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Emerging School Refusal: A School-Based Framework for Identifying Early Signs and Risk Factors

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A student's academic and social-emotional development is increasingly jeopardized with mounting absence from school. School refusal (SR) is one type of school attendance problem (SAP) that is often associated with absence from school. Once established, it can sometimes be difficult to treat. To prevent established SR and associated problems, indicators of emerging SR and risk for SR should be efficiently identified and acted upon. Risk factors are often discussed in relation to SAPs generally rather than considering risk for specific types of attendance problems. Based on literature review, this paper provides an account of the likely signs and risks for emerging SR. A school-based framework is provided to support school personnel and parents in working together to identify these signs and risks. Several challenges associated with the implementation of the framework are discussed.

School refusal (SR) is a type of school attendance problem (SAP) defined by (a) a youth's[1] reluctance or refusal to attend school, often leading to prolonged absence; (b) the youth is usually at home when not at school, and the parents are usually aware of this; (c) the youth experiences emotional distress about going to school (e.g., somatic complaints, anxiety, depressed mood); (d) there is an absence of severe antisocial behavior, although the youth may show resistive behavior when parents try to get them to school; and (e) parents have tried to secure the youth's attendance at school (Berg, 1997, 2002; Berg, Nichols, & Pritchard, 1969; Bools, Foster, Brown, & Berg, 1990). It is often differentiated from truancy based on criteria b, c, and d, and from school withdrawal based on criterion e (Heyne, Gren-Landell, Melvin, & Gentle-Genitty, 2019).

SR is not highly prevalent but it can be highly problematic. Depending on how it is operationalized, SR occurs among 0.4% to 5.4% of youth (Egger, Costello, & Angold, 2003; Granell de Aldaz, Vivas, Gelfand, & Feldman, 1984; Havik, Bru & Ertesvåg, 2015a; Ollendick & Mayer, 1984; Swadi, 1998). Nonreferred youth with SR experience psychological and psychosocial problems (Egger et al., 2003) and approximately 50% of youth referred for treatment of SR meet diagnostic criteria for an anxiety disorder, depressive disorder, or both (Heyne, Sauter, & Maynard, 2015). SR often persists when untreated (King et al., 1998) and there is a risk for psychosocial problems in adulthood (Flakierska-Praquin, Lindström, & Gillberg, 1997; McCune & Hynes, 2005). Early intervention is thus essential, further underscored by the ineffectiveness of state-of-the-art treatment for some school-refusing youth (Heyne et al., 2015).

A "wait to fail approach" must be avoided (Kearney & Graczyk, 2014). That is, schools and parents should not wait until a young person shows excessive absenteeism (e.g., surpassing a legal limit) or intransigent or comorbid problems before intervening. Every day of absence has an effect on academic achievement (Hancock, Shepherd, Lawrence, & Zubrick, 2013) and increasing absence contributes to increasing emotional and behavioral problems (Lenzen et al., 2013). Countering the "wait to fail" approach, Kearney and Graczyk (2014) advocated a response to intervention (RtI) model to promote school attendance (Tier 1), support students at risk for a SAP (Tier 2), and provide intervention for those already displaying a SAP (Tier 3). With respect to SR, the need for

[1] We use "youth" and "young people" when referring collectively to children and adolescents, and "child" or "adolescent" when referring to youth of a specific developmental level.

Keywords: school absenteeism; school refusal; early signs; identification; assessment

early intervention at Tier 2 is based on the efficient identification of emerging SR or risk for SR at Tier 1. In this paper we present early signs and likely risk factors for SR, based upon a review of the literature. These signs and risks are then incorporated in a school-based framework to support identification.

Signs and Risk Factors for Emerging School Refusal

Our review of signs and risks for emerging SR is informed by the developmental psychopathology perspective (Cicchetti & Cohen, 1995). We focus on youth characteristics as well as characteristics of the school environment and the family. Links between the home and school microsystems are considered, representing a mesosystem in Bronfenbrenner's ecological model (2005). Studies of community factors are still needed, but SR is thought to be influenced by social deprivation (Place, Hulsmeier, Davis, & Taylor, 2000) and a socio-pathological emphasis on education and competitiveness (Kawabata, 2001; Nakane, 1990).

The review draws upon the few existing community-based studies of youth who show early signs of SR. These are youth whose behavior resembles Berg and colleagues' (Berg, 1997, 2002; Berg et al., 1969; Bools et al., 1990) criteria for SR but who do not meet full criteria for a SAP as defined by Kearney (2008a). That is, the criteria relating to amount of absence (e.g., 25% in 2 weeks) or extent of difficulty attending (e.g., severe difficulty attending classes for at least 2 weeks) are not met. For example, a youth who is occasionally reluctant to attend but does not meet the criteria of difficulty attending for at least two weeks, is showing signs of emerging SR as opposed to established SR.

Because studies of youth showing early signs of SR are scarce, we also extrapolate from community- and clinic-based studies of characteristics that co-occur with established SR. It is important to bear in mind that this can lead to biases in interpretation and overinflation of the importance of a risk factor (Polat & Tiemeier, 2005). For example, even though established SR is often associated with anxiety, we cannot conclude that anxiety is a risk factor for SR. We acknowledge that risk factors are not specific to SR (e.g., maladaptive cognition is associated with SR, anxiety, and depression), and this is true for many conditions. At the same time, some risk factors appear to be unique to SR and not shared with truancy.

Characteristics Related to the Young Person

Absence or Partial Absence

A conspicuous sign of emerging SR is absence from school. It may take the form of late arrival at school (e.g., after conflict at home about having to attend school), returning home during the day (e.g., when lunch break starts), and absence for the whole day (e.g., on Mondays after the weekend with the family, or on days when oral reports or sports events are due to be held; Berry & Lizardi, 1985). Missing particular activities or classes while remaining at school (e.g., sitting in the library during physical education class) can also be regarded as absence from the standard educational program.

Egger and colleagues (2003) designated a community sample of youth as displaying mild SR based on a minimum half-day absence due to anxiety or worry in the past 3 months. In view of the low threshold for absence, some of these youth were probably displaying emerging SR rather than mild SR. On average, the youth displaying emerging or mild SR were absent on 4.2 half days (almost 2 days of absence across 3 months). Absence is not only a sign of emerging SR, but also a serious risk for established SR because absence has the tendency to lead to more absence (Kearney & Graczyk, 2014).

Anxiety and Depression

By definition, established SR is associated with emotional distress such as anxiety[2] or depression. Emotional distress also seems to be a sign of emerging SR. In Egger and colleagues' (2003) study, anxiety disorders were significantly associated with emerging or mild SR. These youth reported various concerns, namely, fear specific to school (36%), worry about harm to parents (18%), and fear of what will happen at home while attending school (17%). A significant association with depression was also found, with 14% of youth meeting criteria for a depressive disorder. Symptoms reported by these youth included trouble falling or staying asleep (32%) and fatigue (12%).

