TEACH[R]

New thoughts on school refusal

Bianka Costigan
Central Coast, Australia.
Bianka.Costigan@canberra.edu.au

Eliza Wells
Harden-Murrumburrah, Australia.
eliza@elizawells.com

Lynnette Lounsbury
Avondale University
Lynnette.Lounsbury@avondale.edu.au

Keywords: School refusal, school avoidance, school anxiety, truancy, school absence.

Abstract

School refusal is a psychosocial issue defined as persistently missing school, educational activities or avoiding activities within the school setting which manifests in children and adolescents from 5 to 17 years of age. It occurs in between 2% and 5% of children and is a growing problem. Case studies show the varied nature of the problem: no two children have the same experience or triggers for school refusal behaviour. This makes it difficult for parents and teachers to support them and can see their cases being placed in the "too hard basket". This paper discusses the current literature on school refusal as well as providing teachers with suggestions based on current research into the best ways to support and encourage students who exhibit school avoidant behaviours.

> *for some children, school is not a mildly unpleasant thing that they won't do, it is a deeply distressing activity that they can't do*

The old joke is that most children will do anything to get out of a day of school, pretending to be sick, skipping classes or even playing truant for entire days. But for some children, school is not a mildly unpleasant thing that they won't do, it is a deeply distressing activity that they can't do. As every child's experience of school refusal (SR) varies, we have included three case studies within this paper to highlight these differing journeys.

Over time, the way that SR has been understood and treated has evolved. It is no longer considered purely behavioural, but rather symptomatic of psychological and social issues, and often connected to trauma (Kearney et al., 2019). Once attributed to individual student's maladaptive behaviours, a generation of global research has shown that school attendance problems actually have complex, multifaceted personal, family, community and educational origins (Elliot & Place, 2019). Despite this growing understanding, many schools still attribute school attendance problems to either student or family failings (Ingul et al, 2019).

Unfortunately, not all schools and systems have kept up with findings and, as a result, many are often less than supportive of parents and their children who refuse to attend or stay at school. It seems that emerging research is not effectively being shared with the educators that would derive the most benefit from the knowledge (Gonzálvez & Ingles, 2019). Limited understanding and flawed attributions result in SR students not getting the individualised support and tailored interventions that they need to overcome their distress and increase their attendance (Elliot & Place, 2019).

The need for dissemination of this knowledge is a central concern of this paper. Using an introduction to current research, along with three diverse case studies, we hope to offer an insight into how teachers can use SR research to support their individual student's varied needs.

A review of the current research on SR

What is it?

SR is a psychosocial issue defined as persistently missing school, educational activities or avoiding activities within the school setting, which manifests in children and adolescents from 5 to 17 years of age (Lehman, 2020).

A commonly used definition of school refusal includes (a) reluctance or refusal to attend school, often leading to prolonged absences, (b) staying at home during school hours with parents' knowledge rather than concealing the problem from parents, (c) experience of emotional distress at the prospect of

attending school (e.g., somatic complaints, anxiety, and unhappiness), (d) absence of severe antisocial behaviour, and (e) parental efforts to secure their child's attendance at school (Berg, 1997, 2002; Berg, Nichols, & Pritchard, 1969; Bools et al, 1990).

Since 1941, refusal, avoidance, aversion and absenteeism with psychological or psychosocial origins has been given various names (Kawsar et al, 2022). First referred to as "school phobia", it is now most commonly called "school avoidance", "school anxiety", "child-motivated absenteeism" or most commonly "school refusal" (Elliott & Place, 2019; Kearney, 2008; Kearney & Silverman, 1995). For the sake of continuity, this article will use the term school refusal (SR).

Who does it affect?

School refusal affects between 2% and 5% of school-aged children (Elliot & Place, 2019), which in Australia equates to about 200 000 children. In a school of 1000, we could expect 20-50 students to be struggling. SR is typically equally distributed across genders and across socioeconomic groups (Kawsar et al, 2022). SR occurs across all age groups, but support referrals are more frequent in adolescence (Garfi, 2018; Heyne & Sauter, 2013).

