School Refusal Behaviour: How can we support pupils back to school?

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Overarching Abstract

The systematic review and empirical research presented in this thesis, as part of the required work for the Doctorate in Applied Educational Psychology, investigates school refusal behaviour, or, more specifically, the non-attendance component of school refusal behaviour. The systematic review examines the effectiveness of various interventions on improving attendance patterns, whereas the empirical research focuses on the experiences of looked after children who exhibit school refusal behaviour. The pieces are linked through the focus of how to support the development of improved attendance patterns of school refusers.

The systematic review explores what type of psycho-social interventions are efficacious in supporting pupils exhibiting school refusal behaviour back to school. Cognitive behavioural therapy interventions, informed by the function of school refusal, were found to be marginally more effective than other designs. Interventions that were delivered to both young people and their parents/school were more effective than interventions solely targeting individuals. Results were inconclusive regarding the most effective interventions over time.

The empirical study reports the findings of a small-scale qualitative study that explored the accounts of looked after children who had exhibited school refusal behaviour. Grounded theory was used to analyse the transcripts of semi-structured interviews with four Looked After young people in the North East of England. The emergent theory tells us that when a Looked After young person is faced with instability during adolescence they are at risk of school attendance difficulties. The factors that contributed to continued attendance difficulties related to unresolved precipitating factors, school, people who mattered to the individual and the individual being ready for change.
Acknowledgements

There are many people who have helped me along this long journey to become an Educational Psychologist, and to all of them I wish to express my sincere thanks.

I would particularly like to thank the participants in this study, as without their willingness to talk to me, and their openness to talk about their experiences, this research would not have been possible.

My supervisor, Dr Simon Gibbs, has provided me with enormous support throughout this process and made me believe that maybe I can do it! I am grateful for all of the feedback and encouragement that you have provided, it has been much appreciated.

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Finally, I need to say a HUGE thank you to my three boys, big and small. You have lived every minute with me and your positive belief in my ability to succeed has kept me going right to the finish line. Kevin, I’m glad that you’ve had your cycling to keep you sane whilst becoming contender for father of the year. You have been my constant supporter and I feel incredibly lucky. Jamie and Adam, you have been so patient with boring mum doing her work, it’s time for some fun though, and I can’t wait! All three of you have been fantastic thank you so much.
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Chapter 1. What are the effects of psychosocial interventions on the school attendance of school refusers?

1.1 Abstract

School refusal is a reason given for the non-attendance of some pupils. This is an ill-defined concept that has been an area of interest amongst researchers for many years. Methods of intervention for pupils exhibiting school refusal behaviour include medical, clinical and systemic approaches. This systematic review explores the efficacy of psychosocial approaches (including psychoeducational approaches) that target school refusal behaviour. More specifically it examines the impact of interventions on attendance rates for pupils exhibiting school refusal behaviour. The review aims to establish whether there is a particular form of intervention that has a greater effect than others and whether some interventions are more effective than others over time. Cognitive behavioural therapy interventions informed by the function of school refusal are found to be marginally more effective than other designs. Interventions that are delivered to both young people and their parents/school are more effective than interventions solely targeting individuals. Results are inconclusive regarding the most effective interventions over time.
1.2 Introduction

The issue of school refusal has long been examined in research literature (Berg, Nichols and Pritchard, 1969; Kearney and Silverman, 1996; King and Bernstein, 2001). Research has examined the conceptualisation of school refusal (King and Bernstein, 2001; Lyon and Cotler, 2007; Pelligrini, 2007) and the array of interventions targeting the reduction of school refusal behaviour (Elliott, 1999; Fremont, 2003; Kearney, 2008; Lyon and Cotler, 2007; Pina, Zerr, Gonzles and Oritz, 2009; Place et al, 2000). This systematic review will look at interventions that have demonstrated a positive impact on the attendance of school refusers, as well as looking at whether any attendance improvements are maintained over time.

The issue of school attendance and how to raise school attendance has long been a policy priority for government and continues to be an area of intense scrutiny within local authorities. Poor school attendance is associated with poor school attainment and long term outcomes (DfE, 2011b, Kearney, 2008; Reid 1999, 2002; Sikorski, 1996). The current government has recently redefined persistent absence as pupils missing 15% of sessions (approximately 46 sessions) across a whole school year (DfE, 2011c). In the school year 2010-2011 this represented 6.1% (392,305) of the school population, rising to 8.4% of the secondary school population (DFE, 2012a). Although this figure includes several categories of non-attendance, such as truancy, it can also incorporate children who refuse to attend school with their parents’ knowledge. For the time being these children will be referred to as ‘school refusers’.

Some researchers have estimated that the percentage of school absence attributable to school refusal lies between 5 and 28% (Kearney, 2001). However, the true rate of non-attendance attributable to school refusers is hard to calculate for a number of reasons. Firstly, there are definitional issues regarding the term ‘school refuser’ (see Lyon and Cotler, 2007, for an overview). Secondly, reasons for absence can be masked by parents who may excuse and validate non-attendance on medical grounds. Additionally, many children who are termed ‘school refusers’ have anxiety related and emotional difficulties as well as somatic complaints that, for some, can be truly debilitating making non-attendance on health grounds legitimate.
It is important to define the concept of school refusal and the term school refusers as there is a lack of consistency within the literature. Only with a conceptual consensus is it possible to ascertain the impact of interventions or make comparisons between interventions.

Lyon and Cotler (2007) explore the definitional inconsistencies within the research literature associated with school refusal. They, as well as others, such as Egger, Costello and Angold (2003), have found that ‘truancy’ and ‘school phobia’ are terms that are often used interchangeably with ‘school refusal’. Typically, however, truancy occurs when a pupil misses parts of or all of school days generally without the knowledge or permission of parents or carers (Thambirajah, et al., 2008). Truancy is also often associated with accompanying antisocial behaviour (Berg, Nichols, & Pritchard, 1969). School phobia is associated with a pupil having a fear of an aspect of school life that prevents them from attending school. This fear could also be a manifestation of separation anxiety, though this is not always the case (Egger, et al., 2003).

A lack of consistency in the conceptualisation of school refusers was partially addressed by Berg, Nichols, and Pritchard (1969). More recently researchers such as Kearney and Silverman (1996) and King and Bernstein (2001) have developed the definition of school refusal further. Kearney and Silverman (1996) describe it as “child-motivated refusal to attend school or difficulties remaining in school for an entire day”. Kearney and Silverman’s (1996) conceptualisation of this area has described four main functions of school refusal behaviour:

1. Avoidance of school-based stimuli that provoke negative affectivity
2. Escape from aversive social or evaluative situations
3. Attention seeking
4. To get positive, tangible reinforcement from outside of school

Although Kearney and Silverman’s functional view of school refusal behaviour is a thorough approach in relation to the child’s experience and motivation towards school refusing behaviour, it does appear to focus upon within child factors, as discussed in Thambirajah et al (2008).

King and Bernstein (2001) adopted the definition that school refusal is a
difficulty attending school which is associated with emotional distress, especially anxiety and depression. However, Egger, Costello and Angold (2003) identified a number of subgroups of school refusers that were not mutually exclusive finding that, for example, anxious school refusers could also be truants and vice versa. Lauchlan (2003) argues that attempting to distinguish between truancy and school refusal is not helpful and that it is the common symptom, chronic absenteeism, that professionals should respond to.

Most researchers now agree that school refusal has both an emotional aspect related to attending school and a behavioural component that manifests as school non-attendance (Thambirajah et al, 2008, p. 27). These two main components vary in their degree of severity. After looking at the definitions I take the stance that the term ‘school refuser’ describes the act of a pupil refusing to attend school and that ‘school refusal behaviour’ refers to the behaviours that are experienced and exhibited by the pupil as a consequence of school refusing. School refusing behaviour includes non-attendance at school and emotional distress. There may be a range of motivating and maintaining factors for these behaviours, which are not focused solely on within child factors. I acknowledge the impact of the child’s environments and the interactions between those who are in them and that this can influence school refusal behaviours.

The consequences of school refusal for pupils are wide ranging. These pupils are usually already experiencing a degree of anxiety or emotional distress (Bernstein, 1991; Chorpita, et al., 1996; Egger, et al., 2003), which may impact upon their well being and future mental health (Bernstein, Hektner, Borchadt & McMillan, 2001; McCune and Hynes, 2005). In addition to this, through not attending school, they may experience social isolation or have less well-developed social skills (Place, Hulsmeier, Davis, & Taylor, 2002). It is the elements relating to sound social functioning and strengthened peer relationships that Place et al (2002) assert as being crucial components to long term outcomes following a successful school refusal intervention.

A study by Lamdin (1996) demonstrated that when a pupil’s school attendance is poor they are less likely to be academically successful, though some have disputed this finding (Borland and Howsen, 1998). Pupils who refuse to attend
school are shown to be at an increased risk of leaving school prematurely, with potentially long term effects on their career prospects (Kearney, 2008).

Interventions usually deployed for reducing school refusal behaviour and increasing attendance are broadly categorized into those that are either medical, clinical or systemic (Kearney, 2008). Most interventions aim to increase school attendance and reduce the emotional/anxiety based difficulties. In addition, some interventions also aim to reduce maintaining factors.

Many treatment plans discussed within the research literature involve cognitive behavioural therapy (CBT) (Heyne et al, 2002; Kearney & Silverman, 1999; King & Bernstein, 2001; Pina et al, 2009). This approach explores the automatic thought processes of the pupil in relation to their school refusal behaviour. Pupils are introduced to cognitive restructuring techniques in order to reshape their thoughts associated with school attendance. Alongside this, pupils are also encouraged to try out and test hypotheses, firstly within the safe environment of a clinic or a therapist’s office and then through graduated exposure, in real world situations. However, there are many other interventions that have been devised and found to be efficacious for improving school attendance and reducing emotional distress; these include social skills training, parent and teacher training, hypnosis, combined child therapy and a combination of these approaches (Kearney, 2008). Interventions are often targeted at individual pupils, but may also involve parent/teacher education alongside the pupil therapy or instead of pupil therapy.

In this review I aim to examine the impact of psychosocial and educational interventions. These interventions provide information and education related to the act and impact of refusing to attend school, alongside a programme designed to change the school refusing behavior. The review aims to find out which interventions are most successful at increasing the school attendance of pupils who refuse to attend school. In addition to this, the long-term impact on maintaining improved patterns of school attendance will be looked at for each intervention.

1.3 Method
This review was conducted with due consideration to the steps outlined by Gough (2007) and those of Petticrew and Roberts (2006) which are found in Table 1.1 below.

Table 1.1: The Seven Stages of a Review

<table>
<thead>
<tr>
<th>Searching</th>
<th>1</th>
<th>Formulate research question</th>
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<tbody>
<tr>
<td></td>
<td>2</td>
<td>Define relevance criteria and search terms</td>
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<td></td>
<td>3</td>
<td>Search for all relevant studies</td>
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<td></td>
<td>4</td>
<td>Screen studies using inclusion criteria</td>
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<td>Mapping</td>
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<td>Coding features of the included studies</td>
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<td>Synthesis</td>
<td>6</td>
<td>Aggregate results</td>
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<td></td>
<td>7</td>
<td>Communicate outcomes</td>
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</table>

from Petticrew & Roberts, (2006)

The following sections will present the findings of the review using the stages and terminology of Petticrew and Roberts (2006).

1.3.1 Formulate research questions
The research questions explored were:

1. What types of psycho-educational interventions have the biggest impact on improving the school attendance of pupils with school refusal behaviour?
2. What is the best intervention design that can improve the school attendance of pupils with school refusal behaviour?
3. What type of psycho-educational interventions have the best long term effect on improving the school attendance of pupils with school refusal behaviour?

1.3.2 Define relevance criteria and search terms

1.3.2.1 Data Collection
Three electronic databases were searched in order to find studies that provided empirical evidence for successful interventions that improved the attendance of school refusers. The databases searched in November 2010 were;
1. Web of Knowledge
2. Scopus
3. Psychinfo

The databases were chosen because they included social sciences and psychology publications. In addition to this the databases were familiar to the researcher. A limitation of this database search is that no purely educational databases were included. The searches were limited to the time period from 1996 to present day. All titles and abstracts (where available) of the retrieved articles were screened to ensure that they were empirical studies that looked at the effects of an intervention on school attendance of school refusers. Following this, inclusion and exclusion criteria were applied.

1.3.2.2 Inclusion criteria
1. The study had to evaluate and report on the effectiveness of an intervention that had quantified changes in school attendance as an outcome measure
2. The study’s participants had to be of school age (5-18 years)
3. The intervention studied had to be psycho-educational

1.3.2.3 Exclusion criteria
1. Studies published prior to 1996 (in order to leave a manageable number of studies but also to avoid overlap with previous reviews)
2. Studies not published in English
3. Studies including a pharmacological treatment
4. Studies that took place in a non western society. This exclusion criterion was applied because of cultural differences.

1.3.2.4 Search Terms
The search terms used in the initial database searches were;

- school refus* (note that the * indicates that any ending for the word can be included in the search, for example –ing, -al, -er, -ers);
- terms for school aged children included school age, adolesc*, teenag*. 
Initially search terms also included <interven*>. However, this significantly reduced the number of retrieved studies, leaving too few to be analysed. In addition some intervention studies were also removed through the inclusion of this term.

Search terms were not included for school phobia for definitional reasons noted in the introduction.

1.3.3 Search for all relevant studies and screen studies using inclusion criteria

Figure 1.1 below outlines the results of the search process. From the initial search, 66 studies were identified as being relevant to the search. After duplicate studies had been removed, 41 papers remained. Following the application of inclusion and exclusion criteria, ten suitable papers remained. The majority of the papers discounted at this stage were not empirical studies; they were descriptions of interventions rather than evaluations of interventions.

The ten final studies are all original empirical studies that measured the effectiveness of a psycho-educational intervention with children who are classed as ‘school refusers’. All ten studies reported changes in attendance as an outcome measure, with most of the studies also presenting data on changes in anxiety measures as well. This review will not be examining intervention impact on anxiety measures as it is beyond the scope of this review.
In order to synthesise the findings of the studies it is necessary to describe each of the final ten studies. This description can be found in Table 1.2. The coding table describes the studies in terms of the following types of information (where available):

- Participants – the number, age range and gender of participants
- Context – country of origin and context for intervention, e.g., clinic base
- Focus – Individual or group treatment; type of intervention, e.g., Parent training or child therapy; duration of intervention or number of sessions.
- Design – data gathering points, e.g., pre/post intervention; use of experimental group and control groups; protocol for allocation to various treatment groups
- Sources of evidence – attendance data
- Follow up – was there a follow up data collection period? If so when? and what did it show?
• Observed and measured changes – Data referring to changes in rates of attendance at various points in study, e.g. pre, post and follow up
• Effect size – where possible, effect sizes have been calculated using Cohen’s d. An effect size of 0.2 or less is considered low, 0.5 is medium and 0.8 is considered high (Cohen, 1988).

1.3.5 Aggregate results

1.3.5.1 General characteristics of the studies included in the review
The ten studies were either single case design (n=5) or group studies (n=5). Included in the number of single case design studies is a study by Tolin et al (2009) who presented a series of four single case studies in their research. The age range in the single case design studies was 7-16yrs. In the six group studies sample sizes varied between 8 and 61 participants, with an age range of 5-17yrs.

All of the group studies took place at a clinic, whereas the single case design studies were either at a clinic (n=2), at home and school (n=1), at a clinic and school (n=1) or at a clinic, home or school (n=1). The studies took place either in Australia (n=5) or USA (n=5). No UK studies were retrieved. It is possible that a more extensive original database search may have located UK studies.