One study suggests that anxiety presents a risk for SR. Jones and Suveg (2015) classified clinic-referred youth with anxiety disorders as school reluctant if they were very nervous or scared about going to school while still attending. According to the authors, none of these youth met criteria for established SR. We can thus speculate that the school-reluctant youth displayed emerging as opposed to established SR, although the frequency of being nervous or scared about attendance was unspecified and there was variability in absence (0–30 days). School-reluctant youth experienced greater anxiety than nonreluctant youth, according to clinician impressions based on interviews with the youth. One interpretation is that a youth's general anxiousness may lead to greater nervousness about going to school in particular. Over time, this could result in SR. Interestingly, school-reluctant and nonreluctant youth did not differ when clinician ratings of anxiety were based on interviews with parents. The authors suggested that parents and teachers may not recognize symptoms experienced by

[2] For convenience, the term "anxiety" is used to refer to fear, anxiety, and worry.

school-attending youth who are nervous or scared about going to school. Comer and Kendall (2004) similarly argued that parents underestimate the degree and impact of anxiety on their children's lives, whereby symptoms go undetected.

Separation anxiety is one form of anxiety held to be a cause of SR (Bagnell, 2011). Social anxiety may also form a particular risk for SR. Ingul and Nordahl (2013) compared a community sample of high school students classified as high-anxious but attending school regularly (missing 13 or fewer days in a term) with high-anxious students often absent from school (missing 13.5 days or more). Youth who were often absent reported more social anxiety and panic symptoms. We tentatively speculate that higher social anxiety or panic is associated with higher absenteeism and thus with higher risk for SR.

Somatic Complaints

In the definition of SR, somatic complaints are one of the indicators of emotional distress about attending school. Somatic complaints are not necessary for SR classification but they are common, occurring among 50% to 80% of youth with established SR (Berg, 1980; Honjo et al., 2001) and 25% of nonreferred youth with emerging or mild SR (Egger et al., 2003). Egger et al. found that somatic complaints were significantly associated with SR but not with truancy or regular school attendance. Havik et al. (2015a) similarly found that subjective health complaints (e.g., headache, stomachache, feeling unwell) had a stronger association with SR-related absenteeism than with truancy-related absenteeism.

There is a well-established relationship between somatic complaints and internalizing disorders (Ruchkin & Schwab-Stone, 2014). The relationship between somatic complaints and difficulty attending school may be more than an artefact of this well-established association. Jones and Suveg (2015) found that anxious school-reluctant youth (i.e., youth nervous or scared about school but still attending) had elevated somatic problems as reported by parents, relative to anxious but nonreluctant youth. This also suggests that the pairing of somatic problems and anxiety is a better indicator of risk for SR than the presence of anxiety alone.

There is no longitudinal study indicating that somatic complaints lead to the onset of SR, but anecdotal accounts suggest that illness-related absence may precede SR in some cases (e.g., Berg, 1996). For example, parents may allow a child who complains of feeling unwell to stay at home, and if the absence is prolonged it might become difficult for the young person to return to school. A longitudinal study of absenteeism (not specified by type) indicated that absenteeism perpetuates somatic symptoms (Janssens, Oldehinkel, Dijkstra, Veenstra, & Rosmalen, 2011). According to the authors, youth who stay home may have less distraction from health complaints and focus on them more, increasing symptom intensity.

Somatic complaints may arise out of a true physical problem rather than distress about school attendance (Kearney, 2006). In other cases, legitimate illness complaints may co-occur with SR, but SR is overlooked by the parents (Berg, 1985). This phenomenon was referred to as the masquerade syndrome (Waller & Eisenberg, 1980), whereby "a sick role" is legitimized and "the possibility of the dimension of school phobia [is] not even entertained" (p. 212). Sometimes youth experience low-grade physical problems that may not justify absence, but the complaints are embellished in order to stay at home; in other cases youth make false claims about having somatic complaints (Kearney, 2006). False claims would still indicate emerging SR if they are motivated by difficulty attending school. False claims motivated by an indifference towards school may indicate truancy.

Age and Transitions

Poor attendance may be established as early as the first year of schooling (Hancock et al., 2013). By extension, SR may emerge in the early school years, but can also occur at other stages of schooling. A review by Hersov (1985) suggests that it is most common between 5 to 7 years of age, at 11 years, and at 14 years or older. Depending on the country, these ages correspond to early schooling, change of school, and nearing the end of compulsory education. In a community sample of youth (9–16 years) with emerging or mild SR, the mean age of onset was 10.9 years (Egger et al., 2003), suggesting that SR emerged more often in childhood than adolescence. Nevertheless, referral for established SR is more common among adolescents (Heyne & Sauter, 2013), perhaps because SR in adolescence is more severe and complex (Heyne, Sauter, Ollendick, Van Widenfelt, & Westenberg, 2014).

Another explanation for higher referral among adolescents is that some youth have difficulty making the transition from primary to secondary school, at the same time as they transition from childhood to adolescence. Indeed, the first 2 years of secondary school represent a peak in referral for established SR (e.g., Heyne, 1999; McShane, Walter, & Rey, 2001). In a qualitative study, all four youth with difficulty attending school due to anxiety reported problems in the transition to secondary school (Baker & Bishop, 2015). Some of the risks associated with the transition to secondary school include confrontation with a larger and more complex school environment, and an increased sense of being unsafe as a result of the unpredictability of the new environment (see section below, "Problematic Student-Teacher Relationship and Unpredictability at School").

Other transitions associated with SR include moving to a new area (Torma & Halsti, 1975) or school (e.g., from

one primary school to another; Ollendick & Mayer, 1984); a change of teacher or class (Torma & Halsti, 1975); the beginning of the school year (Granell de Aldaz, Feldman, Vivas, & Gelfand, 1987); returning to school after a holiday period (Berg, 1996) or an absence due to illness (Blagg, 1987); the departure or loss of a school friend (Hersov, 1985) or family member (Blagg, 1987), perhaps as a result of separation or divorce (Torma & Halsti, 1975); and mother starting work (Ollendick & Mayer, 1984). Transitions related to age (e.g., starting secondary school) and unrelated to age (e.g., moving home and starting at a new school) represent periods of heightened vulnerability that may predispose youth to developing SR or precipitate the onset of SR.

Problematic Emotion Regulation

The manner in which youth regulate their emotions (i.e., monitor, evaluate, and modify emotional reactions; Thompson, 1994) is of interest because emotional distress is included in the criteria for SR. Jones and Suveg (2015) found that anxiety-disordered school-reluctant youth reported higher levels of negative affect compared to nonreluctant peers with anxiety disorders. Parent or teacher reports of lability/negativity (e.g., "exhibits wide mood swings"; "is prone to angry outbursts") did not differ between the two groups. Parents and teachers may not be fully aware of the negative affect experienced by school reluctant youth.

Hughes, Gullone, Dudley, and Tonge (2010) compared youth referred for the treatment of SR with a nonclinical sample of regular attenders matched for age and sex. SR youth used more expressive suppression (i.e., hiding or suppressing emotional responses) and less cognitive reappraisal (i.e., changing thinking about a situation to change the emotional impact of the situation). Because SR youth also presented with an anxiety disorder, it is unclear to what extent this pattern of emotion regulation is due to anxiety relative to SR. This notwithstanding, the study suggests that some youth with difficulty attending school regulate their emotions in a way that makes it difficult for teachers and parents to observe the emotional distress (i.e., expressive suppression). Hughes and colleagues' study also suggests that maladaptive cognition may be associated with SR.

