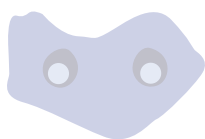
Engage with Parents and Explore the Child's Perspective First

Parents play a central role as those who know their child best. They are therefore key sources of knowledge and should be involved from the outset. Close and effective collaboration with parents is crucial for the process, for the child's wellbeing, and for their developmental opportunities.

It is essential that the mapping process takes the child as its starting point and seeks to understand the child's perspective. The method should be adapted to the child and their developmental level, with preconceptions set aside in favour of an open and curious approach. The key is to identify and illuminate the child's needs without problematising the child themselves.

Young children are often not able to communicate their perspective clearly enough for adults to understand it directly. In such cases, a "striving insider perspective" may be helpful: one attempts to place oneself in the child's position and see the world from the child's perspective.

Observing the child both at home and in the ECEC setting provides an opportunity to see the child in safe settings and relationships, and to observe how the child engages in play, interaction, and communication with their surroundings. Interviews with parents, staff, and other professionals can further contribute to this perspective.



Assessment of the Child and Their Contexts

There are often multiple reasons why a child has difficulty attending their ECEC setting. The mapping process may explore:

- **The child:** For example, developmental level, developmental disorders, congenital conditions, sensory challenges, eating and sleep issues, anxiety, and relationships with children and adults.
- **The ECEC setting:** For example, pedagogical approach, daily structure, routines, peer groups, and physical conditions. Changes such as staff transitions, new children, new routines, or changes in the physical environment. The extent to which the child's needs can be met within the setting's framework.
- **The transition between home and ECEC:** For example, how mornings function at home, the journey to the setting, the parents' emotional state during drop-off, how the child and parents are received, and the general contact and collaboration between parents and staff.

- **The home:** For example, the parents' relationship, employment situation and wellbeing, illness in the family, household routines, sibling relationships, sleep, and the home's ability to meet the child's needs.
- **The child's immediate environment** For example, the family's network, illness within the close family, and changes in relationships or routines in the child's leisure activities.

The assessment shows that Sofie has a good cognitive level, but is nevertheless challenged in several areas and uses a disproportionate amount of energy to keep up with daily life. Across contexts, Sofie reacts when the environment is not sufficiently adapted. She has a strong need for structure, predictability, and opportunities for focused engagement.

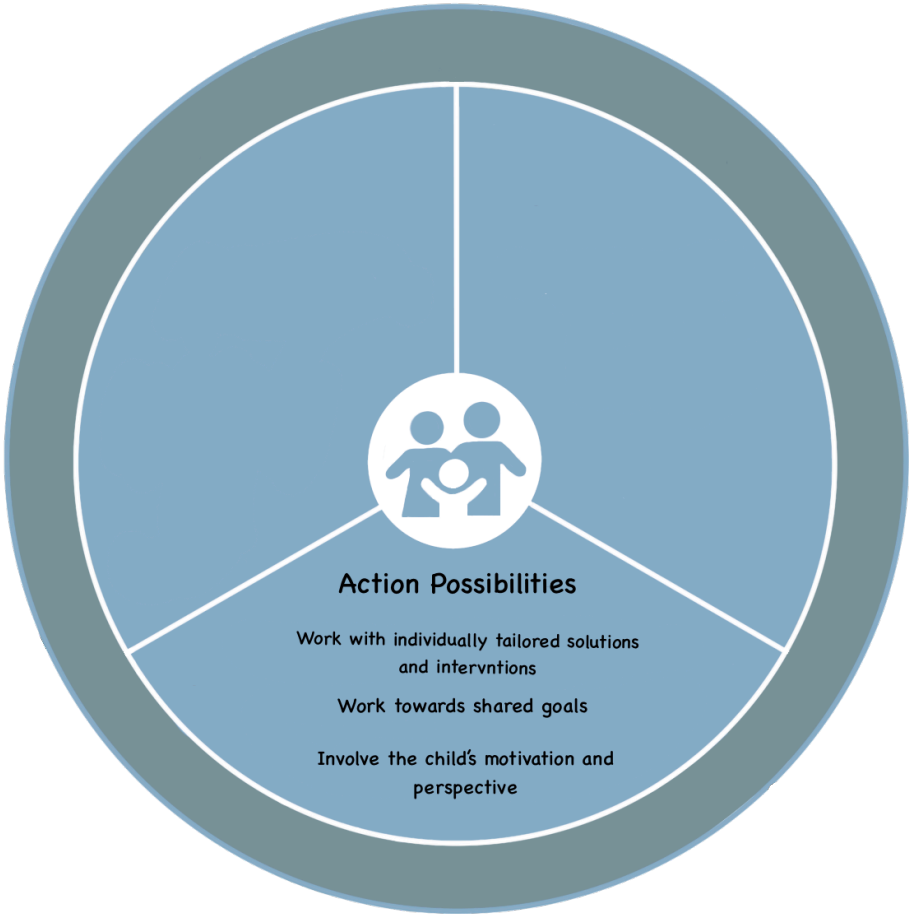
Sofie's energy decreases as the day progresses, despite her efforts to compensate by alternating between withdrawing and being highly physically active. This means that each day ends with an energy deficit. At the same time, Sofie has difficulty sleeping in the evening, meaning each morning also begins at a deficit. In an effort to protect Sofie, the parents have reduced everyday demands and allow Sofie to take the lead. Despite their good intentions, this contributes to a lack of structure and predictability for Sofie.



