

# School refusal and isolation: The perspectives of five adolescent school refusers in London, UK

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## Abstract

Research has identified a subset of young people who feel unable to engage in mainstream education. Given the hard-to-reach nature of this group, their views on what has caused their isolation from others have received little focus in previous literature. The present study aimed to explore the experiences and views of a subset of young people seen within an inner London Pupil Referral Unit who were extremely socially withdrawn and unable to attend mainstream education. They were asked what they believe led them to their current situation, the impact of isolation, how their life is going and what they value. Key themes identified were the role of anxiety in withdrawal from education and the protective capacity of social contact, even via social media, in preventing negative outcomes of withdrawal. Sleep, health, education, family and social contact were identified as risk and protective factors and were also things participants identified as values. This research provides insight into potential ways to support young people in returning to mainstream education as well as ideas for preventative measures that may protect future generations from such extreme isolation. This research was conducted before the COVID-19 pandemic, but lessons learned bear relevance in current times.

## Keywords

school refusal, adolescence, isolation, social withdrawal, qualitative

There are many ways to define absence from school (Kljakovic & Kelly, 2019). The definitional issues are detailed elsewhere (Baker & Bishop, 2015; Elliot & Place, 2019; Heyne et al., 2019; Inglés et al., 2015), but the term ‘school refusal’, as opposed to truancy, school withdrawal or school exclusion will be used throughout. School refusal includes a reluctance to attend an education setting accompanied by emotional distress, as well as the young person being absent from school

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with their parent's or caregiver's knowledge and with an absence of severe antisocial behaviour (Heyne et al., 2019).

It is well established that school refusal has a negative impact on young people. International research has highlighted immediate effects including school dropout (Rumberger, 2011), illicit drug use (Chou et al., 2006), cigarette use (Guttmacher et al., 2002) and mental health difficulties (Egger et al., 2003). Longer term effects include violence, persistent mental health problems and substance abuse (Kearney, 2008).

Reported prevalence rates of school refusal vary, largely because of the difficulties in defining the behaviour. Egger et al. (2003) estimate the prevalence of school refusal to be around 1–2% of young people in the United States. In a Norwegian sample, (Hivak et al., 2015) found the prevalence of school refusal to be approximately 4% amongst 11–15 year olds. Within the UK, the rate of persistent absenteeism, defined as missing at least 10% of possible sessions, was 10.9% for the 2018–2019 academic year (Department for Education, 2020). This figure includes those who may be truant or persistently absent for reasons other than school refusal.

Despite the concerning nature of this issue and its relative pervasiveness, there is scant qualitative research examining the nature of the problem within the UK. One study explored the experience of four adolescents suffering from 'extended attendance difficulties' in the South of England (Baker & Bishop, 2015). Participants had varied explanations for the cause of their lack of attendance in mainstream education including anxiety in relation to going to school, being the victim of bullying, sleep problems, low mood, difficulties with separation from parents and feeling isolated at school. There was greater consistency in participants' experiences of support in relation to their non-attendance, including feeling as though they were disbelieved, lacking consistent support and feeling blamed or punished for their experience.

Another study looked at success factors for two young females, who had previously suffered from school refusal in the North of England (Nuttall & Woods, 2013). The study examined the views of the young people, as well as their parents and the professionals that had worked with them, regarding what intervention factors allowed them to return to mainstream education. They found that successful intervention required a combination of child psychological factors (such as developing feelings of safety), contextual factors, family variables and building the relationship between home and school (Nuttall & Woods, 2013).

Kljakovic and Kelly (2019) looked at the perspective of professionals who worked with school refusers regarding the factors that contribute to refusal as well as what helps. They found professionals agreed that the issue is complex and that there is not one clear pathway that leads young people to chronically refuse mainstream education. They agreed that intensive multi-layered interventions including gradual socialization, involvement of the parents or caregivers and technology, are needed to address the issue.

These qualitative studies provide valuable information in relation to understanding the nature of school refusal amongst adolescents within the UK. However, more needs to be done to ensure the findings are accurate and applicable to local populations. The present study aimed to build on the findings of Baker and Bishop (2015) and gain more information regarding the experience of young people suffering from school refusal within an inner London borough. It was felt that focussing on the young people themselves might illuminate risk and protective factors that could be addressed early on in the course of school refusal, rather than once school refusal becomes a severe problem.