Negative Thinking, Low Self-Efficacy, and Limited Problem Solving

Youth with established SR have more negative thoughts related to personal failure and a greater tendency to overgeneralize negative events, relative to youth not refusing to attend school, even when controlling for anxiety (Maric, Heyne, de Heus, van Widenfelt, & Westenberg, 2012). However, it is not clear if such cognition causes or even arises from SR. In the field of youth anxiety there is a similar paucity of longitudinal data to indicate that maladaptive cognition is involved in the development of anxiety (Spence & Rapee, 2016). An exception is Miers and colleagues' (2014) study showing that post-event rumination may be important in the development of social avoidance. Longitudinal studies also implicate maladaptive cognition such as rumination (Abela & Hankin, 2011) and negative expectations (Lau, Belli, Gregory, & Eley, 2014) in the development of depression. Because SR is associated with anxiety and depression, it is likely that negative thinking is also a risk for SR.

Low self-efficacy for coping with school-related situations is characteristic of some youth with established SR (Heyne et al., 1998). Conversely, increased self-efficacy mediated increased school attendance following treatment for SR (Maric, Heyne, MacKinnon, van Widenfelt, & Westenberg, 2013). This suggests that high self-efficacy for handling difficult situations at school may contribute to regular attendance in the face of those situations. By extension, low self-efficacy for responding to school situations may form a risk for SR.

SR youth were reported to worry greatly about problems, to lack effective ways to resolve problems, and to have the tendency to see problems as unsolvable (Place et al., 2000). They were also found to view themselves as poorer at problem solving relative to nonrefusing peers, and to rely more on others than on themselves when problems arise (Place, Hulsmeier, Davis, & Taylor, 2002). Youth with a negative problem orientation (e.g., nothing will work) and insufficient skills for tackling problems (e.g., clarify the problem, brainstorm solutions, evaluate the solutions, choose and implement a solution) might be at particular risk for SR when problems arise at school, as inevitably occurs. Indeed, Place et al. (2002) argued that failure to deal effectively with stressful situations is associated with emerging SR.

Characteristics Related to the School Setting

Teachers and other school personnel are frequently the first to identify SAPs (Kearney & Bates, 2005). However, there is an unfortunate tendency for school personnel to explain absences in terms of the parents' attitudes or the home environment, while parents and students explain absences in terms of school factors (Malcolm, Wilson, Davidson, & Kirk, 2003). Moreover, parents of SR youth sense that the school blames the youth or family for the problem (Havik, Bru, & Ertesvåg, 2014). Research indicates that school-based factors always should be taken into account when a young person is absent from school (Havik, Bru & Ertesvåg, 2015b). While most studies address school-based factors associated with nonattendance in general or truancy in particular (Thambirajah, Grandison, & De-Hayes, 2008), our review is based on studies of youth with SR or emerging SR.

Problematic Student-Teacher Relationship and Unpredictability at School

Based on findings from a community sample of youth without SAPs, Murberg and Bru (2009) argued that supportive student-teacher relationships might protect against stress and negative emotions for youth. Thus, if problematic student-teacher relationships contribute to stress and negative emotions, such relationships may pose a specific risk for SR in view of the association between emotional distress and SR (see previous section, "Anxiety and Depression"). In a qualitative study by Havik et al. (2014), the majority of parents of SR youth reported that their child's SR was associated with a lack of teacher support or classroom monitoring, or fear of the teacher. In Baker and Bishop's (2015) study of SR youth, perceptions of the causes of SR were similar, including lack of supportive experiences (e.g., being disbelieved; experiencing fragmented support; being blamed and punished). Teachers and other professionals have also indicated that conflict with teachers is related to SR (Archer, Filmer-Sankey, & Fletcher-Campbell, 2003).

Fears associated with less structured aspects of school (e.g., break times) and poorly monitored areas (e.g., toilets; change rooms) have been linked to nonattendance (Kearney & Beasley, 1994; Lauchlan, 2003; Lyon & Cotler, 2007) and to SR (Ollendick & Mayer, 1984). Other transition moments during the day (e.g., entering the school building; moving between rooms; changing from individual work to group-based work), and exposure to unfamiliar people (e.g., teaching assistant; new student) present less predictability for youth. Youth with emotion regulation difficulties, unhelpful thinking, low self-efficacy, and limited problem solving may be at increased risk for SR in the face of unpredictability. Indeed, the parents of SR youth associated noisy, disruptive, and unpredictable or unsafe classrooms with their child's SR (Havik et al., 2014). The sense of attending a dangerous school was also found to be associated with emerging or mild SR, but not with truancy (Egger et al., 2003).

Bullying, Social Isolation, and Loneliness

Youth with established SR have typically reported a long history of being bullied (Place et al., 2000), one third of referred cases involved conflict with peers (McShane et al., 2001), and one third of parents reported bullying and victimization in relation to their child's SR (Havik et al., 2014). The association between bullying and SR opens up the possibility that bullying occurred prior to the emergence of SR. Indeed, when Archer et al. (2003) questioned teachers and other professionals about their perceptions of the causes of SR, several school-related factors emerged, including bullying and friendship problems. Two community studies support the notion that bully victimization and peer conflict are associated with emerging SR or with SR-related reasons for absence. First, Egger et al. (2003) reported that youth with emerging or mild SR were more likely than regular school attenders to encounter peer victimization and conflict with peers. Second, Havik et al. (2015b) found a strong association between bullying and SR-related absenteeism, even while controlling for emotional stability. Youth at greater risk for bullying include those on the autism spectrum (Tippett, Houlston, & Smith, 2010), those with special educational needs (Mishna, 2003), and those with poor peer status and social competence (Cook, Williams, Guerra, Kim, & Sadek, 2010).

Beyond bullying, there are other social problems among youth with established and emerging SR. According to Place et al. (2000), SR youth reported that they had few if any friends and were socially isolated inside and outside of school. Havik et al. (2015b) found that social isolation at school was positively associated with SR-related absence among lower secondary school students. Egger et al. (2003) found that youth with emerging or mild SR were shyer with peers and had more trouble making friends, relative to truanting youth and youth without SAPs. In Jones and Suveg's (2015) study, school-reluctant youth reported a greater level of loneliness than nonreluctant youth.

Educational Difficulties

Poor grades and special educational needs are recognized risk factors for truancy (Southwell, 2006; Vaughn, Maynard, Salas-Wright, Perron, & Abdon, 2013) but seldom investigated in studies of SR. One exception is the study of Havik et al. (2015a), which indicated that special educational needs were more characteristic of truancy-related absence than SR-related absence. An early evaluation of depressed SR adolescents in an inpatient unit revealed significantly more language impairments and learning disabilities relative to matched psychiatric controls (Naylor, Staskowski, Kenney, & King, 1994). The authors concluded that the impaired academic performance and frustration that stem from language and learning difficulties might contribute to the development of SR for some youth. The generalizability of Naylor and colleagues' finding is partially supported by McShane and colleagues' (2001) description of SR youth who received inpatient or outpatient treatment. Academic difficulties (not specified) were held to be one of the major stressors in the onset of SR, occurring among 31 percent of the youth. Prabhuswamy and colleagues (2007) reported learning disorder among 15 percent of SR youth, and suggested that learning disorders among SR youth contribute to anxiety and depression. It is equally plausible that the emotional distress arising from learning difficulties can contribute to the emergence of SR.

