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# Effective intervention for school refusal behaviour

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Evaluation of successful professional intervention for two case studies of female adolescents' school refusal behaviour is presented. Data gathered from the young person, professionals, and parents in each case are synthesised to propose a multi-level, ecologically situated model of intervention for school refusal behaviour. The proposed model indicates an interaction of child, psychological support, family support, professional, and systemic factors. The utility of explanatory case studies to a practice-based evidence base for practitioner educational psychologists is highlighted.

**Keywords:** school refusal; anxiety; intervention; family support; practice-based evidence

## Introduction

### Background

A certain degree of anxiety amongst children and young people (CYP) is common given the various pressures they may face, but it becomes problematic when it starts to affect their general emotional well-being, or specific areas, such as willingness to go to school. Children who develop anxiety about attending school may show signs of fear or panic and may have physical symptoms such as increased heart rate, muscle tension, crying, difficulty breathing, headaches and nausea (Kearney, 2008). These symptoms may be present in a morning before it is time to leave for school, but may disappear if a child is permitted to stay at home (Elliott, 1999; Kearney, 2002). School refusal is likely to affect CYP's social development, their educational progress, and subsequently, their performance in exams and career options (Miller, 2008). Additionally, there is a risk that CYP who show school refusal behaviours may leave school prematurely (Kearney, 2006) and research has also indicated that such children are at a greater risk of mental health difficulties later in life (Flakierska-Praquin, Lindstrom, & Gillberg, 1997; King, Heyne, Tonge, Gullone, & Ollendick, 2001). However, children's ability to cope with their anxieties and attendance at school may serve to strengthen their resilience to cope with life's challenges, pressures and obstacles (Miller, 2008). Effective intervention is therefore essential to promote CYP's educational success, resilience and subsequent development.

To develop an understanding of school refusal behaviour relevant to educational psychologists (EPs), a systematic review of the international literature was carried

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out, focusing specifically upon identification/definition, prevalence, and causes of school refusal, as well as relevant interventions for its remediation.

### Terminology relating to school refusal

The terminology and discourse used to refer to CYP who have difficulties in attending school because they have an anxiety/fear response have been extensively debated in the literature (Pellegrini, 2007). Early literature focused on "school phobia" (Miller, 2008), whilst other alternatives have included "emotionally based school refusal" (West Sussex County Council EPS, 2004), "chronic non-attendance" (Lauchlan, 2003), "school refusal behaviour" (Kearney, 2007) and "extended school non-attendance" (Pellegrini, 2007).

Some researchers have criticised the use of terminology such as "school phobia" because according to the Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition (DSM-IV) criteria (American Psychiatric Association, 1994), a phobia suggests that exposure to a specific phobic stimulus almost invariably provokes a fear response. Kearney and Silverman (1990) highlight that this is not always the case with school refusal because behaviours could be reflective of social anxiety or separation anxiety from the caregiver. When considering "emotionally based school refusal", Pellegrini (2007) argues that this terminology may overlook pupils whose anxiety is not the most visible area of need, for example children and young people who have medical needs who are anxious about returning to school. In addition, non-attendance may be constructed differently according to the discourse used by different parties (Pellegrini, 2007). For example, local authorities may view non-attendance as a behaviour fostered by low parental interest, clinical discourse emphasises within child factors, and parents and CYP may construct non-attendance in relation to school-related factors (Pellegrini, 2007). In this research, the terminology of "school refusal behaviour" was adopted because this is a behavioural descriptor which would capture the full range of need and behaviour.

### Prevalence and causes of school refusal behaviour

Reviews have reported that school refusal behaviours with an element of anxiety affect about 1–2% of school aged children (Elliott, 1999; Kearney, 2008) and have highlighted that behaviours are likely to peak at transition points, that is, between 5–6 years and 11–13 years (Pellegrini, 2007). However, researchers acknowledged that prevalence figures may be contestable on account of the conceptualisation and recording of school refusal behaviours. In seminal work, Berg, Nichols, and Pritchard (1969) identified four criteria for school refusal: persistent difficulties in attending school; severe emotional upset; at home during school time with parents' knowledge; absence of anti-social behaviours such as stealing. However, anxiety and attendance may fluctuate, and complete school refusal behaviour may be preceded by a longer unrecorded period of pleas for non-attendance and attempts to avoid school. Additionally, differences in operational definitions, tracking and reporting of partial absences between schools and local authorities will affect the validity and reliability of prevalence estimates (Kearney, 2008).

A range of causal factors has been identified as either "pushing" children away from school or "pulling" them towards home (Heyne, Rollings, King, & Tonge,

2002; Kearney & Beasley, 1994; Lauchlan, 2003; Lyon & Cotler 2007; Kearney, 2008). Identified primary causes include:

- bullying or other threats to safety;
- separation anxiety;
- coping ability;
- difficulties with classroom routine;
- difficulty with peer/teacher relationships;
- low academic self concept;
- exam pressure.

Each of these causes may interact with or be compounded by secondary causes such as:

- lack of monitoring of toilets, corridors and playground areas by staff;
- school climate and pupil sense of "connectedness" to the school community;
- authoritarian management styles;
- performance-oriented classrooms;
- bereavement or illness of a family member;
- transition to a new educational environment.