The main aim of this research is to explore the experiences and views of young people seen within an inner London Pupil Referral Unit (PRU). The main questions are: what do these young people believe has led them to withdraw from mainstream education, what impact has isolation had on them, how do they evaluate their current situation and what are their values? The findings

will be considered in light of the COVID-19 pandemic, particularly in regard to issues of isolation.

## **Method**

### *Design*

Semi-structured qualitative interviews were used.

### *Study setting*

Interviews were conducted between January and February 2016. The third author conducted the interviews as part of a research project component for their post-graduate course and so had to work to the course deadline. Participants were identified through their enrolment in the Individual Tuition (IT) programme at a PRU in London, UK.

The PRU is an alternative education provision maintained by the local authority for young people who are otherwise unable to access mainstream education. Referrals to IT must first be assessed as appropriate by the Local Authority-led multi-agency Social Inclusion Panel (SIP). When the SIP judge that a young person is unable to manage a classroom environment, they are offered a place in the IT programme. All participants attending IT in the month of January 2016 were invited to take part and five students agreed.

Interviews were conducted by the third author, who was a trained teacher. They had worked with a number of school refusing young people prior to conducting these interviews and their experience of doing so will have impacted on their approach to structuring and implementing the interview schedule. In order to alleviate some of the potential impacts of their perspective on the data, data analysis was carried out by the first and second authors, who had not taken part in the development of the interview schedule or interview process. Both the first and second authors are clinical psychologists, one who has worked with school refusing young people extensively in the past and the other who has worked with these youths in a research capacity. Although all the researchers attempted to remain neutral in their roles in this research, it must be recognized that their personal opinions will have impacted on the findings.

Participants were offered interviews in a safe location of their choice. All participants opted to have the interviews conducted in their homes at a prearranged time convenient for them. Participants were offered the option of having a support person present for the interview. Only one young person opted to have a family member present. Only information gained from the young people themselves was included in the analysis.

### *Participants*

Participants were invited to take part in the research through a face-to-face invitation in their homes. Consent was obtained from both the young person and their caregiver(s). The age of participants ranged from 13 to 16 years. One was female and four were male. All participants had been away from mainstream education for 6 months or more. The names of the participants have been changed to protect anonymity.

## Procedure

Five interviews were conducted using the same semi-structured interview schedule. The schedule was developed through reviewing previous research within this area and identifying potential areas of interest. It aimed to encourage participants to talk about their experiences and to identify important issues that may have needed addressing by the PRU. The interviews were recorded electronically and transcribed verbatim. Transcriptions were deidentified, and original recordings were deleted once transcribed. The interviews ranged from 18 min to 32 min in length. It was made clear that interviews could be conducted over multiple sessions if needed but all interviews were completed within one session.

## Analyses

In line with [Braun and Clarke \(2006\)](#), thematic analysis was used to analyse and interpret the data. Themes were identified, analysed and reported in relation to the research question, rather than organizing and dissecting the data ([Boyatzis, 1998](#)). Initially, a broad description of the entire dataset was included, 22 themes were identified and then these themes were considered in respect of the overarching research question of reasons for school refusal. The researchers chose to emphasize and focus on certain themes above others due to the richness of the data and due to an overlap in the content or focus of some of the themes. The authors prioritized six themes, which are described in more detail in the following section. The aim was to make sense of the participants' experiences, rather than determining objective or generalizable truths ([Charmaz, 2014](#)). The data from the interviews were interpreted by each member of the research team who each reflected on the findings, coded the data and synthesized thematic patterns. These codes were then refined further by the lead author.

## Results

Through discussion with participants, six core themes were identified. Four of these, isolation, reasons for school refusal, internet use and Individual Tuition, can be thought of as those relating to the 'problem'. The remaining two, current situation and values, relate to the individual. Several subthemes were also identified that elaborate on these core themes, each of which is summarized below.

### Isolation

To gain an understanding of how isolated the young people were, participants were asked how much time they spend alone each day. All participants reported being isolated in their bedroom for the majority of the day and night.