Regarding intellectual functioning, Heyne, Sauter, Van Widenfelt, Vermeiren, and Westenberg (2011) reported average functioning across a group of youth with established SR. Contingent upon the presence of other risk factors,

youth across all levels of academic and intellectual functioning may be prone to emerging SR. One of the additive risk factors is likely to be anxiety about academic performance. Egger and colleagues (2003) found that youth with emerging or mild SR reported more performance anxiety than truanting youth and youth without SAP. Another additive risk factor is the mismatch between a youth's ability and the academic demands of school. According to parents interviewed by Havik et al. (2014), insufficient adaptation of academic requirements at school may have contributed to their child's SR. Predictably, absence, and academic difficulties will interact as risk factors.

Limited Cooperation Between School and Home

There is a well-established positive relationship between parent involvement in education and youths' academic achievement (Epstein, 1991; Fan & Chen, 2001; Jeynes, 2005). A fundamental aspect of parent involvement is to ensure the child attends school. By definition, parents of SR youth make efforts to get their child to school (Berg, 2002). Indeed, Havik and colleagues (2015b) found that poor parental monitoring of absence was only weakly associated with SR-related absence. Despite parents' intention to manage their child's attendance, some may struggle because of the level of distress and resistance shown by their child or because of the parents' own mental health problems or family-related problems (see next section, "Characteristics Related to the Family Situation"). In these cases, parents might need extra support from school personnel, which presupposes cooperation between school and home. Havik et al. (2014) found that most parents of SR youth experienced that cooperation from school staff was only taken seriously once SR had developed. According to these parents, school-home cooperation is important in the prevention of SR. School personnel also experience lack of cooperation from parents of SR youth. This might be explained by the benefits some parents enjoy when a school-refusing child stays at home (e.g., Christogiorgos & Giannakopoulos, 2014). Whatever the reason for limited cooperation between school and home, it will impede the identification of signs and risks for emerging SR. Conversely, effective communication between schools and families has been shown to positively impact school attendance (Sheldon, 2007).

Characteristics Related to the Family Situation

Parental Psychopathology

Youth with emerging or mild SR had a parent treated for a mental health problem more often than truanting youth and youth without attendance problems (Egger et al., 2003). In cases of established SR, parents were treated for anxiety disorders more often than parents of truant youth and youth without SAPs (Bools et al., 1990). Anxiety disorder occurred in 78% of mothers and 54% of fathers (Martin, Cabrol, Bouvard, Lepine, & Mouren-Simeoni, 1999). Moreover, parents had higher rates of anxiety and depression relative to parents of youth without SR (Bahali, Tahiroglu, Avci, & Seydaoglu, 2011), and mothers of SR youth were more likely to have a history of SR than mothers of control youth (Last & Strauss, 1990).

It is argued that parental psychopathology influences the development of SR (Bahali et al., 2011). One suggestion is that parental psychopathology exacerbates the challenges of managing SR by impeding a parent's ability to appropriately support a distressed child (Heyne, 2006). If a young person is showing signs of emerging SR, an anxious or depressed parent may be less adept at responding to these signs. A more indirect relationship between parental psychopathology and emerging SR may exist, whereby youth acquire parental vulnerabilities via biological or conditioning processes, rendering the youth more susceptible to emotional distress when difficulties associated with school attendance arise.

Parental Overprotection

Kameguchi and Murphy-Shigematsu (2001) described the mothers of Japanese SR youth as overprotective, overinvolved, and interfering with their child's life. Place et al. (2002) studied SR youth in England, reporting overinvolvement in the mother-child relationship. In the United States, mothers of SR youth preferred more communication with their child relative to mothers of youth in a normal control group (Last & Strauss, 1990). Moreover, SR youth with the most severe levels of absenteeism came from homes where little emphasis was placed on out-of-home activities, maybe resulting in insufficient independence for youth (Hansen, Sanders, Massaro, & Last, 1998).

It is intuitive to speculate that the overprotective parenting noted in these reports led to youth having difficulty separating from their mother or the comfort of the home environment, making it more difficult to be at school. It is worth noting, however, that Egger et al. (2003) found no difference in parental overprotection between youth with mild or emerging SR, truanting youth, and youth without SAPs. Because overprotection was measured by a single item in a psychosocial vulnerability scale, the study may have failed to reliably capture this aspect of parenting. Another possibility is that parental overprotection in itself poses little risk for emerging or mild SR, but when combined with other risk factors, such as youth anxiety or depression, it may contribute to the development or maintenance of SR.

Unhealthy Family Functioning

Between one half and two thirds of families of youth with established SR display maladaptive family functioning (Heyne et al., 2015). Parents of SR youth reported more

dysfunction in family communication (e.g., lack of understanding), role performance (e.g., lack of clear family roles), control (e.g., inability to cope with changing demands), and affective expression (e.g., inhibiting painful affect) relative to parents of youth with psychiatric problems but no SR (Bernstein & Garfinkel, 1988). Low cohesion (disengagement) and low adaptability (rigidity) were also reported by SR adolescents and their parents (Bernstein, Warren, Massie, & Thuras, 1999). It was postulated that youth from previously enmeshed families began to rebel and become more disengaged as they reached adolescence. Perhaps the disengagement contributed to the development of SR in some of these cases. Recently, Carless and colleagues (2015) found that problematic family functioning was more common among the families of SR adolescents than families of school-attending adolescents. The odds of being a school refuser increased 17% for each additional unit of family dysfunction. To better understand the role of family functioning in SR, the authors called for more attention to family problem solving. Perhaps the lack of problem solving skills evidenced in SR youth (Place et al., 2002) stems from a lack of effective problem solving in the families of these youth.

There is no longitudinal research to illuminate the role of family functioning in the emergence of SR. Moreover, family functioning was not assessed in Egger and colleagues' (2003) cross-sectional study of emerging and mild SR. However, clinical opinion is that family conflict is associated with the onset of SR among adolescents (McShane et al., 2001). The youth's ability or motivation to attend school may be impacted by family conflict and, correspondingly, by problematic family communication and problem solving. Other family-related factors held to be associated with the development of SR are marital crisis, separation, and divorce (Torma & Halsti, 1975). When family life is characterized by marital conflict, the young person may fear that the family structure will disintegrate in their absence (Valles & Oddy, 1984), resulting in SR. Marital conflict could also affect the partners' ability to work together to manage a child's emerging SR.

A School-Based Framework for Identifying Early Signs and Risk Factors

Targeted intervention requires timely identification of emerging SR and risk for SR. To support school staff and professionals consulting to schools, we present a school-based framework for identifying early signs and risks for SR. It differs from earlier work that focused on truancy rather than SR (e.g., Teasley, 2004), or presented SR signs and risks based on the experience of a small sample of service providers (e.g., Berry & Lizardi, 1985), or made limited reference to the empirical literature (e.g., Thambirajah et al., 2008). Because our framework focuses on SR in particular, it also differs from Richardson's (2013) and Kearney's (Kearney, 2016; Kearney & Graczyk, 2014) work on identifying SAPs in general.