All studies had interventions that were either delivered to individual pupils, parents and/or teachers or to both pupils and parent/teachers. The interventions themselves varied in focus and content and were either a form of individual Child Therapy (CT), parent and/or teacher training (PTT), a combination of both CT and PTT, educational support training or some variant of Cognitive Behavioural Therapy (CBT).

In terms of the experimental design of the group studies, only three deployed the use of control groups (Kearney and Silverman, 1999; King et al, 1998; Last et al, 1998), one study compared three experimental groups (Heyne et al, 2002) and one study looked only at the effect of the particular intervention being scrutinised (King et al, 1999).
<table>
<thead>
<tr>
<th>Study</th>
<th>Participants N</th>
<th>Age</th>
<th>Context</th>
<th>Focus – group/individual; nature of intervention; duration</th>
<th>Design</th>
<th>Relevant outcome measure</th>
<th>Follow up</th>
<th>Observed and measured changes (Standard deviation)</th>
<th>Effect Size – Cohen’s d</th>
</tr>
</thead>
</table>
| King et al, 1999 | 20 (13 male, 7 female) | Age range 6–14 yrs (mean age 9.9 years) | School refusal clinic, Australia. All children had at least one diagnosed anxiety disorder. | 6 x 50 min sessions of individual child Cognitive Behavioural Therapy (CBT); 5 x 50 min sessions of parent/teacher training | Pre treatment assessment, 4 week treatment period, post assessment, follow up | Attendance data | 12-14 week | Attendance N=20  
|                |                |     |         |                                                          |        |                         |          | Post treatment 46.50% (40.23)  
|                |                |     |         |                                                          |        |                         |          | Post treatment 86.75% (26.77)  
|                |                |     |         |                                                          |        |                         |          | Follow up 78.68% (38.58)  
|                |                |     |         |                                                          |        |                         |          |  | CBT Pre- post 1.18  
|                |                |     |         |                                                          |        |                         |          | CBT Pre - Follow up 0.82 |
| Tolin et al, 2009 | 4 (males) | Age range 13-16 yrs | Clinic, home or school, USA | 15 sessions of CBT, delivered 5 days per week x3 weeks for 3 participants. 1 participant had 15 sessions over 8 weeks. Each session lasted approx 90 to 120 mins. Content derived from functional analysis of SR behaviour. Sessions with parent, pupil or both. | Pre treatment, treatment, post treatment, follow up. | Attendance data | 3 year follow up | No group statistics available, only case by case data  
<p>|                |                |     |         |                                                          |        |                         |          | “Meaningful” improvements in attendance for 3 of the 4 participants at post treatment. Follow up results indicated gains not maintained, no data though. |</p>
<table>
<thead>
<tr>
<th>Study</th>
<th>Participants</th>
<th>School</th>
<th>Intervention</th>
<th>Pre Treatment Assessment</th>
<th>Randomised Block Design</th>
<th>Attendance Data</th>
<th>CT Attendance</th>
<th>PTT Attendance</th>
<th>CT+PTT Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heyne et al, 2002</td>
<td>61 (33 males, 28 females)</td>
<td>Mean age 11.5yrs (40 were aged between 12 and 14yrs)</td>
<td>School refusal clinic, Australia. Pupils had less than 85% attendance and a diagnosed anxiety disorder</td>
<td>8 x 50 mins child therapy (CT) v 8 x 50min sessions parent/teacher training (PTT) v 2 x 8 x 50 mins CT combined with PTT (CT+PTT).</td>
<td>Pre treatment assessment then randomised block design assignment to 3 treatment conditions; PTT; CT+PTT followed by post assessment and follow up assessment</td>
<td>1.5 – 6.5 months after post assessment – average time 4.5mths</td>
<td>(n=21) Pre treatment 19.29% (27.81) post treatment 58.75% (41.29) follow up 76.84% (37.90)</td>
<td>(n=20) Pre treatment 18.75% (14.22) post treatment 85.80% (25.46) follow up 71.68% (39.11)</td>
<td>(n=20) Pre treatment 16.25% (27.90) post treatment 76.95% (32.61) follow up 68.75% (40.45)</td>
</tr>
</tbody>
</table>
Last, Hansen and Franco, 1998

56, at mid treatment n=47 and at post- treatment n=41(28 female, 13 males)

6-17yrs (mean for CBT gp11.67 yrs; mean for ES gp 12.4yrs)

Anxiety treatment centre, USA. All participants had anxiety based school refusal, currently enrolled in elementary/ middle/high school, current DSM-III-R anxiety disorder diagnosis, at least 10% absenteeism no current major depression diagnosis, no use of psychiatric medication.

Random assignment to treatment groups CBT group (experimental) 12 x 60 mins Child and parent CBT sessions (in vivo exposure and coping self-statement training) and ongoing telephone contact between sessions both with child/parent and school based adult.

Emotional Support (ES) group (control) 12 x 60 mins of educational presentations and supportive psychotherapy. Daily diary keeping which identifies fears or concerns.

Pre treatment, mid treatment, post-treatment and 4 week follow up and telephone interview with parent 2 weeks into school year.

Attendance data

4 weeks post treatment telephone interview with parent and child.
2 weeks into following school year telephone interview with parent.

Attendance for CBT group (pre treatment n= 32, mid treatment n =23, post treatment n = 20)
Pre treatment 26.43% Mid treatment 56.65% Post-treatment 67.35%

4 week follow up (n=14) 79% maintained improved attendance or improved further

New School Year re- entry (n=14) 70% no or mild difficulty

Attendance for ES group (pretreatment n=24, mid treatment n=24, post treatment n=21)
Pre treatment 30.12% mid treatment 39.47% posttreatment 59.98%

4 week follow up 53% maintained attendance or improved further (n=15)

New School Year reentry – 71% no or mild difficulty

Unable to calculate
| King et al, 1998 | 34 (18 males, 16 females) | 5-15 years | School refusal clinic, Australia | Individual CBT x 6 x 50 min sessions; Parent training x 5 x 50 min sessions on child behaviour management, 1 teacher meeting behaviour management strategies and familiarisation with treatment plan and goals. | Random assignation to 4wk CBT or WLC following pre treatment screening. Pre-assessment, treatment, post assessment, follow up | Attendance data | 12 weeks CBT gp attendance n=17–
Pre treatment period (2 weeks) 61.47% (s.d. 38.48)
Post treatment (after 4 weeks of treatment) – 93.53% (s.d. 17.57)
Follow up (after 12 weeks) 91.76% (s.d. 24.36)
WLC gp attendance n=17
Pre treatment (over 2 week period) 40% (s.d. 40.5)
Post treatment (after 4 weeks) – 55.59% (s.d. 41.72)
At post treatment 88.23% of CBT children (15/17) clinical improvement in school attendance (82.35% 14/17 at follow up) compared to only 29.41% (5/17) of WLC | CBT Pre-post 1.07 CBT Pre- Follow up 0.94 WLC Pre-post 0.38 |
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Age Range</th>
<th>Setting</th>
<th>Treatment Details</th>
<th>Pre Treatment Assessment</th>
<th>Follow-Up</th>
<th>Prescriptive Pre-Post</th>
<th>Non Attendance for Prescriptive Treatment n=4</th>
<th>Non Attendance for Control Group n=4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kearney and Silverman, 1999</td>
<td>8 (5 male, 3 female)</td>
<td>6-16 yrs</td>
<td>Clinic, USA; 7/8 participants had a comorbid disorder diagnosed using DSM-IV criteria</td>
<td>Functional analytic prescriptive treatment v non-prescriptive treatment (i.e. control group) (lagged design, non-prescriptive group received prescriptive treatment after experiment). Duration between 3 and 10 sessions/ participant</td>
<td>Pre treatment assessment; experimental group (prescriptive treatment) v control group (non – prescriptive treatment) treatment period; post treatment; follow up</td>
<td>6 months</td>
<td>1.29</td>
<td>Pre treatment 35.45% (38.93) Post treatment 0% (0) Follow up 1.01% (1.21)</td>
<td>Pre treatment 49.75%(40.38) Post control treatment 58.25% (50.06)</td>
</tr>
<tr>
<td>Rollings, King, Tonge, Heyne and Young, 1998</td>
<td>1 - female</td>
<td>13yr 8mths</td>
<td>School refusal clinic, Australia</td>
<td>Individual CBT, school change, rapid return. 10 sessions of CBT over 6 month period</td>
<td>Pre and post assessment 4 week follow up, 12 week follow up.</td>
<td>Attendance data</td>
<td>4 week and 12 weeks post treatment</td>
<td>Attendance increased from 0% pre treatment to 97% post treatment (4 week) and 100% follow up (12 week)</td>
<td>Attendance increased from 0% during baseline, to 100% post treatment and at follow ups.</td>
</tr>
<tr>
<td>Hargett and Webster, 1996</td>
<td>1 (male)</td>
<td>7 yrs 10mths</td>
<td>Home and school (USA)</td>
<td>Pupil, teacher, home representative, 8 weeks, graduated exposure – rapid re-entry</td>
<td>Multi method evaluation Pre/post behaviour assessment</td>
<td>Attendance data</td>
<td>7mths then 2 mths later</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Gender</td>
<td>Age</td>
<td>Setting</td>
<td>Treatment plan</td>
<td>Multi method baseline assessment</td>
<td>Attendance data</td>
<td>Follow up</td>
<td>Attendance data</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------</td>
<td>------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------</td>
<td>-----------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Moffitt, Chorpita and Fernandez, 2003</td>
<td>1 (female)</td>
<td>12 years</td>
<td>Clinic and school based, Hawaii</td>
<td>Functionally derived Brief CBT treatment plan, which was manualised and office based initially but increased in intensity and became non manualised.</td>
<td>Multi method baseline assessment, pre treatment baseline phase (4 weeks), treatment phase (48 weeks), follow up (34 weeks)</td>
<td>Attendance data</td>
<td>8 months</td>
<td>Attendance increased from 19.25% pre treatment, 45.63% during CBT intervention, 76.13% post treatment</td>
<td></td>
</tr>
<tr>
<td>Anderson et al, 1998</td>
<td>1 (male)</td>
<td>13 years</td>
<td>School refusal clinic, Australia</td>
<td>Individual CBT for 7 sessions over 3 week period for p, 7 treatment sessions with parents, 1 school consultation, 2 therapists, rapid return</td>
<td>Multi method baseline assessment, pre and post behaviour assessment</td>
<td>Attendance data</td>
<td>2 weeks then 5 months post treatment</td>
<td>Attendance increased from 0% pre treatment to 100% post treatment (2 weeks) and 100% at follow up (5 months)</td>
<td></td>
</tr>
</tbody>
</table>
All of the studies in the final review collected both pre and post intervention data on attendance. All of the studies collected attendance data after a follow up period. The follow up period varied between 1.5 months and a year after the end of the intervention. Last et al’s (1998) study also collected data for the period at the start of the following school year; new school years are known as a typical point for relapses in attendance patterns (King et al, 1998).

1.3.5.2 Weight of Evidence

In order to screen for quality and relevance of the final studies, the Weight of Evidence was examined for each study. The EPPI-Centre Weight of Evidence (WoE) tool was used, which is a process guided by Gough’s (2007) work. Using this tool each study was awarded a quality and relevance rating based on three criteria:

A = The trustworthiness of the results – looking at methodological quality and research design issues

B = The appropriateness of the use of that study design - methodological relevance for addressing the systematic review’s research question

C = The appropriateness of focus of the research in terms of relevance for the review question(s)

D = Judgement of overall WoE based on the judgements made for A, B and C

The WoE judgements can be found in Table 1.3 below.

Only one of the studies, King et al (1998) was judged to have an overall high weighting. The main reasons for this were that it had sound internal methodological coherence and answered the questions of the review using an appropriately robust design. Although the effect sizes were not used in the judgement of the WoE, the intervention did produce a good effect size (see appendix A) for post treatment. A positive effect was still evident when confidence limits were applied. The effect remained evident at follow up, however, the confidence limits indicated that there was much less certainty regarding the magnitude of the longer term effects (see appendix A).
Table 1.3 – Weight of Evidence Judgements

<table>
<thead>
<tr>
<th>Name of Study</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Internal coherence and integrity of the evidence from the study</td>
<td>The appropriateness of the study design and analysis in terms of this review</td>
<td>Relevance of study focus for the review question(s)</td>
<td>Overall weighting in terms of review question.</td>
</tr>
<tr>
<td>Kearney and Silverman, 1999</td>
<td>Medium/Low</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>King et al, 1998</td>
<td>High/Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Heyne et al, 2002</td>
<td>High/Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>King et al, 1999</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Last, Hansen and Franco, 1998</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Rollings et al, 1998</td>
<td>Low</td>
<td>Medium/Low</td>
<td>Medium</td>
<td>Medium/Low</td>
</tr>
<tr>
<td>Hargett and Webster, 1996</td>
<td>Medium/Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Moffitt, Chorpita and Fernandez, 2003</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Anderson et al, 1998</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Tolin et al, 2009</td>
<td>Medium/Low</td>
<td>Medium/Low</td>
<td>Medium/Low</td>
<td>Medium/Low</td>
</tr>
</tbody>
</table>
Two studies rated as being low in overall quality (Hargett and Webster, 1996; Moffitt, Chorpita and Fernandez, 2003). Factors that contributed to this judgement were lack of design specificity and replicability.

The studies by Hargett & Webster (1996) and Moffitt, Chorpita and Fernandez (2003) were both affected by external factors and changes in the planned intervention/ treatment plan. This makes it difficult to say with any certainty what had lead to a change in attendance for the participants in these studies. In addition to this, Hargett and Webster (1996) had a slightly different focus for their study compared to this review; they were looking more at treatment integrity rather than the type of treatment itself. This factor also contributed to their lower WoE rating.

Some studies with a medium rating have received this judgement based on factors such as small sample sizes (Kearney and Silverman, 1999; Rollings et al, 1998; Anderson et al, 1998; Tolin et al, 2009); issues with the control groups (Kearney and Silverman, 1999; Last et al, 1998); suitability of design, for example use of a pre-post intervention design with no control group (King et al, 1999; Heyne et al, 2002); and flexibility of treatment design (King et al, 1999). Effect sizes have not been considered when making the judgements for the WoE as they are seen as a measure of the efficacy of the intervention and not part of the criteria being judged above.

1.3.6 Communicate outcomes

1.3.6.1 Post intervention Effects

Pupils who demonstrate school refusal behaviour vary enormously in their behavioural characteristics in areas such as pattern of school attendance, the intensity of distress experienced and the presence of somatic complaints. Not only is this population heterogeneous with regard to individual characteristics, but also, the context and environmental factors, and the people within those environments, differ greatly for each individual too.

A further area to consider when synthesising the results of these studies is that the studies themselves vary greatly and we are not comparing like with like; sample sizes, intervention length, duration, control groups, single case studies,
receivers of the interventions, design of the intervention and so on, all differ. None of the studies are exactly alike, therefore, a certain degree of subjective judgement needs to be used when judging the quality of the studies in the WoE and also when examining their effectiveness. For this reason an ‘Effectiveness of Intervention rating’ has been made for each intervention.

The Effectiveness of Intervention rating has been developed by the researcher to make it more possible to compare the results from these heterogeneous studies that have heterogeneous populations. It is helpful to have a rating that integrates all the available information regarding the impact of the interventions. The Effectiveness of Intervention rating is based on the following information:

- The study’s effect size data (where available data has made this calculation possible)
- The percentage improvement in attendance
- The sample size
- The overall Weight of Evidence rating

This has been done because some studies with single case study design may have a lower WoE rating partly based on their smaller sample size. However, the intervention itself could be very effective for that individual and may have resulted in a large shift in the attendance rate for the individual.