Kearney and Silverman (1990) provide a four-function taxonomy of school refusal behaviour as either:

- avoiding fear/anxiety related to attending school;
- avoiding anxiety-provoking social situations;
- gaining attention/reducing feelings of separation anxiety;
- providing tangible reinforcement (for example, autonomy/ comfort).

It should be remembered, however, that in practice such functions may not be mutually exclusive and may operate simultaneously or in complex interaction. Furthermore, the functional model does not provide any explanation at the cognitive level; notably, Maric, Heyne, de Heus, van Widenfelt, and Westenberg (2011) found that thoughts about personal failure and over-generalised thinking from negative events predicted the presence of school refusal behaviour.

### Interventions for school refusal behaviour

Corresponding to the range and potential interaction of causal factors relating to school refusal behaviour, there is a range of relevant interventions including pharmacotherapy (for example, Bernstein, Garfinkel, & Borchardt, 1990); cognitive behavioural therapy (CBT) (for example, King, Tonge, Heyne, & Ollendick, 2000); behavioural approaches (for example, systematic desensitisation/flooding, contingency management) (Gloucestershire EPS, 2001; Kearney & Silverman, 1990); parent training (Kearney & Beasley, 1994).

From a review of interventions, Lauchlan (2003) argued that research in the area has failed to find conclusive evidence in favour of a particular approach and the evidence for many interventions is based only on CYP within in/outpatient units

who met diagnostic criteria for mental health difficulties (Pina, Zerr, Gonzales, & Ortiz, 2009). Commonly, some otherwise generally effective interventions are ineffective for a sizeable minority of CYP showing school refusal behaviours, and some of the claims for success are open to methodological criticism. Taking "successful" CBT interventions as an example, King et al. (2001) found at 3–5 year follow-up that three out of 16 school refusal participants had deteriorated, and for Tolin et al. (2009) one young person made no improvement. From Australian research, Heyne et al. (2002) reported significant improvements for three CBT intervention groups (child therapy; parent and teacher training; combination), but this report was based only on mean scores across the group, leaving ambiguous the range of improvement, or deterioration, for individual participants.

Specific facilitative or mediating factors (such as increased sense of security, or coping ability) could be hypothesised, but such factors are most often not systematically explored, and little research has utilised data from participant perceptions to understand successful involvement for school refusal behaviour. Parent perspectives on intervention facilitators are, however, reported by Toplis (2004), and practitioner perspectives are reported by Kearney (2008), Kearney and Bates (2005) and Kearney and Bensaheb (2006). Miller and Frederickson (2006) acknowledge that whilst a generalised knowledge of effective interventions is the "gold standard" in evidence-based practice, interventions judged the most effective typically do not work with around 33% of young people. In practice, therefore, it is reasonable to assume that a range of factors may influence the actual effectiveness of an intervention for an individual case of school refusal behaviour. Though "evidence-based practice" has largely been led "top down" through research programme evaluation, particularly in the United States (for example, Flay et al., 2005), analysis of individualised and contextualised interventions are more likely to be relevant for practitioners in the UK context, where there is a complementary endeavour to develop and disseminate more ecologically valid and transferable "practice-based evidence" (for example, Bower & Gilbody, 2010).

The aim of the present study, therefore, was to explore individual cases of intervention for school refusal behaviour, fully utilising data from the perceptions of parents, children and young people, practitioners and school staff to provide a triangulated, contextualised and dynamic view about factors which promoted successful involvement.

## Method of the present study

### *Context*

The research focus upon school refusal behaviour was consistent with the first author's local authority priorities identified within the Children and Young People's Plan and Inclusion Team Development Plan which targeted "developing participation and engagement for vulnerable groups".

### *Research design and questions*

An explanatory case study design was selected to address the following research questions, allowing an in-depth inquiry about a phenomenon within its real life context (Yin, 2009; Miller & Frederickson, 2006):

(1) What factors are perceived to have been effective in supporting children and young people who have anxiety/fear which is leading to school refusal behaviours, and why?
(2) What might have led to more success or earlier success in the effective support of the school refusal behaviour?

Two successful cases of involvement for school refusal behaviour in the local authority were selected (Case 1 and Case 2), in order to explore critical success factors retrospectively through the perspectives of parents, young people and the practitioners involved.

### Participant recruitment

The following participant recruitment criteria were adopted in relation to both case studies:

- young person's anxiety (that is, some element of fear relating to home/school) as the primary cause of school refusal behaviours (this may/may not be linked to family circumstances; for example, a child may be anxious about leaving home because they are concerned about a parent's physical/mental health);
- reported reduction of anxiety;
- attendance returned to above 80% for at least one term;
- multi-professional involvement in intervention to allow fullest exploration of success factors;
- involvement was within the last two years to ensure that participants were more likely to remember key facts about what was effective and why;
- young person not within two months of public examinations;
- no current family reconstitution or bereavement;
- no report of significant current stress for the family or young person.

In line with practice-based evidence principles of developing fidelity and outcome measurement from the practice context, an exclusion criterion relating to the type and level of intervention each participant received was not applied, though the intervention received was evaluated from available data in each case background. Profiles of the young person participant in each case study are presented in Table 1.

