

**An Exploration of School Attendance Problems Experienced by Children Receiving  
Mental Health Services**

**Amy Klan**

**Jess Whitley**

**Faculty of Education**

**University of Ottawa**

**Pre-print**

**Educational and Child Psychology**

**40 pp**

## **An Exploration of School Attendance Problems Experienced by Children Receiving Mental Health Services**

### **Abstract**

#### **Aim**

School attendance problems (SAPs) are a concern across education systems worldwide. SAPs are disproportionately experienced by certain groups of children, in particular those with mental health difficulties. Existing literature has identified myriad factors, including those proximal and distal, that influence attendance for these children. Most studies to date have focused on linear relationships between a small number of variables and fail to differentiate between types of SAPs (Heyne et al., 2019). A broader understanding of the complex context of school attendance problems remains understudied and is the focus of the current study.

#### **Method**

Using a qualitative design, we explored a) the SAP typologies and b) the individual characteristics and education-related needs associated with the school attendance problems of 15 children receiving mental health services at a community clinic.

#### **Findings**

Analyses of client files indicated that a) emotionally based school avoidance was the most common typology, b) approximately half the sample experienced one type of attendance problem while half experienced multiple types, c) anxiety was experienced by all children, and d) emotional, behavioural, social, and academic needs were noted in relation to SAPs over time. Our findings reflect the complex and varied profiles of students who share the experience of having significant school attendance problems.

#### **Limitations**

Limitations of our study include potential bias introduced through the multi-step data extraction process, a reliance on the judgement of clinicians, and a lack of full access to data caused by COVID-19 restrictions.

#### **Conclusions**

Future research and practice would benefit from a differentiated approach to understanding, preventing, and intervening to improve attendance and broad success for students with mental health difficulties.

*Keywords:* school attendance problems, school absenteeism, children's mental health, EBSA, school withdrawal, truancy, school exclusion

For many children, school is a central context for academic, social, emotional, and behavioural development (Heyne et al., 2019). Significant absence from school, or attendance under distress, is highly concerning in its potential to jeopardize this development (Kearney & Graczyk, 2014). Even prior to COVID-19, school absenteeism was posited as a “universal problem,” with substantial rates of nonattendance being reported by diverse nations, including Canada and the UK (Fredriksson et al., 2023; Long & Danechi, 2023; Melvin et al., 2019). Existing research indicates that school attendance problems are detrimental to education-related outcomes and are associated with academic achievement difficulties, impaired social-emotional development, significant stress, and increased high-risk behaviours (e.g., substance use) (Finning et al., 2020; Kearney & Albano, 2018; Liu et al., 2021). Furthermore, individuals experiencing difficulties attending school are more prone to long-term consequences such as school dropout and hardships entering the workforce (Munkhaugen et al., 2017).

School attendance problems persist as a current and pressing concern, marked by a noticeable increase in the number of students who are missing school post-COVID (Attendance Works, 2023; Rogers, 2022; Whitley & Saggars, 2022). While missed school days impose a detrimental impact upon student learning and well-being, a paucity of research exists that explores the lived school attendance experiences of children. This research is essential to inform a deep understanding of *why* some children miss a significant amount of schooling, and what approaches are most impactful in facilitating successful attendance, and ultimately engagement, participation, and success in school.

While attendance difficulties are wide-spread, certain groups of students, including those with mental health difficulties, are at greater risk for experiencing school attendance problems, and consequently, their adverse effects (e.g., Gase et al., 2014; Gottfried et al., 2019; Lawrence et al., 2019; Panayiotou et al., 2023). With mental health remaining a

pressing concern across education systems today, affecting an estimated 10-16% of children and adolescents worldwide, this heightened vulnerability points to the necessity of providing immediate attention to this specific population in relation to school attendance problems (Racine et al., 2021; Whitney & Peterson, 2019).

While definitions and operationalizations of school attendance problems (SAPs) vary across and within countries, these typically encompass sustained or chronic absences that have negative consequences for students. In many jurisdictions, chronic or persistent absenteeism is defined as missing at least 10% of school days (Nova Scotia Government, 2023; UK Department for Education, 2022). In addition to frequency, school attendance problems (SAPs) can also be defined by the type of absence. Heyne et al. (2019) analysed existing literature in the area and identified four SAP typologies of (1) school refusal (emotional/anxiety-based absenteeism), (2) truancy (unexcused absences), (3) school withdrawal (parent-motivated absenteeism), and (4) school exclusion (school-initiated absenteeism) to differentiate between attendance problems (Heyne et al., 2019). While this typology is intended to guide understanding and intervention for SAPs, few studies have gone beyond simple dichotomous measures of absenteeism and as such research exploring the complexity of SAPs is very limited. In addressing this gap, the current study explores the context of school attendance problems among a sample of 15 Canadian children receiving treatment for mental health needs. Our focus in particular is on child and school-related elements that might provide insight into steps that could be taken to address and improve SAPs in Canada and beyond.

### **School Attendance Problems and Child Mental Health Needs**

School attendance problems have persisted as a concern in the fields of education and psychology for decades, however, there has been a recent shift towards recognizing the link between school absenteeism and child mental health. Research indicates that children with

internalizing (inwardly-focused; e.g., anxiety, depression, trauma- and stress-related disorders) and/or externalizing (outwardly-focused; attention-deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder) mental health needs are placed at a higher risk for experiencing school attendance problems (El Samra & Rogers, 2020; Gallé-Tessonneau et al., 2019; Gubbels et al., 2019).

Extensive research has explored the specific types of attendance problems that are associated with internalizing and externalizing symptoms. Most prominently, discussion often surrounds the association between what has previously been termed ‘school refusal’ and internalizing symptoms, as well as truancy and externalizing symptoms (Dembo et al., 2016; Heyne et al., 2019). While the refusal-truancy dichotomy is helpful in capturing patterns that exist across the experience of children, research also highlights the significant overlap that can exist between and within these constructs (Inglés et al., 2015). In reviewing existing literature in the area, we acknowledge conceptual shifts in the field that have led to changes in terminology such as ‘school refusal’. This term is used “when a young person is reluctant or refuses to attend school because of emotional distress” (Heyne et al., 2020, p. 1). However, the term ‘refusal’ signifies a choice on the part of the child without a sense of the underlying issue, whereas a newer term, emotionally based school avoidance (EBSA), more accurately reflects the unmet emotional needs of the child that are preventing their consistent presence at school (Halligan & Cryer, 2022; Rae, 2020). We will thus use the term EBSA in place of school refusal, other than when directly quoting the work of authors.

### **Contextual Factors Surrounding School Attendance Problems**

School attendance problems (SAPs) are associated with a diverse array and interaction of contextual factors, encompassing a child's characteristics, strengths and needs, parental and familial dynamics, peer relationships, school environment, and broader environmental factors. Many of these are captured in the bioecological systems approach

outlined by Melvin et al. (2019), namely, the Kids and Teens at School (KiTeS) framework. This framework provides guidance for those seeking to understand the key influences of school absenteeism, identifying more proximal factors, such as disability status and mental health of the child and extending to the macrosystem influences such as cultural values or government policy, all contained within the chronosystem or time-related influences such as the particular cohort or school year. While not mapping specifically on the many elements of this framework, our work similarly adopts a systems approach to understanding school attendance problems that identifies influences at the child, family, and school levels.

Although findings are mixed, the majority of research indicates that the risk of attendance problems tends to increase as children get older (Johnsen et al., 2022; Skedgell & Kearney, 2018). Some studies have contended that this is perhaps due to the increased academic and social demands that come along with being in older grades, as well as the reduction in parental control (Demir et al., 2016). Other research points to age patterns that correspond with specific types of attendance problems. For example, EBSA is often found to be more prevalent in younger-aged children, whereas truancy is more often found in older-aged children (Melvin et al., 2017; Pengpid & Peltzer, 2017). Evidence also indicates that children who frequently miss school during their early years of education tend to maintain high rates of absenteeism as they progress through subsequent grades, thereby highlighting the importance of early intervention supports (Ansari & Pianta, 2019; Gottfried & Gee, 2017).