SR behaviour affects students, their family and the school. It's important to note that multifaceted underlying causes and the diverse manifestations mean that every affected student's SR behaviour and experiences can be vastly different (Ingul et al, 2019) as the selected case studies illustrate. Students' experiences include (but are not limited to) reduced learning time resulting in lower achievement through to a sense of being different or abnormal because they struggle with attendance and potential social withdrawal (Havik et al, 2015; Knollman et al, 2010).

Parents report feeling embarrassed, blamed by school staff, misunderstood, isolated, and anxious about their responses to absenteeism along with a sense of frustration and helplessness (Gregory & Purcell, 2014). School communities report struggles with the emotional challenges, the resource-consuming task of managing absenteeism and individualised instruction as well as negative impacts on teacher morale (Ingul et al, 2019; Wilkins, 2008).

Why do some students struggle?

SR is acknowledged internationally as a significant issue for adolescents and is a recognised interdisciplinary public health issue (Sobba, 2019). Ongoing research explores a variety of causes and responses at the individual, family, school and community level (Elliot & Place, 2018).

Individual level: School refusal is not classified as an independent diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), however SR is linked to diverse mental health disorders including anxiety, depression and PTSD (Maynard et al, 2018; McShane et al, 2001). Australia's largest scale assessment of SR found anxiety and depression to be central reasons that students began avoiding and/or refusing to attend school (Garfi, 2018; Heyne et al, 2013). Up to 80% of school refusers meet the criteria for an anxiety disorder and 50% of students with referrals have an existing anxiety diagnosis (Garfi, 2018; Heyne et al, 2013). Other predisposing, precipitating, and/or perpetuating individual factors include low self-esteem, behavioural inhibition, fear of failure, low self-efficacy, learning deficits and physical illness (Garfi, 2018; Ingul et al, 2019).

Family level: There is no longitudinal research into the influence of family functioning on SR so the few studies typically make correlational rather than causal associations (Ingul et al, 2019). While not always features of SR, potential links include separation or divorce, dysfunctional family interactions, loss of a family member (or fear of such), moving, mother returning to work, parents with mental or physical health concerns (Ingul et al, 2019).

School level: SR is frequently impacted by challenges within the school setting. Struggling with the transition to secondary school, a sense of unpredictability within the structure of the school day have both been identified as potential causes (Heyne et al, 2015). Bullying has been identified as a significant contributor to teen SR and victimisation is a significant concern (Lehman, 2020; Sobba, 2019). As are fears of specific events like being ridiculed, shamed, criticised in front of classmates, or sent to the principal (Kearney & Albano, 2004). Poor school climates and/or problematic teacher-student relationships that lack connection and trust, or involve harsh management or differentiated student treatment, have all been found to influence SR behaviour (García-Fernández et al, 2008; Havik et al, 2015; Sobba, 2019).

Community level: The array of SR influencing community factors include living in unsafe and disorganised communities, inadequate or inconsistent support services, through to pressure from a culture emphasising high academic achievement (Kearney & Albano, 2004). Once SR behaviour emerges, a lack of community understanding of both causes and supportive responses can lead to condemnation and eventual isolation (Elliot & Place, 2019). Returning a child to school can require a monumental community effort which requires vast amounts of time, energy

> *"Australia's largest scale assessment of SR found anxiety and depression to be central reasons that students began avoiding … school"*

and collaboration between parents, teachers, psychologists, and importantly, the child. Too often these resources are not available (Garfi, 2018; Ingul et al, 2019).

Specific SR case studies

This paper also seeks to explore the issue from the perspective of parents of the students refusing to attend, with the case studies recorded by parents of a child who struggled with SR. As noted, these journeys of school avoidance and the associated issues with schools who do not understand or have capacity to help, are highly individualised. Following are three case studies of school aged students who, for varied reasons, became school resistant and struggled with finding an education structure that worked for them. Students and schools have been made anonymous for privacy reasons and case studies are provided from the point of view of the parents of the student involved.

> *J was diagnosed with complex PTSD and would spend a lot of time each week with the school counsellor, with whom she felt safe to express her distrust of several staff members*

J.