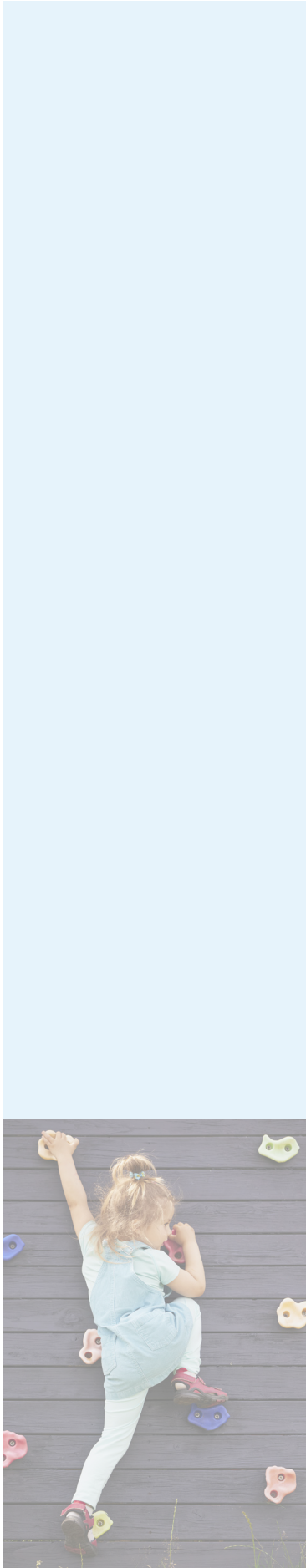
ACTION POSSIBILITIES

The preceding mapping will most often form the basis for shared goals and the development of concrete interventions. All children are different and therefore require individually tailored solutions. If the causes prove to be complex, this also requires combined solutions and coordinated actions across multiple contexts simultaneously.

Individually tailored solutions may at times require changes to the pedagogical environment or approach, which may challenge existing frameworks. Parents and the wider network should therefore aim not to be limited by existing constraints, but allow themselves to “think outside the box” when exploring new and potentially unconventional approaches that can enhance wellbeing.



General Principles for Pedagogical Actions and Solutions:



Work with individually tailored solutions and interventions

- Interventions must be feasible. They should be implemented based on a holistic understanding of what is realistically possible for both parents and the ECEC setting to carry out.
- If the child has a diagnosis, staff should be provided with knowledge about how it affects the child. It may be relevant for the support service to supplement with knowledge about, for example, anxiety, overload, motor skills, sensory processing, or language development.
- Establish close, daily (where possible), and non-judgemental collaboration between parents and the ECEC setting.

Work towards shared goals

- Goals should be concrete and realistic.
- Avoid progressing too quickly to reach goals, even if there are periods of positive progress.
- Pay particular attention to periods with changes in daily routines, such as holiday periods — plan these in greater detail.
- Be aware that setbacks may occur. This does not necessarily mean that the interventions are incorrect. “One step forward and two steps back” is not uncommon.

