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Effects of School-Based Psychosocial and Health Support Interventions on Educational Outcomes Among Children from Disrupted Family Backgrounds in Sri Lanka: A Mixed-Methods Study

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ABSTRACT

Background: Children from disrupted family environments frequently experience emotional distress, reduced supervision, poor school attendance, limited educational support, and adverse health outcomes. These factors negatively affect academic achievement, classroom engagement, and psychosocial development. Although school-based psychosocial and health support interventions have demonstrated effectiveness internationally, evidence from Sri Lanka remains limited.

Objective: To examine the effects of school-based psychosocial and health support interventions on educational outcomes among primary school children from disrupted family backgrounds in Sri Lanka.

Methods: A mixed-methods study was conducted among 150 students enrolled in Grades 3–5 from five schools in the Rajagiriya Education Zone, Sri Lanka. Participants were identified through welfare records, counselling referrals, teacher recommendations, and school administrative records. Quantitative data were collected using academic records, attendance reports, and structured questionnaires assessing motivation, confidence, engagement, and perceived support. Qualitative data were obtained through semi-structured interviews with teachers and school administrators and through classroom observations. Quantitative findings were analysed using descriptive statistics, while qualitative data were analysed thematically.

Results: The study included 150 children from disrupted family environments. Female students consistently demonstrated higher academic performance, attendance, classroom participation, and confidence than male students. Academic outcomes improved progressively from Grade 3 to Grade 5. Major barriers affecting educational achievement included emotional distress, poor concentration, absenteeism, low motivation, inadequate parental support, and socioeconomic hardship.

Students who received school-based health support—including nutritional assistance, routine health screening, counselling referrals, and teacher-led psychosocial support—demonstrated better attendance, participation, and educational engagement. Teachers were identified as key protective factors through individualized support, positive relationships, and emotionally supportive classroom environments. However, limited formal training in trauma-informed education and inadequate counselling resources constrained intervention effectiveness.

Conclusion: School-based psychosocial and health support interventions contribute substantially to improved educational outcomes among children from disrupted family backgrounds. Strengthening trauma-informed teaching, counselling services, school health programmes, and multi-sectoral collaboration between education, health, and child protection sectors is essential to improve educational equity and child well-being in Sri Lanka.

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Keywords: Disrupted family backgrounds, psychosocial support, school health services, trauma-informed education, educational outcomes, child well-being, Sri Lanka

INTRODUCTION

Educational achievement is a key determinant of lifelong health, socioeconomic opportunity, and well-being. Despite substantial progress in education, vulnerable children in Sri Lanka, particularly those from disrupted family backgrounds, continue to experience educational inequalities (UNICEF Sri Lanka, 2019; UNESCO, 2021).

Family disruption, including parental separation, migration, bereavement, abandonment, and domestic conflict, can negatively affect children's emotional well-being, attendance, motivation, and academic performance (Amato, 2010; Conger & Donnellan, 2007).

These challenges are often compounded by poverty, inadequate supervision, and limited social support. In the Rajagiriya Education Zone, many children from disrupted family environments face multiple social and educational disadvantages.

Schools therefore play a critical protective role by providing psychosocial support, counselling, nutritional assistance, health screening, and positive adult relationships (Cole et al., 2013; WHO, 2021).

This study examined the effects of school-based psychosocial and health support interventions on academic performance, attendance, educational engagement, and psychosocial well-being among primary school children from disrupted family backgrounds in Sri Lanka. The findings aim to inform policies and interventions that promote educational equity and child well-being (UNESCO, 2021; WHO, 2021).

Background and Rationale

Family disruption is increasingly recognized as both an educational and public health concern. Children affected by parental absence, separation, migration, bereavement, or domestic instability often experience emotional distress, weakened social support, inadequate supervision, and reduced educational assistance.

The Family Stress Model suggests that family instability affects children's outcomes through disrupted caregiving, increased psychological stress, and reduced emotional security. Similarly, Bronfenbrenner's Ecological Systems Theory emphasizes that child development is influenced by interconnected systems including family, school, community, health services, and policy environments.

