education sciences

MDPI

Review

Emotionally Based School Avoidance in the Aftermath of the COVID-19 Pandemic: Neurodiversity, Agency and Belonging in School

Lorna G. Hamilton

School of Education, Language and Psychology, York St John University, York, YO31 7EX, UK; l.hamilton1@yorksj.ac.uk

Abstract: Lockdowns at the peak of the COVID-19 pandemic led to extended school closures globally, and in many countries school attendance has not recovered to pre-pandemic levels. In England, education leaders have expressed concern both about increased anxiety among pupils and chronic absenteeism post-pandemic, against a backdrop of over a decade of increasing mental health need among children and young people. This article presents a narrative review with the aims of (a) conceptualising emotionally based school avoidance (EBSA), and (b) identifying strategies for supporting children and young people experiencing psychological barriers to attending school. The underlying reasons for school being experienced as a hostile environment by a minority of pupils are explored, with research findings specifically relating to the school experiences of neurodivergent pupils in mainstream settings included as an illustrative example. The psychological constructs of belongingness and agency are discussed as potential mechanisms of change. Finally, psychologically informed strategies to address EBSA are reviewed, drawing on the framework of multiple systems of support. To reduce absenteeism in pupils experiencing EBSA, and thus avoid exacerbating educational inequalities in disadvantaged groups, it is essential to understand psychological barriers to school attendance and to work collaboratively and compassionately with pupils and families towards solutions.

Keywords: emotionally based school avoidance; school attendance; pupil mental health; neurodiversity; autism; school belonging; agency

Citation: Hamilton, L.G. Emotionally Based School Avoidance in the Aftermath of the COVID-19 Pandemic: Neurodiversity, Agency and Belonging in School. *Educ. Sci.* **2024**, *14*, 156. https://doi.org/10.3390/educsci14020156

Academic Editor: Helen Street

Received: 15 December 2023
Revised: 27 January 2024
Accepted: 29 January 2024
Published: 2 February 2024

1. Introduction

The return to "school as normal" following seismic disruption to education during the peak of the COVID-19 pandemic in 2020–2021 posed challenges for pupils, teachers and school leaders in many countries. In the English post-pandemic context, education leaders have expressed concern about substantially increased levels of anxiety and school absence among pupils of all ages [1,2]. Data published by the Department for Education indicate that levels of "persistent absence" (i.e., >10% missed lessons) in the 2022–2023 academic year were more than double the pre-pandemic figures [3]. While the reasons for this rise are complex and multifactorial, there is increasing recognition that persistent absences are often underpinned by emotionally based school avoidance (EBSA), in other words, significant and chronic anxiety associated with the school environment that triggers avoidant behaviour [4,5]. This terminology is preferred to "school refusal", which implies a level of wilfulness or choice on the part of the child. EBSA, by contrast, recognises that for many children, persistent absence from school is rooted in emotional and mental health issues [6]. However, it is important to acknowledge that, for some pupils, these emotional issues are directly related to stressors in the school environment.

In this article, the association between mental health and school attendance in the post-COVID-19 context is considered, drawing on research with autistic pupils in mainstream school settings in England as an illustrative example. Issues of belonging, agency and

power in schools are discussed, in order to contextualise a critical review of different approaches to reducing persistent school absence.

2. School Attendance and Pupil Mental Health in England

The Children's Act (2004) established for the first time the position of Children's Commissioner for England, with responsibility for protecting the rights of children in line with the United Nations Convention on the Rights of the Child. Since 2020, school attendance has been a key priority for the Office of the Children's Commissioner, given the established links between absence from school and a range of negative outcomes [7]. *Missing children, missing grades*, a recent report produced by this office, highlights that since the period of intermittent school closures during lockdowns in response to the COVID-19 pandemic, "school absence rates have been stuck at crisis levels" [8] (p. 4). The report presents confirmatory evidence of an association between pupil attendance and attainment at GSCE (General Secondary Certificate of Education, the national qualifications undertaken at the end of compulsory secondary education in England, typically at age 16). Concerningly, this association is strongest in pupils accessing free school meals (an indicator of family socio-economic status) and in those identified with a special educational need (SEN), presenting a significant barrier to equality of educational opportunity [9]). While the report does not include an in-depth analysis of the factors underpinning increased pupil absence since the pandemic, the breakdown of the "social contract" between schools and families and the inconsistent availability of mental health support in schools are highlighted as targets for intervention. Comparable concerns about increased pupil absence post-pandemic have been raised in other countries (e.g., [10,11]).