Despite this, three participants reported seeing friends on a regular basis. For example, participant A reported seeing friends once a week at a youth club, and participant E reported seeing a group of friends most evenings, after they had finished school. E stated:

*I wake up at 2pm, I watch TV, then I, well before I watch TV I get ready then I go outside at 3-3.30, because my mates come out of school at 3:30.*

However, given the pattern of sleeping they reported, this meant that they were awake and alone in their bedroom most of the evening and sleeping most of the day, preventing further social contact. Two participants, B and C, reported very little social contact outside the home. B reported that it had been at least a month since they had seen anyone outside their immediate family, and C reported that it had been at least two weeks.

The impacts of isolation varied. Four participants felt that there were few negative impacts. However, these four all noted that they were in contact with others via social media whilst at home or able to speak with friends or family if they wanted. The young person who felt that social isolation had a negative impact on their life, B, did not report engaging with others while at home. They reported that isolation affected many areas of their life:

*can't do anything if that makes sense like education, qualifications, I can't even, when I feel very like low and unmotivated. And I think I feel lazy, I don't know.*

### **Reasons for school refusal**

When considering reasons for not attending mainstream education, the leading reason listed by participants was a dislike of school. The reasons behind this dislike were varied and included contextual and environmental factors. Two young people alluded to disliking school because it was associated with feelings of anxiety. E stated:

*Cause...I just felt uncomfortable going, going into school.*

Whereas D identified social anxiety to be the primary cause, stating that at school there are:

*Too many people.*

A identified their reason for a dislike of school as its failure to provide opportunities, stating:

*I just didn't see anything in school that was taking me anywhere.*

C listed boredom and a specific dislike of the lessons as their reasons for disliking school:

*I just really hated lessons. I didn't really have a problem with any of the students or teachers....I just...it was, it was a really bad case of boredom.*

Sleep difficulties were another core reason participants felt that they were unable to attend mainstream education. For example, participant B reported:

*um, I'm having sleep problems. I think now I'm unable to get into school.*

indicating that were sleep not an issue, there would be no other barriers to attending mainstream education.

Two participants gave more detail on the trajectory of their withdrawal from mainstream education. Both accounts relate to anxiety but show different patterns of behaviour. C reported that they stopped going to school and then their lack of face-to-face social contact reinforced their

staying at home. Staying at home was also reinforced by gaming online and having social contact through this. For example:

*Um well It began when I stopped going to school really. I just didn't wanna go outside to see people when you haven't been in school for a long time. Online was definitely a huge part of it, because the people I was friends with at school...played a lot of online. That's how I'd contact them.*

D described a specific incident of fainting at a friend's house being the catalyst for their refusal to attend mainstream education. Following this incident, they reportedly felt 'Scared to go out because I didn't want to faint again', which led to them staying home.

### **Internet use**

All participants reported regular internet use and regular use of social media sites. One participant was a regular online gamer who kept contact with friends using gaming, another was a sporadic online gamer who did not have contact with others when gaming and a third reported having previously been a gamer but stopped gaming due to low mood. Other uses of the internet included watching videos and online shopping.

Two participants considered themselves addicted to the internet and could not cope without it. For example, D stated:

*I can't go a day without it. It's like, It's basically like fags.*

The other, C, stated:

*without it I'd be very different and probably a lot more bored...Very different without it, can't cope.*

### **Individual Tuition**

In place of mainstream education, all participants had been offered IT. Four of the five participants were attending IT. B had failed to attend any IT sessions as they were repeatedly asleep throughout the day when their tutor tried to hold lessons in their home. Of those engaging with IT, two found it helpful and could not think of anything they would change about it. Positive aspects of IT included the academic approach and future focus and the support and listening style of their tutor. Participant D did not find IT helpful, complaining that there was too much focus on school. D had previously been offered IT in the home, but the lessons were now only being offered at a library, which caused anxiety for the participant. For example:

*I think it's ridiculous that they were moved...because I'm under CAMHS so everyone knows that I have anxiety, but then you move my lessons to the library but everybody knows that I can't get out.*

Participant E did not comment specifically about their view of IT but noted that they found it helpful seeing the CAHMS psychologist.

## Current situation

When reflecting on life, participant B was unable to identify any positives. Two participants, A and D, could only identify positives and felt there were no negatives in their life. C identified both positive and negatives, and E did not supply their thoughts on the matter.