J came from a single-parent home with a history of domestic violence. She started kindergarten two months before age five at a public school in the ACT but moved interstate a year later to an independent school in NSW with a focus on academic achievement. J's confidence and comfort in this new school environment was complicated by frequent casual educators and constant changes to routine for the class. Grade three saw J enter a classroom that was co-taught by two teachers, who had considerably different teaching styles. The changes in her perceived emotional safety in the classroom due to these contrasting teaching styles caused her anxiety to heighten. This anxiety manifested into avoidance not only in the classroom, but in completing school tasks at home. J's primary grade three teacher demanded rigour with homework and attendance, and despite negotiations from J's mother, she was forced to catch up on a term's worth of missed homework; having to stay in at lunchtime for three weeks to complete the work. This reduced her social engagement during the school day, and she was embarrassed in front of her peers. By the end of this year J was exhibiting poor sleep, changes in eating habits, fidgeting, grey hairs on her head and regular school avoidance (claiming to be sick, stomach aches, hiding in toilets, crying regularly before school). From grades four through to six, her school nervousness continued, with her often ending up in the school counsellor's office or having days off school. J would tell her mother that she felt that teachers were annoyed with her because her anxiety was an inconvenience.

J's introduction to high-school was complicated – with an initial strong sense of social connection, but a challenging time with her teachers. Some of her teachers were invested in J's backstory, paying attention to her trauma history, and affirming her talent for creative writing. Other teachers, however, were not—often engaging in a way with J that was perceived as bullying and unkind. J's social connection changed significantly over the next two years, with her often being the victim of verbal and physical bullying. In grade eight, J's anxiety and wellbeing was tragically impacted by the murder of a family member. Again, J was supported by some staff members, while others felt that J needed to (quote) '*get over it and apply herself*'.

By grade nine, J moved to a public school in hopes of less academic pressure, but her anxiety grew and mental health continued to decline. She completed a task for an English assignment in which she wrote a story detailing a very vivid self-harm and suicide plan. This story was flagged by J's teacher, and the new school and her parents worked hard to access mental health support for J both at school and at home. Whilst this school was quite supportive, J's avoidance continued, with her missing almost half the term. Extreme online bullying eventually saw J withdraw from the school and return to her previous independent school.

J's re-enrolment at this school only lasted one term. During this time J's anxiety was resulting in significant struggles with concentrating in the classroom (unable to retain information, stay on task, needing to fidget, and sudden anxiety attacks). J was diagnosed with complex PTSD and would spend a lot of time each week with the school counsellor, with whom she felt safe to express her distrust of several staff members (from whom she felt perceived as dramatic and attention-seeking).

The balance of grade nine and all of grade ten were completed at an independent school with a focus on support for students experiencing challenges with mental health and/or academic issues. Despite a sexual assault by a student at a neighbouring school, J thrived at this school; her anxiety attacks reduced significantly, she achieved high results in assessments and developed strong social connections. They had a strict anti-bullying policy, daily meditation and other wellbeing practices that enabled J to manage her anxiety in tangible, intentional ways during the school day.

J chose to leave school at the end of grade ten and worked for a year before deciding to return to school for grade eleven and twelve. Initially, J was motivated to complete schoolwork and to try to attend school regularly, but the pressure to perform academically exacerbated her anxiety and PTSD, seeing her once again dissolving into tears, hiding

on campus, or messaging her parents to be picked up early. She would articulate a sense of words 'jumping' around when her anxiety was high, and again she would find herself in classes shallow breathing, heart racing, fidgety, shaky, and nervous. J's parents worked closely with the school to develop a knowledge of J's trauma history and implement strategies to reduce anxiety attacks on campus, however a lack of unity in this support approach from staff members again meant J felt as though she was unsupported and viewed as dramatic and attention-seeking. A few weeks out from her year eleven exams J made the decision to leave school permanently to find full-time work.

M.

M's schooling journey was always complicated. At five years of age, he was still having a 2-3 hour nap every afternoon which was not conducive with a classroom structure. By the time he started school at almost six years old, he was reading fluently and was physically much larger than the other kids in his class. He was bored and restless, exhausted by mid-afternoon and regularly in trouble for rough-play due to his size and strength. By grade four he was doing maths and reading with a Year 6 class and was transferred to a Selective School for his final years of primary school.