Research on gender differences in school attendance problems rates yields diverse results. Some studies indicate lower attendance rates among male students compared to female students (McCoy et al., 2007; Uppal et al., 2010; Wagner et al., 2004), while most have found no significant gender disparities (Allen et al., 2018; Anderson & Romm, 2020; Henry & Huizinga, 2007; Johnsen et al., 2022; Ozkanal & Arikan, 2011). Some studies

indicate that absenteeism rates depend upon the typology of attendance problem being presented, such as girls becoming more prone to truancy as they grow older (Attwood & Croll, 2006; Maynard et al., 2017; Skedgell & Kearney, 2018). Other findings suggest that girls are more prone to experiencing EBSA behaviours as a result of peer victimization (i.e., social and relational aggression) and internalizing symptoms (Gastic, 2008; Hawker & Boulton, 2000), whereas boys are more likely to experience school exclusion in the form of suspensions due to externalizing problems (King & Ganotice, 2014; Losen & Skiba, 2010).

Attendance problems are also related to various school-related factors, such as peer relationships, bullying and social exclusion (Havik et al., 2015), problematic student-teacher relationships (Ingul et al., 2019), and academic difficulties (Maynard et al., 2012). Other school environment factors linked with school attendance problems include school climate (e.g., perceptions of safety, inclusion, support, and connections with the school community), physical environment, school type, and organizational structure (Cohen et al., 2009; Gottfried et al., 2019; Lenhoff & Pogodzinski, 2018; Spencer, 2009).

While frameworks such as KiTeS (Melvin et al., 2019) are often referred to in attendance interventions, most of the extant research has focused on cross-sectional linear relationships between a small number of variables, for example peer victimisation, anxiety and attendance. A broader understanding of the complex context within which students experience school attendance problems remains understudied and is the focus of our research. Specifically, our goals were to describe: (1) The demographic characteristics (age and sex) of children experiencing SAPs; (2) The types of school attendance problems (truancy, EBSA, exclusion, withdrawal, Heyne et al., 2019) participants experienced; and (3) The educational and/or school-related needs relevant to SAPs for participants as well as (4) to explore the possibility of client case file analysis as a research approach in the field of school attendance problems.

While adopting a narrow focus on education, we recognize the intertwined nature of, for example, the significant family-related issues that may be described in the files with the educational aspects. Given the extensive, multi-year span of some of the files, and our particular interest in education, we chose to include file information only related to the child and their education and school-related experiences.

### **Methodology**

The current study utilised a largely descriptive, qualitative design (Creswell & Plano Clark, 2011), analysing client case files from a sample of children experiencing school attendance problems (SAPs) while receiving mental health services. The aims were to (1) summarize the demographic characteristics (age and sex) of children experiencing SAPs; (2) Identify the types of school attendance problems (truancy, EBSA, exclusion, withdrawal, Heyne et al., 2019) participants experienced; (3) Describe the educational and/or school-related needs relevant to SAPs for participants; (4) Explore the possibility of client case file analysis as a research approach in the field of school attendance problems. Our data were the clinical case files of the children compiled by the mental health service agency we partnered with (the Centre). These files contained rich, often extensive documentation about their presenting and ongoing concerns, programming, and referrals.

Analysis of case files for research purposes has a long history in social work, forensic science, and psychology. Case files are not created for research but to “facilitate communication, document procedures, and legitimize action” (Witte, 2020). However, these files provide unique insight into events and experiences allowing for deeper understanding of the circumstances surrounding phenomenon or shared experiences such as child maltreatment (Huffhines et al., 2016) or in our case, school attendance problems. Numerous examples of the use of retrospective content analysis with clinical case files exist, for example, to study trajectories of maltreated children (Witte, 2020) or to identify common characteristics of



women who killed their partners in the context of abuse (Scott et al., 2023). Child welfare research benefits from the use of analytic framings such as the Modified Maltreatment Classification System (MMCS; [English & the LONGSCAN Investigators, 1997](#)), although consistent and clear applications of this system with analysis of case files remains challenging (Huffhines et al., 2016). Our analysis of a small sample of clinical case files selected based on chronic, severe school attendance problems is truly exploratory and descriptive in nature.

### **Ethical Considerations**

The Centre we partnered with works closely with schools and other community-based agencies, particularly when children and families experience more complex or significant needs. Ethical approval for this study was obtained from the participating mental health treatment centre and the university ethics board at the authors' institution. Clients who access services at the Centre have the option of having their de-identified data used for research and evaluation purposes. Participants were only included in our study if they had selected this option. Beyond this consent, our research team took seriously the obligation to report findings in ways that preserved the anonymity of each client and their family. Thus we avoid deep descriptions of individual clients and focus instead on describing characteristics and needs noted across the sample.

### **Participants**

Participants were selected from a de-identified database of 1809 child clients who received services at a children's mental health centre in Ontario, Canada between April 1, 2017, and October 31, 2019. Ontario is the most populous province in Canada, with a population of 14.5 million and the Centre is located in a major urban setting within the province. The Centre provides free mental health services to children and youth under the age of 12 in the community, ranging from single-session therapy to day treatment programs.

Families may be referred to the Centre (e.g. by a family physician or school principal) or they may self-refer. The type and severity of needs experienced by children and youth receiving services at the Centre vary widely.

For the current study, children were selected if they met all four of the following criteria: (1) had no missing demographic (age, sex) or measure data from the School Attendance subscale of the Child and Adolescent Needs and Strengths (CANS) tool, (2) were above the age of five years (attendance data is limited in children aged five years and younger, as school is voluntary before the age of six in Ontario), (3) had a general intake assessment completed by one of the Centre's staff members, and (4) experienced significant defined problems with school attendance at *each* of their visits with the mental health centre, as indicated with a score of a level two (moderate problem) or three (severe problem) on the School Attendance subscale of the CANS tool.

The Child and Adolescent Needs and Strengths (CANS) Scale is a well-established assessment tool completed by trained professionals (i.e., clinicians at the centre) to evaluate the strengths and needs of a child and their family and inform suitable treatment options (Lyons et al., 1999). In community mental health settings, the CANS acts as an information integration tool that considers all relevant available information during its completion, including data gathered from family consultations and documentation examination (Lyons et al., 2004). For the current study, the school-aged version of the CANS was used which assesses children aged 6 to 12 years. A similar mental health version of the CANS has demonstrated construct validity (Alamdari & Kelber, 2016), concurrent validity (CAMH, 2009), and reliability and validity at the item level (Lyons, 2009). On the *School Attendance* subscale, a score of 0 indicates no evidence of attendance problems, whereas a score of 1, 2 or 3 indicates increasing levels of an attendance issue. Differences between these levels lie in the nature (excused or unexcused), frequency (number of absences on monthly or weekly

basis), and perceived impact of the absences on the child's functioning. The current study considered a CANS score of 2 (having problems; one or two unexcused absences in a month; interfering with child/youth's functioning; action/intervention is required) or 3 (excused or unexcused absences on a weekly basis or more; child/youth is generally absent from school; problems are dangerous or disabling; requires immediate and/or intense action) as a school attendance problem. We further required a CANS subscale score of 2 or 3 at all instances of measure administration through the 2017 to 2019 selection period, thus eliminating participants who may have experienced very temporary difficulties with school attendance. Altogether, this selection process yielded 20 participants, however due to abrupt closure of the centre and thus lack of access to records caused by the outbreak of the coronavirus disease (COVID-19), data for only 15 of these participants could be examined for the current study.

## **Data Collection**

### ***General Client File Data***

Data consisted of de-identified detailed notes summarizing each relevant document (e.g. treatment plan) within the client files of the 15 participants. While children were identified with SAPs in the 2017-2019 period, their files typically spanned several years. Documents found in client files which provided rich data pertaining to school attendance problems included: (a) intake forms providing demographic information, (b) case notes completed by a clinician detailing information about the child and their presenting concern(s), (c) treatment plans completed by a clinician alongside the child/family that described goals and progress made, and (d) documents generated through the process of admitting/referring a child to mental health services; typically including educational, clinical, medical, and psychiatric/psychological records. The content in the files is largely produced by Centre clinicians, informed most often by the perspectives and experiences of one or more

parents. Information provided by the child's school, for example report cards, individual education plans or teacher-completed measures, are often described or summarized within the case files by clinicians but are not typically included within the files. Thus the most common perspectives in the file are those of the multiple clinicians who have engaged with the family, the child, and the assessments and documentation provided by other professionals.