Factors that participants identified as positives varied by participant and had no commonalities. One identified academic achievement and meeting society's expectations as positives. Another identified sleeping well as a positive, whereas participant C identified earning money and spending time with family as positive factors in their life.

When reflecting on things that are not going well in life, one participant, B, felt that having an irregular sleep pattern negatively affected all areas of their life. For example:

*I haven't been able to do, to do much, due to the fact that the sleep is during the time I would be doing something. So I'm doing nothing. ...I haven't been able to socialise as much, I haven't been able to go out to do much because nothing to do during the times that I'm awake.*

Socialization was also identified by another participant, C, as a negative factor in their life.

*Well My social life really... I don't go out a lot. It's definitely something I'd like to improve on.*

When asked more specifically about difficulties in their life, all participants were able to identify some areas of concern. The common subthemes were education and academic achievement, sleep and health. In relation to education, participants worried about being left behind. For example, A stated:

*GCSEs, like I've got to do good and stuff and college because I haven't even planned or anything but my mates have my friends have applied but I haven't done anything.*

Regarding sleep, participants reported a pattern of sleeping late, which tended to impact on their ability to engage with the world. One participant, E, described their sleep as such:

*like my pattern's not good. Like I got used to waking up really late and going to sleep late as well.*

Health affected participants in different ways. One expressed concern about needing glasses, whereas another felt that their health was negatively impacted by their sleeping pattern. In terms of social contact, one participant listed social anxiety and a fear of crowds as a concern, whereas another listed a lack of social contact as a concern. Another participant noted that socially, they felt they were managing well.

## Values

Most participants listed family as something they valued in their lives. Education was mentioned by two participants, and two participants also reported that they valued their phones, likely as a means of staying in touch with friends. For example, E stated:

*my phone... 'cause that, I communicate with my friends with that.*

Other things participants said they valued included not falling into trouble and staying off the streets, health and well-being, career, money and online gaming.

Values aligned with the things that brought participants happiness. The happiness and well-being of one's family was the main factor listed by participants as something that makes them happy. Friends and socializing were the other key factors that were listed as bringing happiness. For example, A stated:

*My mates, chillin' with them when I'm like in the youth club, we just have jokes and stuff like that. I think um, Talking to my friends on the phone whatever, that's happy that's fine. That's it really. Everything's fine, my family like, everything's good.*

Other factors that made participants feel happy included humour, gaming, football, spending money, mobile phone and antidepressant medication. One participant, B, reported that they did not feel happy so could not answer this question.

## Discussion

This study sought to gain some understanding of the experiences and views of a subset of young people characterized by their inability to attend mainstream education within inner London. Results show that the impact of this withdrawal from mainstream education on their lives varied, as did their impressions of how their life was going.

When thinking about values and things that bring happiness and identifying things that were going well or poorly in life, key subthemes mentioned across participants appeared to be sleep, health, education, family and social contact as well as phone or internet use. These common areas may indicate factors that could be targeted in preventative or reparative interventions to support these young people.

Despite commonality in these core areas identified, it does seem that the problem of withdrawal from mainstream education remains complex and the exact route by which an individual may withdraw differed across participants. This is in line with previous research, which indicates that the problem of withdrawal from education is complex and multifaceted (Kljakovic & Kelly, 2019).

When thinking about isolation, the findings indicate that if some social contact is maintained, even if not face to face, then isolation does not necessarily have self-reported negative impacts on young people. These findings align with literature regarding the importance of social connectedness (Lambin et al., 2017). The findings also contribute to a body of literature indicating that social media use can have a positive impact on social connectedness (Wu et al., 2016). However, the impact of social media use may not be wholly positive.

The findings in relation to sustained social contact via social media bear relevance in current times, when many young people have been isolated due to the COVID-19 pandemic. Secondary schools within the UK were closed for the majority of students from March to September 2020 to manage the outbreak of COVID-19. Researchers (Lee, 2020) and teachers (Lundie & Law, 2020) have expressed concern at the impact that this isolation has had and will have on the mental health of young people. It may be the case that social media use could be protective for individuals who are isolated through restrictions imposed by the COVID-19 pandemic and thus should be encouraged as an alternative form of social interaction.