There is evidence that mental health need among children and young people was rising in England before the outbreak of COVID-19. Prevalence data from the first decade of the century yielded estimates of around one in ten young people experiencing clinically significant mental health problems (e.g., [12]). In contrast, studies from the second decade of the century typically report substantially higher prevalence estimates. For example, Fink et al. (2015) [13] reported overall stability in mental health difficulties as captured by the Strengths and Difficulties Questionnaire (SDQ) [14] in cross-sectional samples of 11- to 13-year-old adolescents, between 2009 and 2014. However, emotional problems in girls increased markedly during this time period (from 13.1% in 2009 to 20.3% in 2014). Deighton et al. (2019) [15] report probable mental health difficulties within a community sample of over 28,000 English adolescents aged 11 to 14 years also using the SDQ. Over 40% of young people scored above the 'abnormal' threshold for one or more of emotional symptoms (18.5%), conduct problems (18.5%) and/or inattention/hyperactivity (25.3%). Having an identified SEN or being eligible for free school meals increased the likelihood of experiencing a mental health challenge. In a sample of 6000 children from the north of England collected in 2017/18, the same measure yielded 'high/very high' emotional symptoms in 22% of respondents, conduct problems in 9% and inattention/hyperactivity in 18% [16], with girls and older pupils reporting higher levels of difficulty. The reasons for this apparent trend of increasing mental health need in English children and young people through the decade preceding the COVID-19 pandemic can only be speculated but may include greater awareness of mental health issues among young people, societal and economic pressures following the global recession of 2008, and reduced access to mental health services during a period of austerity in economic policy [17]. Importantly, having mental health difficulties at the start of secondary education at age 11 predicted persistent absence from school in a large sample of English pupils in 2017, after controlling children's SEN status and family socio-economic status [18].

The influence of school-level factors on this trajectory of increasing mental health need among pupils is largely unascertained. Negative experiences in school, such as academic failure and bullying, are well known to relate to poor mental health, although the direction of effects is complex and dynamic [19,20]). Leurent et al. (2021) [21] report a longitudinal analysis of school climate and pupil mental health in a sample of over

3000 adolescents in south-east England. School climates that foster belonging (as rated by pupils) predicted better mental health outcomes three years later; however, this association was substantially attenuated when pupils' mental health at baseline was controlled, limiting causal interpretation. Pupil-rated negative school climate is also associated with chronic absence rates [22]. Critics of educational policy in England in recent years have argued that a narrowed national curriculum, with reduced time and funding available for creative and technical subjects and a culture of high-stakes testing, has negatively impacted wellbeing at schools for many pupils [23,24]. Concerningly, in a large mixed-methods study conducted between 2020 and 2022, a high proportion of English secondary pupils reported that school was neither enjoyable nor meaningful for them [25]. Many found the recent sharpened focus on traditional academic subjects, limited choice in pursuing subjects of individual interest and prioritisation of attainment in exams to be alienating, stressful and deleterious for mental health.

Against this backdrop of increasing mental health need among children and young people in the pre-pandemic years, available evidence indicates a further increase through the COVID-19 pandemic. A meta-analysis of studies involving over 80,000 youth globally in 2020–2021 indicated that the prevalence of depression and anxiety was approximately twice pre-pandemic levels, with higher estimates seen in older adolescents and girls [26]. In England, survey data from the National Health Service (NHS) reports that the incidence of probable mental health disorders among 7- to 16-year-olds rose from 12.1% in 2017 to 18% in 2022; over the same period, older adolescents (17 to 19 years) saw an increase from 10.1% to 25.7%, with the highest prevalence seen in young women. Children of secondary school age with a probable mental disorder were less likely than their peers to report feeling safe at school, to enjoy learning or to have a support network of friends [27,28]. The most recent wave of data, published in November 2023, reveals a further increase in probable mental health disorders in children and young people to around one in five [29]. The impact of the pandemic on mental health has been felt most strongly among already vulnerable children and young people [30].