1.3.6.2 Studies grouped according to who received intervention

Table 1.4 below has the studies grouped in terms of who received the intervention. This has been done in order to establish whether there is any consensus regarding who the recipients of any intervention should be. The studies within this review indicate that interventions targeting the individual and their parents and/or school were judged to be more effective than those that solely targeted the individual pupil.

Only one study had a group that purely received parent/teacher training (Heyne et al, 2002) and this intervention had a large effect size of 3.25. The high confidence limits for this study, 4.19 – 2.31 (as noted in appendix A), are an
<table>
<thead>
<tr>
<th>Target group for receipt of intervention</th>
<th>Name of Study</th>
<th>Overall Weight of Evidence for study</th>
<th>Effect size (where available)</th>
<th>Mean attendance % pre-post intervention</th>
<th>Effectiveness of intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Interventions</td>
<td>Heyne et al, 2002</td>
<td>Medium</td>
<td>1.12</td>
<td>19.29 (27.81)</td>
<td>58.75 (41.29)</td>
</tr>
<tr>
<td>Individual Interventions</td>
<td>Last, Hansen and Franco, 1998 (CBT)</td>
<td>Medium</td>
<td>Unable to calculate</td>
<td>26.43</td>
<td>67.35</td>
</tr>
<tr>
<td>Individual Interventions</td>
<td>Last, Hansen and Franco, 1998 (ES)</td>
<td>Medium</td>
<td>Unable to calculate</td>
<td>30.12</td>
<td>39.47</td>
</tr>
<tr>
<td>Individual Interventions</td>
<td>Rollings et al, 1998</td>
<td>Medium/Low</td>
<td>Unable to calculate</td>
<td>0.00*</td>
<td>97.00*</td>
</tr>
<tr>
<td>Individual Interventions</td>
<td>Moffitt, Chorpita and Fernandez, 2003</td>
<td>Low</td>
<td>Unable to calculate</td>
<td>19.25*</td>
<td>76.13*</td>
</tr>
<tr>
<td>Parent/Teacher Interventions</td>
<td>Heyne et al, 2002</td>
<td>Medium</td>
<td>3.25</td>
<td>18.75 (14.22)</td>
<td>85.80 (25.46)</td>
</tr>
<tr>
<td>Parent/Teacher Interventions</td>
<td>King et al, 1999</td>
<td>Medium</td>
<td>1.18</td>
<td>46.50 (40.23)</td>
<td>86.75 (26.77)</td>
</tr>
<tr>
<td>Parent/Teacher Interventions</td>
<td>Tolin et al, 2009</td>
<td>Medium/Low</td>
<td>Unable to calculate</td>
<td>Not given for cohort</td>
<td>Not stated</td>
</tr>
<tr>
<td>Individual and Parent/Teacher Interventions</td>
<td>Heyne et al, 2002</td>
<td>Medium</td>
<td>2.00</td>
<td>16.25 (27.90)</td>
<td>76.95 (32.61)</td>
</tr>
<tr>
<td>Individual and Parent/Teacher Interventions</td>
<td>King et al, 1998</td>
<td>High</td>
<td>1.07</td>
<td>61.47 (38.48)</td>
<td>93.53 (17.57)</td>
</tr>
<tr>
<td>Individual and Parent/Teacher Interventions</td>
<td>Hargett and Webster, 1996</td>
<td>Low</td>
<td>Unable to calculate</td>
<td>0.0</td>
<td>100.0*</td>
</tr>
<tr>
<td>Individual and Parent/Teacher Interventions</td>
<td>Kearney and Silverman, 1999</td>
<td>Medium</td>
<td>1.29</td>
<td>64.55 (38.93)</td>
<td>100.00 (0.0)</td>
</tr>
<tr>
<td>Individual and Parent/Teacher Interventions</td>
<td>Anderson et al, 1998</td>
<td>Medium</td>
<td>Unable to calculate</td>
<td>0.0</td>
<td>100.0*</td>
</tr>
</tbody>
</table>

* denotes actual attendance for individual

1. Judgement based on combination of effect size data where available, percentage improvement in attendance, sample size and overall weight of evidence rating.
additional indicator of the efficacy of targeting an intervention at parents/teachers.

It is worth noting at this point that where effect size calculations were possible, they were all large for the experimental groups. However, the range of the confidence limits varied greatly (see Appendix A) and so effect sizes on their own should be interpreted with caution. Table 1.4 also includes the Effectiveness of Intervention rating as described above.

**1.3.6.3 Studies grouped according to content of intervention**
*(excludes interventions with a parent/teacher training focus as information on content of interventions not reported)*

When the studies are grouped according to the content of the interventions, as in Table 1.5, it is possible to see that in terms of the WoE, manualised interventions, i.e. those that follow a rigid treatment design, have slightly higher ratings than flexibly delivered interventions. This would be anticipated however, as the study replicability forms part of the criteria for making the WoE judgement; if the intervention varies for each participant then the intervention will be less easily replicated. Manualised interventions also have slightly higher Effectiveness of Intervention ratings. This suggests that they may be more efficacious than flexible interventions.

When the studies are viewed according to the content of the intervention, e.g. CBT, we can see the treatments vary very little in terms of WoE ratings. The CBT interventions informed by functional analysis have slightly lower WoE ratings overall than those for CBT, but this would be expected because many of the former include single case studies. Findings from single case studies are less easily generalised which has a negative impact on their WoE rating. However, if we look at the Effectiveness of Intervention rating, interventions based on CBT informed by functional analysis are marginally higher than for other interventions.

In summary, we can tentatively conclude that manualised interventions based on CBT informed by functional analysis, are marginally more effective than other types of intervention.
Table 1.5 – Studies grouped according to content of intervention

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Manualised or flexible delivery of intervention</th>
<th>Study name</th>
<th>Weight of Evidence rating</th>
<th>Effectiveness of Intervention rating (from Table 1.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT</td>
<td>Manualised</td>
<td>King et al, 1998</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Manualised</td>
<td>Last, Hansen &amp; Franco, 1998</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Flexible</td>
<td>Rollings et al, 1998</td>
<td>Medium/Low</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Flexible</td>
<td>King et al, 1999</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>CBT informed by functional analysis</td>
<td>Tolin et al, 2009</td>
<td>Medium/Low</td>
<td>Unable to assess</td>
</tr>
<tr>
<td></td>
<td>Manualised</td>
<td>Kearney and Silverman, 1999</td>
<td>Medium</td>
<td>High/Medium</td>
</tr>
<tr>
<td></td>
<td>Flexible</td>
<td>Moffitt, Chorpita and Fernandez, 2003</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Unable to judge</td>
<td>Anderson et al, 1998</td>
<td>Medium</td>
<td>High/Medium</td>
</tr>
<tr>
<td></td>
<td>Education-support therapy</td>
<td>Manualised</td>
<td>Medium</td>
<td>Medium/Low</td>
</tr>
<tr>
<td></td>
<td>Behaviour plan</td>
<td>Flexible</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Child Therapy</td>
<td>Manualised</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

King et al., 1998
Last, Hansen & Franco, 1998
Rollings et al, 1998
King et al., 1999
Tolin et al, 2009
Kearney and Silverman, 1999
Moffitt, Chorpita and Fernandez, 2003
Anderson et al, 1998
Last, Hansen & Franco, 1998
Hargett and Webster, 1996
Heyne et al, 2002
1.3.6.4 Long Term Effectiveness

In terms of judging the long term effectiveness of interventions on the absence rates of pupils with school refusing behaviour, there is no clear picture of what type of intervention works best. The follow up periods ranged between 12 weeks and three years, which adds to the difficulty in interpreting this information. Where effect sizes were calculated they have remained strong over time, as illustrated in Table 1.6 below. This would indicate that interventions targeting school refusal behaviour can have a long term impact on school attendance patterns.

A visual inspection of the data available for all of the studies shows a large increase in attendance rates for all studies between pre-intervention and follow up where the data is available. It is tempting to conclude that this finding suggests that doing some form of planned intervention is preferable to doing nothing. However, in Kearney and Silverman’s (1999) study, they found that using a non-prescriptive functional analysis intervention actually lead to worse attendance for that group at post treatment. No long-term follow up data was reported for that group, though it would have been interesting to see what happened over time and whether attendance continued to decline.
### Table 1.6 – Long Term Effect of Interventions

<table>
<thead>
<tr>
<th>Name of Study</th>
<th>Type of Intervention</th>
<th>Attendance (%)</th>
<th>Follow up</th>
<th>Effect size</th>
<th>Weight of Evidence rating</th>
<th>Effectiveness of Intervention rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>King et al, 1998</td>
<td>CBT</td>
<td>61.47</td>
<td>93.53</td>
<td>91.76</td>
<td>12 weeks</td>
<td>0.94</td>
</tr>
<tr>
<td>Last, Hansen &amp; Franco, 1998</td>
<td>CBT</td>
<td>26.43</td>
<td>67.35</td>
<td>70 (maintained improvement or improved further)</td>
<td>Unclear, into next school year</td>
<td>Unable to calculate</td>
</tr>
<tr>
<td>Rollings et al, 1998</td>
<td>CBT</td>
<td>0</td>
<td>97</td>
<td>100</td>
<td>12 weeks</td>
<td>Unable to calculate</td>
</tr>
<tr>
<td>King et al, 1999</td>
<td>CBT</td>
<td>46.5</td>
<td>86.75</td>
<td>78.68</td>
<td>12-14 weeks</td>
<td>0.82</td>
</tr>
<tr>
<td>Tolin et al, 2009</td>
<td>CBT (functional analysis)</td>
<td>Gains not maintained</td>
<td>3 years</td>
<td>Unable to calculate</td>
<td>Medium/ Low</td>
<td>Unable to assess</td>
</tr>
<tr>
<td>Kearney and Silverman, 1999</td>
<td>CBT (functional analysis)</td>
<td>64.55</td>
<td>100</td>
<td>98.99</td>
<td>6 months</td>
<td>1.25</td>
</tr>
<tr>
<td>Moffitt, Chorpita and Fernandez, 2003</td>
<td>CBT (functional analysis)</td>
<td>19.25</td>
<td>45.63</td>
<td>76.13 (average during post treatment phase)</td>
<td>8 months</td>
<td>Unable to calculate</td>
</tr>
<tr>
<td>Name of Study</td>
<td>Type of Intervention</td>
<td>Attendance (%)</td>
<td>Follow up</td>
<td>Follow up period</td>
<td>Effect size</td>
<td>Weight of Evidence rating</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>-----------</td>
<td>------------------</td>
<td>-------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Anderson et al, 1998</td>
<td>CBT (functional analysis)</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>5mths</td>
<td>Unable to calculate</td>
</tr>
<tr>
<td>Last, Hansen &amp; Franco, 1998</td>
<td>Education-support therapy</td>
<td>30.12</td>
<td>59.98</td>
<td>71 (no or mild difficulty in attending)</td>
<td>Unclear, into next school year</td>
<td>Unable to calculate</td>
</tr>
<tr>
<td>Hargett and Webster, 1996</td>
<td>Behaviour plan</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>9mths</td>
<td>Unable to calculate</td>
</tr>
<tr>
<td>Heyne et al, 2002</td>
<td>CT</td>
<td>19.29</td>
<td>58.75</td>
<td>76.84</td>
<td>Approx 4.5mths</td>
<td>1.73</td>
</tr>
<tr>
<td>Heyne et al, 2002</td>
<td>PTT</td>
<td>18.75</td>
<td>85.8</td>
<td>71.68</td>
<td>Approx 4.5mths</td>
<td>1.78</td>
</tr>
<tr>
<td>Heyne et al, 2002</td>
<td>CT+PTT</td>
<td>16.25</td>
<td>76.95</td>
<td>68.75</td>
<td>Approx 4.5mths</td>
<td>1.51</td>
</tr>
</tbody>
</table>
1.4 Conclusions

Interventions that aim to reduce school refusal behaviour have been examined within this systematic review. The conclusions drawn are tentative and provide only indications of what works for improving school attendance rates of young people exhibiting school refusal behaviour. The heterogeneous nature of both the difficulties exhibited by the young people and the studies themselves makes it difficult to draw concrete conclusions on what works for all young people who exhibit school refusal behaviour. In fact, one could argue that it is not possible to come up with a ‘one-size-fits-all’ intervention for a problem that has so many variables in terms of internal and external behaviours, precursors and maintaining factors. Politically it would be convenient and potentially financially beneficial to establish a clear-cut plan of how to support young people who are exhibiting school refusal behaviour. It seems unlikely however, that this end will be met. The conclusions below do suggest a direction of travel though for those working to support young people exhibiting school refusal behaviour back into school.

The studies included in this review show that manualised interventions based on CBT informed by functional analysis, were marginally more effective in improving the attendance rates of pupils who exhibit school refusal behaviour than other types of intervention. Interventions following a manualised programme were shown to be more effective, i.e. those that were less flexible in their design and that followed a prescribed programme. By recognising and then ‘treating’ the functions of the behaviour, some of the difficulties associated with the heterogeneous nature of school refusal behaviour can be reduced. It therefore makes sense that interventions identifying the functions of school refusal behaviour would have more success as they begin to recognise individual and contextual differences between pupils.

One of the difficulties with the conclusion above is that there is a prevalence of studies that use a CBT approach in the published literature. An intervention using CBT lends itself to the formulation of a robust experimental design, making it easier to have the results of the studies quantified and accepted into
the peer review literature. Other types of intervention used by practitioners may perhaps have less rigour and be more flexible in their approach, but may be just as effective. These types of intervention may not always produce quantifiable statistics regarding efficacy however, and consequently would not be included in this review or even submitted for publication.

The intervention designs that most noticeably improve school attendance in this review are those that target the young person and their parents and/or schools. This conclusion is unsurprising when one considers that there are maintaining factors and functions of behaviour that are not within child factors; so, working with the child in isolation will not necessarily change the environmental feeders of the behaviours. We know that people operate within systems and are influenced by those within their systems (Bronfenbrenner, 1979). It therefore makes sense that working with an individual would be less effective than working with them and others who influence their contexts. Interventions that focus on building relationships between the individuals, their families and school staff may also be of benefit in the light of the above finding. Heyne et al’s (2002) study had good results for their group who received solely parent/teacher training, unfortunately however, their study was the only one to look at this. More studies that examine the efficacy targeting this group would add weight to this finding.

Last et al’s (1998) study demonstrates that putting in an intervention to target school attendance behaviour has positive benefits regardless of its nature, e.g. CBT. Although the control group in this study only received a generic educational support programme, there were still improvements in attendance rates and the intervention had a high positive effect size. Kearney and Silverman’s (1999) study demonstrates that the content of the intervention does have an impact; the group that received a non-prescriptive treatment informed by functional analysis had a decline in attendance.

It has not been possible to draw any firm conclusions regarding what type of interventions have the greatest long-term effect. This is due to the wide variety of experimental design and data collection time frames, making comparisons difficult. It is, however, possible to say that interventions are shown to have a positive effect that is maintained over time. Five of the interventions did have a
slight drop off in long term attendance rates after the initial period of intervention; however, the follow up rate was still significantly higher than pre intervention attendance rates. Several studies indicated increased long term outcomes. This could indicate a need for a cycle of intervention that is informed by follow up data. Through monitoring procedures, young people could be identified as requiring further intervention cycles in order to boost any dipping attendance pattern. Tracking of attendance rates in this way would not only provide evidence of intervention effectiveness which, in today’s climate of limited public finances could be useful in justifying the commissioning of services, but, it would also ensure that there is a process for early identification of ‘at risk’ young people.