While he enjoyed the selective program, the competitive nature of the class and students triggered an anxious nature and he began to suffer from regular headaches, stomach problems and further exhaustion. A couple of days a month he would need to stay home to sleep. M was awarded an academic scholarship to a private high school and began Year 7 at the new school. He was playing competitive sport at a national level and the combined pressures heightened his already problematic anxiety levels. Attempts to reduce his load also caused him anxiety that he was "falling behind". The school was a competitive, highly academic environment and rather than celebrating his successes they pushed him further, accelerating him to Year 8, part way through the year. The pressure provoked further illnesses and by early Year 9, M was hospitalised with severe depression, anxiety, and a diagnosed sleep disorder. The sleep disorder and its associated medications caused him to be clumsy and have micro-sleeps resulting in several accidents, two of which required surgery. He had further surgery in the same year to fix a breathing issue and missed several weeks of school recovering. When he returned to school his anxiety about catching up missed work was such that he was hiding in empty classrooms and bathrooms to avoid teachers. The school counsellor asked teachers to avoid pressuring him, but the school culture of high achievement and regular testing meant that he was continually pressured to catch up the year of work he had missed due to the acceleration to a higher grade.

Part way through Year 9 he was hospitalised for almost three months after self-harm and suicide attempts. He withdrew from the school on the advice of his psychiatric team and enrolled in a local public school. By this time however school was an anxiety trigger that made it almost impossible for him to attend. The school provided a leave pass, a time out room and he was able to go home early when he needed to sleep. However, communication between staff was limited and teachers would regularly question him on his mental health, ask about self-harm scars, and pressure him to stay in class during severe moments of panic and even psychosis. He would regularly skip school altogether.

After a third hospitalisation of two weeks, he enrolled in a hospital school specifically for students with health issues that kept them out of mainstream schooling. During his time at this school he was able to sleep in a quiet room whenever he needed to, go for a walk or do exercise if he felt anxious and able to study at his own pace. The school advised that Distance Education might be the only educational opportunity that would work for Year 10 given his severe school avoidance at that point. Distance Education worked well for M. He was able to get extra sleep when needed, work at his own pace, use exercise to manage his mental health and manage the stimulation of social life, sporting commitments and academia on his own terms. Teachers at his school would call, text or message to keep him on track with his work, but pressure was limited and attendance at physical school hubs was non-compulsory. By the end of Year 10 he was once again enjoying study and felt mentally healthy. He then felt ready to return to a regular school environment for his senior years and is, so far, thriving.

> *"Distance Education worked … He was able to get extra sleep … work at his own pace, use exercise to manage his mental health … social life, sport and academia on his own terms."*

C.

C's school related anxiety began in her first months of schooling. Beginning with separation anxiety at the start of the day and quickly evolving into distress that spilled into the evening and disrupted her sleep. Initially this was attributed to the multitude of family changes in the preceding years; her parents separation became public, the family moved to another city, her father began drinking excessively, her mother returned to full-time work and then her father moved interstate for work. However, discussions with C revealed that a number of unexpected causes were at play.

C reported that a few of her classmates had formed a clique that conspired to taunt her about made-up issues. These included convincing her that she looked 'fat' in her uniform, she had a speech impediment and no-one could understand her when she talked—a taunt that resulted in her no longer speaking at school. These conspired taunts were led by an older child who had also been hitting and threatening C. The school's observations and discussions with students confirmed C's account.

Making an effort to address the impact of these events on C, her mother wanted to try a fresh start at another school. The family agreed it may also be best if they were to live in the same city. So, C's mother ceased full-time work and returned to study, C's father attended a rehab facility, they found a supportive school with a warm and inclusive culture and rented a home directly across the road from the school. Anxiety continued to be a concern, but over time there were improvements in C's attendance, engagement, friendships and confidence. And after a year she began to speak in class, a moment that was celebrated with hugs and tears of joy between her teacher and mother.

> *"C's father was no longer sober and the resulting behaviours made visits unsafe, co-parenting difficult and their current life unaffordable"*

Unfortunately, after two years C's father was no longer sober and the resulting behaviours made visits unsafe, co-parenting difficult and their current life unaffordable. After seeking advice from an individual and family psychologist, C's mother decided to focus on stability and safety by buying their own home close to her family and friends. She assumed that school gains would come with these changes, but this was not the case.