For each sign and risk identified in our review we provide suggestions for assessment, including instruments or procedures helpful in gathering information (see Table 1). The suggestions emanate from our own experience in the assessment of SR and from scientific publications and practice-related literature.[3] There are multiple sources of assessment information, mirroring the identification of emerging SAPs (Kearney, 2016). The sources include the young person, parents, and school personnel, as well as others familiar with the young person and their family (e.g., school psychologist, family doctor, family therapist).

Formation and Responsibilities of the Attendance Team

A dedicated attendance team or task force is established (Kearney, 2016; Richardson, 2013). Attendance teams are usually tasked with prevention and intervention for the full range of SAPs, but in this paper we focus on their role in identifying emerging SR and risk for SR. When possible, an existing team structure is used so that the team's current functioning and competencies can be utilized. The team can be established within a school or across several schools seeking to pool limited resources, share ideas, or collaboratively address community factors associated with absenteeism.

Various members of the school community would ideally participate in the team. Involvement of the principal or assistant principal safeguards the implementation of school-wide systems for prevention, identification, and interventions for SAPs. Year-level coordinators have regular contact with teachers who possess first-line information about students and have contact with parents. Student welfare staff (e.g., school psychologist or counsellor; school nurse) have knowledge of specific difficulties experienced by students. A member of the school administration can help to integrate and interpret attendance data. Including parent and student representatives poses ethical challenges around confidentiality, but it can provide valuable consumer perspectives on the development and implementation of policies and procedures regarding school attendance in general.

Other key members of the team are drawn from the community. Representatives from mental health and student welfare services should be involved, ensuring that school personnel have a thorough understanding of local services (Teasley, 2004). In turn, this facilitates referral when formal assessment seems warranted (e.g., internalizing disorders or developmental disorders; Kearney, 2016) and when estab-

[3] It is beyond the scope of this paper to review all possible instruments and procedures. Instead, we provide numerous suggestions as a starting point for the attendance team.

Table 1
Identifying Signs and Risk Factors for Emerging School Refusal

Early signs of emerging SR	Procedures and instruments
Absence or partial absence	S – Registration of attendance/absence on a daily, half-daily, or class-by-class basis; regular review of school attendance records S/P – Communication about late arrival / absence; start daily records of attendance, distress, and behavior at school/home. P – SNACK (Heyne et al., 2019) P/Y – SRAS-R (Kearney, 2002)
Anxiety	S – Observation (Kearney & Albano, 2007); communication with youth & parents; The School Anxiety Scale – Teacher Report (SAS-TR; Lyneham et al., 2008). P – Observation; CBCL (Achenbach, 1991a) + monitoring a la Kearney and Albano (2007) Y – SCARED (Birmaher et al., 1997, 1999); MASC (March, Parker, Sullivan, Stallings, & Conners, 1997); SPAI-C (Beidel, Turner, Hamlin, & Morris, 2000); SFT (Heyne & Rollings, 2002); school items of the FSSC (Ollendick, 1983);SRAS-R (Kearney, 2002); SAI-SV (Garcia-Fernandez, Ingles, Marzo, & Martinez-Monteagudo, 2014)
Depression	S – Observation (Kearney & Albano, 2007); communication with youth & parents P – Observation; CBCL (Achenbach, 1991a) Y – CDI (Kovacs, 2003); MFQ (Angold, Costello, Pickles, & Winder, 1987)
Somatic complaints	S – Observation; communication with youth & parents; TRF (Achenbach, 1991b) P – Observation; CBCL somatic problems subscale (Achenbach, 1991a) SCARED (Birmaher et al., 1997, 1999) Panic/ Somatic Syndrome subscale; MASC (March et al., 1997) Physical Symptoms Subscale Y – YSR somatic problems subscale (Achenbach, 1991c); SCARED (Birmaher et al., 1997, 1999) Panic/ Somatic Syndrome subscale; MASC (March et al., 1997) Physical Symptoms Subscale
Risk factors for emerging SR	**Procedures and instruments**
Age and transition between schools	S – Access information from prior school P/Y – Provide new school with information from prior school and information about the youth's response to other transitions in the family; SEQ-SS (Heyne et al., 1998); START (Rice et al., 2015); BESS (Dowdy, Harell-Williams, Moore, & Raines, 2016)
Problematic emotion regulation	S – Observation; communication with youth & parents; ERC (Shields & Cicchetti, 1997) P – Observation; ERC (Shields & Cicchetti, 1997) Y – ERQ-CA (Gullone & Taffe, 2011); ERICA (MacDermott, Gullone, Allen, King, & Tonge, 2010); CERQ-k (Garnefski, Rieffe, Jellesma, Meerum Terwogt, & Kraaij, 2007)
Low self-efficacy	S – Communication with youth & parents P – Communication with youth Y – SEQ-SS (Heyne et al., 1998)
Negative thinking	S – Communication with youth & parents P – Communication with youth Y – CATS-N/P (Hogendoorn et al., 2010); CNCEQ-R (Maric, Heyne, Van Widenfelt, & Westenberg, 2011); SSA-Y (Heyne and Rollings, 2002); rumination can be assessed via the CERQ-k (Garnefski et al., 2007)
Limited problem solving	S – Observation; communication with youth & parents P – Observation Y – PSM-C (Lochman, White, & Wayland, 1991)
Insufficient teacher support and monitoring, unpredictability at school	S – Discussion among school staff; communication with youth & parents regarding school climate and absence (see Kearney, 2016, pp. 47-51); STRS (Pianta, 2001); CLASS (Pianta, La Paro, & Hamre, 2008) P – Discussion with school staff Y – School Climate Measure (Zullig et al., 2010); Y-CATS (Mantzicopoulos & Neuharth-Pritchett, 2003); ASQ (Byrne, Davenport & Mazanov, 2007)

(continued on next page)

Table 1 (*continued*)

Risk factors for emerging SR	Procedures and instruments
Bullying, social isolation and loneliness	S – Observation; communication with youth & parents; social network analyses / social cognition map Y – Olweus Bullying Scale-Revised (Olweus, 1996); UCLA LS (Russell, 1996)
Educational difficulties	S – Observation and evaluation of learning progress; formal achievement tests (e.g., educational services) Y – CTAS (Wren & Benson, 2004)
Limited cooperation between school and home	S – Observation and discussion between attendance team school and parents
Parental psychopathology	S – Observation; communication with parent P – BSI (Derogatis, 1993) M – SR interview–parents (Heyne & Rollings, 2002)
Parental overprotection	S - Observation of parent-youth interaction P/Y - FES (Moos & Moos, 2009) or FAM III (Skinner, Steinhauer, & Santa-Barbara, 2004) or FACES (Olson, 2011)
Unhealthy family functioning	S – Observation of parent-youth interaction, P/Y - FES (Moos & Moos, 2009) or FAM III (Skinner, Steinhauer, and Santa-Barbara, 2004) or FACES (Olson, 2011) M - Communication with parents