### Data gathering

Within each case, data were gathered from the following sources: interviews with the young person, parent, school staff, and other professionals including the attendance officer, a family support worker and health professionals (eight interviews per case); case records (for example, attendance data). A range of available documentary evidence (for example, minutes of family support meetings) was not utilised, as preliminary examination showed that it was unlikely to have any complementary utility.

For the interviews, a semi-structured format was adopted as this combines a degree of focused information gathering with flexibility for exploration (Robson,

Table 1.    Information about the young people in the selected cases.

| Variable | Case 1 | Case 2 |
| --- | --- | --- |
| Young person pseudonym | Amy | Leah |
| Sex | F | F |
| Age at time of research | 13 | 14 |
| Year group | Year 8 | Year 9 |
| Educational setting | Mainstream Secondary School | Alternative Provision for Vulnerable Pupils (APVU) |
| One or two parent family | One (father) | One (mother) |
| Number of siblings | 3 | 0 |
| Attendance level at the time of research | 80% | 100% (sessions in APVU) |
| Attendance during academic year 2009–2010 | 56% | 0% (Leah was out of school for two years) |
| When did the young person first start to show school refusal behaviours? | Autumn term of Year 7 (2009) | Spring term of Year 5 (2007) |
| When were improvements noticed in attendance? | Autumn term of Year 8 (2010) | Spring term Year 9 (2011) |
| Diagnoses (if applicable) | None | Obesity and hypothyroidism; diagnosed in 2011 |
| External agencies involved | Attendance Officer Parent Support Advisor Child and Adolescent Mental Health Services (CAMHS) | Attendance Officer CAMHS |
| Approach to intervention | Cognitive behavioural therapy (CBT) | Systemic |

2002; Smith, 1995) (see Appendix 1). Questions were designed to gather information about the case background and context and to gather perceptions in relation to critical success factors for intervention. Interviews were audio recorded and fully transcribed.

### Data analysis

Braun and Clarke's (2006) six-stage thematic analysis was used for analysis of the interview data since it provides an effective method for identifying key patterns or themes across the detailed data set for each case. Since there was a small number of distinct research questions, thematic analysis was carried out in two stages relating to each research question respectively, with the developed coding framework being transferred directly from Case 1 through to Case 2 using a process of constant comparative analysis (Boeije, 2002). This strategy allowed a parsimonious and coherent presentation of the analysis across theme areas, which were integrated across both research questions and both cases.

A broadly inductive or "bottom up" approach to the thematic analysis was adopted so that themes emerged from the data rather than being driven by specific theory (Boyatzis, 1998). However, the researchers recognised their active role in identifying and reporting themes and the way in which this might be influenced by their prior knowledge through reading of the literature and professional experience (Braun & Clarke, 2006).

At Stage 2 of the thematic analysis process (generation of initial codes) 50% of two interview transcripts were independently coded by another EP. Inter-coder agreement on transcript segments coded as relevant to the research questions was at 97% and 100%, respectively, for the two interview transcripts. At Stage 5 (reviewing the themes), themes were reviewed with an EP; discussions were held and the theme piles were re-worked and/or re-labelled if appropriate to ensure that they captured the basic themes and data accurately. Taken together, these outcomes indicate very good levels of reliability and construct validity within the data analysis process.

### Ethical considerations

The research process paid due regard to the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics (HCPC, 2012) and British Psychological Society's (BPS's) Code of Ethics and Conduct (BPS, 2009). Approval for the research was granted by a University Research Ethics Committee. Given the vulnerability of children who show school refusal behaviours, the researchers made particular considerations to ensure that the research would not cause participants distress or anxiety. Data gathering focused on successful cases and factors associated with success; prior to the research, the researchers ascertained with school and parents whether there were any sensitive areas or questions which should be avoided.

### Limitations

Given the aims of the project, two methodological limitations were identified. First, data were not gathered contemporaneous to the intervention period, meaning that accounts from participants could be influenced more by a consolidated common narrative around the process of intervention rather than by their perceptions of, and insights to, events as they unfolded. In order to counter balance this, participants were encouraged to tell their own version of events in broadly chronological order. Second, apart from attendance data, this study did not take other independent measures relating to the research focus (for example, anxiety measures, social integration measures). Whilst this is consistent with a broadly social constructionist stance in the research (Burr, 1995), interviewees were probed to link their perceptions, insights and explanations to facts and events that were observed to have occurred before, during and after the process of the intervention so the research therefore adopted a critical realist epistemological position.

### Findings

Fourteen themes emerged from the interview data which were common to the two cases. Eight additional themes were identified as being unique to Case 1, and four additional themes were identified as being unique to Case 2. These are illustrated in Appendix 2, Table A1.

A further commonality between the two cases was the interaction of factors, since participants acknowledged that factors did not appear to be successful in isolation. Data suggest that several factors were associated with successful involvement, and that it was the interaction of such factors which was beneficial. It was apparent that both cases were complex and that intervention was not a "quick fix". Significant

time and resources were required to support both young people with a number of strategies implemented at a number of levels.