For the participants in the present study, internet use was important with all describing that they regularly used the internet and social media. Descriptions of the impact of internet use on self were largely positive with participants describing that it allowed them to continue to feel connected to



peers, despite lacking the social contact that comes with attending mainstream education. However, two participants reported that they were addicted to the internet and would not be able to cope without it, which is concerning. Wu et al. (2016) concede that internet use can lead to internet addiction in this age group. Previous research also suggests that internet use may allow for avoidance of face-to-face social interaction (Punamakia et al., 2009), which may also be the case for this group. Others have found that when online social connection is prioritized, it may become harder to form and maintain face-to-face friendships with peers (Delonga et al., 2011; Donchi & Moore 2004; Huang & Yang, 2013). In the present sample, where face-to-face social interaction is limited, it may be that although social media use provides some sense of connectedness in the short term, this may have longer lasting detrimental impact on the ability to function socially in the real world.

Anxiety was a key factor that impacted on refusal to attend mainstream education albeit differently between the different participants. This aligns with the findings of Jones and Suveg (2015), which suggest that anxiety causes school reluctance, which may ultimately lead to school refusal. This also aligns with the findings of Baker and Bishop (2015) who found that all participants in their sample attributed school refusal to anxiety to some degree. For participants in the present study, anxiety appears to be a precursor to withdrawal as well as a maintaining and perpetuating force.

As anxiety seemed to affect participants in different but negative ways, this indicates that an individual treatment or prevention approach might be needed. Students at risk of anxiety and withdrawal could be identified through mental health screening and then further assessed by trained mental health practitioners to identify barriers that may prevent them from attending mainstream education. Individualized interventions could then be implemented to prevent withdrawal or to encourage re-entry to mainstream education, before the problem gets to a point where this no longer seems possible. This preventative approach has been suggested as the way forward in managing school refusal by Ingul et al. (2019). In the case of individuals where there is a clear incident that may have led to them withdrawing, managing this through psychological intervention might also help in later allowing them to feel comfortable returning to mainstream education. However, intervention could also take place at an earlier stage through looking at class size or the school environment to make it less anxiety provoking for students and prevent the emergence of anxiety. These factors should be considered in more detail at a school and education sector level.

Sleep also seemed to be a key factor identified that could potentially be used as a warning sign for withdrawal. One of the participants in Baker and Bishop's sample also listed sleep as a key contributor to their withdrawal from education (2015). Sleep hygiene strategies could possibly be used to prevent the negative impact of poor sleep on attendance in mainstream education. For example, Maeda and colleagues (2019) found that implementing a sleep education intervention in primary school reduced the incidence of school refusal for participants in later school years.

Contextual or school-based factors were also identified as precursors to school refusal. These included a lack of focus at school on providing opportunities for the future as well as lessons lacking interest. These factors could be explored further by policy makers and educators to help support pupils attending school.

All participants had been offered IT but engagement with this varied. Participant D illustrates someone who feels failed by the system and whose anxiety has not been taken into account. It may be that this case illustrates greater communication is needed between CAMHS services and the IT programme. If more support had been offered to D around their anxiety, they might have been better able to engage with IT. Of those who had positive experiences of IT, the academic focus accompanied by the supportive nature of their tutor appears to be a winning combination. These

findings indicate the importance of an individualized approach, tailored to the young person's wants and needs but they also highlight ways that mainstream education could potentially be altered to make it more engaging for students.

When reflecting on their situation and how life is going, the factors that participants identified as relevant appear to link to the things that they valued. For example, when sleeping well, sleep was identified as a positive aspect of life, whereas those struggling with sleep identified sleep as a negative aspect of their life. Similarly, academic achievement was identified as a positive for the participants who felt they were achieving well academically, whereas those struggling academically identified this as a negative aspect of their lives. Socialization also showed the same pattern in that it was identified as a negative aspect by most, but one participant identified it as a positive as they thought they were socializing well.

When thinking about the things going well and poorly in participants' lives, as well as their values, there do seem to be overarching core components. Collectively, it may be that if things are going well in all these areas in a person's life, then they may not feel the need to withdraw from mainstream education. These common factors include sleep, social life, family, education and health. These fit well within Maslow's hierarchy of needs. Rest, in this case described as sleep, seems to be a basic need that a number of participants struggled with. The other factors fit within Maslow's psychological needs and self-fulfilment needs. This further highlights the importance of sleep as meeting of basic needs is essential before other needs can be met. These findings indicate that values could be targeted for either preventative or reparative interventions, in that if young people's needs are met in these areas, it may be that the difficulties faced when attempting to attend mainstream education would be less apparent.