Involve the child’s motivation and perspective

- Take the child’s perspective and autonomy into account when developing new solutions

The development of concrete actions should generally address two tracks: both adapting the environment to the child and supporting the child in developing their own coping strategies.

The Intervention Triangle and the Three Levels

Interventions can vary widely and are organised at three levels:

- **Preventive level:** Preventive and wellbeing-promoting measures aimed at all children.
- **Targeted level:** Targeted and early interventions aimed at the individual child.
- **Intensive level:** Intensive, targeted, and specialised interventions for a small number of children with the most complex needs.

Examples of interventions with basis in the intervention triangle:

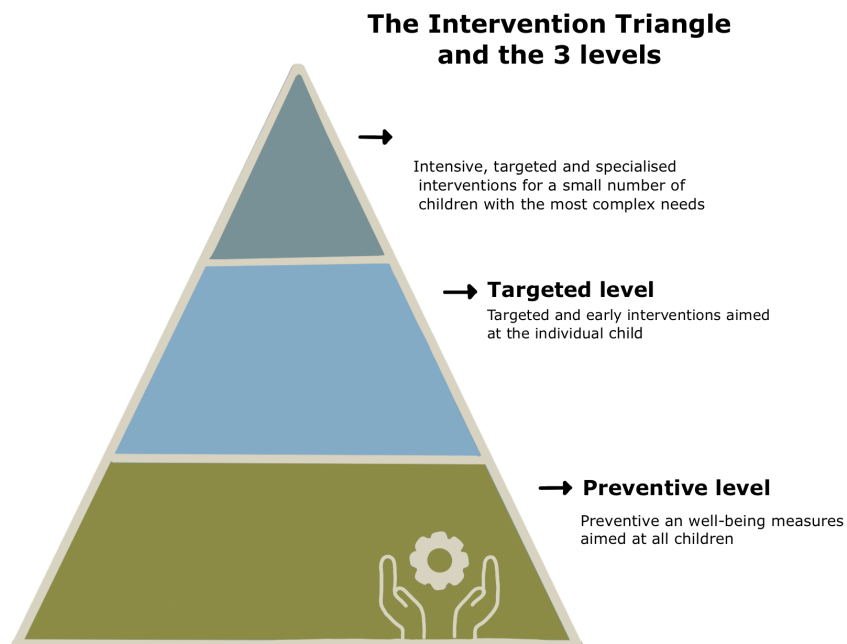
The preventive level:

- Working with smaller groups (play groups, activity groups).
- Creating predictability in daily routines, so that all children know what will happen.
- Using visual supports to clarify the sequence of activities. Visualisation slows the pace and gives the child time to keep up.
- Keeping agreements and avoiding

changes without preparing the child in advance.

The Targeted Level – Pedagogical

- Ensure that activities match the child's zone of proximal development, thereby minimising overload. Attend to the pacing of stimuli and activities, and incorporate breaks and recovery time.
- Generally reduce demands and expectations placed on the child. The child is already under strain, and further pressure should be avoided.
- Focus on the details. It is often the "small things" that make a significant difference — for example, how parents and the child transition from home to the setting. There may be a plan for how the child is received: who welcomes them, and whether there is a need for a calm environment.
- It may be necessary for the child to be collected from home for a period (this will often require additional resources).
- Create predictability across contexts and in the transition between home and the setting.



- Initially, the child should spend shorter periods in the setting after a period of absence. Plan the time in detail and increase it gradually.
- Pay attention to whether the child becomes fatigued and which activities contribute to this.
- Ensure that communication between parents and staff takes place out of the child's hearing.
- Establish a clear agreement that staff "take over" from the parent at drop-off, and that both parents and staff signal confidence and trust in one another.
- Ensure daily contact between parents and primary staff for follow-up and adjustment.
- Agree that one or two primary adults work relationally with the child, and that the child knows in advance which adult will support them each day. Children are more capable within secure relationships.
- Provide the option of being in a small, more sheltered group initially — perhaps with only one adult and one other child.
- If the child has been completely absent for a period, consider how their connection to the setting can be maintained — for example, through short visits with a parent, home visits, playdates, or visits to the setting's outdoor area at weekends.
- Ensure that the team has both a Plan A and a Plan B when the child returns after a period of absence. Plan B should be a "lighter version" of Plan A. Plan B can help prevent the re-establishment of previous negative patterns.
- Focus on the child's entire daily cycle, including ensuring good sleep at night so that the child does not start each day at a deficit.