1.5 Limitations of Review

One of the main limitations of this review is that because the studies are so varied in their designs, synthesis of the effects and outcomes has been particularly difficult. Drawing conclusions from single case studies employing bespoke programmes alongside larger group studies with control groups for example, is not comparing like with like. I would suggest however, that just because this is difficult it does not mean it should not be attempted. The review has still managed to draw some tentative conclusions that would give practitioners and policy makers indications of what can improve the school attendance of some pupils with school refusal behaviour.

A further limitation of this study is that one wonders if, due to the very heterogeneous nature of school refusal behaviour and those who exhibit it, many ways of intervening are developed on an individual basis. These interventions may be developed by practitioners in the field who do not necessarily have the inclination or consider it relevant to write up and publish their findings. The focus of work in the field is not necessarily to reduce the effects of confounding variables or to incorporate other aspects of experimental rigour; the usual requirements for published studies. Due to this, some innovative and effective ways of working with this issue may not be reported and therefore are excluded from the review. In the same vein, studies which have not had successful outcomes are often not reported in the literature and
remain unpublished. A limitation of this review is therefore that unpublished papers were not included in the search.

In association with the point above, an additional limitation of this review is that it is a quantitative study, reporting quantitative data. An alternative to this would have been to have conducted a qualitative review that focused on reported outcomes in terms of changes in attitude toward school attendance. This may have opened up the possibility of examining a greater range of studies that did not rely on quantification of results. CBT as an intervention is highly structured and makes collecting data, attribution of outcomes and reporting results possibly more straightforward than with other interventions. However, work tailored to the needs of an individual may be more effective even if it is not replicable.

A final limitation of this review is that the original database search was not exhaustive, only covering three databases. It is therefore possible that further intervention studies, possibly including some UK studies, have been omitted from the review. In the future a more exhaustive search should be conducted to explore this further.

**1.6 Future Research**

Future research in this area should try to address the issues regarding the heterogeneity of those exhibiting school refusal behaviour. Research into particular ‘at risk’ groups may inform interventions. Certain groups of young people may have greater commonalities in the functions of their behaviour. For example, groups such as those who live in poverty or who take part in risk taking behaviour are more likely to be absent from school (Kearney, 2008; Zhang, 2003). It could be that an approach to intervention for young people who find themselves homeless would need to be considerably different to an approach for pupils who are, for example, victims of bullying.

A further line of enquiry could examine whether the time of access to interventions, in terms of the duration of the school refusal behaviour, has any bearing on whether the intervention is successful; for example, are some intervention programmes more effective as an early intervention than others? It
may be that a consultation approach may be more fruitful as an early intervention than for those with more entrenched patterns of school refusal behaviour.

Research into what young people themselves would identify as a helpful ways of resolving their difficulties could prove enlightening. Pupil voice is not highlighted in current research and research using this source of information may offer up novel solutions.

Word count 5,451 (excluding abstract, tables and figures and prior to referencing)
Chapter 2 - Bridging Document

2.1 Abstract

The systematic review and empirical research presented in this thesis, as part of the required work for the Doctorate in Applied Educational Psychology, investigates school refusal behaviour, or, more specifically, the non-attendance component of school refusal behaviour. The systematic review examines the effectiveness of various interventions on improving attendance patterns, whereas the empirical research focuses on the experiences of looked after children who exhibit school refusal behaviour. The pieces are linked through the focus of how to support the development of improved attendance patterns of school refusers.

The aims of this bridging document are two-fold; firstly to provide further depth regarding aspects of the research process, in terms of the epistemological and ontological stance and explanations of the processes, concepts and terms, which may have been given a light touch due to pragmatic constraints within Chapters 1 and 3. Secondly, the document aims to elaborate upon my own viewpoint and reflections regarding the research process, exploring my journey as a researcher and acknowledgement of the impact that I had as a researcher upon the research process.
2.2 Issues relating to the research process

In this section I will provide further information regarding the chosen form of methodology and analysis that was used in the empirical study: Grounded Theory. I will also provide some discussion of the key terms school refuser and looked after children as well as exploring ethical considerations. Firstly though, I will consider the ontological and epistemological assumptions and the impact that they have had upon the research process.

2.2.1 Epistemology

I consider that it is important to state the ontological and epistemological assumptions of myself as a researcher at the outset. These guiding beliefs have shaped each stage of the research process, influencing the research question, methodology, method of data collection, method of data analysis and the claims that are made in relation to the findings.

The systematic review reported in Chapter One endeavoured to find out if there was an intervention method or design that was more effective than others. This implied that there was a reality, a truth to be found. I was looking to discover facts about what is known which implied that I feel that there is a truth and that there are facts about the world that can be known, with cause and effect relationships. I consider this to be a realist position and a positivist epistemological stance (Willig, 2008). However, through conducting the review I became aware that the ‘facts’ and ‘truths’ that I was revealing were not true for all of those classed as ‘school refusers’. School refusers were a heterogeneous group and the impact of interventions could vary according to individual characteristics and context. This presented me with a dilemma regarding my intended research journey; prior to conducting the systematic review I had intended to conduct a quantitative piece of research that explored the functions of school refusal behaviour with the population of looked after children through using a questionnaire design. Whilst undertaking the systematic review I had a shift in these views. Although I still maintained a realist position and believed that the research would provide a deeper understanding of the reality of school refusal behaviour, describing real actions and what was really going on in the participants’ world, I no longer believed that an understanding of this could be gathered through positivist methods.
Wider reading regarding other epistemologies lead me to examine the epistemological position ‘critical realism’. Forrester (2010) describes critical realism as being a middle ground between extreme realism and extreme relativism that both emphasises social constructions and rejects the objective nature of science, whilst also recognising that these constructions are based in a reality that exists separately to us. In relation to the research presented here this means that whilst I accept that the participants are describing their reality of not attending school and their reality of the factors that influence this, their reporting of this reality is in part socially constructed and influenced by their history, language and culture. Their view of their reality may be different to other actors within their context.

2.2.2 Methodology
I have chosen to use a Grounded Theory (GT) approach to the research. In this section I will give a rationale for my choice of methodology, a description of GT as used within this piece of research and a critique of GT.

2.2.2.1 Rationale for choice of methodology
There are many reasons for choosing GT as the guiding methodology for this study. Firstly, the specific research area is an area that has not previously been studied. Robson (2011) explains that GT is particularly useful for examining such areas as the research can help to build theory and develop concepts and a language to talk about a new area.

Secondly, the research is a small-scale study and GT is acknowledged as being a suitable approach for small-scale, qualitative research designs (Denscombe, 2007). Although other methods such as Action Research and Interpretative Phenomenological Analysis (IPA) also lend themselves to small-scale qualitative research, my decision was further guided by the research question that I was going to ask.

I had already decided that I wanted to try to explore the views of ‘looked after’ young people (see later for a definition of this term and Chapter three for why this sample was selected) regarding their attendance pattern and the influences, in their view, of factors that may have influenced this process. Willig (2008) has put forward that research questions about “process, experiences,
“structures and even cognitions” (p. 21) are well suited to GT, therefore confirming that GT as an approach was suitable for the question being asked. The claims that I am able to make from the data collected will be rooted in the data itself, and the reality of the individual. It is not my aim to interpret this information but to keep the findings as closely related to the participants’ accounts as possible. This differs from IPA in that the researcher’s interaction with the data impacts on the interpretation and that in IPA

“…the interpretative analysis [by the researcher] is always an interpretation of the participants’ experience” (p. 57, Willig, 2008).

2.2.2.2 Grounded Theory

GT is a methodology that was originally devised by Glaser and Strauss (1967) and later adapted by other researchers (such as, Strauss and Corbin, 1998; Charmaz, 2006; Glaser, 1992). GT is not just a method of analysing the data but is an approach to research in itself.

Glaser and Strauss’s original work describes a purely inductive process which aims to derive a substantive theory from detailed data regarding individual cases; it starts with the detail and via a process of stages of coding, a theory is developed that holds true for the cases being researched. According to Corbin and Strauss (2008) this final step of theory building does not always need to be realised.

There are several differences between the original theory put forward by Glaser and Strauss (1967) and the later version by Strauss and Corbin (1990). Glaser argued that there was a deductive element to Strauss and Corbin’s version of GT (1990, 1998) because, for example, existing literature and theory was acknowledged as impacting upon the research process and theory building (Willig, 2008).

Some of the key criticisms of Corbin and Strauss’s GT model put forward by Glaser are summarised by Glaser’s quote below;

“The intertwining of GT with preconceived conjecture, preconceptions, forced concepts and organization, logical connections and before-the-fact professional interest defaults GT to a remodeling of GT methodology to the status of a mixed methods QDA [Qualitative Data Analysis]
methodology. This leads to multiple blocks on conceptual GT.” (Glaser, 2004)

Further exploration of the key differences between the theorists is signposted in other texts, for example, Willig (2008).

GT is concerned not only with generating theory but also with how data is analysed. This analysis and approach to research is cyclical in nature and requires the researcher to travel backwards and forwards through the data and become involved in constant comparisons. The researcher aims to reach a theoretical saturation point with the data set, where no more concepts can be found. Throughout the process the researcher reflects on the process and emerging findings, questioning the data and recording thoughts through memo writing. This process of memo writing and reflection facilitates the cyclical process of comparative analysis, enabling the researcher to revisit and reorganise concepts based on their reflections and new areas of enquiry. A more detailed description of GT can be found in many texts (Strauss and Corbin, 1998; Willig, 2008; Robson, 2011), but the texts that have guided this research process were written by Strauss and Corbin (1998) and Corbin and Strauss (2008).

2.2.2.3 Semi-structured interviews

Semi-structured interviews were used as a method of gathering data in this study. This method of data collection is recognised as being suitable for GT (Robson, 2011; Willig, 2008; Corbin and Strauss, 2008). It ensures that any theory generation is grounded in the data and exact words of the participants, reducing the opportunities for interpretation by the researcher.

During the interviews I used a prompt sheet that had various versions of similar questions on it, allowing me to dig deeper in my data collection and ensure that I covered all areas of enquiry. As I was working with young people I was unsure how they would respond to talking to me, a stranger to them, who was enquiring about past events and feelings. I was aware that some of the participants may have felt a bit shy or wary and in need of a more closed questioning style. Preparing a prompt sheet prior to the interviews enabled me to plan for this
situation. In addition, I was able to add any codes to the prompt sheet that I wanted to check out from previous interview(s).

Throughout the interview process I tried to use open questions that enabled the participants a greater opportunity to describe their actions, thoughts and behaviours in their own words. This also provided opportunities for new lines of enquiry. It was necessary with some participants, however, to revert to closed questioning at times, for example, when clarifying responses or to enable the conversation to continue. I acknowledge the impact that I had as a researcher on the direction of travel for the information gathered. Forrester (2010) discusses the co-constructed nature of interviews recognising the impact of both the participant and the researcher on the process and outcome:

“One’s thoughts, feelings, attitudes, beliefs and memories can be talked about in many different ways- each one of them viable and worthy of attention. Furthermore, we can choose how we talk about things, and our talk may be influenced by several factors, not least what we have talked about and why”. (P.82, ibid)

This view is commensurate with my own, and in alignment with a critical realist perspective, agrees that although we have access to facts and the truth, this is mediated by social constructions, time, history and culture.

2.2.2.4 Stages of Coding

The final transcripts were analysed using GT, Figure 2.1 shows the stages of analysis that were undertaken. Each transcript was subjected to open coding before the next interview was conducted. This was so that emerging concepts and lines of enquiry could be checked out during the following interview. The open codes were derived from the actual words used by the participants; in-vivo coding (Corbin and Strauss, 2008). These codes were then reviewed to ascertain if any relationships existed in order to find conceptual categories; this process is known as axial coding. Open coding and axial coding can occur concurrently and are not required to be separate stages of analysis (Corbin & Strauss, 2008). Higher order, core categories were then extracted which have explanatory power and form the basis of the emergent theory.
Figure 2.1 Stages of research

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Interview 1 – recorded and then transcribed</th>
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<tr>
<td>Stage 2</td>
<td>Interview 1 – open coding</td>
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<tr>
<td>Stage 3</td>
<td>Interview 2 – recorded and transcribed</td>
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<td>Stage 4</td>
<td>Interview 2 open coding</td>
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<tr>
<td>Stage 5</td>
<td>Interviews 1 and 2 – comparative coding; open codes compared and extended resulting in emerging axial codes</td>
</tr>
<tr>
<td>Stage 6</td>
<td>Interview 3 – recorded and transcribed</td>
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<tr>
<td>Stage 7</td>
<td>Interviews 1, 2 and 3 – comparative coding; open codes compared and extended, axial coding continuing to be developed and refined.</td>
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<tr>
<td>Stage 8</td>
<td>Interview 4 – recorded and transcribed</td>
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<tr>
<td>Stage 9</td>
<td>Interviews 1, 2, 3 and 4 – comparative coding; open codes compared and extended, axial coding continuing to be developed and refined.</td>
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<tr>
<td>Stage 10</td>
<td>Axial codes reviewed and refined until no more new codes found in the data- theoretical saturation</td>
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<tr>
<td>Stage 11</td>
<td>Selective coding – abstract core category that ties all of the categories together</td>
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<tr>
<td>Stage 12</td>
<td>Emergence of draft grounded theory</td>
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<tr>
<td>Stage 13</td>
<td>Literature Review in relation to initial theory</td>
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<tr>
<td>Stage 14</td>
<td>Revisit data and emergent grounded theory - challenge and refine theory</td>
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Process of Theoretical Sampling – a graduated sampling strategy employed to further explore emerging codes. Memo writing, constant comparisons, constant data interrogation and checking of concept and category names.
Following an examination of published literature in relation to the core categories, and an exploration of the agreements and disagreements that exist between the current findings and that literature, the core categories and initial grounded theory were revisited and refined. The findings presented hold true for the data collected and for the young people involved in the study; it does not profess to provide an explanation of the experiences of all looked after children who do not attend school regularly.

2.2.3 Key terms unpacked
In this section I will briefly explore some of my thoughts regarding some of the terminology used within the paper. The two terms that I will examine are ‘school refuser’ and ‘looked after children’.

2.2.3.1 ‘School refusers’
There is surprisingly little research that incorporates the views of the pupils themselves and their account of their own school refusal behaviour. The research presented in Chapter 3 aims to explore the views of the young people themselves on what they feel has exacerbated their non attendance. Although they would not necessarily describe themselves as ‘school refusers’, their behaviour, i.e. the act of not attending school, and their affect, i.e. the emotions attached with attending school, encompass them under the umbrella term of school refusers. Lauchlan (2003) argues that a more appropriate term that describes the act of school refusal behaviour and also other forms of absenteeism such as truancy and school phobia, is ‘chronic absenteeism’.

I have difficulty using the term school refuser as it implies a fixed condition, a within child difficulty, a view shared by others, for example Pelligrini (2007). It becomes clear throughout the research that this is not a within child problem and that on the contrary, the difficulty appears very much to be influenced by environmental factors, including time, place and people (Thambirajah et al, 2008). One could argue that a difficulty arising from the use of labels, such as ‘school refuser’, are that people then interact and react with the label rather than the individual and their context. However, the flip side of this is that labels can be used as a short hand, an access to schemata and former learning which can, in some cases, facilitate a quicker response to an individual’s needs. When
an adult is able to recognise a pattern of difficulties that they may have seen in other young people before, it helps them to formulate an intervention plan or a strategy more quickly. The problem with this however, particularly in relation to the label ‘school refuser’, is that the group of ‘school refusers’ and the functions of their behaviour is so diverse; it is not a homogenous group and there is certainly no ‘one-size-fits-all’ strategy to be applied. Lauchlan (2003) recognises this point when concluding that in order to address the problem of chronic absenteeism an individualised intervention should be planned that involves a multi-systems approach, i.e. takes account of the differing contextual information pertinent to the individual child.