C was enrolled at a small private school that promised excellent support, but it became evident that a recent change in leadership had resulted in a negative cultural shift that permeated all aspects of the school. C became a target of bullying that again escalated into her being physically hurt. Her anxiety heightened, leading to complete school refusal. She was also experiencing intense nightmares, disrupted sleep, bouts of illness and was falling asleep for hours at school. There was a brief reprieve following the responsive appointment of a new teacher that had specialised training in student interpersonal conflict resolution and took a compassionate approach to student anxiety. When he resigned midway through a school day due to the negative culture, multiple families, including C's, sought new schools.

This experience affected C emotionally, cognitively and physically. It was further complicated by near-daily harassment from her father, especially around school attendance. C's new school initially struggled with how to support her, however they remained determined to do so and communicated openly and regularly with C's mother. C was primarily supported by a school counsellor and in his absence, the school principal – who ensured that her door was always open. Both offered non-judgemental support that prioritised C's mental and physical health over academic and attendance concerns. With their support she was able to flourish academically, socially and engaged in an array of intra-curricular sporting and creative activities.

C's transition to high school was not as successful. Over the intervening holidays her sleep became further disrupted with debilitating nightmares and an increased need for daytime sleep. When C started high school she was already physically and cognitively exhausted and struggled to engage with either content or peers. The presence of her former primary school bullies (who now attended the same private high school) along with destabilising harassment and threats from her father led to crippling bouts of anxiety and further school refusal. Initial positive efforts by the school were undermined by condemnation and shaming while attributing school refusal as entirely due to personal failings. Within months C was unable to even enter the grounds without physically collapsing due to anxiety attacks.

Discussions with C's GP, school psychologists, paediatrician and paediatric sleep specialist all supported transitioning C to home school or distance education for the foreseeable future in an effort to protect her mental health and allow time to investigate the role sleep might play in her anxiety. C has since been diagnosed with chronic sleep deprivation due to Restless Leg Syndrome, resulting in impaired cognitive and emotional function. The COVID-19 pandemic has delayed the investigation of viable, long-term treatment strategies. Respite and counselling have led to mental health improvements and a desire for increased social engagement, so C is now keen to eventually return to traditional schooling.

Teachers and SR

These case studies illustrate the highly personal ways that individual, family, school and community factors can affect SR behaviours. They also demonstrate how, if not effectively addressed, these factors can compound over time.

How can teacher's help?

Individual support

Teachers can offer individual support by:

- Listening to why students say they can't attend school is essential. Teachers should try to understand how emotionally and cognitively difficult it is for students struggling

with SR. These students find it incredibly difficult to explain their emotional reaction to school. Many SR experiences are either connected to past trauma or have developed recent trauma, making it even more difficult to articulate (Evans, 2000).

- Showing students compassion is vital, they are victims of SR. A recent study showed that there is significant dissonance between even student and parental understanding of the anxiety that the SR student feels, their levels of distress are most often underestimated (Olino et al, 2018). This understanding can be even harder for a teacher who spends only a portion of their time engaging with the student (Gleason & Dynarski, 2002; Wilkins, 2008).
- To support these students, provide flexible, negotiated learning plans that prioritise the needs of the SR student. Be honest about the resources available (or deficiencies) so that expectations are realistic and review the plans weekly or monthly as needed. It may be necessary for the student to work from home until they can resume the normal educational pathway (Heyne & Sauter, 2013).

Family support

To support families, teachers can:

- Consider the situation from the parent's point of view. Family factors can be difficult to understand and there is an unfortunate tendency for school personnel to attribute absences entirely to parent attitudes and factors within the home (Malcolm et al, 2003).
- If you identify early signs of SR speak with parents and be clear and compassionate. The SR struggle for parents and carers is typically confusing, overwhelming and exhausting. They are usually working hard to manage the SR behaviour with limited resources and little experience (Havik et al, 2014)
- Develop a relationship with the child and the child's guardian/parent as you will need to keep each other informed throughout the process. Addressing SR attendance is resource-intensive and emotionally challenging for both parents and teachers, a positive supportive and collaborative relationship can help immensely (Finning et al, 2018).
- Accept that supporting an SR student's return to school will take time as there are rarely quick fixes for school avoidance - diagnostic processes for physical and mental health issues can take years and treatment take even longer (Elliot & Place, 2019).