International evidence demonstrates that trauma-informed educational approaches, school counselling services, social-emotional learning programmes, nutritional interventions, and school health services contribute to improved attendance, engagement, emotional well-being, and academic performance among vulnerable learners.

However, evidence regarding the effectiveness of such interventions in Sri Lankan primary schools remains limited. Understanding how psychosocial and health support interventions influence educational outcomes is essential for developing evidence-informed policies and programmes for vulnerable children.

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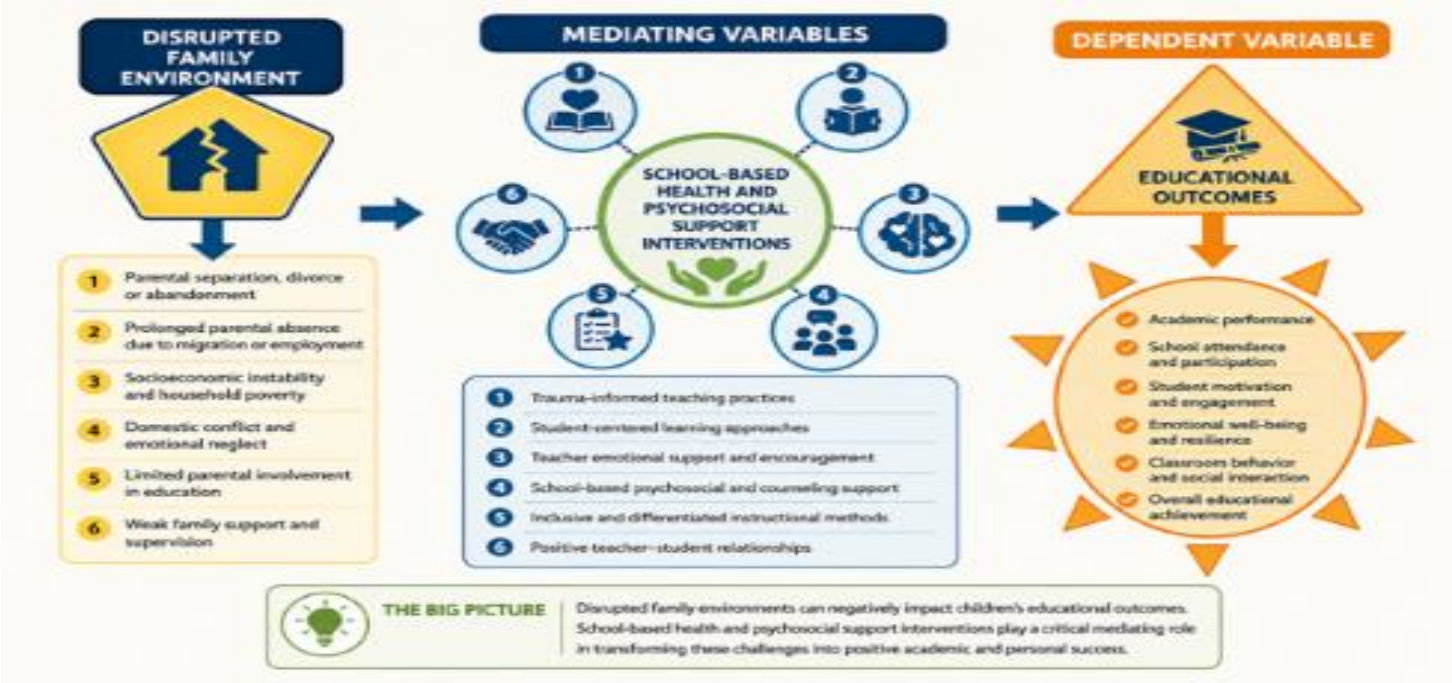
Conceptual Framework



Objectives

General Objective

To examine the effects of school-based psychosocial and health support interventions on educational outcomes among children from disrupted family backgrounds in Sri Lanka.