To create the de-identified document summaries, a research assistant at the study's centre examined all documents in participants' files, which included confidential and identifiable client information, and identified any education-related documents (e.g. treatment plan, referral package). The involvement of the research assistant was necessary to maintain the anonymity of the client files. However, the first author collaborated with the assistant in real time, remaining blind to the identity of the clients but discussing the relevance of each document described by the assistant and typing verbatim information read aloud by the assistant. Neither the research assistant, nor the first author, knew or had any interaction with clients at the Centre. The assistant, a senior graduate student specialising in Counseling Psychology, was chosen due to the sensitive nature of the data, their role as an official volunteer with the Centre which provided them access to the confidential data, and their extensive expertise in research and clinical settings. Before starting, the research assistant received training on how to identify and record detailed summaries of documents with relevance to the research questions (i.e. remaining mindful of the nature, source, authenticity, accuracy, and purpose of each document) (Bowen, 2009) and the inclusion and relevance of each document was discussed with the first author during the file examination. Exact wording was used in the summaries as often as possible to reduce any interpretation on the part of the assistant, thereby enabling the information analysed by the authors to be as valid as possible.

### **Data Analysis**

Client demographic data (age and sex) was first summarized. Next, the document summary notes from the clinical case files of the 15 students were analysed using a qualitative content analysis process, with inductive and deductive elements (Graneheim et al., 2017; Kleinheksel et al., 2020; Neuendorf, 2017). According to Graneheim et al. (2017), “Qualitative content analysis comprises descriptions of the manifest content, close to the text, as well as interpretations of the latent content, distant from the text but still close to the participants' lived experiences” (p. 30). Our approach lay much closer to the former, as we tried to remain firmly attached to the text provided in the files, reflecting the voices and perspectives of clinicians and families. We conducted a descriptive analysis of manifest content rather than seeking deeper themes as we sought not to make causal or inferential connections between variables (Neuendorf, 2017), but to describe the education-related needs of identified clients. Our analysis is informed by Krippendorff (2019) and their description of ‘problem-driven analysis’, as we seek to better understand the problem of chronic absenteeism, a “currently unobserved phenomena” (p. 386). The content we analysed consists largely of the observations and interpretations of mental health professionals that they believe to be clinically important, and that rely on their clinical judgement. For example, for one participant, five documents within their clinical file were identified and summarized. Sample notes include the following:

2014 Walk-in Clinic notes: not going to school; refuses (“no matter what we try” – Parent); generally well-liked by peers;

2015 Treatment Plan: has good support at school; likes teacher and enjoys school when they're there; school progress report says excellent in all social and work habit areas; some trouble with reading; managing anxiety (trigger) – defiant talking back or refusal to comply (output)”; needs regulation skills – particularly during disappointment/frustration

Once the summary notes were completed for each of the 15 files we began analysis deductively, applying Heyne and colleagues' (2019) four typologies (truancy, EBSA, exclusion, withdrawal) to the data (see Appendix A). Specifically, the definitions developed by Heyne et al. were used as a guide to code the data based on the types of attendance problems noted in each clinical file. The sole change we made in our process was to include school suspensions and expulsions in the 'school exclusion' typology. Heyne et al., distinguished between unlawful or inappropriate use of suspension and expulsion, which was then reflected in 'school exclusion' type and 'lawful' use of these disciplinary practices, which was not included in any SAP. We were unable to distinguish between lawful and unlawful use of suspension and expulsion in our data, but like Heyne et al., we recognized the significant impact that these can have on students, and we similarly note the disproportionate use of these practices on vulnerable students. We thus included suspension and expulsion in 'school exclusion'. Two members of the research team coded each of the 15 files independently, coming together to discuss any points of disagreement. The thorough definitions provided by Heyne et al. made the process quite straightforward resulting in over 95% agreement between team members.

Next, descriptive content analysis of the file summaries was conducted. We followed the process described by Bengtsson (2016) and Krippendorff (2019). We began with decontextualization, where we read multiple times through the text to make sense of the whole and then to identify meaning units to be labelled with a code. This process included noting patterns observed *within* the summaries for each participant. For example, if "anxiety" or "worries about school" was noted in multiple documents (more than one), a code of 'anxiety' was attached to the file. If the clinician noted "academic challenges" or "low reading skills", a code of 'academic difficulty' was applied. Our codes were generally the exact words used by clinicians within the files. We noted high levels of consistency across

documents within each client file. If ‘anxiety’, for example, was noted in a walk-in clinic intake form, it typically recurred in a treatment plan, and a referral report. The first author reviewed and coded all data before moving to the grouping phase. A second team member also coded approximately 40% of the file summaries. Less than 10% disagreement was noted, with most relating to the weight of evidence within a file (e.g. anxiety was mentioned once but was not a recurring pattern in the file). These were resolved readily through discussion.

Once the codes were identified, we grouped them into three main categories in line with our goal of describing the educational-related needs of the participants. Given that our investigation was exploratory, and that our data consisted of brief notes created for clinical rather than research purposes; we believed that more specific or interpretive categories were inappropriate.

## **Findings**

### ***Sample Demographics Characteristics***

Participants (N = 15) ranged from six to 11 years old, with a mean age of 9.13 years (SD = 1.68; see Table 1). In terms of sex, which remained consistent with the gender identities reported for each participant, the sample included twice as many male (n = 10; 67%) as female (n = 5; 33%) children. The majority of children (60%) presented with severe attendance issues (CANS Level 3), and therefore were “generally absent from school”, with “disabling” attendance problems according to the CANS descriptors.

<<INSERT TABLE 1 ABOUT HERE >>

### ***School Attendance Problem Typologies***

Heyne et al.’s (2019) four main typologies were readily mapped onto the data for all participants except two, where insufficient detail was provided. Data for these two participants remained incorporated in all other analyses. EBSA was the most common type of

SAP, experienced by 53% of participants, and school withdrawal was the least common, experienced by 20% of participants (see Figure 1).

<<INSERT FIGURE 1 ABOUT HERE >>

We also found that the four main typologies of attendance problems, while distinct, were not mutually exclusive and that children experienced multiple types of problems at one point in time or across time and contexts. Specifically, 46% of participants presented multiple types of attendance problems, with 54% reflecting a single type of problem (either EBSA or school withdrawal). Male and female students experienced EBSA equally; only male students experienced exclusion (suspensions or exclusions). See Figure 2 which illustrates the types of school attendance problems experienced by participants.

<<IINSERT FIGURE 2 ABOUT HERE>>

In terms of relationships between participant characteristics, needs, and typologies, all participants who experienced EBSA had a moderate or severe level of anxiety (see Table 1). Aggression and physical violence were noted more commonly for children who experienced truancy and exclusion. All students who experienced truancy had clinical levels of conduct problems and the majority had clinical levels of inattentive-hyperactivity noted in their files. However, taking a deeper look at the profiles of children also revealed that an overlapping of emotional and behavioural needs were experienced by children from all groupings of attendance typologies. For example, many children experiencing EBSA also presented with conduct problems (62%), and many children experiencing truancy also displayed elevated anxiety (83%) and depression (50%). Clearly, there are no neat or distinct profiles of students who experience school attendance problems.

### ***Describing the School Attendance Problems***

In examining the complex presentations of the participants in relation to school attendance problems, we next conducted content analysis of their clinical files. Our analyses



reflected three main categories of child and educational factors that were intertwined and reciprocally related to the attendance problems of participants: (a) emotional/behavioural needs, (b) social needs, and (c) academic needs. See Figure 3 for a visual representation of the categories and sub-categories. Emotional and behavioural needs was the most frequently noted category, followed by social needs and then academic needs.

**Emotional and Behavioural Needs.** The most common category, identified in all client files, encompasses the strain placed upon participants' attendance and functioning at school in light of their emotional and behavioural difficulties. Among the participants, 80% exhibited these symptoms, manifesting as both formal diagnoses and general expressions of anxiety and depression. Anxiety, more frequently reported by female participants, manifested in various forms such as panic attacks or somatic complaints. Factors relating to anxiety varied widely, from separation from a parent, to weather-related fears to academic stress and changes in routine. This range of anxieties consistently hampered school functioning and attendance. Although mentions of depression were less frequent, they appeared in the files of three male children, often accompanied by anxiety or described as general depressive symptoms.

Analysis of the client files also revealed a significant presence of aggression and hyperactivity in 80% of participants, with more occurrences among male children. Verbal and physical aggression, often occurring within the school setting, emerged as significant behavioural challenges. These aggressive behaviours were described as 'meltdowns' or violent outbursts, leading to classroom evacuations and even suspensions or expulsions in extreme cases. These behaviours were frequently linked with anxiety-based triggers, showcasing the interplay between emotional and behavioural needs.