The Targeted Level – Physiotherapy and Occupational Therapy Perspective

Based on our experience, it is often relevant to incorporate measures that address the sensory and nervous system and the child's regulation. A physiotherapist or occupational therapist can contribute a valuable perspective within a holistic approach.

Examples of interventions include:

- Motivating physical activity at high intensity, where the child's heart rate is elevated daily.
- High-arousal activities to expand the range between high and low arousal in the autonomic nervous system.
- Activities that stimulate the parasympathetic nervous system (the calming system), including calm, rhythmic, and repetitive movements.
- Focus on pleasant touch, which promotes the release of oxytocin and serotonin and reduces cortisol.
- Breathing exercises adapted for children; for example, blowing bubbles in water, blowing games, or similar playful activities.
- Activities where the child has fun and laughs.
- Indtænke aktiviteter, hvor barnet har det sjovt og kommer til at grine.
- Opportunities for participation with the child's close friends.
- Ensuring that the child maintains autonomy and a sense of control.
- Ensuring that the child always has an "exit option" from activities.

The Intensive Level:

In cases where challenges cannot be addressed at the preventive or targeted levels, or where further knowledge is needed, the following may be relevant:

- Assessing whether the child is appropriately placed in their current ECEC setting, including whether the setting can meet the specific needs associated with concerning absence.
- Considering whether further assessment of the child's difficulties is required, for example through a psychiatric evaluation.
- Considering whether family support in the home is needed.
- Considering whether a formal referral should be made to ensure that the family receives the appropriate support.



The assessment contributes to giving Sofie's family and professional network a shared understanding of Sofie's resources, challenges, and needs. With this new shared knowledge, it has become easier to re-establish a non-judgemental and close collaboration and to identify relevant interventions. Measures are agreed both in the home and in the setting. An occupational therapist contributes concrete ideas regarding energy management and calming activities. A family support worker guides the parents in creating daily plans that take Sofie's need for predictability and recovery into account.

Within the joint "ECEC attendance team", there is close collaboration on both long-term and short-term goals. A realistic medium-term goal is for Sofie to attend her setting four days a week (until lunchtime) by the end of the year. Short-term goals are evaluated and adjusted on a weekly basis,

while the full team meets monthly. Together, a visual step-by-step plan has been developed and documented in the advisory log.



GOOD COLLABORATION THAT SUPPORTS SOLUTIONS IN PRACTICE

When a child has difficulty attending their ECEC setting, collaboration in finding solutions is a shared responsibility between parents and the professionals around the child. Experience shows that solutions are not found by placing responsibility with a single party, but by everyone taking responsibility within closely coordinated collaboration.

Children's wellbeing challenges often involve a high level of complexity, with many different factors intertwined. This calls for systemic and holistic understandings and solutions, where co-creation across contexts is required, and where new and sometimes alternative approaches must be explored.



Based on the new knowledge and the concrete plan for collaboration, the network now feels equipped to continue working together. There is optimism about working towards a shared goal, while at the same time recognising that there will likely be periods of setbacks, and that both Sofie and the network will probably need additional or different forms of support at certain points along the way.

When the specialist advisory team withdraws from the collaboration, Sofie is attending her setting fairly consistently three times a week, and her wellbeing has improved noticeably following the adjustments made both in the pedagogical context and at home. The network has a plan for the next small step, which they assess that Sofie will soon be ready to take.