In England, schools were closed to all but the most vulnerable pupils as a containment measure during the peak of the COVID-19 pandemic between March and September 2020, reopening for cohorts in key assessment years in June 2020. A second period of school closures followed in response to a further wave of infections between January and March 2021. Through this period, the Co-Space study tracked the mental health of a large sample of children and young people, finding that hyperactivity and conduct problems increased during the first lockdown, while emotional symptoms remained relatively stable [31]. Over a fifteen-month period from the start of the first lockdown, the majority of participants followed stable trajectories of low or moderate mental health difficulties; however, a smaller group showed very high/high stable or increasing trajectories [32]. Qualitative findings suggest that young people reported an enduring sense of unease during periods of lockdown, tending to ruminate, worry about the future and express concerns both about the loss of time at school and their safety when attending school in person [33].

At the same time, periods of lockdown offered a respite for those young people who had previously experienced difficulties at school, facilitating improved mental health in this subgroup. For example, in a sample of nearly 17,000 children and young people from four counties in southern England surveyed towards the end of the first period of school closures in 2020, approximately a third reported improvements to their wellbeing through lockdown [34]. For these pupils, enforced removal from the school environment led to decreased loneliness and feelings of being left out, reduced experiences of bullying, better management of academic tasks, improved sleep, more exercise and enhanced relationships with family members and close friends. Similar insights have been reported in qualitative studies using diary methods to sample young people's experiences through lockdown [35,36]. For some young people, school closures meant reduced stress and an increased sense of autonomy in their daily lives. Further, children with pre-existing mental

health needs may have learned that staying away from school relieved chronic feelings of anxiety [37].

Studies of the specific impact of COVID-19 on school attendance are still relatively few [38]. However, given the growing research literature documenting the impact of the pandemic on children and young people's mental health, it is reasonable to assume that a proportion of the increase in pupil absences reported since 2020 is explained by EBSA [5]. Navigating the transition back to school-as-normal following periods of lockdown has been highly challenging for some pupils because to them, school does not feel like a place of safety. A recent qualitative study, surveying parents of children with high levels of absence from school and educational professionals working with them in southern England, highlights several pathways to extended school absence post-pandemic [39]. Children who had pre-existing anxiety disorders responded positively to home learning and were thus awakened to alternative models of education. Existing difficulties were exacerbated by COVID-19-related anxiety; pupils (and parents) were worried about virus transmission in school and new rules and routines. They reported feeling intense pressure due to the national focus on academic catch-up. Protective home–school partnership working was eroded, as parents were unable to meet school staff in person. One common finding is that the adverse impacts of COVID-19, whether on pupils' mental health, attendance or academic attainment, have been most evident in already disadvantaged groups [11,39].

3. Autistic Pupils in Mainstream Schooling

Autistic pupils constitute one disadvantaged group within the school system. Over 70% of autistic children are educated in mainstream settings in the UK, and schools have a statutory duty to make reasonable adjustments for neurodivergent differences under the Equality Act (2010). However, educational experiences and outcomes are known to be poorer for autistic children than for their non-autistic peers [40]. Fewer than half of autistic pupils in the UK report being happy in school, with many identifying an improved understanding of autism within their school community as the factor that would make the most difference to their feelings about school [41]. At the same time, training for teachers and school staff on autism and neurodiversity is inconsistent and often minimal; many teachers report that they do not feel confident supporting autistic learners [41]).

Levels of absence from school, both due to exclusion and EBSA, are notably high among autistic pupils [42]. Over 30% of autistic pupils in England are identified as "persistent absentees", incorporating both exclusion from school and EBSA [3,43]. In a recent study, 947 parents of children experiencing school distress were surveyed alongside an age-matched control group [44]. Nearly all respondents reported that their child's attendance difficulties were underpinned by significant psychological distress, and 92% of those experiencing school distress were identified as neurodivergent. Autistic children in particular were reported as exhibiting school-related distress with an earlier onset and longer duration than other groups of pupils. There is evidence that autistic girls are especially likely to experience EBSA in comparison with boys [45,46]. There is thus an urgent need to better understand barriers to school attendance in this population in order to develop targeted supports.