My position on the use of the label ‘school refuser’ is that I would not use it to describe a child, alternatively I would talk about ‘school refusing behaviours’ or about ‘a child exhibiting school refusal behaviour’. For pragmatic reasons however, and in order to ally my writing with the published research, within this document I will occasionally use the term ‘school refusers’ in relation to a group of young people with a commonality of observable behaviour, i.e. problematic school attendance along with an emotional component that consists of emotional distress at the time of attending school.

2.2.3.2 ‘Looked after children’

Throughout Chapter three I refer to my research with ‘Looked After children’ (LAC). Through reading the literature regarding this group of individuals I have found that several terms are used interchangeably to describe their situation; children in public care, children in social care, children in foster care.

Current legislation and governmental guidance with the UK refers to ‘Looked After Children’ and it is a term frequently used within the wider literature. Looked after children are described by Coman and Devaney (2011) as children or young people;

“in the care of a local authority by reason of a court order or through being accommodated in agreement with their parents or carers for a period of more than 24 hours”. p.37
I have chosen to use this term, not to label individual children but to label their care status.

2.2.4 Ethics
In addition to the ethical considerations described in Chapter 3 of this thesis there are further ethical considerations that have influenced this piece of research.

Firstly, the Local Authority in which I work is a small LA with a relatively small population of LAC who are adolescents. With this in mind I have had to ensure that I have taken rigorous measures to ensure confidentiality of the participants. This has included changing all names within this document both of people (participants, key workers and adults) and places (schools, units, local authority and services). Due to the sometimes complex circumstances of the individuals and their journeys into the care system, it is of even greater importance to protect their identities.

Secondly, in order to ensure full informed consent I have been explicit in talking about the research design and analysis and future use of the research product with participants, their key workers and social workers. This has been to ensure that all concerned are fully aware of what is involved, the right to withdraw from the process, the intended audience, the possibility of future publication and what I have done and will do with the recorded interviews and the transcripts (see Appendix B for sample consent and information forms for both adults and participants).

2.3 Reflections of the researcher

My personal journey through this process of research has enabled me to reflect upon my own view of the world and how this has had an impact on what I have researched and how I have researched it. This has given me a greater understanding of epistemology and ontology and how this influences the course of the research. This section will explore my own personal reflections on the
research journey undertaken and reflexivity with regard to the impact that I acknowledge that I have had as a researcher on the research process.

2.3.1 Personal reflections on the research undertaken

An integral part of the research process has been reflection. These reflections have become embroiled in my memo writing throughout the process of conducting the research but also in relation to the original systematic review (see Appendix C for a sample of a transcript section with memos).

I have frequently reflected on the question asked within my systematic review and whether I should have asked this question at all. ‘What are the effects of psychosocial interventions on the school attendance of school refusers?’ is a question that is concerned with finding an answer to what works. Throughout the research process, however, I have come across a lot of evidence confirming the heterogeneous nature of school refusal behaviour. Should I therefore expect to find, or need to find, an answer to the ‘what works’ question? Is it useful to know that one intervention approach is marginally more effective and who would that information benefit? Young people, their families and school staff? Political agencies? Gatekeepers? Purse holders?

Through reading about school refusal behaviour I have come to realise that richer descriptions of what works that describe contextually why an intervention might have worked for a particular individual in their context and environment, may be more useful than considering what genre of intervention works best.

I recognise that conducting this research has changed and challenged me; I have developed a deeper understanding of my epistemological and ontological stance. Previously I have had more of a positivist view and have sought to uncover the ‘facts’ and the ‘truth’. However, throughout my journey to become an educational psychologist I have come to realise that a critical realist position is more in line with my beliefs.

2.3.2 Reflexivity

Throughout the research journey I have reflected on the research process and evidence gathered by way of memo writing, a critical component of the GT methodology. This has not only allowed a platform for reflection but also for reflexivity.
I acknowledge the impact that I have had on the research process and in particular, within the interviews. As an adult interviewing young people I recognise the power imbalance that this brings and that the information the young people have chosen to share with me will have been affected by my age, unfamiliarity, role and line of enquiry. In addition to this, I also recognise that although my aim was to enter the research process uncoloured by reading other literature and theory, I did bring prior knowledge into the arena. In particular, the reading that was undertaken as part of the systematic review gave me an insight into the subject of school refusal behaviour. Additionally, previous casework that I had undertaken with pupils who were exhibiting school refusal behaviour also had an impact upon my interviews and analysis. Memo writing has enabled me to acknowledge these areas and the almost unavoidable subjective stance of the researcher.

*Word count 3286 (prior to referencing and excluding abstract, quotes and figures)*
Chapter 3. Looked After Children who exhibit school refusing behaviour: What do their accounts of their behaviour tell us about school attendance?

3.1 Abstract

This paper reports the findings of a small-scale qualitative study that explores the accounts of looked after children who had exhibited school refusal behaviour. Grounded theory was used to analyse the transcripts of semi-structured interviews with four looked after young people in the North East of England. The participants were asked about the factors that precipitated their decline in school attendance as well as what contributed to the continuation of these difficulties. The emergent theory tells us that when a Looked After Child (LAC) is faced with instability during adolescence they are at risk of school attendance difficulties. The factors that contributed to continued attendance difficulties related to unresolved precipitating factors, school, people who mattered to the individual and the individual being ready for change. Adults working to support LAC with school attendance difficulties should focus on reducing instability in their lives during adolescence in terms of maintaining foster placements and school placements, developing the quality and strength of relationships between LAC and the people who matter to them and ensuring that schools offer a bespoke package that meets the needs of the LAC. Intervention in these areas will help LAC to feel ready to focus on the future and make the connection between school attendance and long-term goals.
3.2 Introduction

In this paper I explore the accounts of young people who are in public care, referred to as Looked After Children (LAC), who have experienced difficulties with school attendance. Within the introduction I look at why it is important to promote the school attendance of young people and consider the benefits of attending school in terms of post school outcomes.

The act of not attending school is encompassed within definitions of school refusal behaviour. An additional component of school refusal behaviour is that a young person also has an emotional response that accompanies their non-attendance. In keeping with the systematic review reported in Chapter One, this paper will focus on the non-attendance aspect of school refusal behaviour, concentrating on the experiences of LAC who have difficulty with their school attendance.

3.2.1 The effect of non-attendance on post school outcomes

Promoting school attendance and reducing non-attendance and persistent absence is viewed as an important role for both schools and Local Authorities (DfE, 2012c). The government recently changed the definition of ‘Persistent absence’ to apply to pupils whose attendance was less than 85% (DfE 2011c). Recent figures showed that 6.1% (392,305) of pupils in England had attendance rates of less than 85% (DfE, 2012a). This equates to one month of missed schooling for each of those pupils.

Regular school attendance can be a gateway to improved post-school outcomes, not just in terms of levels of attainment and employability, but also in relation to pro social gains such as reduced anti-social behaviour (DfE, 2011b). In ‘A profile of pupil absence in England’ (DfE, 2011b), pupils who were persistent absentees were reportedly three times more likely to smoke, more likely to drink alcohol on a weekly basis, and twice as likely to have been involved in risk taking behaviours, such as vandalism, shoplifting and fighting. The same document also reported that the total GCSE grades for pupils who were persistent absentees were, on average, likely to be equivalent to 11 GCSE grades lower than for those pupils who regularly attended school. This may go some way towards explaining why one third of pupils who are persistent
absentees are likely to be classed as Not in Education, Employment or Training (NEET) at the age of 18 compared to only one tenth of their peers who are regular school attenders.

3.2.2 Attendance difficulties of specific groups of young people
Some groups of young people are known to have particular difficulties with school attendance. Statistics regarding pupil absenteeism for LAC, for instance, indicate that 6.5% of this population are classed as persistent absentees (DfE, 2012b), slightly higher than for the general population. The transient nature of their living arrangements can have adverse effects on both school attendance and attainments. The only 3 factors that are reported to have a greater impact on school attainment in terms of GCSE grades than being a looked after child are being: part of the Gypsy Roma population, at school action plus or with a statement of special educational needs, or persistent absentees (DfE, 2011b). Therefore, LAC who are persistent absentees are potentially doubly at risk in terms of educational attainment.

Changes in living arrangements for LAC can sometimes lead to changes in educational provision, which can impact on school attendance. Transitions for LAC are often challenging, especially for young people with insecure styles of attachment (Brewin & Statham, 2011).

3.2.3 Attendance Issues in relation to Looked After Children
The population of LAC in England was 65,520 on March 2011 (DfE, 2011d) (approximately 0.8% of the total school population in England), a significant number of pupils whose responsibility for care and education now lies beyond the scope of their family. It is therefore crucial that Local Authorities who have or share parental responsibility for this population endeavour to find ways of ensuring that LAC attend school.

The Centre*, an Educational support base for Looked After Children in a Local Authority (LA) in the North East of England, closely monitors the school attendance for their LAC school population. The Centre has its own Educational Welfare Officer who intervenes and promotes school attendance, as well as Learning Mentors who support this work. The work of these professionals has

* name changed
resulted in a significant reduction of the number of pupils missing 25 school days per year (the figure which Virtual Schools are required to report) and, in the academic year 2010/11, 8.6% of LAC in the LA were meeting that threshold compared to 13% nationally (Source – Local Authority Documentation).

3.2.4 Developing the research focus
A brief literature search found no articles directly related to LAC and school refusal behaviour or school attendance. Additionally, no research was found that represented the views of LAC on school attendance. Therefore by investigating the issue of both school attendance and LAC through exploring the accounts and views of the young people themselves, it was clear that the research should provide new and relevant findings.

The Centre was keen to explore further ways of narrowing the gap between the attendance figures for the LA’s Virtual School and other pupils in the LA. In keeping with government guidelines they wanted to do so by engaging with pupils and gathering their views (DfES, 2001; DfES, 2007). It was agreed that the research focus should be driven by the views of the young people with impaired attendance regarding what they thought influenced their school refusal behaviour.

In discussion with key staff at the Centre, the following research questions emerged:

1. What are the precipitating factors that may give rise to difficulties with attendance?
2. What factors exacerbate or contribute to the resolution of impaired attendance?

3.3 Method
3.3.1 Participants
A purposive sample of five young people, aged between 15 and 17 years, and formally looked after by the LA, were nominated by both the Lead Practitioner at The Centre and the Educational Welfare Officer, as potential participants in the study. The rate of school attendance for all the nominees had been below 85%
and they had all experienced extended periods of complete non-attendance. Two participants lived in a children’s home; one participant lived with a foster carer; and two participants, who were also brother and sister, lived with their mother. Of the latter, one still had a full care order and the other, the older sibling, had recently moved out of the care system. Three of the potential participants were male and two were female.

**3.3.2 Ethical considerations**

Initial contact was made with each participant’s social worker to ascertain whether participation in the study was appropriate and timely. After the social workers had provided informed consent to proceed, contact was made with the respective key workers in the Children’s home, the foster carer and the mother of the participants residing at home. Information regarding the study was provided verbally and in written form for both the adults and the participants (see Appendix B). The key adults gained informed consent from the young people on behalf of the researcher. The participants were asked for their consent to participate in a one-to-one recorded interview with the researcher to discuss their school attendance. It was at this stage that one of the female participants who was living with a foster carer, withdrew from the study.

Table 3.1 provides details regarding the four remaining participants’ gender, current situation, placement history, school history and a brief description of their attendance difficulties. All participants had attended a mainstream primary school and started at a mainstream secondary school. Three of the participants had subsequently moved to a specialist or alternative secondary provision. Three participants had been separated from siblings whilst in care and one participant was an only child.

**3.3.3 Procedure**

The participants consented to take part in a semi-structured interview with the researcher. Three participants chose to be interviewed at home and one chose

<table>
<thead>
<tr>
<th>Table 3.1 Participant Characteristics</th>
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<tbody>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Year group</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Current residence</td>
</tr>
<tr>
<td>Year group taken into care</td>
</tr>
<tr>
<td>Number of placement changes</td>
</tr>
<tr>
<td>Number of changes of secondary school</td>
</tr>
<tr>
<td>Most recent education provision</td>
</tr>
<tr>
<td>Current situation</td>
</tr>
<tr>
<td>Description of attendance difficulties</td>
</tr>
</tbody>
</table>

to be interviewed at the Centre. They were given the opportunity to have an adult present during the interview; an adult was present during only one of the interviews. The interviews were recorded digitally and later transcribed by JD Transcription Service. A confidentiality agreement was made and all
transcriptions were anonymised. One month after transcription the digital recordings were deleted by JD Transcription Service.

The transcribed interviews were analysed using Grounded Theory (GT). The stages of analysis were presented in Figure 2.1 and there is an outline description of GT in the following section.

3.3.4 Grounded Theory
The chosen methodology for this study is GT. The rationale for this choice of methodology can be found in Chapter Two, alongside a more detailed account of the stages of analysis. Briefly, however, GT was used to analyse the transcripts, which entailed ‘open codes’ being assigned to describe words and units of words within the transcripts. Connections between the codes that described actions and linked concepts were then labelled as ‘axial codes’. Finally a higher order code was ascribed to abstract concepts that provided an explanatory link between the axial codes; these were termed ‘core categories’ and formed the basis of the emergent grounded theory. The research process was guided by Corbin and Strauss’s (2008) version of GT.

3.4 Findings

Box 1 – Research Questions

Looked After Children who exhibit school refusing behaviour: What do their accounts of their behaviour tell us about their impaired school attendance?

Particularly in terms of:

1. The precipitating factors to their attendance difficulties?
2. The factors that influenced their ongoing attendance difficulties?

The analysis of the transcripts sought to identify the precipitating factors that had an impact on the development of attendance difficulties, as well as identifying whether there were any common factors that influenced the continuation of these difficulties. The following sections will describe the
findings in relation to these questions with reference to existing theory and
evidence from the wider literature base where relevant.

The precipitating factors to attendance difficulties were found to relate to
instability in terms of changing locations and changing relationships and
adolescence. Factors influencing the continuation of the attendance difficulties
related to unresolved precipitating factors, school, people who matter and the
concept of an individual being ready to focus on the future. These areas will be
explored in the following sections.

3.4.1 Factors that precipitate a decline in school attendance?

This section will look at the factors that precipitate a decline in school
attendance. The analysis indicates that when LAC experience instability in their
lives, particularly during adolescence, the result can be impaired school
attendance. A core category, named ‘Instability’ was formed from two axial
codes, Changing Locations and Changing Relationships. The direction of
influence that adolescence had was unclear; did adolescence cause the
instability or was the impact of instability worse because of adolescence? Figure
3.1 presents some quotes\(^1\) that support the development of the core category
and its axial codes.

3.4.1.1 Changing Locations

The axial code Changing Locations relates to changes in schools and home
placements. These elements are shown to have an impact on both attendance
and outcomes, and will be explored below. The quotes in Figure 3.1 highlight
the impact of these changes on the participants.