Note. S = School staff; P = Parents; Y = Youth; M = Mental health professionals; SNACK = School Non-Attendance CheckKlist; SRAS-R = School Refusal Assessment Scale- Revised; SAS-TR: The School Anxiety Scale – Teacher Report; CBCL = Child Behavior Checklist; SCARED = Screen for Child Anxiety related Emotional Disorders; MASC = Multidimensional Anxiety Scale for Children; SPAI-C = Social Phobia and Anxiety Inventory- Children; SFT = School Fear Thermometer; FSSC = Fear Survey Schedule for Children; SAI-SV: School Anxiety Ineventory- Short version; CDI = Children's Depression Inventory; MFQ = Mood and Feelings Questionnaire; TRF = Teachers Report form; YSR = Youth Self Report; START: The Secondary Transition Adjustment Rating Tool BESS: Behavioral and Emotional Screening System; ERC: Emotion Regulation Checklist; ERQ-CA = Emotion Regulation Questionnaire for Children and Adolescents; ERICA = Emotion Regulation Index for Children and Adolescents CERQ-k = Cognitive Emotion Regulation Questionnaire-kids SEQ-SS = Self-Efficacy Questionnaire for School Situations; CATS-N/P = Children's Automatic Thoughts Scale - Negative/Positive; CNCEQ-R = Children's Negative Cognitive Error Questionnaire–Revised; SSA-Y = Self-Statement Assessment for Youth; PSM-C = Problem Solving Measures for Conflict; STRS: Student-Teacher Relationship Scale; CLASS: Classroom Assessment Scoring System; Y-CATS: Young Children's Appraisals of Teacher Support; ASQ: Adolescent Stress Questionnaire; UCLA LS = University of California, Los Angeles Loneliness Scale; BSI: Brief Symptom Inventory; CTAS: Children's Test Anxiety Scale; FES = Family Environment Scale; FAM = Family Assessment Measure; FACES = Family Adaptability and Cohesion Scale.

lished and severe SR warrants Tier 3 interventions. A representative from the local education office can provide advice on interventions for absenteeism and legal aspects of protracted absenteeism (Teasley, 2004). A general practitioner can provide advice on the need for medical examination and liaise with local medical professionals to inform about the hazards of encouraging youth with emerging SR to stay at home until they feel ready to attend school.

In the first instance the attendance team ensures that school personnel, parents, and youth are aware of the signs of emerging SR and risk for SR (see Table 1 for a summary). Flyers, school web pages, information evenings for parents, and in-training for school personnel (e.g., by specialists from local services) are ways to promote awareness of these signs and risks. The team also initiates and manages processes for monitoring the signs and risks. Attention is given to individual cases of emerging SR, as well as class-level, year-level, and school-wide trends associated with emerging SR. Decisions are made about the need for further assessment, early intervention, and progress monitoring.

The team meets regularly (e.g., every 2 weeks) and more often towards the start of the new school year (Kearney, 2016) or term. It reviews the attendance data provided by the school administration together with any additional information about emerging SR or risk for SR (e.g., a teacher's concern about a student who appears anxious). The information is used to determine which cases warrant further assessment or commencement of targeted intervention. The threshold for determining when to conduct further assessment often varies between school districts and even between individual schools. The question becomes: How much absenteeism and how many other signs or risks for emerging SR are required to trigger further assessment? We return to this important question in the section on "Issues Associated With the Identification of Early Signs and Risk Factors."

A team member appointed as coordinator facilitates the further assessment. Depending on their expertise and available time, the coordinator helps conduct the assessment and liaises with other parties engaged in the assessment process (e.g., school psychologist). Assessment may involve the administration of questionnaires together with face-to-face, telephonic, and written contact with teachers, parents, the young person, and other relevant parties (see Table 1). Ideally, assessment information is obtained prior to the

attendance team's next meeting so that the coordinator can present a summary of the gathered information and the team can decide upon an appropriate targeted intervention to prevent SR becoming established. The method and timing for monitoring a youth's progress is also discussed.

This framework represents a systematic approach to identification. That is, during regularly scheduled meetings, the attendance team identifies youth for whom further assessment is warranted. This can be supplemented with a more flexible approach, whereby parents or teachers call upon the coordinator of the attendance team whenever there is concern about a certain young person, without waiting until the team's next meeting.

Identifying Early Signs

Identifying the early signs of emerging SR can be somewhat challenging because of the variability in the presentation of SR (Heyne, 2006) and difficulty differentiating between types of SAPs when they are just emerging (e.g., SR versus truancy). By the same token, when school personnel are provided with a framework and adequate support, three characteristics of SR may be readily identified at an early stage: absence, emotional distress in the form of anxiety or depression, and emotional distress in the form of somatic complaints.

Absence or Partial Absence

It is often the teacher's role to record attendance on a daily, twice-daily, or lesson-by-lesson basis. Some schools digitally monitor school entry and exit. In between the scheduled meetings of the attendance team, attendance data should be reviewed regularly and at least twice-weekly where possible. This quickly clarifies the extent of absenteeism (e.g., frequency of late arrivals, leaving school during the day, and days absent). Patterns in absenteeism might point to reasons for absence, which indicates the importance of reviewing attendance data across longer periods (i.e., not just the current school week).

Parents are contacted about absences, to ascertain legitimacy (e.g., doctor's appointment) and possible indicators of emerging SR (e.g., the youth's distress about having to attend school). A defining feature of SR is that the parents are aware of the youth's absence. If it comes to light that the parents are not aware, and if the young person engages in antisocial behavior, the emerging SAP may be better classified as truancy and warrant a targeted intervention specific to truancy.

Additional information about absence is gathered from parents and youth. In cases of established SR, some of the functions served by a youth's absence can be assessed via youth and parent versions of the School Refusal Assessment Scale–Revised (SRAS-R; Kearney, 2002). This instrument may also be useful in cases of emerging SR, providing clues about risk for further absenteeism (e.g., the youth enjoyed the company of the parent when not at school). The home-room teacher or school counsellor can use the SR questions in Heyne and Rollings' (2002) Clinical Interview With Youth and Parents. These open questions yield broader information than is obtained via SRAS-R items. Gathered information is reviewed at the next meeting of the attendance team. If there are grounds for a faster response (e.g., two consecutive absences without adequate explanation), the coordinator for the attendance team is alerted prior to the meeting.

Anxiety and Depression

A youth's anxiety about school attendance and the triggers for their anxiety may be identified through direct observation. One of the main expressions of anxiety at school is avoidance (Swan, Kagan, Frank, Crawford, & Kendall, 2016). Thus, teachers should look for signs like tantrums when the youth is brought into school, refusal to answer questions in class, frequent visits to the school nurse, frequent requests to be home-schooled, and behaviors that might result in being sent home from school early (Richardson, 2013). Other signs include excessive reassurance-seeking and persistent crying following separation from the parent. Behaviors suggestive of social anxiety include not volunteering answers in class and avoiding peer contact. Depressive characteristics may include sadness, loss of interest in friends, and trouble getting started with work (Berry & Lizardi, 1985). A sense of worthlessness may be evident in a youth's verbalizations (e.g., "no one would want to be friends with me"). Although anxious and depressive characteristics can be more difficult to detect than disruptive behavior, teachers' experience with a broad range of youth makes them well placed to identify youth with high levels of internalizing behavior (Swan et al., 2016). Discussion with parents yields a fuller picture (e.g., the youth's emotional distress prior to arriving at school).