Participants also faced challenges beyond anxiety and aggression. Struggles with emotional regulation were noted, including difficulties managing anger, which affected over

half of the participants. Nearly half of the children were also identified as being at-risk for suicidal ideation or self-harming behaviours. Some expressed direct suicidal thoughts, while others demonstrated self-harming actions or words. Additionally, a subset of participants experienced sleep problems, with some enduring prolonged issues spanning years. These issues often co-occurred with internalising and externalising symptoms, collectively exerting an impact on the participants' overall functioning and educational experiences.

**Social Needs.** This category encompasses narratives captured in 80% of client files, illustrating the intricate interplay between peer and teacher relationships and their impact on school attendance. Peer-related challenges appeared in the files of 80% of the children, with distinct patterns. Some children faced general difficulties making friends and integrating among peers, often due to inadequate social skills. These struggles extended to daily interactions and sharing within the classroom. On the other hand, instances of peer aggression were evident, encompassing both victimisation and perpetration. The influence was reciprocal - bullying hindered attendance, and frequent absences impeded opportunities for friendship. While some participants displayed positive interactions and friendships during attendance, these relationships were often hindered by absenteeism.

Although detailed less frequently, relationships with teachers were described in slightly over half of the files. While positive connections were occasionally noted, more prevalent were problematic interactions, mostly involving male participants. Instances of aggressive and defiant behaviour towards teachers, such as threatening gestures, were noted. While these negative teacher relationships weren't explicitly linked to attendance issues, they were often presented as factors in the children's reluctance to attend school.

**Academic Needs.** Academic difficulties emerged in the files of 47% of participants, particularly affecting males and again, often co-occurring with other emotional and behavioural problems. Around half of the files mentioned learning difficulties, with only one

child having a diagnosed learning disability in writing and maths. For many, these challenges were linked to lowered academic achievement. However, competing narratives also existed that suggested achievement and learning difficulties resulted from a lack of school attendance. Some children struggled academically due to their attendance issues, while others were deemed academically capable but hindered by contextual factors affecting their attendance.

Approximately one-third of files, all males, indicated a need for additional school support. In these five cases, all of the boys were described as having Individual Education Plans (IEPs) in place to receive accommodations, modifications, and/or alternative programs in certain areas of difficulty (i.e., reading, writing, math, self-regulation). For two boys with severe behavioural challenges, essential school support workers, including education assistants (EAs) and a school social worker, assisted their school functioning. Despite one-to-one EA support and shortened school days, their needs were described by clinicians and in reports from schools as exceeding the capacity of their schools, leading to temporary placements in intensive care/treatment classrooms.

### **Discussion**

Studies exploring the complex context of SAPs are rare. Our analysis of the clinical files of children experiencing significant SAPs, and who received services at a community-based mental health centre, sought to describe the needs of these students, thus providing a deeper understanding of the myriad factors surrounding SAPs. Our study goals were to describe (1) The demographic characteristics (age and sex) of children experiencing SAPs; (2) The types of school attendance problems (truancy, EBSA, exclusion, withdrawal, Heyne et al., 2019) participants experienced; and (3) The educational and/or school-related needs relevant to SAPs for participants. A fourth goal was to explore the possibility of client case file analysis as a research approach in the field of school attendance problems. We note that

the scope of our study was confined to the experiences of 15 participants. Consequently, any generalizations to the broader population of children with SAPs are inappropriate. We further note that the data largely captures the perspectives and interpretations of mental health clinicians, as informed by families, school and community-based assessment and diagnostic reports, and the children themselves.

Our findings revealed that clients with SAPs were more often male and among the older children receiving services at the Centre. As well, emotionally based school avoidance was the most common type of SAP although approximately half of the sample experienced multiple types of SAPs. Emotional needs, primarily anxiety, were apparent in all the client files and were frequently related to aggressive and hyperactive behaviours. Social needs were also prevalent among the sample, followed by academic needs; all these needs were dynamically inter-related in the lives of the 15 children.

The overrepresentation of male children is a finding noted in a few studies (e.g. Chu et al., 2019; Pengpid & Peltzer, 2017), although in contrast to most, albeit with much greater sample sizes, where rates of non-attendance are found to be equivalent across student sex (e.g. Johnsen et al., 2022). The trend noted in our data towards greater attendance issues among older students, even in our narrow potential sample of 6 to 12-year-olds, is supported by extensive literature (Melvin et al., 2017; Skedgell & Kearney, 2018). The younger nature of our clinic-based sample may help to explain the preponderance of male participants – particularly those with externalizing behaviours which are easily noticed by families and school staff and thus referred for mental health services (Johnsen et al., 2022).

Boys in our sample did exhibit more aggressive and conflictual behaviours than female participants, a finding well established in related literature (e.g., Berke et al., 2018; Rosenfield et al., 2000). These behaviours were often rated and described by clinicians as severe and debilitating for participants, which was the case for all of the students whose

attendance problems were categorized in the ‘school exclusion’ and ‘truancy’ typologies. Extensive research has found a strong relationship between externalizing behaviours and difficulties and school-based discipline, including suspensions and expulsions, as well as truancy (Daniels, 2011; Dembo et al., 2016; Lane et al., 2019; Novak, 2021).

However, all the participants in our sample *also* experienced emotional difficulties, particularly anxiety, which is a finding not observed in most previous studies. A recent study (Johnsen et al., 2022) comparing internalizing and externalizing symptoms of students with SAP to the community samples for various measures found that almost 60% of males self-reported borderline or clinical levels of anxiety in comparison to 65% of females. Thus while research often reports and discusses the ‘internalizing – female, externalizing – male’ dichotomy, it is important to note the many male students with attendance problems for whom anxiety is an important part of the story. Although limited to a small clinical sample, our qualitative analysis of rich, complex clinical files reflected this reality where internalizing and externalizing difficulties were frequently intertwined, a finding supported by theory and previous research (e.g., Achenbach et al., 2016). Anxiety was often mentioned alongside aggression and ‘meltdowns’ in describing incidents and chronic experiences of children with chronic non-attendance.

Emotionally Based School Avoidance was the most common typology experienced by children in our sample, a finding also reported by a plethora of other studies (e.g., Munkhaugen et al., 2017). Research literature points to the close association between EBSA and internalizing mental health concerns (Finning et al., 2019; Kearney et al., 2019), a finding which was evident in the current study. The emotional distress stemming from anxiety often fuelled the reluctance to attend school among participants, creating a cyclical pattern. Additionally, clinicians noted factors such as separation anxiety, peer conflicts, and academic apprehensions which compounded the capacity of children to function at school or

attend all together. Notable in our study however, was the experience of almost half of the sample, whose attendance problems included multiple typologies, where EBSA might combine with truancy and/or school exclusion (3 students), truancy with exclusion (2 students) or truancy with withdrawal (1 student). These instances reflect the complex nature of school attendance problems while still supporting the strong evidence of the preponderance of EBSA among children with SAPs receiving mental health services.

In contextualizing these findings, we noted several key factors that appeared frequently in the clinical files of the participants. Negative or difficult student-teacher relationships were noted by clinicians based largely on parent report in relation to school attendance problems for approximately 40% of the sample. Surprisingly little research has explored the relationship between these constructs. However, numerous studies have found that positive relationships with teachers serve as protective factors for students, especially for those with emotional and behavioural difficulties (McGrath & Van Bergen, 2015; Zolkoski, 2019). Teachers often report greater conflict and in some cases, less closeness, with students who exhibit externalizing behaviours (Roorda & Koomen, 2021; Zee et al., 2017). The largely theoretical pathway between student-teacher relationships and school attendance is often mediated by a sense of school belonging or connectedness (McGrath & Van Bergen, 2015).

School connectedness is also typically influenced by peer relationships at school. In our sample, participant social difficulties were notable, with around 50% of children facing challenges in peer relationships. Notably, twice as many girls as boys experienced peer-related issues while boys faced more teacher-related problems. Research indicates that poor peer relations, including peer aggression, contribute to attendance issues for both genders (Feldman et al., 2014; Havik et al., 2015). Students who are victims of peer aggression have especially shown to miss more school than those not victimized (Acosta et al., 2019; Laith &

Vaillancourt, 2022). Interestingly, more children in our sample were described as perpetrators of peer aggression, especially those who demonstrated externalizing behaviours. It is plausible their behavioural difficulties play more of a significant role in fostering nonattendance than their peer relations in this regard, although again, these experiences and difficulties are likely dynamically and reciprocally related. Our discussion of these possible relationships between student needs and contextual variables are very exploratory given our small sample.