Negative educational outcomes are often underpinned by a poor fit between school environments and autistic ways of being in the world. Contributory factors include social and sensory barriers, but also systems and policies that can penalise neurodivergent behaviours with the result that school is not always experienced as a safe place [45,47]. Numerous studies have shown that autistic children face a high risk of bullying from peers, which often endures for many years [48–50]. Many autistic children are highly aware of their differences, and liable to blame themselves for unsuccessful interactions with peers at school [51,52]. Cumulative negative social experiences contribute to the tendency to mask autistic traits (or 'socially camouflage'), which is increasingly recognised as a driver of identity confusion and poor mental health in autistic young people [53,54].

The physical school environment can be aversive for autistic sensory processing differences, particularly in large, busy secondary school contexts [55,56]. Self-management of sensory stress (e.g., avoiding the busiest corridors, adjusting an uncomfortable school uniform) can take up cognitive and emotional resources and detract from classroom learning [47,56]. Additional stressors that can be particularly salient for autistic pupils include managing unstructured time at break periods, negotiating transitions and understanding and applying school rules [57]. This array of everyday challenges faced by autistic pupils sits against the backdrop of structural issues within the Special Educational Needs and Disability (SEND) system that can lead to delays in children receiving statutory in-school support [58].

During the height of the COVID-19 pandemic, parent-report surveys indicated high levels of depression and anxiety in autistic children in comparison with neurotypical peers, which were largely maintained through the year of intermittent lockdowns [59,60]. However, for a minority, parents reported that removal from the daily pressures of the school environment led to improvements in mental wellbeing [61]. For this subgroup, the transition back to school may have been especially difficult to navigate, fuelling school avoidance. In a large survey of parents of 5- to 14-year-old children with intellectual disability and/or autism conducted in 2021, child anxiety predicted both overall levels of absenteeism and the number of days of school avoidance. Conversely, positive home–school relationships negatively predicted absence from school [62].

Qualitative work that foregrounds the voices of neurodivergent children and young people is still relatively rare [63]. A longitudinal study foregrounding autistic pupils' first-person perspectives on their experiences in mainstream school in the north of England from age 11 to 14 included a final data collection point during intermittent lockdowns in 2020–2021 [47,64]. Some children learned at home throughout this period, while others held a priority school place during the second period of school closures. Several children expressed worry about the transmission of the virus, and families experienced heightened stress within the home as they negotiated home learning alongside work and financial pressures. However, for those who had reported chronic bullying at school during earlier phases of the study, lockdowns were experienced as a relief, and parents reported that their mental health improved. Moreover, some pupils relished the opportunity to pursue interest-led learning from home (e.g., studying a new language), although this could come at the expense of following the school curriculum. On the return to school in 2021, small class "bubbles" designed to limit viral transmission also reduced the social and sensory chaos of the school environment [64]. For these children, the disruption of the pandemic gave an insight into alternative ways of learning, and the return to school as normal in 2021–2022 is likely to have been particularly challenging.

4. Belonging and Agency in School

Of course, not all of the Children's Commissioner's "missing children" are missing due to EBSA, nor are all children experiencing EBSA autistic. However, it may be argued that many are "neurodivergent", broadly defined, in terms of mental health need and/or neurodevelopmental differences such as ADHD or specific learning difficulties [65]. Perhaps more helpful than targeting intervention towards specific diagnostic categories would be building a holistic understanding of the factors that lead a minority of children to perceive school as a hostile environment. Ideally, this understanding would inform universal design approaches to modifying school environments for the benefit of all pupils. Here, two psychological factors that are common to many individual cases of persistent absence from school are considered: (lack of) belonging and agency.

Psychological theories of human motivation have long identified the importance of a sense of belonging, or connectedness within a group [66,67]. A subjective sense of belonging comes from an individual's perception of the quality of, and satisfaction with, social connections, but does not depend on levels of participation in social interactions. The belongingness hypothesis [68] predicts that an individual's subjective sense of belonging

facilitates goal-directed activity and is protective of both mental and physical health. Some psychological accounts have posited that autistic people lack the motivation to form connections with others (e.g., the 'social motivation hypothesis' [69]). However, this account has been widely critiqued for its assumption that behaviour can be interpreted as a simple indicator of motivation [70] and its failure to integrate first-person autistic perspectives [71]. Multiple studies and lived experience accounts show that belonging and social connection are important motivators for autistic people, although societal stigma and neuro-normative expectations of social interaction can act as significant barriers to belonging [72,73].