Specific Objectives

1. To assess the influence of school-based psychosocial support interventions on academic performance.
2. To evaluate the impact of school-based health support interventions on attendance and educational engagement.
3. To explore experiences and perceptions of students, teachers, and school administrators regarding intervention effectiveness.
4. To identify barriers and facilitators affecting implementation of support interventions.
5. To determine relationships between participation in support interventions and educational outcomes.

METHODOLOGY

Study Design: A convergent mixed-methods design was employed, integrating quantitative and qualitative approaches to obtain a comprehensive understanding of educational outcomes and support interventions.

Study Setting: The study was conducted in five primary schools within the Rajagiriya Education Zone, Sri Lanka.

Study Population: The study included 150 students enrolled in Grades 3–5 who had experienced disrupted family circumstances. Participants were identified through school welfare records, counselling referrals, teacher recommendations, and administrative records. Teachers and school administrators involved in supporting vulnerable students also participated in the qualitative component.

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Data Collection

Quantitative data included:

- Academic examination results
- Term assessments
- Attendance records
- Student engagement questionnaires

Qualitative data included:

- Teacher interviews
- Administrator interviews
- Classroom observations
- Field notes

Data Analysis: Quantitative data were analysed using descriptive statistics including frequencies, percentages, means, and comparative assessments. Qualitative data were analysed through thematic analysis using both inductive and deductive coding approaches.

Ethical Considerations: Ethical approval, informed consent, confidentiality, voluntary participation, anonymity, and child protection safeguards were maintained throughout the study.

RESULTS

Participant Characteristics

Table 1. Distribution of Participants by School (N=150)

School	Students	Percentage
Parakumba Vidyalaya	30	20.0
Hindu Vidyalaya	30	20.0
Roman Catholic School	30	20.0
Hewavitharana Vidyalaya	30	20.0
Sobitha Vidyalaya	30	20.0
Total	150	100.0

Participants were aged approximately 8–11 years and represented Grades 3–5 equally.

Academic Performance and Attendance

Female students consistently demonstrated stronger educational outcomes than male students across all participating schools.

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Table 2. Academic Performance and Attendance by School and Gender

School	Gender	Average Term Grade (%)	Test Score (%)	Attendance (%)
A	Boys	72.3	68.5	88.4
A	Girls	76.8	74.2	91.1
B	Boys	70.5	66.3	87.5
B	Girls	75.0	71.6	89.9
C	Boys	71.8	67.0	88.8
C	Girls	76.1	72.8	90.7
D	Boys	69.4	65.9	85.6
D	Girls	73.7	70.5	89.1
E	Boys	73.0	69.2	89.2
E	Girls	77.5	75.0	92.0

Grade-Level Trends

Table 3. Educational Outcomes by Grade

Grade	Average Term Grade (%)	Test Score (%)	Attendance (%)
Grade 3	70.4	67.1	87.5
Grade 4	74.6	70.3	89.8
Grade 5	77.9	76.2	91.7

Educational outcomes improved progressively with increasing grade level, indicating enhanced resilience, adaptation, and educational engagement over time.

Student Engagement

Table 4. Student Engagement Indicators

Indicator	Girls	Boys
Enjoyment of teaching	38	32
Active participation	32	28
Perceived teacher support	42	38
High confidence	38	32

Girls demonstrated slightly stronger educational engagement, participation, and confidence than boys.

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School-Based Health Support Interventions

The schools provided several health-related interventions, including:

- School nutrition programmes
- Growth monitoring
- Medical screening
- Dental assessments
- Vision screening
- Counselling referrals
- Health education activities

Teachers reported that nutritional support reduced hunger-related concentration difficulties, while health screening facilitated early identification of vision problems, dental issues, and behavioural concerns. Counselling referrals improved emotional regulation and classroom participation among vulnerable learners.