Finally, academic difficulties were noted in approximately half of the clinical files, although only one participant had a formal diagnosis of a learning disability and five had Individual Education Plans. Difficulties were attributed to both learning difficulties and a lack of attendance, with an ongoing cycle described by clinicians of struggling with some aspects of learning, missing school, falling behind, struggling to catch up and resisting a return to class or school. Links between a lack of attendance and poor achievement are well-established (e.g. Gottfried & Ansari, 2022), however a nuanced exploration of the dynamic relationships between learning, achievement and various types of school attendance problems remains unstudied, particularly for students with mental health needs.

While conclusions cannot be drawn from our exploratory study, these findings shed light on the complex realities of one group of children experiencing SAPs as well as possible important paths for future research. Our fourth goal for this study was to explore the use of a clinical case file analysis as one way of better understanding SAPs for children receiving mental health services. This approach was not without its challenges. The information contained within documents that comprise a clinical file is not produced for research purposes and is not all relevant to SAPs. A thorough review of the entire file was necessary in order to first identify relevant documents and next produce summaries of each of these in a way that was succinct, as close to the written text as possible, and feasible and practical to

complete in a file room in a busy mental health clinic. Our research team members who conducted the review and created the summaries are not clinicians although one was enrolled in a counselling psychology program, and one was a trained classroom teacher. We cannot be certain whether a clinician, familiar with producing the notes and reports within the files, would notice and summarize documents in different ways. In terms of the strengths of the approach, we were struck by the wealth of information contained within a file, often contributed by multiple individuals, providing a rich picture of the interacting needs and contexts related to school attendance for children. Thus, while we note cautions and aspects of this process that could be adjusted going forward, we are left with the belief that the insights that can be gained from this type of analytic approach are unique and difficult to replicate in traditional, prospective research approaches.

### **Limitations**

Alongside its contributions, this study has several limitations. First, the predominant perspective in the data is that of the clinicians who interacted with the families, the child, and information provided by schools and other agencies. Thus, with some exceptions (e.g. a teacher report, quotes from families), we are removed from first-hand accounts of children, families and school staff. Methodologically, relying on document summaries from client files introduced potential interpretation biases that we did our best to mitigate. As well, COVID-19 restrictions hindered full access to the file room during data collection, periods which impacted data richness and the ability to analyse five of the files originally selected. Any patterns or trends noted are to be considered in light of the small sample size and not reflective of a larger population. Similarly, our participants comprise a group of children who received services of some kind from a mental health centre. Thus their often clinical or severe levels of needs are not surprising and do not reflect the breadth of children experiencing significant SAPs.



### **Future Research**

Given the educational focus of the current study, family elements in children's attendance experiences, such as those included in the KiTes model (Melvin et al., 2019), were not analysed or discussed. It is recommended that future complexity models explore such family factors (e.g., child-parent relations and attachment), which have been demonstrated to contribute largely to the educational experiences of children, in combination with child- and education-related variables. Approaches that link educational with clinical case reviews are also recommended to allow for a fuller understanding of the needs and experiences of students with SAPs in different contexts and from more varied perspectives. The social experiences of children with attendance problems receiving mental health services also warrant further research, particularly in relation to peer relations and aggression. Investigating relationships between bullying, victimization, and attendance issues could offer insights into tailored support. Finally, future research that explores the use of clinical case files to develop a deeper understanding of SAPs for students with mental health issues, particularly longitudinal analyses, is recommended.

### **Implications for Practice**

Given the limitations of our study, our practice recommendations are tentative, and largely aligned with existing models of school attendance promotion and intervention (e.g. Childs & Grooms, 2018; Chu et al., 2019; Kearney & Graczyk, 2020). Schools and clinical staff engaging with children and families around attendance should be aware of the multiple factors that may be involved and search beyond immediate presenting issues (e.g. a young teen skipping class) to identify and address deeper issues.

Kearney and Graczyk (2020) discuss differentiated approaches based on tiers related to the level of need and severity of school attendance problems. For children eligible for Tier 3 interventions, which would typify our clinical sample, recommendations include programs,

services, and therapeutic approaches at the level of the student, the parent/family, peers, schools, and communities. Examples include alternative schools or programs, coordination with multiple agencies, and family therapy.

Our findings also highlight the persistent patterns of non-attendance that exist for some children with mental health needs and the need, which has been identified time and time again in school attendance research and practice, for early efforts that promote attendance and prevent absenteeism (Chu et al., 2019). We would recommend whole-school approaches that engage families in advance of the development of problems, that focus on health, well-being, climate, and academic support for those who need them (e.g. Attendance Works, 2018; Kearney et al., 2019; McConnell & Kubina Jr., 2014), as well as early flagging systems to identify students who in our data, begin showing patterns of absenteeism in very early grades.

## **Conclusion**

Our study makes a unique contribution to the growing body of research exploring types of school attendance problems and elements of the bioecological systems in which these problems, and the children experiencing them, are embedded. Specifically, we note the high rates of EBSA among our young clinical sample and the interrelation of anxiety, aggression, and hyperactivity among children, particularly those identifying as male. The stories of these children describe difficulties with learning, challenges in developing and maintaining relationships with peers and teachers, and the dynamic interactions between these and with school attendance. School attendance is often discussed within school systems as a simple, dichotomous choice – to attend, or not attend. Our findings illuminate the complex interplay of factors that need to be understood for prevention and intervention approaches to be effective and the multiple systems (e.g. mental health, education, families) needed to address school attendance problems.

## References

- Achenbach, T. M., Ivanova, M. Y., Rescorla, L. A., Turner, L. V., & Althoff, R. R. (2016). Internalizing/externalizing problems: Review and recommendations for clinical and research applications. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(8), 647-656. <http://dx.doi.org/10.1016/j.jaac.2016.05.012>.
- Acosta, J., Chinman, M., Ebener, P., Malone, P. S., Phillips, A., & Wilks, A. (2019). Understanding the relationship between perceived school climate and bullying: A mediator analysis. *Journal of School Violence, 18*(2), 200-215.
- Alamdari, G., & Kelber, M. S. (2016). The child and adolescent needs and strengths as an outcome measure in community mental health: Factor analysis and a validation of the short form. *Community Mental Health Journal, 52*(8), 1118-1122.
- Allen, C. W., Diamond-Myrsten, S., & Rollins, L. K. (2018). School absenteeism in children and adolescents. *American family physician, 98*(12), 738-744.
- Anderson, S., & Romm, K. (2020). Absenteeism across the early elementary grades: The role of time, gender, and socioeconomic status. *The Elementary School Journal, 121*(2), 179-196.
- Ansari, A., & Pianta, R. C. (2019). School absenteeism in the first decade of education and outcomes in adolescence. *Journal of School Psychology, 76*, 48-61.
- Attendance Works. (2023). *Rising tide of chronic absence challenges schools*.  
<https://www.attendanceworks.org/rising-tide-of-chronic-absence-challenges-schools/>
- Attendance Works. (2018). *Chronic absence: 3 tiers of intervention*.  
<https://www.attendanceworks.org/chronic-absence/addressing-chronic-absence/3-tiers-of-intervention/>
- Attwood, G., & Croll, P. (2006). Truancy in secondary school pupils: Prevalence, trajectories and pupil perspectives. *Research Papers in Education, 21*(4), 467-484.
- Berke, D. S., Reidy, D., & Zeichner, A. (2018). Masculinity, emotion regulation, and psychopathology: A critical review and integrated model. *Clinical Psychology Review, 66*, 106-116.
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27-40.
- CAMH. (2009). *Youth Outcome Questionnaire*. Retrieved from  
<https://www.porticonetwork.ca/web/knowledgex-archive/amh-specialists/screening-for-cd-in-youth/mental-health-disorders/yoq12>