Given the degree of thematic commonality between the two case analyses and the interaction of reported factors, findings are presented collectively across the two cases with themes clustered across four broad areas:

- psychological factors;
- support for psychological factors;
- factors supporting the family;
- role of professionals and systems.

Within the data presentation, themes are reported as being "prominent" where they are represented by 20 or more initial codes and as being "highly prominent" where they are represented by 30 or more intial codes.

### Psychological factors

"*Developing feelings of safety, security and belonging*" both at home and school was a highly prominent theme for both girls particularly given their range of needs. In this regard, there was a consistent teacher in the alternative provision so that Leah knew "that when she's there she's in the same place, she's not walking around, she's not finding rooms, she's not getting lost". The teacher's comments highlighted how concentration is affected if young people perceive peers to be being unkind, but stressed that this was alleviated for Leah in the alternative provision, therefore supporting her feelings of safety. Similarly, for Amy, access to a "small welcoming space" where there was "no pressure to talk", particularly access to the lunchtime club for vulnerable pupils, provided an environment with reduced social pressures which was reported to be essential in supporting feelings of safety. A quiet, small group environment was also identified to be beneficial in providing opportunities for interaction with peers that both girls could relate to and the small class was suggested to provide reassurance for Leah, giving her the confidence to ask for help.

"*Confidence, self esteem and value*" were also prominent themes across interviews in both cases, for example, through making the young people feel special by providing personalised rewards, giving them responsibility and developing admiration from peers. It was reported by professionals and the young people themselves that they were happier and, as highlighted by the learning mentor, Amy started to take a "pride in herself". The need for Amy to develop a sense of identity in school and to be treated as an individual were highlighted as important because it was hypothesised that there might have been "a bit of an identity problem, you know, in terms of who she is", particularly because she was one of four children.

In addition, "*aspiration and motivation*" emerged in both cases with both young people talking about their career aspirations. Amy's father, for example, said that he had discussions with Amy about career options and subject choices and Amy was aware that her career options depended upon GCSE success. Similarly, Leah talked about wanting to be a carer and was excited about going on work experience. Since attending the alternative provision, her teacher reported that Leah had asked to complete additional work at home and had asked to do more sessions. The teacher added that making learning meaningful and relevant for Leah, for example through using a topic based approach, developed her motivation.

### Support for psychological factors

A "*positive, nurturing approach*" emerged as a key organising theme in both cases in terms of the positive, nurturing and caring ethos of the school, the person centred approach adopted with students and the positive and solution focused approach. The teacher from the alternative provision talked about the benefit of modelling positive relationships and adults adopting a calm and rational approach because she, the teacher, perceived that Leah's home environment was stressful. The importance of regularly touching base was described to be important for Amy because the special educational needs coordinator (SENCo) stated, "it's not a rejection"; something which she hypothesised Amy may have felt from her own mother. Staff were welcoming and positive on Amy's return to school and were encouraged not to treat Amy any differently because she had been absent. Staff were also encouraged to "accept where she is educationally" and recognise that there will be "huge gaps".

"*Positive experiences*" at home and school was facilitative for both girls and was a prominent theme. This included the development of friendships for both girls; Amy said that this "gave her something to look forward to" particularly when she found a common interest amongst her peers in "Anime" (a Japanese animation). Leah hypothesised that the development of friendships improved her confidence. Her mother said that Leah started to socialise at home and said, "since she's been at the [*alternative provision*] everything's just changed, everything's just changed. She's got loads of friends, she's never in". In addition, building upon strengths and interests was also common to both girls and suggested to be beneficial in supporting positive experiences. Through attending a provision with a high adult:pupil ratio, staff were able to take Leah's learning and development in a "direction that she was enjoying going in" and doing activities which she enjoyed, such as art.

In terms of positive experiences at home for Amy, spending time together as a family and having positive experiences with family members appeared to be highly important. The parent support advisor explained that professionals encouraged Amy's father to start doing things together as a family rather than focusing on daily routines. It could be suggested that these positive experiences provided Amy with additional positive attention and opportunities to make her feel special and valued.

"*Believing in Leah*" was a theme as Leah placed emphasis on adults believing in her and she talked about how her mother never gave up on her. In addition, "*encouragement and positive attention*" from family members and peers emerged as another organising theme in both cases. For example, the learning mentor said that she encouraged peers to make contact with Amy when she was out of school to reinforce that she was missed and wanted in school.

"*Taking an interest in the young person as a whole*" was a prominent theme in both cases. Personalised rewards based on interests and regular personalised contact (whether Amy was in school or not) were described to be important in communicating to the young people that staff were interested in them and "worth more than being forgotten about". Similarly, taking an interest in Amy, for example, through starting conversations with her, remembering a fact that she had said, and asking questions were described to be beneficial. The learning mentor emphasised the importance of giving Amy positive individual, personalised feedback from her teachers to give Amy the feeling that the teacher had "personally noticed" her for positive reasons.

"*Making a positive contribution*" emerged as a prominent theme; this included increased participation at school, giving the young person an opportunity to express their views and feel listened to, promoting independence and autonomy through giving them choice and control, and involving them in decision-making through collaboratively developing realistic targets. This was helpful for Amy because she started to become more involved in school life rather than "isolating herself in the inclusion department".

