

Senate Inquiry-school refusal

The Melbourne Graduate School of Education Disability Research Collaboration (MGSE DRC) consists of a range of academics who work across varied disciplines within the education sector. The MGSE DRC is aligned with the Melbourne Disability Institute at the University of Melbourne, which promotes interdisciplinary research that guides policy reforms to advance opportunity and equity for people with disability, their families, and carers. The vision of the MGSE DRC is to transform the lifelong educational experiences and outcomes of people with disability. We do this through commitment to excellence in leadership and collaborative research co-design which fosters enhanced inclusive education practices and systems.

We believe that education is a vehicle of change for individuals, communities, and society. To enact this vision, we champion inclusive practices and challenge ableist education environments, practices, and systems. Education is a universal human right, however education systems can intentionally and unintentionally exclude people with disability, which creates a barrier to the contribution of diverse skills and life experiences. We undertake research so we can identify and untangle the complexities in our understanding of what needs to change. We co-research with organisations, agencies, and individuals with lived experiences of disability to ensure that our outcomes translate into positive practical changes in the lives of those we seek to help. Learning from those with lived experiences also allows us to better understand the intersection between disability and other characteristics, such as gender, sexuality, and race.

Our interest in this inquiry is due to the over representation of students with disability in the school refusal population. The predominant disability linked to this category of school attendance problem is mental health, however neurodivergent students and those with intellectual disability and learning difficulties are also overrepresented. School refusal is said to occur when: (a) a young person is reluctant or refuses to attend school, in conjunction with emotional distress; (b) the young person does not try to hide associated absence from their parents; (a) the young person does not display severe antisocial behaviour; and (b) the parents have made reasonable efforts to secure attendance at school, and/or express their intention for their child to attend school full-time (Heyne, et al., 2019, p. 22).

Our submission will focus specifically on the impacts of school refusal on youth, particularly those related to the school context. We will also discuss the need for a systemic, evidence-informed approach to responding to school refusal.

Recommendations

Our submission recommends the following responses:

1. A national approach to and investment in evidence-based interventions for school refusal within a multi-tiered system of support.
2. A review of the way school attendance data is collected and analysed at the school and national levels.
3. Research into early intervention and tier 2 intervention for school refusal.
4. Psychoeducation for school refusal (and other school attendance problems) for schools and other professionals working with this cohort of young people.
5. Establishment of a national network of research and intervention so that professionals and families have access to reputable evidence-based information about school refusal. The Australian network of the International Network for School Attendance could be used to further this agenda.

Impacts of school refusal on young people

School refusal and school attendance problems (SAPs) in general, impact youth in a range of ways. There is the loss of valuable educational opportunities and difficulty maintaining social relationships with peers and school staff. Other short-term impacts can be family related, with families experiencing financial hardship and family breakdown (Fremont, 2003; Henry et al., 2012; Kearney, 2008). Long-term consequences can include academic underachievement and school dropout; employment difficulties; increased risk of psychiatric illness and general poor health; economic, social, marital problems in adulthood; and likelihood of involvement in crime (Fremont, 2003; Henry et al., 2012; Kearney, 2008).

Research into the experiences of young people with school refusal have noted a range of characteristics that can either create barriers or serve as enablers for school attendance. It is important to understand these characteristics as they can be used to develop appropriate interventions at the school and community level. These include school climate, learning difficulties and social factors (McKay-Brown & Birioukov-Brant, 2021). Often the way that schools are organised can create barriers to students with school refusal attending and engaging with school. These include teacher-student relationships, the size of the school, and a perceived inaction from school and teachers due to a lack of understanding about school refusal.

There are groups of youth who have a higher level of representation in the school refusal literature including students who are neurodivergent, have a disability, mental health disorder or learning difficulty (Ingul, et al., 2019). Reasonable adjustments are required to support these youth to engage in the classroom and this requires a level of flexibility in timetabling, the provision of academic activities, and the physical environment. Caregiver-school relationships are paramount here as well. School refusing youth also noted that making friends could be hard and they needed support with peer relationships and learning social skills (McKay-Brown & Birioukov-Brant, 2021).