- Childs, J., & Grooms, A. A. (2018). Improving school attendance through collaboration: A catalyst for community involvement and change. *Journal of Education for Students Placed at Risk (JESPAR)*, 23(1-2), 122-138.
- Chu, B., Guarino, D., Mele, C., O'Connell, J., and Coto, P. (2019). Developing an online early detection system for school attendance problems: results from a research-community partnership. *Cognitive and Behavioral Practice*, 26, 35–45. doi: 10.1016/j.cbpra.2018.09.001
- Cohen, J., McCabe, L., Michelli, N. M., and Pickeral, T. (2009). School climate: research, policy, practice, and teacher education. *Teachers College Record*, 111, 180–213.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and Conducting Mixed Method Research*. 2nd Sage. Thousand Oaks, CA.
- Daniels, H. (2011). Exclusion from school: A study of practice in England. *Sinéctica*, (37), 1-16.
- Dembo, R., Wareham, J., Schmeidler, J., & Winters, K. C. (2016). Exploratory two-level analysis of individual-and school-level factors on truant youth emotional/psychological functioning. *The Journal of Educational Research*, 109(6), 596-607.
- Demir, K. & Akman Karabeyoglu, Y. (2016). Factors associated with absenteeism in high schools. *Eurasian Journal of Educational Research*, 16(62), 37-56.  
<https://dergipark.org.tr/en/pub/ejer/issue/24400/258669>
- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, 35(2), 220-222.
- El Samra, C., & Rogers, M. (July 2020). *Patterns of school absenteeism: Comparing attenders and non-attenders seeking mental health services*. [Gimme-5 Presentation]. 81st Canadian Psychological Association Annual National Convention, Montreal, Quebec, Canada.
- English, D. J. & the LONGSCAN Investigators Modified Maltreatment Classification System (MMCS) (1997). <http://www.iprc.unc.edu.proxy.bib.uottawa.ca/longscan/>
- Feldman, M. A., Ojanen, T., Gesten, E. L., Smith-Schrandt, H., Brannick, M., Totura, C. M. W., ... & Brown, K. (2014). The effects of middle school bullying and victimization on adjustment through high school: Growth modeling of achievement, school attendance, and disciplinary trajectories. *Psychology in the Schools*, 51(10), 1046-1062.

- Finning, K., Ford, T., Moore, D. A., & Ukoumunne, O. C. (2020). Emotional disorder and absence from school: findings from the 2004 British Child and Adolescent Mental Health Survey. *European Child & Adolescent Psychiatry, 29*, 187-198.
- Finning, K., Ukoumunne, O. C., Ford, T., Danielson-Waters, E., Shaw, L., Romero De Jager, I., Stentiford, L., & Moore, D. A. (2019). The association between anxiety and poor attendance at school—a systematic review. *Child and Adolescent Mental Health, 24*(3), 205-216.
- Fredriksson, U., Rasmusson, M., Backlund, Å., Isaksson, J., & Kreitz-Sandberg, S. (2023). School absenteeism among students in Germany, Japan, Sweden, and the United Kingdom: A comparative study using PISA data. *Nordic Journal of Comparative and International Education (NJCIE), 7*(1), 1-27. <https://doi.org/10.7577/njcie.5034>
- Gallé-Tessonneau, M., Johnsen, D. B., & Keppens, G. (2019). The relationship between mental health and school absenteeism in a community sample of French secondary school students: four profiles derived from cluster analysis. *European Journal of Education and Psychology, 12*(1), 77-90.
- Gase, L. N., Kuo, T., Collier, K., Guerrero, L. R., & Wong, M. D. (2014). Assessing the connection between health and education: Identifying potential leverage points for public health to improve school attendance. *American Journal of Public Health, 104*(9), e47-e54.
- Gastic, B. (2008). School truancy and the disciplinary problems of bullying victims. *Educational Review, 60*(4), 391-404.
- Gottfried, M., & Ansari, A. (2022). Classrooms with high rates of absenteeism and individual success: Exploring students' achievement, executive function, and socio-behavioral outcomes. *Early Childhood Research Quarterly, 59*, 215-227.
- Gottfried, M., Stiefel, L., Schwartz, A., & Hopkins, B. (2019). Showing up: Disparities in chronic absenteeism between students with and without disabilities in traditional public schools. *Teachers College Record, 121*(8), 1-34.
- Gottfried, M. A., & Gee, K. A. (2017). Identifying the Determinants of Chronic Absenteeism: A Bioecological Systems Approach. *Teachers College Record, 119*(7), n7.
- Graneheim, U. H., Lindgren, B. M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today, 56*, 29-34.
- Gubbels, J., van der Put, C. E., & Assink, M. (2019). Risk factors for school absenteeism and dropout: A meta-analytic review. *Journal of Youth and Adolescence, 48*, 1637-1667.

- Halligan, C., & Cryer, S. (2022). Emotionally based school avoidance (EBSA): Students' views of what works in a specialist setting. *Continuity in Education*, 3(1), 13-24.
- Havik, T., Bru, E., & Ertesvåg, S. K. (2015). School factors associated with school refusal- and truancy-related reasons for school non-attendance. *Social Psychology of Education*, 18(2), 221-240.
- Hawker, D. S., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(4), 441-455.
- Henry, K. L., & Huizinga, D. H. (2007). School-related risk and protective factors associated with truancy among urban youth placed at risk. *The Journal of Primary Prevention*, 28, 505-519.
- Heyne, D., Gren-Landell, M., Melvin, G., & Gentle-Genitty, C. (2019). Differentiation between school attendance problems: Why and how? *Cognitive and Behavioural Practice*, 26(1), 8-34. doi:10.1016/j.cbpra.2018.03.006
- Heyne, D., Strömbeck, J., Alanko, K., Bergström, M., & Ulriksen, R. (2020). A scoping review of constructs measured following intervention for school refusal: Are we measuring up?. *Frontiers in Psychology*, 11, 1744.
- Huffhines, L., Tunno, A. M., Cho, B., Hambrick, E. P., Campos, I., Lichty, B., & Jackson, Y. (2016). Case file coding of child maltreatment: Methods, challenges, and innovations in a longitudinal project of youth in foster care. *Children and Youth services review*, 67, 254-262.
- Inglés, C. J., González-Maciá, C., García-Fernández, J. M., Vicent, M., & Martínez-Montegudo, M. C. (2015). Current status of research on school refusal. *European Journal of Education and Psychology*, 8(1), 37-52.
- Ingul, J. M., Havik, T., & Heyne, D. (2019). Emerging school refusal: A school-based framework for identifying early signs and risk factors. *Cognitive and Behavioral Practice*, 26(1), 46-62. <https://doi.org/10.1016/j.cbpra.2018.03.005>
- The John Praed Foundation. (2015). *Communimetrics*. <https://praedfoundation.org/tools/eating-disorder-symptom-severity-scale-eds3/>
- Johnsen, D. B., Lomholt, J. J., Heyne, D., Jeppesen, P., Jensen, M. B., Silverman, W. K., & Thastum, M. (2022). Sociodemographic and clinical characteristics of youths and parents seeking psychological treatment for school attendance problems. *Plos one*, 17(1), e0261449.

- Kearney, C. A. (2019). *Helping families of youth with school attendance problems: A practical guide for mental health and school-based professionals*. New York: Oxford University Press.
- Kearney, C. A., & Albano, A. M. (2018). *When children refuse school: A cognitive-behavioural therapy approach: Therapist guide*. New York: Oxford University Press.
- Kearney, C. A., Gonzalvez, C., Graczyk, P. A., & Fornander, M. J. (2019). Reconciling contemporary approaches to school attendance and school absenteeism: Toward promotion and nimble response, global policy review and implementation, and future adaptability (part 1). *Frontiers in Psychology, 10*, 2222.
- Kearney, C. A., & Graczyk, P. A. (2020). A multidimensional, multi-tiered system of supports model to promote school attendance and address school absenteeism. *Clinical Child & Family Psychology Review, 23*, 316–337.  
<https://doi.org/10.1007/s10567-020-00317-1>
- Kearney, C.A., & Graczyk, P. (2014). A response to intervention model to promote school attendance and decrease school absenteeism. *Child Youth Care Forum, 43*, 1-25.
- King, R. B., & Ganotice, F. A. (2014). The social underpinnings of motivation and achievement: Investigating the role of parents, teachers, and peers on academic outcomes. *The Asia-Pacific Education Researcher, 23*, 745-756.
- Kleinheksel, A. J., Rockich-Winston, N., Tawfik, H., & Wyatt, T. R. (2020). Demystifying content analysis. *American Journal of Pharmaceutical Education, 84*(1): 7113.
- Krippendorff, K. (2019). A practical guide. In *Content Analysis: An introduction to its methodology* (4<sup>th</sup> ed., pp. 383-406). SAGE Publications.  
<https://doi.org/10.4135/9781071878781>
- Laith, R., & Vaillancourt, T. (2022). The temporal sequence of bullying victimization, academic achievement, and school attendance: A review of the literature. *Aggression and Violent Behavior, 64*, 101722.
- Lane, K. L., Oakes, W. P., Cantwell, E. D., Common, E. A., Royer, D. J., Leko, M. M., ... & Allen, G. E. (2019). Predictive validity of Student Risk Screening Scale—Internalizing and Externalizing (SRSS-IE) scores in elementary schools. *Journal of Emotional and Behavioral Disorders, 27*(4), 221-234.
- Lawrence, D., Dawson, V., Houghton, S., Goodsell, B., & Sawyer, M. G. (2019). Impact of mental disorders on attendance at school. *Australian Journal of Education, 63*(1), 5-21. <http://doi.org/10.1177/0004944118823576>.