"*A flexible and individualised approach to ensure preparation for, and access to, learning*" was highly prominent. This included reintegration planned according to need, for example, a flexible and reduced timetable, particularly around subjects the students found difficult. Allowing sufficient time for reintegration was described to be essential for Leah because, as highlighted by the teacher from the alternative provision, "if we bring them in for too much too soon, it breaks down". Professionals discussed the benefits of individualised goals and targets and the benefit of discussing with Leah how she could improve. This and the variety of activities were reportedly beneficial to tailoring work to Leah's needs and subsequently increasing her motivation and productivity.

An awareness of barriers to learning, making relevant adjustments and reviewing strategies over time were identified as facilitative. In the case of Amy, professionals talked about flexible and individual support from teachers and a structured plan to catch up missed work. For Leah, an individualised approach, including access to an alternative provision which addressed her needs, was important; access to alternative provision was also highlighted as something which may have been beneficial for Amy had intervention within mainstream not been successful.

"*Supporting social interaction and communication*" was discussed in the case of Leah. The calm and relaxing environment, and support for problem-solving with peers, were suggested to support social interaction. Leah said that she did not like big groups and did not find the alternative provision "overpowering", and her mother said that Leah, "could not cope with a full class".

Having support with the journeys to and from school could be suggested to support feelings of safety. Amy benefited from support with her journey as she did not like being "alone on the bus", possibly as a result of the alleged bullying. Similarly, the learning mentor in the secondary school highlighted the benefit of dropping Leah off at the school door because this avoided confrontation with peers, thus supporting feelings of safety.

In the case of Amy, "*developing her understanding of thoughts, feelings and behaviour*" was identified as facilitative in challenging and reframing negative thoughts about the health of her mother and helping her to reframe thoughts and think more positively. It was suggested that this might have been beneficial in providing reassurance and reducing anxiety.

### Factors supporting the family

"*Meeting the needs of the family*" and the "*positive working relationships between home and school*" were highly prominent themes. As stated by Leah's attendance officer "I think it's all been about the relationships and the confidence and the fact that Mum wants her to achieve".

Professionals described how Leah's mother had a negative view of education and had "disengaged" with services, particularly following the two prosecutions for

Leah's non-attendance. However, a change in attendance officer, Leah's mother's more positive view of education, and her readiness to engage with services, appeared to coincide with Leah's success.

Professionals described the availability of professionals for the family and regular communication between home and school to be invaluable. Families benefitted from having a key adult whom they could trust and whom they could contact if they had concerns. In the case of Leah, the attendance officer adopted a positive, nurturing approach with Leah's mother, accompanying her to meetings and being available for her. This was suggested to give her increased confidence to attend meetings and seek advice when needed. The attendance officer explained that she

> … physically collected them, took them to the meeting and had a chat with them afterwards … neither of them had questions in the meeting but then asked me about 100 when we got in the car.

Staff were flexible in arranging meetings to meet Leah's mother's needs. The value of involving her in meetings and listening to her views so that she was part of the decision-making process was highlighted as beneficial. Professionals in both cases highlighted the benefit of communicating progress and emphasising positives, particularly given the high level of negative feedback families were used to hearing.

Increasing the effectiveness of parenting skills and adopting a firm, honest approach with the family was identified in both cases as beneficial, particularly in developing consistency and family routines. As highlighted by Amy's father, the family support meetings provided a context for him to reflect on the home environment and family dynamics which led to him taking more of a parenting role, removing responsibility from Amy's older sister. Similarly, visits to Leah's home reportedly increased parenting effectiveness by reassuring Leah's mother and encouraging her to be firm with Leah. Professionals recognised the importance of giving families clear boundaries and emphasised that "*behaviours should not be reinforced*" by allowing the young person to engage in enjoyable activities at home during the school day. "*Further developing parenting skills*" was something which might have led to more success for both young people.

The data indicated, both directly and indirectly, that listening and providing support and encouragement for the whole family were important, given the complexity and range of needs within the family. Identifying the families' needs and support to meet these needs was important in both cases. In the case of Amy, this was reported to have been facilitated by a family support plan with "SMART" targets because the family was involved in drawing up the plan and because clear, achievable actions were identified.

In the case of Leah, "*avoiding comparisons to family members*" was highlighted as something which might have led to more success. Comparisons made to Leah's cousin and her engagement with services because they were both from traveller backgrounds were suggested to be unhelpful and something which affected the relationship between the family and attendance officer. Practitioners suggested that "*parents' engagement and openness to support and change*" would have led to earlier success.

### Role of professionals and systems

"*Early identification and assessment of need to inform intervention*" was talked about as a successful factor, in Case 1 particularly having effective systems for monitoring attendance and completing a holistic assessment to try and understand and address the cause of the school refusal behaviours and pre-empt difficulties. Effective systems for monitoring attendance and pre-empting difficulties was identified as important in the case of Amy because this enabled the learning mentor to know instantly when she was not in school which meant that she could quickly make contact and follow up. In addition, professionals recognised the need to address the range of needs at home and at school and the parent support advisor reported that the Common Assessment Framework (CAF) was a useful tool in supporting the holistic assessment. An improvement in Leah's health, for example, was reported to coincide with her attendance at the alternative provision and with improvement in her self-worth and confidence.