School-based screening to monitor youths' anxiety and depression is recommended on an annual or biannual basis (Fox, Halpern, & Forsyth, 2008; see suggested instruments in Table 1). Case-by-case administration of questionnaires can occur when early signs of SR have been identified (e.g., absence). For example, the School Anxiety Scale–Teacher Report (Lyneham, Street, Abbott, & Rapee, 2008) facilitates assessment of anxiety symptoms manifest in the classroom context. This brief instrument also contains a reliable subscale for social anxiety. Because some anxiety symptoms are less evident in the classroom (Lyneham et al., 2008), youth and parents are also invited to complete questionnaires about the youth's anxiety and depression. The first three subscales of Kearney's (2002) SRAS-R assess reasons for absence related to anxiety or depression. Daily records of a youth's distress and behavior at school and home can be completed by school staff, parents, and youth

(e.g., Kearney, 2008b; Kearney & Albano, 2007). This yields information that may not be assessed via standardized measures, providing insight into situations that are difficult for the young person and warrant targeted intervention.

Somatic Complaints

Somatic complaints prior to school (e.g., the night before school; while getting ready for school; on the way to school) may be verbalized to the parents or observed in the young person's demeanor (e.g., tiredness; Berry & Lizardi, 1985). At school, youth may communicate directly to teachers or peers that they feel unwell. Indirect communication may come in the form of frequent visits to the toilet or health room (Aruga, Suzuki, & Tagaya, 2012). Standardized instruments completed by teachers, parents, and youth help indicate the prominence of a youth's somatic complaints relative to same-age peers (see Table 1).

When somatic complaints are identified, parents can be encouraged to rule out the possibility of an organic basis for the complaints by taking the youth for a medical check-up. In cases where parents frequently write notes to excuse low-grade or unsubstantiated illnesses, this should raise questions about the motivation for absence (Thambirajah et al., 2008). The alternative classification of school withdrawal might be warranted (see Heyne et al., 2019), indicating the need for targeted intervention focusing on the parents' motivations for keeping their child at home.

Identifying Risk Factors

We differentiate between signs of emerging SR and risk for SR in the following way. Youth at risk but not yet showing signs of SR are vulnerable because they share one or more of the characteristics that have been associated with emerging or established SR. For example, an at-risk youth may attend school regularly and not be distressed about attendance but have limited problem-solving skills.

The more risk factors present, the greater the likelihood of SR emerging, contingent upon the number and type of protective factors present (e.g., effective implementation of a school-wide anti-bullying program). Even when signs of emerging SR have been identified, risk factors warrant assessment where possible because the presence of specific risk factors informs the development of a targeted intervention (e.g., to foster problem solving in a youth who appears anxious at school). Identifying risk for SR can be more challenging than identifying early signs because there are many risk factors and they are not specific to SR. We provide suggestions about processes and instruments relevant to the risks arising as described in earlier parts of the paper.

Age and Transitions

The attendance team can ascertain risk associated with transition to secondary school by gathering information from parents and youth, as well as primary school staff. Information from interviews with school staff (e.g., prior absenteeism, social isolation, or bullying) and parents and youth (e.g., expectations, hopes, and concerns about the secondary school environment) can be supplemented with questionnaire data (e.g., coping at school; see Table 1). Broad-based methods of assessment include school-wide screening for risk of emotional and behavior problems (see Dowdy, Ritchey, & Kamphaus, 2010) and a short screening instrument administered to parents and teachers of youth who will enter secondary school (e.g., Rice et al., 2015).

The risk associated with other transitions (e.g., parents recently separated; a new classroom teacher) are assessed during ongoing communication between school personnel, youth, and parents.

Problematic Emotion Regulation

Self-report and other-report questionnaires are available to ascertain the young person's capacity to recognize, report, and regulate emotional distress (see Table 1). At the very least, when school personnel and parents communicate with youth about school, they need to recognize that some youth will need more support in identifying and expressing their emotional experiences.

Negative Thinking, Low Self-Efficacy, and Limited Problem Solving

The identification of maladaptive cognition can occur in several ways. Youth with low self-efficacy may be seen avoiding situations rather than approaching them (e.g., not engaging in academic or social activities). A youth's limited problem solving may be observed (e.g., always responding to a social problem by arguing) and negative thinking may be inferred from a youth's verbal and nonverbal behavior. For example, youth with a sense of inferiority may be heard blaming themselves, and youth with perfectionistic thinking may express dissatisfaction with completed work or engage in obsessive cleaning (Berry & Lizardi, 1985). School-based observations can be supplemented with self-report questionnaires (see Table 1) and discussion with parents and youth. Because rumination is associated with social anxiety, which is strongly linked to SR, this form of negative thinking may also be targeted via a self-report measure (see Table 1).

Problematic Student-Teacher Relationship and Unpredictability at School

Communication with teachers, parents, youth, and peers provides insight into a youth's experience of teacher support inside and outside the classroom, as well as conflict with teachers or other school personnel. This relies upon open and respectful dialogue between school and home, between

teachers and students, and among school personnel. Further information about risk in the form of a teacher's lack of support for students and problematic classroom management can be gained via teachers' engagement in reflective practice and via observations of student-teacher interaction conducted by school personnel or personnel from local educational services. Questionnaires focused on the student-teacher relationship are another valuable means of assessment (see Table 1).

The youth's response to situations and stressors inherent to school life can be assessed via questionnaire (see Table 1). Speaking with parents and youth can yield additional information about how the youth seems to respond to the stressors inherent to school life. Observations by school personnel of the youth's functioning in unstructured situations supplements this information.

Bullying, Social Isolation, and Loneliness

The identification of bullying relies upon observation inside and outside of the classroom setting, implementation of school-based policy for reporting bullying, and bullying questionnaires (see Table 1). When bullying occurs, its nature and impact on the youth needs to be assessed via communication with youth, peers, parents, and school personnel.

Youth who are thought to be isolated or lonely should be closely monitored. For example, do they appear uncomfortable during group-based activities, seek the company of teachers, or spend free time on their own? Discussion with parents and youth provides a clearer indication of the extent of their social problems and thus the extent of risk for emerging SR. Methods such as the sociogram, social network analysis, and social cognition map are useful for understanding social relationships and dynamics within a class, including youths' loneliness. Sociogram is quick and simple to use (e.g., Leung & Silberling, 2006) so it can be conducted regularly. Writing about SAPs in general, Kearney (2016) suggested that school climate be assessed at several points during the year using a selection of students. Because the construct of school climate includes contact with peers and school personnel as well as safety and discipline at school (Zullig, Koopman, Patton, & Ubbes, 2010), it is also pertinent to the assessment of student-teacher relationships and the experience of unpredictability at school (see section on "Problematic Student-Teacher Relationship and Unpredictability at School").

Educational Difficulties

Given the relationship between emotional distress and emerging SR, and the suggested link between educational difficulties and emotional distress, there may be value in assessing emotional distress among youth identified with educational difficulties. A specific component of emotional distress may be performance anxiety, which can be assessed via youth questionnaires (see Table 1).