- Lenhoff, S. W., & Pogodzinski, B. (2018). School organizational effectiveness and chronic absenteeism: Implications for accountability. *Journal of Education for Students Placed at Risk (JESPAR)*, 23(1-2), 153-169.
- Liu, J., Lee, M., & Gershenson, S. (2021). The short-and long-run impacts of secondary school absences. *Journal of Public Economics*, 199, 104441.
- Long, R. & Danechi, S. (2023). *School attendance in England*.  
<https://researchbriefings.files.parliament.uk/documents/CBP-9710/CBP-9710.pdf>
- Losen, D. J., & Skiba, R. J. (2010). *Suspended education*. Policy report for the Southern Poverty Law Center.  
[https://edit.splcenter.org/sites/default/files/d6\\_legacy\\_files/downloads/publication/Suspended\\_Education.pdf](https://edit.splcenter.org/sites/default/files/d6_legacy_files/downloads/publication/Suspended_Education.pdf)
- Lyons J. S. (2009). The child and adolescent needs and strengths. In: *Communitometrics* (pp. 93-133). Springer, New York, NY.
- Lyons J. S., Griffin E., Fazio M., & Lyons M. B. (1999). *Child and adolescent needs and strengths: An information integration tool for children and adolescents with mental health challenges (CANS-MH), manual*. Chicago: Buddin Praed Foundation.
- Lyons, J. S., Weiner, D. A., & Lyons, M. B. (2004). Measurement as communication in outcomes management: The child and adolescent needs and strengths (CANS). In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (3rd ed., Vol. 2, pp. 461–476). New York, NY: Routledge.
- Maynard, B. R., Vaughn, M. G., Nelson, E. J., Salas-Wright, C. P., Heyne, D. A., & Kremer, K. P. (2017). Truancy in the United States: Examining temporal trends and correlates by race, age, and gender. *Children and Youth Services Review*, 81, 188-196.
- McConnell, B. M., & Kubina Jr, R. M. (2014). Connecting with families to improve students' school attendance: A review of the literature. *Preventing School Failure: Alternative Education for Children and Youth*, 58(4), 249-256.
- McCoy, S., Darmody, M., Smyth, E., & Dunne, A. (2007). Attendance and Students' School Experience. *Economic and Social Research Institute (ESRI) Research Series*.  
[https://www.academia.edu/download/51355893/Attendance\\_and\\_Students\\_School\\_Experience20170114-26789-1obh03w.pdf](https://www.academia.edu/download/51355893/Attendance_and_Students_School_Experience20170114-26789-1obh03w.pdf)
- McGrath, K. F., & Van Bergen, P. (2015). Who, when, why and to what end? Students at risk of negative student–teacher relationships and their outcomes. *Educational Research Review*, 14, 1-17.



- Melvin, G. A., Heyne, D., Gray, K. M., Hastings, R., Totsika, V., Tonge, B., & Freeman, M. (2019). The kids and teens at school (KiTeS) framework: An inclusive nested framework. for understanding school absenteeism and school attendance problems. *Frontiers in Education, 4*, 61.
- Melvin, G. A., Dudley, A. L., Gordon, M. S., Klimkeit, E., Gullone, E., Taffe, J., et al. (2017). Augmenting cognitive behavior therapy for school refusal with fluoxetine: a randomized controlled trial. *Child Psychiatry and Human Development, 48*, 485–497. <http://doi.org/10.1007/s10578-016-0675-y>
- Munkhaugen, E. K., Gjevik, E., Pripp, A. H., Sponheim, E., & Diseth, T. H. (2017). School refusal behaviour: Are children and adolescents with autism spectrum disorder at a higher risk? *Research in Autism Spectrum Disorders, 41*, 31-38.
- Neuendorf, K. A. (2017). *The content analysis guidebook*. Sage.
- Nova Scotia Government. (2023). *Provincial student attendance and engagement policy*. <https://www.ednet.ns.ca/docs/provincialstudentattendanceandengagementpolicy.pdf>
- Novak, A. (2021). Trajectories of exclusionary discipline: Risk factors and associated outcomes. *Journal of School Violence, 20*(2), 182-194.
- Özkanal, Ü., & Arikan, N. (2011). The relation between success and absenteeism at Esogu English Preparatory School. *Journal of Language Teaching and Research, 2*(1), 68.
- Panayiotou, M., Finning, K., Hennessey, A., Ford, T., & Humphrey, N. (2023). Longitudinal pathways between emotional difficulties and school absenteeism in middle childhood: Evidence from developmental cascades. *Development and Psychopathology, 35*(3), 1323-1334
- Pengpid, S., & Peltzer, K. (2017). Associations between behavioural risk factors and overweight and obesity among adults in population-based samples from 31 countries. *Obesity Research & Clinical Practice, 11*, 158–166. <http://doi.org/10.1016/j.orcp.2016.08.001>
- Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis. *JAMA pediatrics, 175*(11), 1142-1150.
- Rae, T. (2020). *Understanding & Supporting Children & Young People with Emotionally Based School Avoidance (EBSA)*. Hinton House Publishers Limited.
- Rogers, M. (December 12, 2022). For the sake of our kids, we can't let absenteeism become normalized. *Globe and Mail* [Opinion].

<https://www.theglobeandmail.com/opinion/article-for-the-sake-of-our-kids-we-cant-let-absenteeism-become-normalized/>

- Roorda, D. L., & Koomen, H. M. (2021). Student–teacher relationships and students’ externalizing and internalizing behaviors: A cross-lagged study in secondary education. *Child Development, 92*(1), 174-188.
- Rosenfield, S., Vertefuille, J., & McAlpine, D. D. (2000). Gender stratification and mental health: An exploration of dimensions of the self. *Social Psychology Quarterly, 208*-223.
- Scott, S., Geffner, R., Stolberg, R., & Sirikantraporn, S. (2023). Common characteristics of women who kill in the context of abuse: A content analysis of case files. *Journal of Aggression, Maltreatment & Trauma, 32*(1-2), 15-33.
- Skedgell, K., & Kearney, C. A. (2018). Predictors of school absenteeism severity at multiple levels: A classification and regression tree analysis. *Children and Youth Services Review, 86*, 236-245.
- Spencer, A. M. (2009). School attendance patterns, unmet educational needs, and truancy: A chronological perspective. *Remedial and Special Education, 30*(5), 309-319.
- Uppal, P., Paul, P., & Sreenivas. (2010). School absenteeism among children and its correlates: a predictive model for identifying absentees. *Indian Pediatrics, 47*(11), 925–929. <https://doi.org/10.1007/s13312-010-0156-5>
- UK Department of Education. (2022). *Working together to improve school attendance*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1099677/Working\\_together\\_to\\_improve\\_school\\_attendance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099677/Working_together_to_improve_school_attendance.pdf)
- Wagner, M., Newman, L., & Cameto, R. (2004). Changes over time in the secondary school experiences of students with disabilities. a report of findings from the National Longitudinal Transition Study (NLTS) and the National Longitudinal Transition Study-2 (NLTS-2). *ERIC*. <https://eric.ed.gov/?id=ED494937>
- Whitley, J. & Sagers, B. (2022). School attendance problems are complex, and our solutions need to be as well. *The Conversation*. <https://theconversation.com/school-attendance-problems-are-complex-and-our-solutions-need-to-be-as-well-189849>
- Whitney, D. G., & Peterson, M. D. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics, 173*(4), 389-391.