Access to specialist services and effective "*collaborative working between professionals*" to meet needs was facilitative in Case 2. A consistent approach with effective communication between staff was suggested to help staff understand the young person's needs. Also, this included a "*multi-agency approach*" with professionals working towards a common goal. The family support model was highlighted as critical for supporting the effective multi-agency approach in the case of Amy because meetings provided a forum in which professionals could share views, perspectives and information; the importance of the lead professional to chair meetings, follow up on agreed actions, and coordinate agencies/involvement, was recognised. Awareness of agencies and available support was suggested to support signposting and ensure the family could access appropriate support. The family support model was highlighted as something which may have led to further success for Leah.

Attendance officers have a statutory duty in monitoring attendance and, in both cases, discussions about the possibility of prosecution of parents was reportedly communicated to the young people. The learning mentor in the primary school hypothesised that "*discussions about the impact of not going to school*" that is, the risk of a monetary fine during Leah's time at primary school, helped her mother to "keep on track" and it was suggested that this reinforced that her mother "legally had to engage in something". However, it is questionable how helpful discussions about prosecution were at certain points in the intervention: "*avoiding harsh consequences*" and "*avoiding prosecution*" were highlighted as ideally facilitative factors, and practitioners in the case of Leah thought that the two prosecutions of Leah's mother were unhelpful and that this should have been avoided.

"*Regular monitoring, reviewing and celebrating progress*" were discussed to be beneficial in both cases. Providing regular updates on attendance as a result of the monitoring which took place helped to keep the young people on track and to make progress transparent, particularly through praise, positive feedback and rewards.

A "*key adult who was available*" and constant and in school was important for both girls. The importance of having an area where Amy could access the learning mentor and the "*flexibility*" and autonomy of the learning mentor's role to respond to need were identified as making a "huge difference" in meeting Amy's needs. Similarly, flexible access to 1:1 support and knowing where she could access the key adult, particularly at break times, were beneficial and hypothesised to be facilitative in developing trust and building confidence. The data suggested that it was

important for the young people to have a key adult with whom they could develop a good relationship; the SENCo in Amy's case explained how the "*personality, knowledge, skills and experience*" of the learning mentor supported reflection upon, and response to, Amy's needs; the "*personality, knowledge, skills and experience of professionals*" was highly prominent in both cases. This is congruent with factors in the case of Leah as professionals highlighted the need to understand needs holistically.

The "*persistence and resilience of professionals*" to continue to support Amy was hypothesised to have been helpful in communicating that she was valued and not forgotten about. One professional acknowledged the need to recognise that it takes time and that strategies may not always work first time and/or that they may need to be adapted. The learning mentor stated

> As much as I could, I wouldn't let her get away with ignoring me because once they start doing that I find I lose them … so I would just keep on and keep on. And I think, I think having someone here like me in school that doesn't give up … .

In the case of Amy a "*whole school approach*" was significant in terms of communication between staff, support from the senior leadership team and supervision. Effective communication included office staff informing the learning mentor about absences thus supporting early intervention, and included communication between teachers in relation to strengths, barriers to learning, and strategies. Support that the learning mentor received from the senior leadership team, and supervision from the SENCo, were seen to support the learning mentor role in providing reassurance and reflecting upon involvement.

## Discussion

The researchers found a high degree of commonality in critical success factors across the two school refusal cases. Both cases were complex: intervention factors were identified at different levels, and participants identified an interaction of factors in successful intervention.

Child psychological factors included: developing feelings of safety, security and belonging, confidence, self-esteem and value, and aspiration and motivation. However, successful intervention extended beyond child factors to interacting contextual and family variables significant to the effectiveness of intervention. Developing positive relationships between home and school, and meeting the needs of the families, appeared to be essential in supporting the young people's success, and in both cases there was a significant role for professionals and systems. This highlights the importance of contextual influences on the effectiveness of intervention.

### *Ecological model of successful reintegration*

The complexity of practice which was represented in the cases of Amy and Leah relates well to the multi-faceted components of Bronfenbrenner's (1979) ecological systems theory which looks at behaviour as a system embedded within a specific context (Ayers, Clarke, & Murray, 2000). The researchers propose a synthesised model, influenced by Bronfenbrenner's ecological systems theory, illustrated in Figure 1, to conceptualise successful reintegration from school refusal, incorporating as systems the four main areas identified within this research, namely: psychological