### *Limitations*

Given the hard-to-reach nature of school refusing youth, there are some obvious limitations in the present sample, which must be considered when interpreting the results. These participants consented to an interview, and an interview was able to be conducted with them. There may be even more isolated individuals who were not included in the study due to refusing to take part and they may have a different perspective. All efforts were made to get as diverse a sample as possible, and at least one participant was unable to even attend IT in their home but the true representativeness of the sample remains unclear. Ethnicity of participants and the primary interviewer was not specifically examined, which may limit the representativeness of the sample but also limits the interpretation of the findings.

Researcher bias must also be taken into account. The primary interviewer was a teacher and part of the IT programme; the two lead researchers were clinical psychologists. Their perspectives may lend focus to a mental health perspective and a positive education-based focus. Best efforts were made to remain as neutral as possible both through the interview and interpretation process, but the effectiveness of this is uncertain. Having a teacher conduct the interviews may also have led to students feeling obliged to respond in a particular way. These perspectives cannot be removed but they must be taken into account when reflecting on the findings.

Bullying was not specifically examined in this sample and was not spontaneously mentioned by the participants. It is conceivable that bullying could be a factor that contributed to withdrawal for our sample. Two of the four participants in the [Baker and Bishop \(2015\)](#) study mentioned bullying as a factor contributing to their school refusal. Bullying can also have negative implications for social media use in terms of feeling unable to escape from the phenomena. It would have been interesting to explicitly explore whether this was an issue relevant for this group.

This research was conducted before the COVID-19 pandemic. It is important to acknowledge how the findings in this study may be applicable to isolation, anxiety and sleep difficulties seen as a result of the pandemic, but the results must also be interpreted with caution.

## Conclusion

The findings of this research add to a growing body of literature examining the nature of school refusal amongst young people within the UK and give more insight specifically into the experience of school refusing youth living within London.

An individual approach is needed to adequately address the complex needs of school refusing youngsters, but consideration is also needed at a policy and educational level to prevent the emergence of school refusal. Some key areas of concern have been identified that could be used as a basis for future intervention. Anxiety was a common experience in this sample as in others. Using a screening tool may help identify this issue before it has pervasive effects and making changes to class size may also have a positive impact. Other areas important to school refusal and to participants' lives in general were sleep, health, education, family and social contact. These factors could also be screened for and then individual interventions or broader school or community-based interventions could be devised to prevent the emergence of school refusal or assist in its treatment if it is already established. The role of internet and social media use must also be incorporated, particularly in a post-COVID-19 world. It was not within the scope of this research to devise or test out particular interventions, but future research could use the key areas identified here as a base for further exploration.

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## References

- Baker, M., & Bishop, F. L. (2015). Out of school: A phenomenological exploration of extended non-attendance. *Educational Psychology in Practice, 31*, 354-368. doi:10.1080/02667363.2015.1065473
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. California: Sage Publications.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. doi:10.1191/1478088706qp063oa
- Charmaz, K. (2014). *Constructing grounded theory*. Sage.
- Chou, L.-C., Ho, C.-Y., Chen, C.-Y., & Chen, W. J. (2006). Truancy and illicit drug use among adolescents surveyed via street outreach. *Addictive Behaviors, 31*, 149-154. doi:10.1016/j.addbeh.2005.04.011
- Delonga, K., Torres, H. L., Kamen, C., Evans, S. N., Lee, S., Koopman, C., & Gore-Felton, C. (2011). Loneliness, internalized homophobia, and compulsive internet use: Factors associated with sexual risk