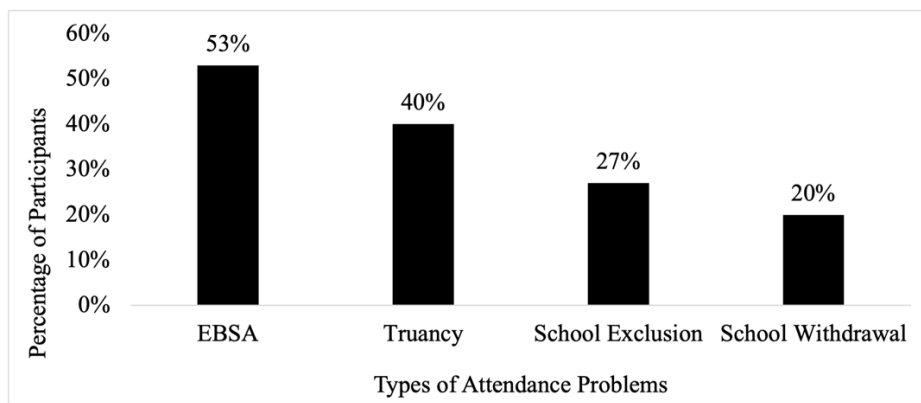
- Witte, S. (2020). Case file analyses in child protection research: Review of methodological challenges and development of a framework. *Children and Youth services review, 108*, 104551.
- Zee, M., de Jong, P. F., & Koomen, H. M. (2017). From externalizing student behavior to student-specific teacher self-efficacy: The role of teacher-perceived conflict and closeness in the student–teacher relationship. *Contemporary Educational Psychology, 51*, 37-50.
- Zolkoski, S. M. (2019). The importance of teacher-student relationships for students with emotional and behavioral disorders. *Preventing School Failure: Alternative Education for Children and Youth, 63*(3), 236-241.

**Table 1***Demographic Characteristics of Participants, CANS Attendance rating and SAP Typology*

Participant	Sex	Age	Attendance (CANS)	Typology
A	Female	9	Moderate	Truancy Withdrawal
B	Female	11	Severe	EBSA Truancy
C	Female	8	Moderate	EBSA
D	Male	10	Severe	EBSA
E	Male	10	Severe	Insufficient Information
F	Male	8	Severe	EBSA Truancy Exclusion
G	Male	8	Moderate	EBSA Truancy Exclusion
H	Male	7	Moderate	Withdrawal
I	Male	7	Moderate	Truancy Exclusion
J	Female	10	Severe	EBSA
K	Male	6	Severe	EBSA
L	Male	11	Severe	Withdrawal
M	Female	11	Severe	EBSA
N	Male	10	Moderate	Insufficient Information
O	Male	11	Severe	Truancy Exclusion

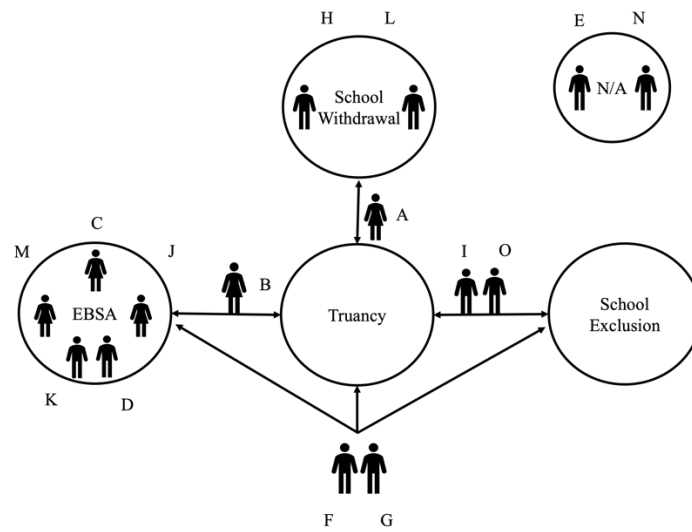
**Figure 1**

*Proportion of Participants Experiencing Each Type of School Attendance Problem*



**Figure 2**

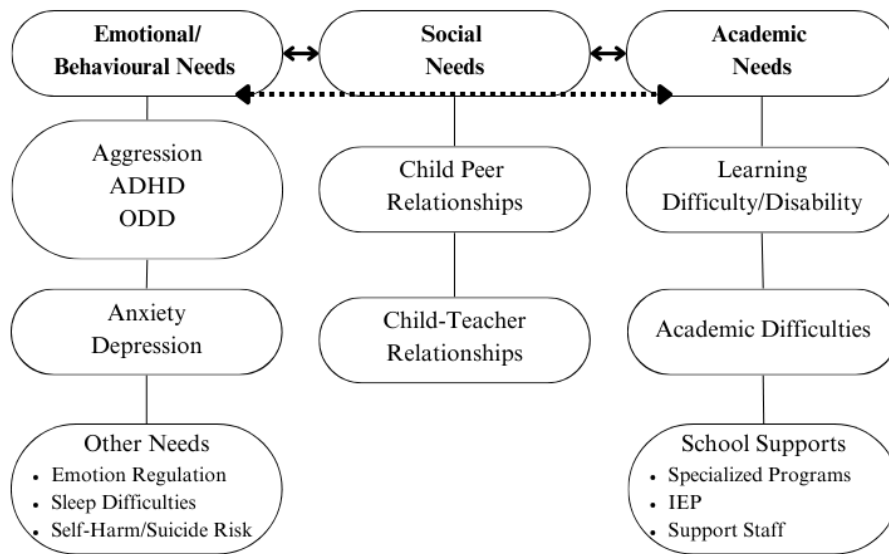
*School Attendance Problem Typologies by Participant*



*Note.* Figure 2 illustrates the types of school attendance problems that were experienced by participants. As shown, some participants experienced one type (C, D, H, J, K, L, M) whereas others (A, B, F, G, I, and O) experienced multiple types. Participant sex is indicated using traditional icons. Not enough detail was provided for participants E and N to categorize their experiences into a typology.

**Figure 3**

*Categories of Child and Educational Factors Related to School Attendance Problems*



## Appendix

Heyne et al., (2019) Taxonomy	Definition/Description
Emotionally Based School Avoidance (School Refusal)	“School refusal is said to occur when: (1) a young person is reluctant or refuses to attend school, in conjunction with emotional distress that is temporal and indicative of aversion to attendance (e.g., excessive fearfulness, temper tantrums, unhappiness, unexplained physical symptoms) or emotional distress that is chronic and hindering attendance (e.g., depressive affect; sleep problems), usually but not necessarily manifest in absence (e.g., late arrivals; missing whole school days; missing consecutive weeks, months, or years); and (2) the young person does not try to hide associated absence from their parents (e.g., they are at home and the parents are aware of this), and if they previously hid absence then they stopped doing so once the absence was discovered; and (3) the young person does not display severe antisocial behavior, beyond resistance to parental attempts to get them to school; and (4) the parents have made reasonable efforts, currently or at an earlier stage in the history of the problem, to secure attendance at school, and/or the parents express their intention for their child to attend school full-time.” (p. 22)
Truancy	“Truancy is said to occur when: (1) a young person is absent from school for a whole day or part of the day, or they are at school but absent from the proper location (e.g., in the school-yard rather than in class); and (2) the absence occurs without the permission of school authorities; and (3) the young person typically tries to conceal the absence from their parents.” (p. 23)
Withdrawal	“School withdrawal is said to occur when a young person’s absence from school (e.g., late arrivals; missing whole school days; missing consecutive weeks, months, or years) is: (1) not concealed from the parent(s); and (2) attributable to parental effort to keep the young person at home, or attributable to there being little or no parental effort to get the young person to school.” (p. 23)
Exclusion	“School exclusion is said to occur when a young person is absent from school or specific school activities, for any period of time, caused by the school: (1) employing disciplinary exclusion [ <del>in an inappropriate manner (e.g., unlawful expulsion; internal suspension for the school’s convenience)</del> ]; or (2) being unable or unwilling to accommodate the physical, social-emotional, behavioural, or academic needs of the young person (e.g., parents of a student with a mild intellectual disability are told to pick their daughter up two afternoons per week because her teaching aide will not be available); or (3) discouraging a young person from attending, beyond the realm of legally acceptable school policy (e.g., a youth who is struggling academically is asked to spend the day at home on the day that national academic assessments are undertaken). (p. 24)