Figure 3-1 Instability: Axial codes and supporting quotes

| Core Category: INSTABILITY |

\(^1\) All quotes used in this section are direct quotes from the participants and the language used is
unchanged. The names of both people and places have been changed however, to ensure
anonymity. Participants are referred to as 01, 02, 03 or 04 to protect their identity.
### Changing Locations – relating to home and school

<table>
<thead>
<tr>
<th>Axial Codes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01: “I was in with these carers and they stopped caring at us. I never went back to that school.”</td>
<td></td>
</tr>
<tr>
<td>02: “It was erm like I went to Hogg [comprehensive school] in year seven and eight and then after year eight I was like I got moved to Garston* [local authority] with a carer…. Yeah so then I stopped going. Like that’s when me attendance got worse.”</td>
<td></td>
</tr>
<tr>
<td>03: “…when I came in here, in the home erm it just went all downhill from there really”</td>
<td></td>
</tr>
<tr>
<td>03: “Then I obviously was getting in trouble all the time and that and they wouldn’t have us back so I wasn’t going to school. I didn’t go to school for months.”</td>
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</tr>
<tr>
<td>04: “Er well I moved in with me nana and I started going to school like everyday and then I went to foster care and I just didn’t really go like at all. I stayed off like months sometimes and then we moved here [children’s home] and I started to get a bit better but then just started to like get worse again like.”</td>
<td></td>
</tr>
</tbody>
</table>

### Changing Relationships (relating to family, friends, carers)

<table>
<thead>
<tr>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01: “I got new carers and I just didn’t like them.”</td>
</tr>
<tr>
<td>R: “Right, okay. So were your mates at school different to the mates that you were hanging out with when you weren’t at school? Yeah?”</td>
</tr>
<tr>
<td>01: “Uhmm”</td>
</tr>
<tr>
<td>02: “Yeah and then I moved carers so a different carer and then I went to M [new school].”</td>
</tr>
<tr>
<td>02: “And then I moved from Paula’s* to Sandra’s* then I didn’t like Sandra at all.”</td>
</tr>
<tr>
<td>03: “Well, when I come here [children’s home] cos, like it was just I didn’t have to go [to school] cos they couldn’t force us to go really so I thought why should I go, I’m not going.”</td>
</tr>
<tr>
<td>R: “So up until you came here [children’s home], mum was looking after you and did mum get you to school?”</td>
</tr>
<tr>
<td>03: “Yeah. She used to like get us up and that.”</td>
</tr>
<tr>
<td>R: “And do you still have contact with your mum and dad at all or nana?”</td>
</tr>
<tr>
<td>04: “I don’t see me dad or me nana. I see me mam like rarely.”</td>
</tr>
<tr>
<td>04: “But I don’t know it just depends whereabouts you are and like if you’re bothered about what other people think like. Obviously I’m not that bothered here because I’m not related to anyone but so I’m not that bothered if I go or not but if I care then I think oh well I’ve got to go ‘cos like it’s me nana or something like that… then like I’ll obviously go.”</td>
</tr>
</tbody>
</table>

### 3.4.1.1.1 School Transitions

All of the participants had to manage at least one mid-year secondary transition. Research shows that transitions between primary and secondary school can impact on academic outcomes (McGee, Ward, Gibbons & Harlow, 2004) and
attendance (DfES, 2003). Interestingly, no research was found that examined the impact of mid-year transitions between secondary schools; a position that LAC often find themselves in. These transitions require a LAC to quickly establish new relationships with peers and staff, many of who will be unaware of any previous trauma or life events.

Research regarding successful primary-to-secondary transitions emphasises the importance of transitional visits, enabling pupils to become familiar with staff, other pupils, lesson formats and the learning environment (Maras and Aveling, 2006). Brewin and Statham (2011) have written about supporting LAC through this transition and highlighted the importance of the peer group in aiding successful transitions; the peer group providing a mechanism for sharing histories and anxieties. LAC facing necessary mid-year transitions do not often have the luxury of this preparation time or continued contact with their peer group. Attempts to support these transitions are therefore crucial.

3.4.1.1.2 Maintaining placements

The participants had all experienced a change in their placement prior to the onset of their attendance difficulties. The young people seem to have ‘voted with their feet’ while they tried to work out the new boundaries of their new relationships and while they regained some control. The importance of maintaining stable placements is well documented (for example, Harker et al, 2003; Holland et al, 2005; Rubin et al, 2007) and impacts significantly on attainment (DfE, 2011a). The results of this study, however, also suggest that there is a potential impact on attendance for adolescent LAC.

3.4.1.2 Changing Relationships

Transitions between schools and homes inevitably bring about changes in relationships. The instability related to changing relationships in terms of power struggles, establishing boundaries and expectations was cited as precipitating attendance difficulties.

Due to the prevalence of attachment disorders within LAC (Van den Dries et al, 2009) changing relationships can be a significant challenge for some. LAC are less likely to have secure attachment styles partly due to changes in carers but
also because of problematic relationships with their primary caregiver in early childhood (Dent and Cameron, 2003). Attachment styles act as a blueprint for how an individual relates to others (Bee and Boyd, 2004; Bowlby, 1982). Changing schools and placements necessitates the need to get to know new staff, carers and peer groups, a challenge for a person without a successful strategy for forming new relationships. The adults in Brewin and Statham's (2011) study highlighted that the young people had difficulty forming and maintaining friendships. Therefore changes in school and home placements could be particularly problematic for LAC.

### 3.4.1.3 Adolescence

A further precipitating factor to the onset of attendance difficulties was age and this will be explored further in this section.

The attendance difficulties for all participants either started or rapidly deteriorated in either Year 8 or Year 9. This period coincides with adolescence. It is not clear whether entering adolescence may have contributed to the instability in their lives at this point and therefore potentially impacting upon their attendance. Or, it could have been that coping with instability during adolescence lead to attendance difficulties. Further research may shed light on any causal relationships here.

The influence of adolescence could be associated with biological changes, for example, in hormones and neurological development (Smith, Cowie & Blades, 2003). Alternatively, it could be psychosocial changes that are having an impact. Erikson's psychosocial model of identity (Erikson, 1968), for example, describes the adolescence stage of identity formation as particularly significant. Adolescents try to find out who they are and explore potential roles and interests. The peer group becomes more important than parents or carers, as adolescents aim to become independent, autonomous beings. This stage can be a period of conflict with parents as adolescents try to assert their authority and put forward their own views (Arnett, 1999). The impact of the biological and psychosocial changes can be mediated through a caring relationship with a primary caregiver, i.e. an attachment figure (Koepke & Denissen, 2012).
However, as already discussed, LAC often do not always have access to this type of relationship, particularly during times of instability.

3.4.1.4 Summary of factors that precipitate a decline in attendance
In summary, the precipitating factors of school attendance difficulties for LAC were characterised by instability during adolescence. On this basis, a viable proposition might be to target these areas with appropriate interventions in order to prevent or reduce the likelihood of school attendance difficulties for LAC.

3.4.2 Factors that influence ongoing attendance difficulties
The factors that influence the exacerbation or resolution of attendance problems relate to the unresolved and ongoing impact of precipitating factors, ‘school’, ‘people who matter’ and the concept of an ‘individual being ready to focus on the future’. Components of the core categories named ‘People who matter to us’ and ‘School’ can both help and hinder attendance difficulties for LAC. The third core category, ‘Individual ready for change’, appears to describe a stage that the young person needs to reach before regular attendance can be resumed. For the young person to make the positive step back to school they needed to be ready to focus on the future rather than on the here and now.

In the subsections below I provide a brief analysis of the core categories People Who Matter to Us, School and Individual Ready for Change, and their axial codes, drawing on published literature and relevant theory where appropriate.

3.4.2.1 People Who Matter To Us
In the core category ‘People Who Matter to Us’, four axial codes were identified: family, friends, carers, and other professionals. The influence of these people seems to vary according to the strength or quality of the relationship as can be seen below and in Figure 3.2.

3.4.2.1.1 Family and Carers
The influence of family and carers often overlap and will be explored together in this section.
The views of family members regarding a return to school are either accepted or rejected depending on the state of that relationship, as highlighted by 04:

04: “if me mam was shouting at us or me nana or something like that then I’d be bothered but I’m not really that bothered where a member of staff here [children’s home] shouted at us so it doesn’t matter”.

……………..

04: “…but then like when he [dad] kicked us out of there I thought well why should I bother for people like you, like if you aren’t going to bother with me like why should I care?”

The carers are depicted in the first quote as not being able to positively influence 04’s attendance and his family as having a positive influence. In the second quote, however, he viewed their influence negatively.

The content of the messages voiced either overtly or subtly by ‘people who matter to us’ clearly influenced the young person’s decision to attend or not to attend school. The degree of influence appeared to be contingent on the quality of the relationship between the young person and the message giver. Quality relationships take time to develop and require an emotional investment by both the child and the adult. Interventions that encourage the systematic development of emotional warmth within the child-carer relationship (e.g. Cameron and Maginn, 2011) could positively impact upon the amount of influence the carer can have with difficulties such as school refusal. The relationship quality can also be considered in terms of what we know about insecure attachments (Bowlby, 1982) and disrupted attachments (Scott, 2011).

In addition to attachment theory, the Parental Acceptance-Rejection Theory (PA-RT) (Khaleque & Rohner, 2002; Rohner, 2004) can help us to understand why some LAC may or may not listen to the views of people who matter to them with regard to attendance. The participants had all experienced overt rejection from either a parent or another caregiver or both. PA-RT can be used to look at

Figure 3-2 People Who Matter to Us: Axial codes and supporting quotes
<table>
<thead>
<tr>
<th>Axial codes</th>
<th>Quotes</th>
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<tbody>
<tr>
<td><strong>Family</strong></td>
<td>01: “... she [mum] says the same as everyone else you see like oh if you don’t go in to school you don’t get this for your birthday and that.”</td>
</tr>
<tr>
<td></td>
<td>R: “So when you were staying off what was mum saying to you?”</td>
</tr>
<tr>
<td></td>
<td>02: “Just get back in.”</td>
</tr>
<tr>
<td></td>
<td>03: “... I was actually trying for to be keep my head down in school and everything for my nana and like which I am doing now like. She’s told us to keep my head down and I actually do do it. I think… I think like if your family…I think if you’ve got a certain amount of respect for one of your family members and they tell you I think you do it.”</td>
</tr>
<tr>
<td></td>
<td>03: “think like I would see my mam a lot more when I was staying off school and I was going to my mam’s house … was meant to have supervised contact with her and then I was just seeing her more and more and more and…”</td>
</tr>
<tr>
<td></td>
<td>04: “But I don’t know it just depends whereabouts you are and like if you’re bothered about what other people think like. Obviously I’m not that bothered here because I’m not related to anyone but so I’m not that bothered if I go or not but if I care then I think oh well I’ve got to go ‘cos like it’s me nana or something like that [yeah] then like I’ll obviously go”.</td>
</tr>
<tr>
<td><strong>Carers</strong></td>
<td>01: “’Cause people you knew [carers] they were like keep saying to us oh you’ve got to go to school and that was just doing my head in so I just never went.”</td>
</tr>
<tr>
<td></td>
<td>02: “...every time I was arguing with her I didn’t want to go to school but then when we were alright like I was going to school.”</td>
</tr>
<tr>
<td></td>
<td>02: “It was just people like really like Sarah [mentor] and Daisy [carer] that got us like back into school like and going to college.”</td>
</tr>
<tr>
<td></td>
<td>03: “...like when I was going I was getting meself into trouble and that and like I wasn’t bothered really because they won’t do…these cannot do nothing here, so...”</td>
</tr>
<tr>
<td></td>
<td>04: “if me mam was shouting at us or me nana or something like that then I’d be bothered but [uhum] but I’m not really that bothered where a member of staff here shouted at us so it doesn’t matter”.</td>
</tr>
<tr>
<td></td>
<td>04: “well Tracey’s [care home staff] quite kind she’d like I’d probablys like go to school if she woke us up now and again but like it depends if there’s like if the staff are being funny and like...”</td>
</tr>
</tbody>
</table>
the impact of perceived or actual parental (caregiver) rejection in terms of emotional problems (Khaleque & Rohner, 2002). When the young people find themselves confronted by a rejecting caregiver they may feel hostile towards them or become dependent or defensively independent. This potentially manifests itself in a ‘you can’t tell me what to do’ response from the young person.

Individual carers are described as being both helpful and unhelpful in the way they handle the young person’s attendance difficulties and also in how they try
to instigate positive changes in the young person’s attendance. Carers were acknowledged as being instrumental in the process of finding more suitable educational provision for some participants, and this was regarded as a positive influence on re-establishing more positive attendance habits.

In order for a carer to have any influence or be able to support a LAC back to school they need to develop a positive and high quality relationships between themselves and their young person. This could be an important focus for a holistic approach to supporting LAC back to school. 02 in particular, related her difficulties in attendance as a variant of her relationship with carers (see Figure 3.2).

3.4.2.1.2 Friends

The importance of the peer group significantly increases during adolescence (Smith, Cowie & Blades, 2003). Friends were mentioned by all of the participants as a reason to attend school, which is encouraging as it follows that they have either maintained or made new friends despite changing schools.

\[ R: \text{“What was it about school that you enjoyed?”} \]
\[ 02: \text{“Like just going to like see me friends.”} \]

The influence of friends also negatively influenced school attendance:

\[ R: \text{“So what kind of things did you do instead?”} \]
\[ 02: \text{“Just went out with my mates”} \]

Booth-LaForce et al (2005) noted in their studies that friendships can replace the lack of support received from adults; this view is particularly relevant for LAC. However, their studies also highlight the challenges that insecurely attached young people face when negotiating the fluctuating dynamics and demands of friendships.

3.4.2.1.3 Other Professionals

Other professionals also featured as a recurring influence on attendance, this was mainly in relation to staff at the Centre. Once again, the level of influence that other professionals had appeared to be a function of the quality of their relationship.
The participants accessed support at the Centre and some talked about their mentor positively influencing their attendance. Others, however, saw the intervention by the staff from the Centre as intrusive, especially in relation to their attendance. Having a mentor or a key person to take a continued and enduring interest in their education is valued by some LAC (Harker et al, 2003; Martin & Jackson, 2002).

Social workers were rarely mentioned during the interviews, unless prompted through questioning. They are perhaps associated more with placements rather than school. Their role in supporting improved attendance could be in supporting the development of stronger child-carer attachments through working with carers. In a study by Schofield and Beek (2005) regular contact with a social worker was seen to be a common feature of the LAC who had come to view their foster placement as a safe base, with positive outcomes.

3.4.2.2 School
A second core category, School, was also identified as influencing continued attendance difficulties. The axial codes of Curriculum Flexibility, School Staff, Enjoyment of Lessons and Flexible Environment made up this category. These areas could both positively or negatively influence school attendance as can be seen in the subsections below and in Figure 3.3.

3.4.2.2.1 Curriculum Flexibility

The curriculum on offer from school was sometimes instrumental in pushing the young people away from school, because, for example, it was not matched to their ability, interests, strengths or goals:

03: “...and I got put in lower classes because of my behaviour which academically I'm not.”