Teacher Perspectives

Table 5. Teacher-Reported Barriers and Support Needs

Domain	Findings
Major barriers	Emotional distress, absenteeism, poor concentration, low motivation
Teaching adaptations	Individual support, repetition, encouragement
Training gaps	Trauma-informed education, child mental health
Priority needs	Counselling services, training, resources
Recommended reforms	School counselling, family engagement, health-sector collaboration

Teachers emphasized that emotional and psychosocial challenges frequently had greater influence on educational outcomes than academic difficulties alone.

DISCUSSION

The findings demonstrate that educational outcomes among children from disrupted family backgrounds are influenced by a complex interaction of psychosocial, educational, family, and health-related factors. Consistent with the Family Stress Model, emotional distress, family instability, and inadequate support systems negatively affected attendance, concentration, motivation, and educational achievement (Conger & Donnellan, 2007). Children experiencing family disruption often encountered multiple vulnerabilities simultaneously, creating cumulative educational disadvantages and increasing their risk of poor educational outcomes (Amato, 2010; UNICEF Sri Lanka, 2019).

The study identified positive teacher–student relationships as one of the strongest protective factors. Teachers who provided individualized guidance, emotional support, and flexible learning approaches contributed significantly to improved engagement, confidence, and classroom participation. These findings are consistent with trauma-informed educational approaches that emphasize emotional safety, trust, and supportive relationships as essential conditions for effective learning (Cole et al., 2013; Perry & Szalavitz, 2017).

An important finding was the contribution of school-based health interventions. Nutritional support, medical screening, counselling services, and health education activities appeared to improve attendance, classroom participation, and educational engagement. These findings support international evidence demonstrating that health and educational outcomes are closely interconnected and that health-promoting school interventions can

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positively influence learning and well-being (World Health Organization [WHO], 2021; Durlak et al., 2011). Despite these positive influences, significant implementation gaps were identified. Most teachers had limited formal training in trauma-informed educational approaches, child mental health, and psychosocial support. Counselling services were often insufficient, referral pathways were poorly developed, and intersectoral collaboration remained limited. Similar challenges have been reported in educational systems where support services for vulnerable children remain underdeveloped (UNESCO, 2021; UNICEF Sri Lanka, 2019).

Overall, the findings support a whole-school approach integrating education, health, psychosocial support, family engagement, and child protection services to improve educational outcomes and promote resilience among vulnerable learners (Bronfenbrenner, 1979; WHO, 2021).

7. Policy Implications: The Findings Have Important Implications for Educational Policy In Sri Lanka. A National Framework Should Be Developed to Integrate Trauma-Informed Education into Teacher Training Institutions, National Colleges Of Education, Teacher Centres, And Continuing Professional Development Programmes. Schools Should Establish Multidisciplinary Student Support Systems Involving:

- Teachers
- Counsellors
- Medical Officers of Health
- Public Health Nursing Sisters
- Child protection officers
- Community stakeholders

Routine psychosocial screening and referral mechanisms should be strengthened to identify vulnerable children early and provide timely interventions.

CONCLUSION

School-based psychosocial and health support interventions play a critical role in improving educational outcomes among children from disrupted family backgrounds. Academic achievement, attendance, confidence, and classroom engagement are strongly influenced by emotional well-being, health status, supportive teacher relationships, and access to school-based support systems.

Strengthening trauma-informed teaching, counselling services, school health programmes, family engagement, and multi-sectoral collaboration offers a practical pathway toward improving educational equity and child well-being in Sri Lanka.

RECOMMENDATIONS

1. **Strengthen school-based psychosocial and health support systems** through counselling services, mental health promotion, nutritional support, health screening, and effective referral mechanisms.
2. **Integrate trauma-informed and inclusive educational approaches** into pre-service and in-service teacher training to enhance teachers' capacity to support vulnerable learners.
3. **Promote a multidisciplinary and collaborative approach** involving schools, families, health services, social services, and child protection agencies to address the complex needs of children from disrupted family backgrounds.
4. **Establish monitoring and evaluation mechanisms** to track educational, psychosocial, and health outcomes and guide evidence-based policy development.
5. **Undertake larger multi-centre studies** to strengthen the national evidence base and inform future educational and child welfare interventions.

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