School support

Whole of school support, teachers inform, includes:

- Safety and predictability, contexts essential for students struggling with SR. Evaluating the environment of your classroom, school and the social dynamics affecting the child to see if there are potential triggers or points of pressure can be a great place to start (Ertesvåg, 2009).
- Creating separate safe spaces that can be accessed discreetly at any time by students can support oft-needed time out. Libraries are a good, simple option as they are quiet, tend to have nooks and private areas and are less brightly lit than classrooms (Centre for Education Statistics and Evaluation, 2020).
- Familiarise staff with school and state guidelines regarding SR support strategies and share these with parents. Do not assume that they know. Support structures are extremely diverse across different schools and parents will need to have individual school policies and systems explained to them (Elliot & Place, 2019).
- Provide negotiated learning plans for school avoidant students that prioritise the needs of the child. This often means prioritising mental and physical health needs over educational and academic needs - academic pressures can overwhelm SR students (Wimmer, 2010).

> *"there is an unfortunate tendency for school personnel to attribute absences entirely to parent attitudes and factors within the home"*

Community support

Involving the community empowers stakeholders to:

- Develop a dedicated 'attendance team' within and beyond the school. When teachers are expected to cope with the SR behaviour alone, conflicting classroom demands mean that SR can often be placed in the "too hard basket". The involvement of the Principal or Vice Principal, student welfare staff, year advisors, counsellors, front-line library, administrative personnel, community members, psychologists and local health advisories could not only help share the support, it may also lead to much-needed structural and cultural change (Elliott & Place, 2019)
- Ensure school networks are trauma informed. In 2020 the "Trauma informed practice in an educational context" professional development program was rolled out by the Department of Education and Training in Australia, and this would be a valuable addition to any community seeking to understand students with mental or physical health induced school avoidance (Centre for

Education Statistics and Evaluation, 2020)

- Avoid punitive threats and placing legal pressure on parents to get their children to school - they would if they could. Such pressure drains their already depleted resources and is very discouraging. Parents need help, not threats and the child needs to feel supported, and not made feel guilty for the stress they are causing their parents (Carless et al, 2015; Havik et al, 2014).
- Not force school attendance. Gradual re-entry plans must necessarily be carefully tailored to each individual SR student. Some students may engage in part-time attendance from the outset, while others may need support to transition to home-school or distance education if it is in the immediate best interests of the child (Wimmer, 2010).

"Taking time to understand and care for a child exhibiting SR can be life-changing to that child and the value of teacher support to struggling parents cannot be over-estimated."

Conclusion

Taking time to understand and care for a child exhibiting SR can be life-changing to that child and the value of teacher support to struggling parents cannot be overestimated. The Trauma-Sensitive Schools Descriptive Study (Osher, 2018) found that:

> *many school improvement efforts fail because they do not produce lasting changes in school practices and within the school in general. Given that a safe and supportive school climate and culture is linked to positive student outcomes, it is critical that educators understand how to create and sustain such an environment.* *(p. i)*

A deep understanding of the individual, family, school and community factors involved in SR and the individual nature of the student's journey, as well as education about proven support systems can create an environment that encourages recovery and re-attendance. TEACH

References

Berg, I. (1997). School refusal and truancy. *Archives of Disease in Childhood, 76*, 90–91.

Berg, I. (2002). School avoidance, school phobia, and truancy. In M. Lewis, (Ed.), *Child and adolescent psychiatry: A comprehensive textbook* (3rd ed., pp. 1260–1266). Lippincott Williams & Wilkins.

Berg, I., Nichols, K., Pritchard, C. (1969). School phobia: Its classification and relationship to dependency. *Journal of Child Psychology and Psychiatry, 10*, 123–141.

Bools, C., Foster, J., Brown, I., Berg, I. (1990). The identification of psychiatric disorders in children who fail to attend school: A cluster analysis of a non-clinical population. *Psychological Medicine, 20*, 171–181.

Carless, B., Melvin, G., Tonge, B., & Newman, L. K. (2015). The role of parental self-efficacy in adolescent school-refusal. *Journal of Family Psychology, 29*(2), 162.