School belonging is defined by Goodenow and Grady [74] (pp. 60–61) as "the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment" and is a predictor of academic attainment and wellbeing for children and young people [75]. School belonging is more difficult to attain for minority groups within the school environment. Research suggests that autistic pupils in mainstream settings are motivated to form a sense of belonging in school [76,77]. Nonetheless, school connectedness tends to be lower in autistic students than in their neuro-majority peers [78], and they are more likely to experience loneliness and isolation in school [79]. The prevalence of bullying towards autistic children is a significant barrier to school belonging [80]. In order to fit in with peers at school, autistic pupils—and especially girls—report feeling pressure to minimise their differences and adapt behaviour to accord with neuro-normative expectations [45,77]. Such masking behaviour is emotionally costly and can lead to burnout and behavioural challenges at home [52,81]. Interventions that facilitate authentic belonging for autistic and neurodivergent pupils and reduce the imperative to mask differences are plausible mechanisms for addressing EBSA.

Institutional and social power structures in schools can also impact young people's perceptions of agency in their daily lives [82]. For instance, school behaviour policies often target behaviours over which neurodivergent pupils feel they have little control, such as sustained attention in class. Agency—i.e., an individual's ability to influence their own life course by taking purposive action—is linked to positive identity development, self-efficacy and mental health in adolescence and beyond [83,84]. McPartlan [1,24] argues that an increasingly competitive, exam-focused culture in English schools militates against the sort of child-focused education that supports individual agency. Children who learn that their skills and interests are not valued within an education system are unlikely to believe that they have control over their futures, which may be perceived by others as a lack of aspiration. When pupils do not believe that they have agency, disengagement from school is more likely.

Epistemic agency refers specifically to the ability to contribute to knowledge through one's individual expertise, in a way that is valued and perceived as authoritative by others. Mental health difficulties, autism and youth are all frequently used to challenge or dismiss epistemic agency; people's lived experience accounts can be positioned as less credible on the basis of irrationality, "impaired" introspection and self-knowledge and/or developmental stage [85,86]. Neurodivergent pupils are therefore especially likely to encounter threats to their agency in school environments. An alternative, and more inclusive, approach is to reposition these children as "credible knowers" of their own experience and work collaboratively with them to understand the challenges to remaining at school [45,63,76]).

However, behaviourist principles of reward and punishment are often preferred over participatory, collaborative approaches to tackling the problem of school absence. The practice of rewarding perfect pupil attendance records through prizes or other forms of recognition is widespread in schools in England and elsewhere, despite research suggesting that this approach is not effective in reducing school absence [87,88]. Attendance award schemes have been critiqued for their assumption that all pupils have the capacity to attend school every day, thereby rewarding the sheer luck of good health [89]. Where physical illness or disability means that children have to spend time in hospitals, clinics

or recovering at home, they see a behaviour rewarded in their peers that is unattainable for them and over which they have no agency. Many lived experience accounts from neurodivergent pupils and their parents describe non-attendance at school in similar terms; it is not a choice to stay away from school, but a necessity in response to intense and debilitating anxiety elicited in the school environment (e.g., [90]). Zero-tolerance behaviour policies, which take little account of the underlying reasons for challenging behaviours, can be similarly critiqued for perpetuating stigma against already marginalised pupil groups [91]. Moreover, some light-touch whole-school approaches to intervening for pupil mental health, when implemented universally without consultation with young people, can even be harmful [92,93]. For example, a universal school-based intervention programme drawing on dialectal behaviour therapy did not improve social and emotional symptoms in adolescents; indeed, deteriorations in depression and anxiety symptoms were recorded immediately post-intervention compared with school-as-usual [94].

In order to meaningfully address EBSA, approaches to intervention that promote school belonging and give young people agency in co-creating solutions are needed. In the next section, some approaches that show promise in this regard are reviewed.

5. Addressing Emotionally Based School Avoidance with Young People

The need for further research to understand how best to support children experiencing EBSA in returning to school is pressing. A recent rapid review of the evidence on interventions for school attendance identified 72 relevant studies, almost all of which were conducted in the US context and all pre-pandemic [95]. Overall, the quality of the evidence was evaluated as weak, with a high risk of bias. A wide variety of strategies to reduce school absence was employed across studies; of eight themes identified, the most promising were engagement with parents and responsive, targeted approaches designed according to children's individual circumstances and needs [95,96]. Conversely, there was little evidence to support the effectiveness of behaviour interventions or approaches based on (dis)incentives.