State and Federal Government responses: impacts of school refusal and interventions needed

Currently there is no national approach to this problem. It becomes the purview of the States and Territories who have varied and inconsistent responses to this significant issue. We strongly contend that there needs to be a national focus on tiered interventions to support prevention and early intervention, to identify students at risk and enable timely intervention to provide students with the best opportunity to re-engage in their education.

Multitiered systems of support (MTSS) provides a framework that assists with the organisation and allocation of resources, as shown below in Figure 1. At Tier 1, every student is supported to attend school through the use of universal evidence-based strategies. It is essential that these supports are part of the day-to-day school experience for all children and young adults. More intensive Tier 2 supports are then provided for those who require additional assistance in addition to the existing Tier 1 supports. Tier 3 interventions, which are individualised and intensive in nature, require extensive human and material resources and should be reserved for the most chronic and complex cases. As shown in Figure 1, Tier 2 and Tier 3 interventions should be focused on capacity building and only required for short periods of time, with the supports available at Tier 1 being sufficient to support all students most of the time.

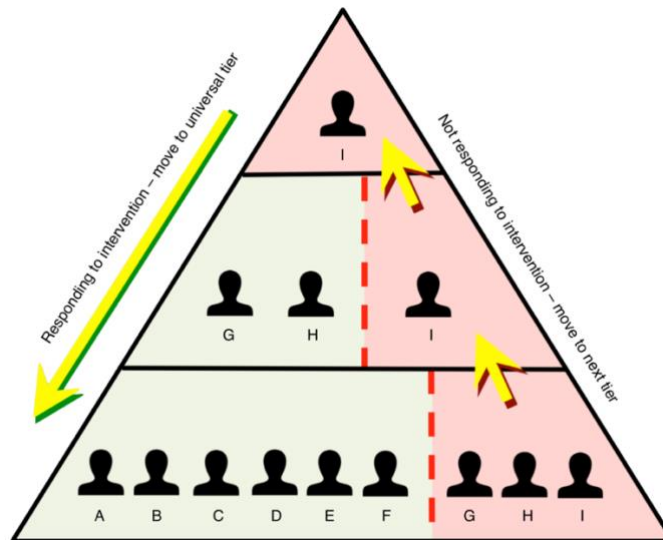


Figure 1. Multitiered systems of support provide a framework for ensuring that students are provided the support they need to remain engaged in school (Harrison, 2022).

Employing a MTSS framework is particularly useful for determining which students require which level of support, and equips interventionists with a systemised, structured approach for planning (Harrison, 2022). Importantly, use of this MTSS provides a pathway when school attendance interventions fail to have the desired impact. It accomplishes this by avoiding the use of assumptions tracking and through making ongoing data-informed decisions.

It is essential the interventions are evidence-based and target the correct population. When considering what constitutes evidenced-based intervention, we contend that our support systems need to take into consideration the local context, including the views and values of the local community. By ensuring that our 'first call' Tier 1 and 2 systems are fit for purpose, we can more efficiently support those students with more complex needs.

The systems in place to support students who are school refusing need reviewing. Two areas that we contend are important are data collection about students and ensuring interventions are evidence-based and match the presentation of the young person as well as family needs.

[Intervention thresholds guiding practice and intervention](#)

Data systems for collecting attendance information need reviewing. For youth who are presenting with school refusal and requiring extensive support, there have often been warning signs that have been missed (Ingul et al., 2019; McKay-Brown et al., 2019). This is because early warning signs can look like other presentations, but also school attendance data is often not nuanced enough to separate problematic and non-problematic absences. For example, somatic complaints are often linked to a school refusal presentation, however data systems can't separate if the absence due to headaches or stomach aches is due to being reluctant to attend school or because the young person is ill. Families are also required to self-report their child's absence and when there are no categories to match what is happening for their child, what is recorded can be misleading for anyone checking the data. Schools require dedicated school attendance teams that can regularly assess absences using categories that can identify early warning signs of school refusal. The categories found in the School Non-Attendance Checklist (Heyne et al., 2019) when applied to absence data can support the early identification of school refusal.