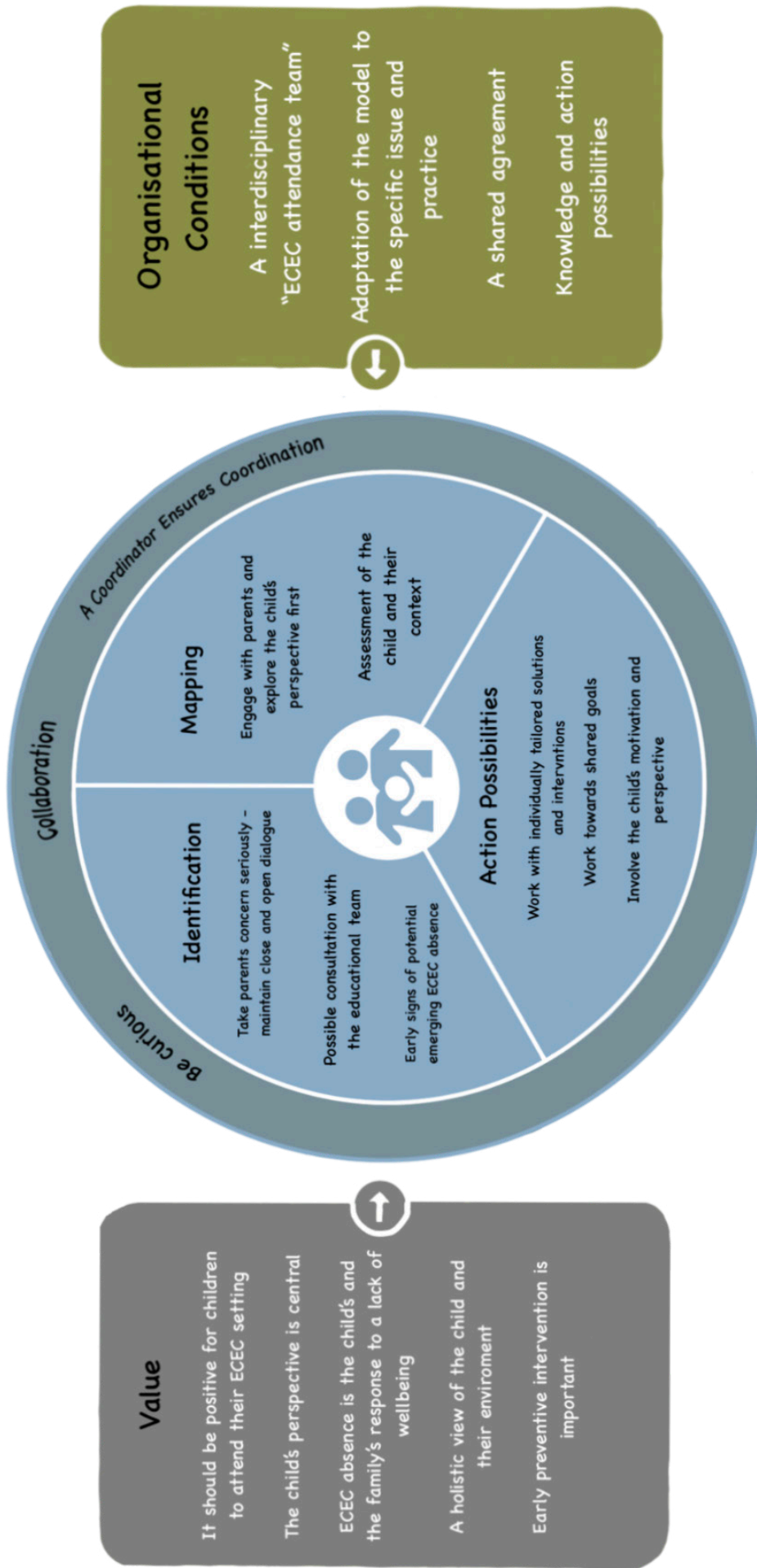
In cases such as Sofie's, there is rarely a simple or quick solution. When children have been under prolonged strain with unmet needs, it often takes time for them to regain balance and energy, as well as to rebuild trust that the adults around them can now see, understand, and meet their needs.

In this guide, we have sought to contribute ideas on how such an effort can be approached. We hope that you, as readers, will find the guide useful and that it can support your collaboration around children who have difficulty attending their early childhood education and care setting.

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THE ECEC ABSENCE MODEL



Department of Communication and Disability (IKH)

Specialised Advisory Service

Høje Tåstrup

Banestrøget 19, 1.TH
2630 Taastrup

Aarhus

MarselisborgCentrets rehabiliteringspark
Evald Krogs Gade 6A, 1. sal
8000 Aarhus C

Department of Communication and Disability (IKH)

78 47 93 00

www.IKH.rm.dk