When schools got the curriculum right, however, it could be a part of a positive package to pull the young person back to school:

04: “Erm well just before the time table was changed ur I wanted to stay off school a little bit more but now I've got like a much better timetable like it's like I feel like going in more like. If I had me old timetable I'd probably stay off a lot more.”
### Core Category: School

<table>
<thead>
<tr>
<th>Axial codes</th>
<th>Quotes</th>
</tr>
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<tbody>
<tr>
<td>01: “Make the lessons just a bit more like easier for people that can’t like keep up with the same like level of people.”</td>
<td></td>
</tr>
<tr>
<td>03: “Well there was meetings and stuff and they were going do a course and that and it just wasn’t my thing, the course, so I stopped going”</td>
<td></td>
</tr>
<tr>
<td>03: “...and I got put in lower classes because of my behaviour which academically I’m not”</td>
<td></td>
</tr>
<tr>
<td>04: “Well my timetable are different from everyone else’s because like I wasn’t going in and I was like wasn’t behaving [uhum] and stuff like that so they just gave us a timetable that suited me more”</td>
<td></td>
</tr>
<tr>
<td>R: “Do you feel like that’s working a bit better?”</td>
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<tr>
<td>04: “Yeah it works a lot better ’cos I’ve got to do alternate things like the W project and stuff like that and like rather than doing like RE ’cos I really didn’t get on with the teacher I just don’t do it anymore”</td>
<td></td>
</tr>
<tr>
<td>04: “Erm well just before the time table was changed er I wanted to stay off school a little bit more but now I’ve got like a much better timetable it’s like I feel like going in more like. If I had me old timetable I’d probably stay off a lot more”</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum (flexibility; matched to interests, delivered at appropriate level)</th>
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</thead>
<tbody>
<tr>
<td>01: “There’s only two teachers in M [school] and they just help one person... Then they leave the rest out.”</td>
</tr>
<tr>
<td>01: “there’s two teachers in the classroom [at new special school] giving you a hand. If you get stuck they give you a help but with M (previous mainstream comprehensive) they just don’t.”</td>
</tr>
<tr>
<td>02: “Erm there was Marianne* from S [school] and like she was just like talking and saying like I didn’t...like I didn’t have to go back like straight away but like it will be better because like I won’t be so far behind like when me exam was coming up and everything.”</td>
</tr>
<tr>
<td>03: “I was like I’d asked quite a lot...I’d asked them for support after school and I was asking but it was just not happening.”</td>
</tr>
<tr>
<td>03: “…because like the teachers like had something against us like, they were out to get us all the time and that and like you could tell they just didn’t want us there.”</td>
</tr>
<tr>
<td>04: “when I first went into school I didn’t really like him [senior teacher] and I don’t think he liked me but er now that we’ve got to know each other a bit better well like we get on better and like I see him in school and he’ll be ‘you alright 04’, ‘you alright sir’ so it’s like a lot better now and er he took us down to the W Project, introduced us to the lads in there. I went down with him and get on with him now really”.</td>
</tr>
<tr>
<td>04: “the W Project and stuff like that like the teachers says well it’s based on your attendance for school like. If you attend a lot more then we’ll be able to do better things for you but if you’re just not bothering then we obviously cannot help. It’s like it works both ways. I’ve got to try so they can help”</td>
</tr>
</tbody>
</table>
Enjoyment of lessons

01: (about new school) "...you have like fun lessons at [new special school]"
01: “Not really any fun stuff to do at M [old mainstream school]"
02: “But like I was listening for like most of the lesson and by the time in the end I’m like oh I’m bored of this now. Like ‘cause like I’m like oh my God and then I just start talking because I just get bored."
03: “Like if it gets too boring I just don’t like going and I won’t go back.”
03: “it gets us out and that and like I enjoy it [school]. I enjoy doing the work and stuff and it’s just that really.”
04: “…[new teacher] making it fun and interesting like. He gives out dollars for every question that you get right and if you get like well you’ve got ten dollars and if you get fifty dollars you get a bag of Haribos and things like that and it just makes the lesson a bit more fun for us and like he tells jokes and he tells us stories and stuff and like it makes you listen more and like makes you like care more about what he says rather than like blah blah blah blah blah write it down”.

Environment

01: “And they said I could stay in there [inclusion unit at mainstream school] and I tried and it just didn’t work and I was...used to just go in and go [out] for my dinner and just never come back.”
02: “So it was just me in one...the room. That helped at S [school]”
02: “No I only went for a couple of weeks to M* (school) and I just gave up because the classrooms were just too big and I just, I don’t know, I just didn’t like the school... Like it’s a brand new school when I went in and they’d just built it and I was like nah, I don’t like it so I stopped going. It’s too big I couldn’t find my way around.”
02: (in response to what is better about the school) “ I think it is the size because it’s like just a little building”
04: “but like when I’m doing other things like I’ve got some time in the unit because I don’t do like all me lessons [right] so I like study by meself sometimes and like that’s alright”
04: “I prefer being in smaller classes as well because like easier to answer a question and if you get it wrong you’re not as bothered but like if you’re in a big class and you get something wrong and feel like a bit of an idiot and stuff like that”

The curriculum flexibility included changes in subjects and courses as well as ensuring that the level of academic challenge and support was appropriate. Developing a bespoke curriculum and timetable was appreciated by participants and cited as a factor in improved school attendance. Ofsted have also found that curriculum flexibility has been used successfully by some secondary schools as a way of reengaging with pupils (Ofsted, 2007b).
3.4.2.2.2 School Staff

School staff were identified as having a role to play in attendance. As mentioned earlier they could contribute to the onset of attendance difficulties, however, they also influenced how long these difficulties were sustained. School staff were described as being unfair, too few (in relation to support staff), a positive influence, caring and necessary (Figure 3.3). All participants identified a need for support from school staff, for example, in terms of making the curriculum accessible, as a go between, to help with behaviour or to facilitate changes within the curriculum and its structure. For some, school staff appeared to be viewed almost as part of a safe-base for the young people, and certainly as helpers and negotiators in a challenging system.

Kennedy (2008) found that pupil-teacher relationships were key in altering negative internal working models of relationships and that this had a positive impact on a pupil's success at school. Relationships with staff in secondary schools were linked with attendance by pupils in a survey conducted by Ofsted (2007b). In particular, poor teacher relationships were cited as a reason not to attend and good relationships with a mentor positively influenced attendance.

3.4.2.2.3 Enjoyment of Lessons

Boredom, relating to school and lessons, was cited as a reason for not wanting to go to school or a reason for leaving school before the end of the school day.

The participants who had largely resolved their attendance issues, however, were more open to enjoying their academic work and school in general. This appeared to be associated with seeing the purpose of their education or because they were doing a subject or training route of their choice. 01 commented that his new school made lessons fun and that this encouraged his attendance at school (see Figure 3.3). Ofsted (2007b) also found that enjoyment of lessons had an impact on motivation to attend school and attendance rates due to heightened levels of interest (Ofsted, 2007a, 2007b).

3.4.2.2.4. Flexible Environment

The young people also talked about their need for a flexible approach from school in relation to the physical environment. Both 02 and 04 appreciated, for
example, the flexibility that enabled them to go into a smaller, quieter learning space when they felt stressed or during stressful parts of the day.

Three participants wanted smaller learning environments in school; they appeared to find the presence of so many other students and the size of the classes daunting and a cause for concern. This is possibly related to insecure attachment styles and reflected a need for a safe-base. 01, however, resisted being placed in a smaller unit because he disliked being separated from his friends. Interestingly though, he cites the smaller classes and increased availability of adults as an advantage of his current school.

Nurture groups, staffed consistently by key adults, addresses curriculum, emotional and social development needs of pupils with insecure styles of attachment, and reflects the concept of a safe-base (Bennathan & Boxall, 2000; Geddes, 2006). This approach, although originally developed for younger children (Bennathan & Boxall, 2000), has been used successfully in secondary settings (Cooke, Yeomans & Parkes, 2008). Wider access to such units may be a way of reintegrating LAC with attendance difficulties back into school.

### 3.4.2.3 Individual ready for change

The final core category that influenced the continuation of attendance difficulties, ‘Individual Ready For Change’, encompassed the axial codes of Goals, Motivation and Right Time. Figure 3.4 below demonstrates how a young person’s attendance can be affected by these factors.

#### 3.4.2.3.1 Goals and Motivation

The participants’ accounts tell us that their attendance is affected by whether they are focusing on long or short-term goals. In addition to this, intrinsic and extrinsic motivational factors also influenced their attendance, as well as their goal directed behaviour. Where an individual focused their efforts (i.e. long term v short term goal), and where the motivation for this focus came from (i.e. intrinsic or extrinsic), appeared to impact upon levels of attendance and attitudes towards attendance.
### Core Category: Individual ready for change

<table>
<thead>
<tr>
<th>Axial codes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals – Short Term v Long Term</strong></td>
<td>R: “Is it [improved attendance] something to do with what college are offering you? Like something that you’re quite interested in and...”</td>
</tr>
<tr>
<td>02: “Yeah, childcare... I’ve always wanted to work with like babies. ”</td>
<td></td>
</tr>
<tr>
<td>02: “Like on top of the arguments I was going into school like... I thought like I won’t be able to concentrate so I was like right it’s pointless just going in.”</td>
<td></td>
</tr>
<tr>
<td>03: “I don’t have to and that and like but I think to myself I want to do it so I go to school myself and I want to better myself.”</td>
<td></td>
</tr>
<tr>
<td>04: “So I like get me grades and like get an alright job when I’m finished living here and like having a better life but I don’t know but if you think about it is like pretty reasonable just go to school and like get some good grades but on a morning you just have a different head”</td>
<td></td>
</tr>
<tr>
<td><strong>Motivation – Intrinsic or extrinsic</strong></td>
<td>01: “You just get bored after a while staying outside...and you’re just wanting to do something... stop all the same routine every day” (reason for going back to school).</td>
</tr>
<tr>
<td>03: “…like I think it’s like you cannot force someone like to go to school it’s got to be their choice if they want to go to school....you’ve got to like say to yourself like if you want to go to school before you actually do go to school...”</td>
<td></td>
</tr>
<tr>
<td>03: “No, I think like you’ve got to like...like I say you’ve got to do it yourself, no one can tell you like, try to give you the motivation to do it, you’ve got to like think, I want to do it myself so that’s you’ve got to do it, you’ve got to do it yourself to want to go to school, you can’t just go to school, you’ve got to want to go back to school.”</td>
<td></td>
</tr>
<tr>
<td>04: “Erm like incentives and stuff like that like for each day that we go to school we get an extra pound added on to our pocket money”</td>
<td></td>
</tr>
<tr>
<td>04: “Erm well seeing me mates”</td>
<td></td>
</tr>
<tr>
<td>04: “Aye I go [to exams]. I don’t want to but like I know that I have to do it because I have to get the grades and stuff like that otherwise like I’ll probablys be in bed all me life, just lying in bed”</td>
<td></td>
</tr>
<tr>
<td><strong>Right Time: in relation to age, maturity</strong></td>
<td>02: “Like at the time I just wanted to be at home I didn’t want to go to school but like now I’m older I just wish I did stick in.”</td>
</tr>
<tr>
<td>03: “I think like because I got older I was like maturing much more. I think that’s why I actually did want to go back because I think if I was like in year nine now I don’t think I would be going to school at all.”</td>
<td></td>
</tr>
<tr>
<td>03: “But I think like as you grow older you obviously grow mature so it isn’t for me staying off all the time. What does that do really? There’s nothing. Everyone’s at school. All my friends are at school and like it just wasn’t for me so I thought I’m going to have to go back to school.”</td>
<td></td>
</tr>
</tbody>
</table>

It seemed that when participants were focused on achieving short-term goals, for example, coping with emotions or resolving arguments with carers, their
attendance was adversely affected. However, once their focus was on a long-term goal, such as job aspirations, attendance improved.

03 talked about the need to be intrinsically motivated to go to school, often referring to the fact that only he could make that decision:

03: “No, I think like you’ve got to like...like I say you’ve got to do it yourself, no one can tell you like, try to give you the motivation to do it, you’ve got to like think, I want to do it myself so that’s you’ve got to do it, you’ve got to do it yourself to want to go to school, you can’t just go to school, you’ve got to want to go back to school.”

The other participants also talked about how it was they who made the decisions in their life and not other people. I wondered whether this was related to an inherent need to control aspects of their life. Even when they talked about extrinsic motivators, such as cash incentives and the persuasive powers of friends, it often appeared that these motivators could only bear any influence if other areas in their life were right.

The participants who talked about their long-term aspirations, and who had made connections between their schoolwork and their future, were more likely to have resolved or improved their attendance. For example, 04 had made the connection between doing well at school being a pre-requisite for getting accepted onto the apprenticeship that he wanted. Because he had made these connections and he was intrinsically motivated to achieve his extrinsic goal of having a better life, he knew that he had to improve his attendance and was internally driven to do so. This contrasted with 01 who did not talk about any aspirations and whose focus was still on the short-term, managing yet another transition. 01’s attendance had, however, recently improved; but this appeared to be largely associated with an extrinsic motivator, the threat of his mother being taken to court if he failed to attend school:

R: “...Is there anything that she’s talked to you about that’s made you think actually I need to get myself back to school?”

01: “Uhmm”

R: “What in particular?”

01: “That she can go to court and go to jail”
A behaviourist perspective would predict that the change in 01’s behaviour, derived from the threat of a negative reinforcer (Skinner, 1954), is unlikely to bring about a long-term change in his pattern of attendance.

Although there has been much research regarding motivation in relation to learning (Weisman, 2012; Williams & Stockdale, 2004), I could find no literature that specifically looked at pupil motivation in relation to attending school.

One theory that could be relevant to motivation and goal achievement in the context of this study is Self Determination Theory. Self Determination Theory explains that the achievement of self-regulation (e.g. deciding for self to go to school), personal well-being (e.g. short-term restabilisation of emotions) and motivation (e.g. linking learning with future aspirations and consequently establishing improved pattern of school attendance) can only be met through meeting the needs for relatedness (e.g. sense of belonging in smaller learning environment), competence (e.g. level of work set at right level for pupil) and autonomy (e.g. in control of making decisions about future) (Deci & Ryan, 1985).

3.4.2.3.2 Right Time

The axial code of Right Time describes codes referring to age and maturity. The participants talked about being more mature in relation to the formation of their goals and aspirations but also in terms of realising the importance of education. The quotes in Figure 3.4 encapsulate this axial code nicely; particularly the following quote from 03:

03: “I think like because I got older I was like maturing much more. I think that’s why I actually did want to go back because I think if I was like in year nine now I don’t think I would be going to school at all.”

It is possible that Right Time also relates to a resolution of the precipitating factors; so, once a pupil has more stability in their life and have passed further along the journey of adolescence they become more ready to focus on the
future. This would require further enquiry however, as the interviews did not focus on exploring this issue in depth.

3.4.2.4 Summary of factors that influence the continuation of attendance difficulties
The factors that appear to have the most influence upon the attendance for the young people in this study are People Who Matter to Us, School and Individual Ready for Change. Particular theoretical areas that can be explored to inform these categories are Attachment Theory, Parental Acceptance Rejection Theory, Self Determination Theory and research regarding the peer group.

3.5 Concluding Comments

In this section we will explore the conclusions that can be drawn from this small-scale study and the implications for the practice of educational psychologists. In addition to this the limitations of this study will be highlighted alongside possible avenues for future research.

3.5.1 General Conclusions
This study has used GT to explore what factors influence school attendance difficulties for LAC. The emergent theory tells us that during the onset of adolescence, LAC who are experiencing instability in their lives, are at risk of developing school attendance difficulties. School factors and people who matter to them affect the continuation of these attendance difficulties. In addition to this, LAC need to be ready to make changes and be intrinsically motivated to focus upon the future, in order to make the connections between improving school attendance and achieving future goals. This appeared to happen when school met the specific needs of the pupils and when relationships with the people who matter to them had improved.

Many of the factors that precipitate and influence school attendance issues overlap with those affecting non-LAC (Archer et al, 2003 as cited in Thambirajah, 2008; West Sussex County Council Educational Psychology...
Service, 2004). The impact and frequency of some of these factors, however, may be greater for LAC; for example, school transitions, family dynamics, loss and change.