Limited Cooperation Between School and Home

Timely identification of signs and risks for emerging SR relies upon a positive alliance between school and home. This supports the open and efficient exchange of information about emerging difficulties with school attendance. Indicators of a lack of cooperation from home include the parents' failure to answer telephone calls, to respond to written communication from school, or to attend appointments at school. It is helpful to understand the motivation for a lack of cooperation. For example, is it attributable to stressors in the life of the parent or family, or does the parent gain some benefit from having their child stay at home (i.e., school withdrawal)? Schools commonly foster cooperation with parents in a multitude of ways (e.g., parent information sessions; parent-teacher meetings; open days), but occasionally there is minimal direct contact with specific families in need. A school-based system for monitoring the frequency and nature of contact to and from parents would help identify gaps in school-home and home-school communication. At the very least, the attendance team should be notified when parents miss appointments and contact should be made with the parents to ascertain the reason for a missed appointment and to provide support.

Parental Psychopathology

Comprehensive evaluation of parental psychopathology is beyond the scope of the attendance team. However, a school psychologist might ask the parents about their general well-being in the course of assessing other signs or risks for SR, perhaps making use of Heyne and Rollings' (2002) clinical interview for SR. If mental health problems are identified via interview or ad hoc information (e.g., a parent discussed personal difficulties during the parent-teacher interview), follow-up questions would focus on the effect of the problem(s) on the parent-child relationship and on school attendance (e.g., "To what extent does your worry/distress/mood perhaps impact your relationship with your child/your intention to be firm and consistent about school attendance?"). Parents can be asked about support they currently receive for their own difficulties and provided with information about local support services, if needed. When a parent is known to have a mental health problem, the attendance team can decide to closely monitor the youth for signs of emerging SR.

Parental Overprotection

If other signs or risks for SR are present, such as the youth's excessive anxiety when separating from major attachment figures, it seems advisable to assess for parental overprotection. This may be observed in

parent-youth interactions at school, such as a parent's separation anxious behavior when leaving their child at school or answering for their child during youth-parent-teacher encounters. Written communication with school may also indicate overprotection (e.g., regular notes excusing the child's failure to complete homework). More direct assessment of parent-youth interaction may occur during an interview arranged with the parents and youth together, conducted by an attendance team member with experience in family-oriented work or an external professional. Standardized assessments of parenting are also available (see Table 1).

Unhealthy Family Functioning

Unhealthy family functioning may not be immediately visible to all school personnel. Those closer to youth, such as the mentor or school counsellor, may have heard a youth's spontaneous reports of life at home. When school personnel speak with youth and parents about reasons for late arrival or absences, they may hear about stressors for the family (e.g., marital conflict; unemployment). When possible, attention should be paid to parent-youth interaction occurring at school (e.g., lack of warmth; heated discussions). After anecdotal information has been conveyed to the attendance team, a decision is made about the need to arrange for a more detailed assessment of family functioning (see Table 1).

Issues Associated With the Identification of Early Signs and Risk Factors

We now consider a number of challenges associated with the identification of SR signs and risks. In due course, piloting of the school-based framework will reveal additional challenges and the contextual factors that give rise to these challenges (e.g., school size).

The identification of emerging SR demands considerable commitment and resources. The attendance team meets regularly, school personnel receive training and ongoing support in identification, and time is spent monitoring youth and completing questionnaires. The extent to which schools are able to dedicate resources to these tasks will influence the extent to which the suggestions in this paper can be implemented. Where possible, the attendance team should make use of data routinely gathered for other purposes (e.g., yearly screening of student well-being). The implementation of on-line surveys (e.g., Havik et al., 2015a) accessible via social networks (e.g., Pflug & Schneider, 2016) may also expedite the assessment of reasons for youths' absences. Ideally the school head is continuously committed to the school-based framework, and local education and social services share this commitment, contributing staff and finances.

Pragmatically, an attendance team will not be able to assess all possible risk factors for all types of SAPs (Kearney, 2016). When limited resources prohibit assessment of SR risk factors, the early signs of SR should be identified at a minimum. Early signs are identified more readily than risk factors because they resemble the observable characteristics of established SR (e.g., absence; anxious behavior at school).

Even when focusing on signs rather than risks, the attendance team will have difficulty responding to every sign of emerging SR (e.g., a single instance of late arrival at school). Still, early identification of signs is paramount. As noted long ago by Williams (1927), an absent youth "should, on the very first occasion, be pretty carefully examined to determine why he was absent. … If a case is allowed to run on for some time … he acquires habits of a sort which are nearly impossible to break" (p. 278). Reid (2014) also recommends "first day response" from school staff (p. 81). Balancing pragmatism and expediency, the attendance team needs to decide upon thresholds and time-frames for responding to signs. For example, the threshold for deciding to conduct further assessment or initiate targeted intervention might be absenteeism amounting to half of that required by Kearney's (2008a) classification of problematic absenteeism. This threshold equates to approximately 10% absence (1 full day or 2 half days) across the last 10 school days or 5% absence (4 full days or 8 half days) across the last 15 school weeks. It is similar to Richardson's (2013) suggestion that 5 days of unexcused absence be used as a warning sign. Using local data (e.g., school or district level absenteeism) as a threshold can be problematic because absenteeism might be unusually high at a specific school or in a specific district, leading to delayed identification of emerging SR.

It is evident from Table 1 that there are many instruments available to assess factors that may serve as signs or risks for SR. It would be advantageous if there was a psychometrically sound instrument to efficiently assess the most common individual, family, and school factors associated with the development or maintenance of SR. The instrument could be administered when a low threshold is reached (e.g., 2 unexplained absences), providing an indication of the likely risk for SR and the need for specific interventions (e.g., individual-, family-, and school-focused interventions). This mirrors Kim and Barthelemy's (2010) work in which a screening tool for truancy risk was validated.

Some indications of emerging SR will be less obvious to school staff (e.g., the youth's uncertainty about coping at school) and some less obvious to parents (e.g., requests to visit the school sick bay). Consequently, signs and risks of emerging SR may go undetected by some people familiar with the young person. This underscores the importance of ongoing communication between school staff and parents. It can also be difficult for secondary school teachers to develop a good understanding of each youth's

vulnerability for SR because student-teacher contact is spread across numerous teachers. This may also diffuse responsibility for identifying and responding to youths' difficulty attending school. The attendance team can encourage and support secondary school teachers to be active in observing and reporting signs and risks.

Professionals from community and clinical services should be familiar with the identification framework used by local schools because some youth seen in these services will be at risk for SR. Moreover, representatives from community and clinical services can participate in attendance team meetings, expediting communication about at-risk youth and the coordination of responses by education, community, and mental health services. Psychologists from community and clinical services can support the work of the school by providing in-service training on SR and related problems (e.g., youth anxiety and depression).

Conclusion

SR is a complex problem with adverse short- and long-term consequences. We reviewed signs and likely risk factors for emerging SR and presented a school-based framework for their efficient identification. Targeted intervention for those identified as at-risk or showing emerging SR can ward off the more serious and sometimes treatment-resistant problem of established SR. The status of risk factors for SR is yet to be established via longitudinal research. Empirical support for the benefits of the school-based framework also needs to be garnered. An empirically supported framework will yield benefits for youth, parents, schools, and society. Youth at risk for SR will be helped to remain on a normal developmental pathway of engagement with the academic and social-emotional opportunities associated with school attendance; parents will be relieved of the stress associated with managing established SR; schools will be able to concentrate on the primary task of supporting youths' academic and social-emotional development; and society is relieved of the costs associated with school dropout as a result of established SR.

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