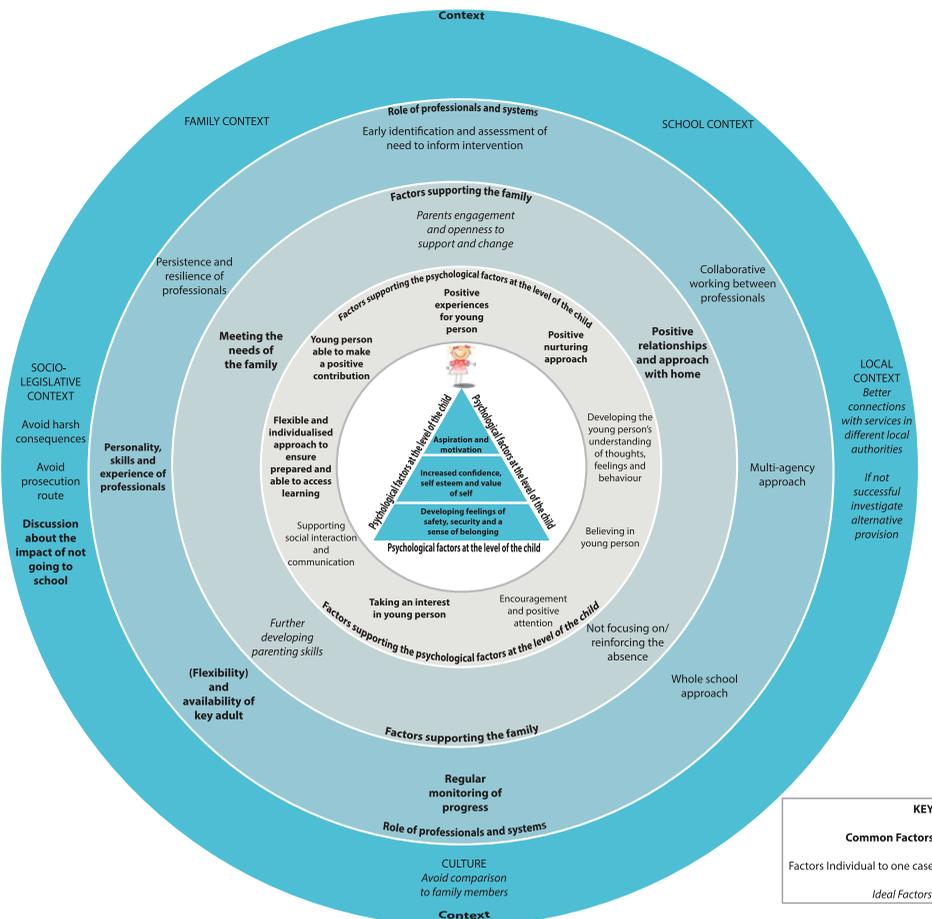## Ecological Model of Successful Reintegration



Figure 1.   Ecological model of successful reintegration.

factors, support for psychological factors, factors supporting the family, and the role of professionals and systems. Given the influence of socio-cultural factors and the interaction between systems, the synthesis is titled the "ecological model of successful reintegration".

The model recognises how changes within these systems led to positive outcomes for both Amy and Leah by encompassing all themes generated from research question 1, both those which were common, and those which were specific to the individual cases. For simplicity, distinctive themes relating to "ideal provision" (research question 2) are included in italics. At the core of the model are psychological factors at the level of the child. This forms a triangle at the core because, for the researchers, these psychological factors, that is, developing feelings of safety, security and a sense of belonging, increasing confidence, self worth and value and aspiration and motivation, resonate with Maslow's (1943) "hierarchy of needs".

In both cases, there was an interaction of factors across and within systems, with many themes from other levels of the model being related to the development of psychological factors at the core. Therefore, analogous to Bronfenbrenner's (1979) ecological systems theory, the other factors are organised into four surrounding spheres which can interact and impact upon each other to scaffold and support the child's psychological needs at the inner core. As shown in Figure 1, these four spheres consist of support for the psychological factors, factors supporting the family, and the role of professionals and systems, with the outer sphere containing the contextual factors because this reportedly influenced the other systems and effective reintegration.

### Implications for evidence-based practice and research

The ecological model of successful reintegration illustrates a number of levels where support and intervention may be beneficial and could be a useful tool to support reflection and development of practice. As illustrated in the model, it will be important to think about intervention at a number of levels and to recognise contextual and family influences.

The complexity of school refusal behaviours increases with different school systems, the involvement of different school staff with different roles in school, different experience, perceptions, attributions and interpretations of problematic situations (Miller & Frederickson, 2006). Ultimately, the identified common factors need to be understood within the context of the individual cases at different time points. What works with one professional might not work with another, and what is successful in one school might not be in another; for example, in the case of Leah, a different attendance officer with a different approach led to the development of a positive relationship with the family and their subsequent re-engagement with services. Such understandings, developed through the ecological model of successful reintegration, could be useful to facilitating effective early intervention and in reducing the commonly high failure rate noted for even the more successful mental health interventions (Miller & Frederickson, 2006). In addition, a model of how interventions can be applied allows an increased chance of success with any particular intervention where the ideal or preferred intervention package is not available.

The purpose of this research was to explore such individual cases of intervention to identify and understand salient dimensions of interventions: which aspects of applying the intervention plan worked in practice, which did not, and most importantly, why (Yin, 2009). This type of *explanatory* case study research builds an essential "practice-based" evidence base for scientist-practitioners (Bower & Gilbody, 2010; Miller & Frederickson, 2006; Frederickson, 2002). Explanatory case studies show the mechanisms and context for effective practice at an individual level and so are particularly accessible, communicable and useful forms of practice-based evidence for EPs, school teachers and attendance officers.