This study has demonstrated that adults working to prevent attendance difficulties, or to support the resolution of attendance difficulties for LAC, should focus on three key areas:

1. Reducing instability in the lives of adolescent LAC in terms of both changing people and changing relationships
2. Strengthening relationships between LAC and the people who matter to them.
3. Ensuring that school offer a bespoke package that meets the needs of the LAC.

Work to reduce the instability in the lives of LAC can be done primarily through maintaining stable placements with carers and therefore reducing the need for school transitions. Placement stability can be enhanced through working to strengthen attachments between the child and their carer and strengthening the quality of that relationship. Improving the child-carer relationship can increase the level of influence that the carer has on issues such as school attendance. In addition to this the young person is more likely to perceive the home as a safe-base, this is known to have a positive affect on outcomes (Schofield & Beek, 2005). Furthermore, the challenges of adolescence can be mediated through a caring relationship with a primary caregiver (Koepke & Denissen, 2012).

School’s role is crucial and they need to offer a suitable, enjoyable, curriculum that is well matched to the young person’s interests and aspirations. In addition to this, school should work towards meeting a young person’s emotional needs through ensuring that a key member of staff develops and nurtures a positive relationship with the LAC, taking the role of a safe adult within school (Geddes, 2006; Bomber, 2007). Provision of a nurture space within school, which replicates the function of a secure-base, would also be a way of supporting a LAC to return to school.
3.5.2 Implications for Educational Psychologists

The findings from this research can be used to affect EP practice at a number of different levels.

At an individual level, EPs are well placed to provide school refusal interventions such as cognitive techniques, including cognitive restructuring, graduated exposure and relaxation training. In addition to this, the participants highlighted their perception that no one had previously asked them about why they were not attending school, what was going on for them and what they thought would help. EPs are skilled at communicating with young people and have a barrage of problem solving techniques and consultation models at their fingertips. EPs therefore have a role in sensitively eliciting the views of the young people. With their knowledge of areas such as attachment theory and school refusal, as well as the ability to view problems in an eco systemic manner, EPs are well placed to intervene early and collaborate on a plan with the young people themselves. In addition to this, through consultation, an EP can help a young person to clarify their future goals, planning steps that need to be undertaken to achieve this: use of therapeutic techniques, such as narrative therapy, solution oriented questioning and motivational interviewing are some of the tools that an EP can use to do this.

At a school level, this research has highlighted several ways in which the school and the school system can influence the attendance behaviour of its young people, for example with regards to the physical environment, the level and interest level of the curriculum, relationships between staff and pupils and flexible timetabling. Firstly, EPs can advise on the purpose and advantages of setting up nurture spaces within school, possibly training support staff and teachers on what type of emotional development work could be carried out within these spaces. Secondly, at a systemic level within school EPs can work with key management personnel to reconsider the deployment and purpose of support staff, particularly focusing upon support staff who are designated to support the needs of LAC. EPs could work with those staff, helping them to understand the importance of their role in maintaining an element of stability in the lives of LAC and the positive impact that developing strong relationships
between themselves and the young people can have: these messages can be communicated through training, mentoring staff and via individual casework. A further way that EPs can support LAC to improve their attendance is by ensuring that school staff are aware of attachment theory and the impact that insecure styles of attachment can have on the young person’s presenting behaviours and responses as well as their ability to form relationships.

At a strategic level, this research has highlighted the importance of the role of carers and families in maintaining stability and helping the young person to manage change, as well as their key role in ensuring that they invest in developing strong relationships with the young people. Cameron and Maginn (2011) have written about the emotional warmth aspect of professional childcare. Their paper provides the outline of an intervention that puts the onus on professional childcare providers, i.e. foster carers and those who work in children’s homes, to meet the psychological needs of this group rather than trying to manage any ‘problem behaviour’. They articulate a clear role for applied psychologists in all four strands of the intervention: Pillars of Parenting, Adaptive Emotional Development, Signature Strengths and Living Psychology through Consultation. EPs have the appropriate psychological knowledge base and systemic skills, such as consultation, to work with carers on interventions such as this. EPs can teach professional childcare providers to understand that the quality of the affectional bond is crucial in terms of LAC surviving their pre care and care experiences and are able to support the development of their vital parenting role.

3.5.3 Limitations of Study
The implications of this study have been limited by the small available sample size. Access to a larger sample may have elicited further influential factors or placed emphasis on different codes within the analysis. In addition to this, full GT requires an emergent theory to be tested out on further participants; this was not possible due to pragmatic constraints.
3.5.4 Future Research

Future research that explores the accounts of LAC who do attend school in spite of Instability during adolescence, could enhance the emergent theory further and shed light on protective factors that may be at play. Further research examining the impact of school attendance difficulties and LAC is warranted.
References


Department for Education (DFE), (2011c). *Government changes definition of persistent absence to deal with reality of pupil absenteeism in schools.* Retrieved 11 April 2012, from:


West Sussex County Council Educational Psychology Service (2004). *Emotionally Based School Refusal: Guidance for Schools and Support Agencies*. West Sussex EPS.


### Appendix A – Effect sizes and confidence limits for group interventions

<table>
<thead>
<tr>
<th>Name of Study</th>
<th>Group</th>
<th>Pre-post intervention effect size</th>
<th>Confidence limits</th>
<th>Pre-follow up intervention effect size</th>
<th>Confidence limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>King et al, 1999</td>
<td>Experimental group</td>
<td>1.18*</td>
<td>1.85 - 0.51</td>
<td>0.82</td>
<td>1.47 – 0.17</td>
</tr>
<tr>
<td>King, et al, 1998</td>
<td>CBT group</td>
<td>1.07</td>
<td>1.79 – 0.35</td>
<td>0.94</td>
<td>1.65 – -0.23</td>
</tr>
<tr>
<td></td>
<td>WLC group</td>
<td>0.38</td>
<td>1.06 – -0.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heyne et al, 2002</td>
<td>PTT</td>
<td>3.25</td>
<td>4.19 – 2.31</td>
<td>1.78</td>
<td>2.51 – 1.05</td>
</tr>
<tr>
<td></td>
<td>CT+PTT</td>
<td>2.00</td>
<td>2.76 – 1.24</td>
<td>1.51</td>
<td>2.21 – 0.81</td>
</tr>
<tr>
<td></td>
<td>CT</td>
<td>1.12</td>
<td>1.77 – 0.47</td>
<td>1.73</td>
<td>2.44 – 1.02</td>
</tr>
<tr>
<td>Kearney and Silverman, 1999</td>
<td>CBT</td>
<td>1.29</td>
<td>2.81 – -0.23</td>
<td>1.25</td>
<td>2.76 – -0.26</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>-0.19</td>
<td>1.2 – -1.58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B – Sample Information and Consent Forms

INFORMATION AND CONSENT FORM FOR PARTICIPANTS

Dear (participant name)

I am a Trainee Educational Psychologist studying at Newcastle University for a Doctorate in Applied Educational Psychology. As part of this course I am doing some research to look at why children who are in public care sometimes don’t always attend school regularly. I am hoping that this will help adults to be able to support pupils like you better, helping them to understand your views.

Information about the research
You have been asked to help me with this research because you are in public care and you may not have always attended school regularly.

If you agree to help me with my research it will be quite easy for you. There will be no tests or hard work. I would just like you to tell me about your experiences and about why you don’t always go to school. There are no right or wrong answers, I want to learn about you and understand your reasons for not attending school.

During the autumn I will arrange to see you either at your home, your school, the CENTRE or at my office, wherever you feel most comfortable. I will ask you some simple questions about yourself and then we can talk about your experiences with school. So that I can listen carefully to what you are saying I will tape record the interview and then type this up later. The interview will take no longer than 1 hour and should take place in one session. If you would feel better having this conversation over more than one session then this can be arranged.

When I have finished the research you will be able to contact me to find out what I have found out from you. The research may at sometime in the future be submitted for publication, however, your name and identity will be kept anonymous in my write up.

Ethical considerations
Your parent or guardian need to agree that you can take part in this research, but I also need to find out if you would like to. You do not have to take part in this research and I will only arrange to meet up with you if you agree for me to do so.

If you agree to take part I can assure you that all of the information that I gather will be anonymous. That means that if anyone saw the information they would not know who had given me the information. If you tell me anything that makes me think you are in danger or at risk from harm, I would have to pass this information on to someone who would be able to help to keep you safe. I have a duty to help to keep all children who I work with safe from harm.
The tape recordings and the written up notes from the tape recordings will be stored securely for 5 years. Any personal information gathered will be kept separately from this information for the same length of time under the same conditions. Following this the information will be destroyed.

You may choose to withdraw from the research at any point. If you do so, all of the information gathered already will be destroyed and no information will be stored.

**Child/Young Person’s consent**
I agree to take part in the study described above and am aware that the conversation between myself and the researcher, Maria Wilson, will be recorded. This recorded conversation will then be typed up and stored for a period of five years. I understand that I have the right to withdraw from the research at any point without prejudice. I understand that the research may at some point be submitted for publication.

I consent to taking part in this research **YES/NO**

I would prefer the conversation to take place at;
(Please only mark **YES** next to your preferred place)

- Home **YES/NO**
- School **YES/NO**
- The CENTRE* **YES/NO**
- The researcher’s office at XXX Education Centre **YES/NO**

Signed……………………………
Print name………………………
Date……………………………..

**Further information**
If you have any questions or wish to find out more about my findings, please feel free to contact me using the information below or my research supervisor, Dr Simon Gibbs, whose contact details are also noted below.

Thank you very much for your help, your support is very much appreciated.

Yours sincerely

**Maria Wilson**
Trainee Educational Psychologist
XXX Education Centre

**Dr Simon Gibbs**
Research Supervisor
Senior Lecturer in Educational Psychology and Programme Director for Initial Training in Educational Psychology (DApEdPsy)
School of Education, Communication and Language Sciences,
Newcastle University
King George VI Building
Newcastle on Tyne
NE1 7RU
INFORMATION AND CONSENT FORM FOR ADULTS

Dear Parent/Guardian,

I am a Trainee Educational Psychologist studying at Newcastle University for a Doctorate in Applied Educational Psychology. As part of my training I am carrying out a research project. My research is looking into the views of children who are in public care who don’t always attend school regularly. I hope the research will help improve the attendance in school of children in public care.

**Information about the research process**

(participant name) has been identified as a possible participant in the study. During the autumn term (participant name) will be asked if he agrees to participate in the study. If he is happy to do so, he will then be asked to participate in an interview with myself. (participant name) will be asked about his school attendance and what it means to him. The interview will be recorded on a tape recorder and the interview will then be transcribed. It is important that (participant name) feels comfortable in his surroundings and he will therefore be given the choice of having the interview at home, school, the CENTRE* or at my office. He will also be asked to provide some simple information about himself in order to help me to analyse the information gathered from the interview. The interview will take no longer than 1 hour and should take Centre* over one session. Some children may feel more comfortable having the interview over two sessions and so they will be given this option.

**Ethical considerations**

Only the young people who have parental/guardian consent (please see below) and who have consented to participate themselves will participate in the interviews. The transcribed interviews will be anonymous and the young people will not be identifiable from the data collected. The transcribed interviews, the tape recordings and the personal information gathered will be stored in a locked filing cabinet within a locked room for a period of 5 years. Following this the information will be destroyed. The young people will be reminded that they can end the process at any point and withdraw from the study. If they choose to do so, all of the information gathered already will be destroyed and no information will be stored.

**Parental/guardian consent**

I …………………………… agree to (participant name) participating in the study described above.

Relationship to young person (e.g. mother, carer, legal guardian)…………………..

I am the legal guardian for (participant name) YES/NO

Signed…………………………………… Date……………………………………………..

*CENTRE is a local children’s centre providing support for children in care.

Tel: 0191 222 6575/6568
Email: Simon.Gibbs@newcastle.ac.uk
Consent from social worker

I ………………………………agree to (participant name) participating in the study described above.

Relationship to young person (e.g. mother, carer, legal guardian)…………………………

I am the legal guardian for (participant name) YES/NO

Signed…………………………………….. Date…………………………………………………………

Further information
If you have any questions or wish to find out more about my findings, please feel free to contact me using the information below or my research supervisor, Dr Simon Gibbs, whose contact details are also noted below.

Thank you for your cooperation.
Yours sincerely
Maria Wilson

Maria Wilson
Trainee Educational Psychologist

XXX Education Centre

Dr Simon Gibbs
Research Supervisor
Senior Lecturer in Educational Psychology and Programme Director for Initial Training in Educational Psychology (DAppEdPsy)
School of Education, Communication and Language Sciences,
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Newcastle on Tyne
NE1 7RU
Tel: 0191 222 6575/6568
Email: Simon.Gibbs@newcastle.ac.uk
Appendix C - Sample transcript with initial memos

<table>
<thead>
<tr>
<th>Memos</th>
<th>Pg/Ln No.</th>
<th>Speaker</th>
<th>Transcript</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.12.11 - Control-03 seems really torn between wanting to show adults that he makes the decisions and making the right choice for him. He wants to retain control and make the decisions but has realised too that school also have power and that they have taken control away from him. Is he trying to hold on to small elements of control that he still has? What else is demonstrating a need to retain control in this interview? (see section</td>
<td>13/7</td>
<td>03</td>
<td>And erm I just wanted to go back and they were like no you're not going back and I was like, but I want to go back and that and like after a while I regretted like doing what I’d done and that. I wished I'd had kept my nose clean and that like, ‘cos like I think it’s like you cannot force someone like to go to school it’s got to be their choice if they want to go to school, like but you do have your days when you don’t want to go to school really but like if you don’t want to go to school you don’t have to, well you do have to really but if you want to go some people might think well I’m not going but after a while you want to go back and it’s like you’ve got to think...you’ve got to like say to yourself like if you want to go to school before you actually do go to school. When I was at school on and off, on and off, I didn’t want to be there really but then after a while I did want to be there and that and like it was like I was bored all the time and that and I was doing nothing and it was just really boring and then like it obviously got really useful and I just stuck in ever since.</td>
<td>Wanted to attend</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Name</td>
<td>Message</td>
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<tr>
<td>14/8</td>
<td></td>
<td>I</td>
<td>Uhuh. So apart from it being really boring what are the other things that have made you want to go to school again now?</td>
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<td>14/9</td>
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<tr>
<td>14/10</td>
<td>03</td>
<td>I</td>
<td>Well, I'm in me last year and doing me GCSEs and stuff so I just thought I may as well stick in.</td>
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<tr>
<td>14/11</td>
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<tr>
<td>14/12</td>
<td></td>
<td>I</td>
<td>Uhuh. So I'm just trying to work out what it is that's made you change from thinking I don't want to go it's boring, to actually now I want to stick in and do my GCSEs 'cos that's quite a jump.</td>
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<td>14/13</td>
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<tr>
<td>14/15</td>
<td>03</td>
<td></td>
<td>Yeah.</td>
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<tr>
<td>14/16</td>
<td></td>
<td>I</td>
<td>Can you think of anything in particular that's happened or anything that you've realised or anything that somebody's talked to you about that's given you that motivation to go back to school?</td>
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<td>14/17</td>
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<td>14/18</td>
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<tr>
<td>15/1</td>
<td>03</td>
<td></td>
<td>No, I think like you've got to like...like I say you've got to do it yourself, no one can tell you like, try to give you the motivation to do it, you've got to like think, I want to do it myself so that's you've got to do it, you've got to do it yourself to want to go to school, you can't just go to school, you've got to want to go back to school.</td>
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</tr>
</tbody>
</table>

15.12.11 - Aspirations?
Connecting here and now with future?

10.12.11 – very strong internal drive; **intrinsic motivation** brings about LT change in behaviour - find out more with next interview, is this a stage to pass through?