Centre for Education Statistics and Evaluation (2020), Trauma-informed practice in schools: An explainer. *NSW Department of Education*. https://www.cese.nsw.gov.au/publications-filter/trauma-informed-practice-in-schools

Evans, L. D. (2000). Functional school refusal subtypes: Anxiety, avoidance, and malingering. *Psychology in the Schools, 37*(2), 183-191.

Elliott, J.G., & Place, M. (2019). Practitioner review: School refusal: Developments in conceptualisation and treatment since 2000. *Journal of Child Psychology and Psychiatry, 60*(1), 4-15. https://doi.org/10.1111/jcpp.12848

Ertesvåg, S. K. (2009). Classroom leadership: The effect of a school development programme. *Educational Psychology, 29*(5), 515–539.

Finning, K., Harvey, K., Moore, D., Ford, T., Davis, B., & Waite, P. (2018). Secondary school educational practitioners' experiences of school attendance problems and interventions to address them: A qualitative study. *Emotional and Behavioural Difficulties, 23*(2), 213-225, https://doi.org/10.1080/13632752.2017.1414442

García-Fernández, J. M., Inglés, C. J., Martínez-Monteagudo, M. C., & Redondo, J. (2008). Evaluación y tratamiento de la ansiedad escolar en la infancia y adolescencia [Assessment and treatment of school phobia in children and adolescents]. *Behavioral Psychology / Psicología Conductual: Revista Internacional Clínica y de la Salud, 16*(3), 413–437.

Garfi, J. (2018) *Overcoming school refusal: A practical guide for teachers, counsellors, caseworkers and parents*. Australian Academic Press.

Gleason, P., & Dynarski, M. (2002). Do we know whom to serve? Issues in using risk factors to identify dropouts. *Journal of Education for Students Placed at Risk, 7*, 25-41.

Gonzalvez, C., & Ingles, C. (2019). Current advances on school refusal and other attendance problems: An international perspective. Introduction to the Special Issue. *European Journal of Education and Psychology, 12* (1), pp. 5-9.

Gregory, I. R., & Purcell, A. (2014). Extended school non-attenders' views: Developing best practice, *Educational Psychology in Practice, 30*(1), 37-50, https://doi.org/10.1080/02667363.2013.869489

Havik, T., Bru, E., & Ertesvåg, S. K. (2014). Parental perspectives of the role of school factors in school refusal. *Emotional and Behavioural Difficulties, 19*(2), 131-153.

Havik, T., Bru, E., & Ertesvåg, S. K. (2015). Assessing reasons for school non-attendance. *Scandinavian Journal of Educational Research, 59*(3), 316-336.

Heyne, D., & Sauter, F. M. (2013). School refusal. In C. A. Essau, & T. H. Ollendick, (Eds.), *The Wiley Blackwell handbook of the treatment of childhood and adolescent anxiety* (pp. 471–517). Chichester, England: John Wiley.

Heyne, D. A., Sauter, F. M., & Maynard, B. R. (2015). Moderators and mediators of treatments for youth with school refusal or truancy. In M. Maric, P. J. M., Prins, & T. H. Ollendick, T. H. (Eds.), *Moderators and Mediators of Youth Treatment Outcomes* (pp. 230–266). Oxford University Press.

Ingul, J.M., Havek, T & Hayne, D. (2019). Emerging school refusal: A school-based framework for identifying early signs and risk factors. *Cognitive and Behavioral Practice, 26*, 46-62.

Kawsar, M. S., Yilanli, M., & Marwaha, R. (2022). School Refusal. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK534195/

Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review, 28*(3), 451-71.

Kearney, C. A., & Albano, A. M. (2004). The functional profiles of school refusal behavior: Diagnostic aspects. *Behavior modification, 28*(1), 147-161.

Kearney, C. A., Gonzálvez, C., Graczyk, P. A., & Fornander, M. J. (2019). Reconciling contemporary approaches to school attendance and school absenteeism: Toward promotion and nimble response, global policy review and implementation, and future adaptability (Part 1). *Frontiers in Psychology*, 2222.

Kearney, C. A., & Silverman, W. K. (1995). Family environment of youngsters with school refusal behavior: A synopsis with implications for assessment and treatment. *The American Journal of Family Therapy, 23*(1), 59-72.