For interventions to be successful they must be targeted to not only the presenting symptoms but also the level of non-attendance. The international literature suggests thresholds for problematic

absenteeism that need to be considered when planning interventions. The generally accepted threshold for chronic absence which, depending on the complexity of the individual case may require intensive tier 3 support, is 10+% absence (Kearney & Graczyk, 2014). However, this level is not always reflected in system-wide government responses. For example, in Victoria the Department of Education and Training (DET) Navigator program has a non-attendance threshold of 70%. This equates to 35/50 days missed per term. This is far beyond what the evidence-based literature considers an appropriate threshold for chronic absenteeism and has likely contributed to failings of the program. The Victorian Auditor-General's Report released in March 2022 (Victorian Auditor-General's Office [VAGO], 2022), noted that the DET could not demonstrate Navigator is an effective intervention at a program level or that it is delivered equitably. In fact, over the 2016-2019 period only 13.3 percent of students completed the program, achieving 70% attendance for 26 weeks, and only 5% maintained this attendance for a further 6 months (VAGO, 2022). This is not the fault of the Navigator program staff or service providers, rather the model of outreach support, rather than daily intensive intervention, fits better as a Tier 2 intervention and should be targeting students who are at-risk of extended absence due to school refusal, rather the current target cohort who have complex mental health, disability, and family factors. It is to be noted that Navigator includes students from all school non-attendance typologies and the data does not show outcomes for school refusal presentations only.

This contrasts with the In2School program that is run in a partnership with the University of Melbourne, Travancore School and the Royal Children's Hospital Mental Health and the In2School@school program run with the partners noted above and MacKillop Education Services. The models specifically target students who require tier 3 intervention, are predominantly presenting with a school refusal typology, and are aged between 11-15 years. The students have an attendance rate of less than 50% over the previous 12 weeks and is an evidence-based multidisciplinary program that uses daily targeted support, over six months for In2School and 12 months for In2School@school. The first phase is the introduction and focuses on the administration of a range of assessments, building rapport between the young person and each team member, and gradual introduction to the classroom. Phase two is the classroom and wraparound intervention phase, involving young people attending the transitional classroom 4 days a week. During this phase the young people are engaged in education and therapeutic activities based on analysis of their needs and individual goals. Phase three involves a supported return to the general classroom or mainstream school setting (McKay-Brown et al., 2019). This program has a high success rate with 80% of students returning to school. This is due to the strong teacher-student relationship, an understanding of school refusal, a small group size of eight young people and daily support for the young person and families. While this model is successful, the ability to engage the number of young people who need this type of service is not possible, so prevention and early intervention are paramount.

There is less research about what constitutes early intervention in the school refusal field however there are some common responses. Kearney and Graczyk (2014) note that at tier one schools need to provide a positive school climate that promotes a sense of belonging, identity and connections; safety oriented strategies that promote a sense of safety and trust in adults; health based strategies that promote healthy sleep, nutrition and screen use; mental health and social emotional learning that builds coping strategies and resilience; parental involvement that promotes shared goals for their children; transition supports that provides continuity and predictability and processes to identify students at-risk of non-attendance. While schools do invest in all of these areas, there needs to be consideration of the best ways to ensure that these supports have a focus on supporting and identifying students who may have emerging school refusal.

The need for a national response

At present there is no national resource where families and professionals can access reputable, evidence-based resources and information. This is a gap in the systemic response to school refusal (and school attendance problems in general). There are examples of this type of resource in other countries, for example <https://www.attendanceworks.org/> in the US, which can provide a first response for those seeking information and advice. There are local examples of organisations who provide resources (e.g. <https://www.schoolavoidance.com/>) and a national peer support network (<https://schoolrefusalaustralia.com/>), however, there needs to be a national presence to ensure that interventions implemented are based on research, to further research into school refusal and provide useful and useable information for all parties involved in providing services or requiring support.

In conclusion, this submission has identified several areas that require support in the field of school refusal. This is a national problem that has been exacerbated by the Covid 19 pandemic and disproportionately impacts youth who are neurodivergent, have a disability, mental health disorder or learning difficulties. There needs to be a commitment made at all levels of governments to create a cohesive response to support youth, families, schools, and other professionals.

The members of the MGSE Disability Research Collaboration, we thank you for taking the time to read this submission and would be happy to discuss any elements of this submission further.

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