Such practice-based evidence advances and complements *exploratory* case studies, which help to construct possible solutions to problems, as well as larger scale experimentally-focused research, which tests possible solutions: practice-based evidence provides the essential detail on *how* solutions can be applied within idiographic professional, social and family contexts (Burnham, 2013; Bower & Gilbody, 2010; Boyle & Lauchlan, 2009; Frederickson, 2002). Miller and Frederickson

([2006](#)) explain how research-practitioners' endeavours to "collate, compare and contrast examples of single interventions in complex settings leads to greater and more widely generalisable knowledge of successful interventions" (p.118). Further evidence gathered from similar cases of intervention for school refusal would consolidate understanding of the analytic generalisability of the ecological model proposed from the present research (Yin, [2009](#)).

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## Appendix 1. Semi-structured interview schedules

### *Practitioners*

(1)   When and how did you become involved?

(2)   What did your involvement look like? (for example, any particular strategies/interventions, number of sessions/meetings, over what period of time?, etc.)

(3)   What was this case like? (Try to get some idea of the communication efficacy, degree of consensus between stakeholders)

(4)   What factors do you think facilitated the success of the case? Why?

(5)   What supported/made possible those factors in this case? *(try to identify personal or material resources; contextual/more distal factors; to see how their identification of factors relates to their understanding of the problem)*

(6)   What if you hadn't had those factors? What else might have been possible? *(try to identify what else might have been possible given the resources/contextual/distal factors)*

(7)   How has this case been different from other less successful cases? How has your involvement been different?

(8)   What might have facilitated more success? Why?

(9)   What might have facilitated success more quickly? Why?

(10)  What learning points have you made for future cases?

*Additional questions may be asked regarding attendance data at the end of the interview to triangulate information provided in the interviews' for example, in relation to key change points. If required, an additional interview may be requested to explore attendance patterns and change points in more detail.*

### *School staff*

(1)  What factors do you think facilitated *pupil name's* success? Why?

(2)  What might have facilitated more success? Why?

(3)  What might have facilitated *his/her* success more quickly? Why?

(4)  What learning points have you made for working with pupils who have similar difficulties?

*Additional questions may be asked about attendance data at the end of the interview to triangulate information provided in the interviews, for example, in relation to key change points. If required, an additional interview may be requested to explore attendance patterns and change points in more detail.*

### *Parent/Carer*

(1)  When did *child's name* start to school refuse?

(2)  When did you first receive involvement from an external agency?

(3)  What factors do you think facilitated *child's name's* success? Why?
(4)  What have you found helpful? Why?
(5)  What might have facilitated more success? Why?
(6)  What might have facilitated *his/her* success more quickly? Why?

*Additional questions may be asked regarding attendance data at the end of the interview to triangulate information provided in the interviews for example, in relation to key change points. If required, an additional interview may be requested to explore attendance patterns and change points in more detail.*

### Work with child/young person

First session: introduction

- explain role and project
- gain full consent
- likes and dislikes (ice breaker activities)

Second/third session

(1)  Tell me about or make/draw something to represent what's helped to get you back to school? A range of materials will be provided, for example, drawing, painting and craft materials

- During the activity, questions will be asked based on what the child/young person has made to promote discussion, for example, tell me about the … . Comments will be made about features, for example, "I can see that … X seems close to Y, etc".
- Features will be highlighted about the way the child/young person does something, for example, "you smiled when you drew X."
- What else questions will be asked?
- Why do you think that?

(2)  Tell me about or make/draw something to represent what might have helped you more and/or get you back to school sooner?

- During the activity, questions will be asked based on what the child/young person has made to promote discussion, for example, tell me about the … . Comments will be made about features, for example, "I can see that … X seems close to Y, etc".
- Features will be highlighted about the way the child/young person does something, for example, "you smiled when you drew X."
- What else questions?
- Why do you think that?

(3)  Tell me about or make/draw something to represent what is different now?

- During the activity, questions will be asked based on what the child/young person has made to promote discussion, for example, tell me about the … .

Comments will be made about features, for example, "I can see that … X seems close to Y, etc".
- Features will be highlighted about the way the child/young person does something, for example, "you smiled when you drew X."
- What else questions?
- Why do you think that?

Opportunities were provided for the child to revisit what they have made previously to "refine" their story.

## Appendix 2

Table A1.   Themes which were common and specific to each case.

| Common organising themes | Additional organising themes in Case 1 | Additional organising themes in Case 2 |
|---|---|---|
| Personality, skills and experience of professionals | Early identification and assessment of need to inform intervention | Assessment of need |
| Flexibility and availability of key adult | | |
| Developing feelings of safety, security and sense of belonging | | |
| Flexible and individualised approach to ensure the young person is prepared and able to access learning | Multi-agency approach | Collaborative working between professionals |
| Discussion about the impact of not going to school *(and the experience of consequences)* | Encouragement and positive attention | Believing in young person |
| Regular monitoring of progress | Whole school approach | Supporting social interaction and communication |
| Positive nurturing approach | | |
| Aspiration and motivation | Not focusing on/reinforcing the absence | |
| Taking an interest in young person as a whole | Avoid harsh consequences | |
| Increased confidence, self esteem and value | Developing the young person's understanding of thoughts, feelings and behaviour | |
| Make a positive contribution | Persistence and resilience of professionals | |
| Positive experiences | | |
| Meeting the needs of the family | | |
| Positive working relationships between home and school | | |