Knollmann, M., Knoll, S., Reissner, V., Metzelaars, J., & Hebebrand, J. (2010). School avoidance from the point of view of child and adolescent psychiatry: Symptomatology, development, course, and treatment. *Deutsches Ärzteblatt International, 107*(4), 43-49. https://doi.org/10.3238/arztebl.2010.0043

Lehman, B. (2020). Hate at school: Victimization and disorder associated with school avoidance. *Sociological Spectrum, 40*(3), 172–190. https://doi.org/10.1080/02732173.2020.1734890z

Malcolm, H., Wilson, V., Davidson, J., & Kirk, D. (2003). Absence from school: A study of its causes and effects in seven LEAs (Research Report No 424). The SCRE Centre, University of Glasgow. Department for Education and Skills.

Maynard, B. R., Heyne, D., Brendel, K. E., Bulanda, J. J., Thompson, A. M., & Pigott, T. D. (2018). Treatment for school refusal among children and adolescents: A systematic review and meta-analysis. *Research on Social Work Practice, 28*(1), 56-67.

McShane, G., Walter, G., & Rey, J. M. (2001). Characteristics of adolescents with school refusal. *Australian & New Zealand Journal of Psychiatry, 35*(6), 822-826.

Olino, T. M., Finsaas, M., Doherty, L. R., Klein, D. N. (2018). Is parent-child disagreement on child anxiety explained by differences in measurement properties? An examination of measurement invariance across informants and time. *Frontiers in Psychology, 9*, 2-11.

Osher, D. (2018). Trauma and Learning Policy Initiative (TLPI): Trauma-sensitive schools descriptive study. *American Institute for Research*. https://traumasensitiveschools.org/wp-content/uploads/2019/02/TLPI-Final-Report_Full-Report-002-2-1. pdf.

Sobba, K. N. (2019). Correlates and buffers of school avoidance: A review of school avoidance literature and applying social capital as a potential safeguard. *International Journal of Adolescence and Youth, 24*(3), 380–394. https://doi.org/10.1080/02673843.2018.1524772

Wilkins, J., (2008). School characteristics that influence student attendance: Experiences of students in a school avoidance program St. Cloud State. *The High School Journal, 91*(3), pp. 12-24. https://doi.org/10.1353/hsj.2008.0005

Wimmer, M. (2010). School refusal: Information for educators. *Helping Children at Home and School III*. National Association of School Psychologists, ppS583- S585. https://www.shorecollaborative.org/profdev/School%20Refusal%20-%20InformatiOn%20for%20Educators.pdf

Author information

Bianka Costigan (BArts/BEd (Sec) (Hons), GradDip Couns&Comm) is an educator and public speaker from the Central Coast, Australia. She is currently studying her Doctor of Philosophy through the University of Canberra, exploring wellbeing and mental health for Australian teachers and nurses during and post the 2020-2022 Covid-19 pandemic. Bianka has a passion for education on trauma and domestic violence, designing a professional development program for teachers on supporting students and staff victims of domestic violence, and previously sat on the board of the Tara Costigan Foundation, Canberra. She is currently a sessional lecturer at Alphacrucis College in Sydney, Australia.

Eliza Wells (BSc. Psych (Hons), EMA, PGDip Cl.ATh) is an educator, writer and public programs director living in Harden-Murrumburrah, Australia. Eliza's interests explore the combined benefits of Psychology, Arts and Creativity on individuals, communities and the arts industry. She is the author of *Lazing on a Sunday Crafternoon* (Allen and Unwin), the inaugural Artistic Director of *Art Month Sydney* and the creator of industry resource *artsinterview.com*. She was previously the Course Coordinator for five UNSW Psychology and Arts-based courses and is currently developing a Supported Arts Studio in rural NSW.

Lynnette Lounsbury (B.Ed, M.A., M.Hist., PhD) is a writer, educator and film producer from Sydney, Australia. She lectures in English, History and Communications at Avondale University and her publications include *Afterworld* (Allen and Unwin), *We Ate the Road Like Vultures* (Inkerman & Blunt) and the 2020 poetry anthology *Love in the Time of Corona: Notes from a Pandemic (Editor)*. She is the producer of the documentary feature *The Meaning of Vanlife*.