- behavior among a sample of adolescent males seeking services at a community LGBT center. *Sexual Addiction & Compulsivity*, 18, 61-74. doi:10.1080/10720162.2011.581897
- Department for Education. (2020). *Pupil absence in schools in England: 2018 to 2019*. Department for Education. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/875275/Absence\\_3term.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875275/Absence_3term.pdf)
- Donchi, L., & Moore, S. (2004). It's a boy thing: The role of the Internet in young people's psychological wellbeing. *Behaviour Change*, 21, 76-89. doi:10.1375/beck.21.2.76.55426
- Egger, H. L., Costello, E. J., & Angold, A. (2003). School refusal and psychiatric disorders: A community study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 797-807. doi:10.1097/01.CHI.0000046865.56865.79
- Elliot, J. G., & Place, M. (2019). Practitioner review: School refusal: Developments in conceptualisation and treatment since 2000. *Journal of Child Psychology and Psychiatry*, 60, 4-15. doi:10.1111/jcpp.12848
- Guttmacher, S., Weitzman, B. C., Kapadia, F., & Weinberg, S. L. (2002). Classroom-based surveys of adolescent risk-taking behaviors: Reducing the bias of absenteeism. *American Journal of Public Health*, 92, 235-237. doi:10.2105/ajph.92.2.235
- Heyne, D., Gren-Landell, M., Melvin, G., & Gentle-Genitty, C. (2019). Differentiation between school attendance problems: Why and how? *Cognitive and Behavioral Practice*, 26, 8-34. doi:10.1016/j.cbpra.2018.03.006
- Hivak, 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, 221-240.
- Huang, C. L., & Yang, S. C. (2013). A study of online misrepresentation, self-disclosure, cyber-relationship motives, and loneliness among teenagers in Taiwan. *Journal of Educational Computing Research*, 48, 1-18. doi:10.2190/EC.48.1.a
- Inglés, C. J., González-Maciá, C., García-Fernández, J. M., Vicent, M., & Martínez-Monteagudo, M. C. (2015). Current status of research on school refusal. *European Journal of Education and Psychology*, 8, 37-52. doi:10.1016/j.ejeps.2015.10.005
- 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, 46-62. doi:10.1016/j.cbpra.2018.03.005
- Jones, A. M., & Suvég, C. (2015). Flying under the radar: School reluctance in anxious youth. *School Mental Health*, 7, 212-223. doi:10.1007/s12310-015-9148-x
- Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review*, 28, 451-471. doi:10.1016/j.cpr.2007.07.012
- Kljakovic, M., & Kelly, A. (2019). Working with school-refusing young people in Tower Hamlets, London. *Clinical Child Psychology and Psychiatry*, 24, 921-933. doi:10.1177/1359104519855426
- Lambin, M., Murawski, C., Whittle, S., & Fornito, A. (2017). Social connectedness, mental health and the adolescent brain. *Neuroscience and Biobehavioral Reviews*, 80, 57-86. doi:10.1016/j.neubiorev.2017.05.010
- Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet: Child & Adolescent Health*, 4, 421. DOI:10.1016/S2352-4642(20)30109-7.
- Lundie, D., & Law, J. (2020). Teachers' responses and expectations in the COVID-19 school shutdown period in the UK. *Technical Report. Scottish Parliament*. <http://eprints.gla.ac.uk/221329/1/221329.pdf>
- Maeda, T., Oniki, K., & Miike, T. (2019). Sleep education in primary school prevents future school refusal behavior. *Paediatrics International*, 61, 1036-1042. doi:10.1111/ped.13976
- Nuttall, C., & Woods, K. (2013). Effective intervention for school refusal behaviour. *Educational Psychology in Practice*, 29, 347-366. doi:10.1080/02667363.2013.846848

- Punamakia, R., Wallenius, M., Hotto, H., Nygard, C., & Rimpelac, A. (2009). The associations between information and communication technology (ICT) and peer and parent relations in early adolescence. *International Journal of Behavioral Development, 33*, 556-564. doi:[10.1177/0165025409343828](https://doi.org/10.1177/0165025409343828)
- Rumberger, R. W. (2011). *Dropping out: Why students drop out of high school and what can be done about it*. Harvard University Press. doi:[10.4159/harvard.9780674063167](https://doi.org/10.4159/harvard.9780674063167)
- Wu, Y.-J., Outley, C., Matarrita-Cascante, D., & Murphrey, T. P. (2016). A systematic review of recent research on adolescent social connectedness and mental health with Internet technology use. *Adolescent Research Review, 1*, 153-162. doi:[10.1007/s40894-015-0013-9](https://doi.org/10.1007/s40894-015-0013-9)

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