Here it is proposed that increasing belonging in school among pupils, especially those in marginalised groups, is a primary mechanism through which EBSA can be reduced [97]. Relatedly, giving pupils a sense of agency by involving them in decisions that affect their lives at school is likely to increase belonging. Interventions that target school belonging and promote agency are therefore indicated.

Multi-tiered systems of support (MTSS) approaches to intervention are proactive and—as far as possible—evidence-based. When applied to addressing EBSA, a multi-tiered systems of support approach would aim to identify and support children at risk before absence from school becomes entrenched [7]. At Tier 1, universal, whole-school strategies are implemented to build a positive school culture and facilitate a sense of psychological safety and belonging at school for all pupils. Targeted interventions are designed for those pupils who do not respond to these primary strategies (Tier 2). For pupils with the most complex needs for whom Tier 2 strategies are not sufficient, intensive individualised interventions are introduced (Tier 3). The identification and implementation of interventions at each tier will vary across school contexts in order to align with community values, resources and priorities for action. However, some common principles may be applicable even in the context of resource and staffing constraints in schools.

Primary (Tier 1) interventions for EBSA could draw on best practices in inclusive education with the aim of fostering a sense of belonging in school for the widest range of pupils [97]. Strategies might include universal design for learning (UDL) techniques to eliminate unnecessary barriers to the curriculum and accommodate the needs of all pupils [98,99]. At the policy level in the longer term, a re-prioritisation of creative and technical subjects within the curriculum would support the development of a positive academic self-concept in pupils with diverse cognitive profiles. In the socio-emotional domain, whole-school approaches to mental health involve partnership working between school leaders, teachers, support staff and parents to proactively support pupil mental

health and wellbeing [6]. Simple adjustments, such as the provision of quiet spaces within busy school environments and the identification of a key member of staff for each pupil to talk to when worried, are powerful. Working in collaboration with young people to co-design programmes to support mental health, tackle bullying and otherwise facilitate a positive school climate is likely to give pupils a sense of agency and ownership over their school lives [1].

Whole-school diversity education programmes are another promising strategy for Tier 1 intervention since belonging at school is highly influenced by the attitudes and actions of others in the school environment. An example of this approach can be found in the LEANS (Learning about Neurodiversity at School) project [100,101]. LEANS comprises a teaching programme, developed by a neurodiverse research team using participatory methods, which is aimed at primary-aged children. By equipping teachers with lesson plans and resources on the topic of neurodiversity, the programme aims to facilitate a more accepting social environment for neurodivergent pupils. Early results indicate that the programme is feasible and holds promise for promoting the understanding of, and positive attitudes towards, neurodiversity in young children [100].

Tier 2 intervention would involve the development of tailored support that acknowledges both the individual and contextual factors contributing to EBSA in a given case. Effective partnership working between schools and parents is crucial here since difficulties often become apparent earlier in the home environment while pupils engage in masking behaviour at school [47]. Unfortunately, research suggests that school staff tend to attribute extended absence from school to family-level factors, while conversely, parents and pupils identify school-level barriers to attendance [9,102,103]. Avoiding blame is conducive to establishing trusting home–school relationships, and if an action plan for return to school can be co-produced by pupils, parents and school staff, it is more likely to be adhered to (see McDonald et al. (2023) [104] for an example of an intervention for EBSA co-designed with parents). Action plans can draw on protective factors at school, for example, extracurricular clubs and activities that play to the pupil's strengths or a positive relationship with a peer or member of staff. Regular evaluation of progress and consultation with the pupil as to the usefulness of the strategies in play are also important [6]. For the most persistent cases of EBSA, where tailored, co-produced action plans are not effective in supporting a return to school, the involvement of outside agencies is likely to be necessary (Tier 3 intervention). In England, educational psychology services have developed intensive programmes to address EBSA in the post-pandemic context, prioritising feelings of psychological safety and nurturing relationships at school (e.g., [105,106]). Additionally, alternative educational provision can ensure that learning continues when a pupil has been absent from mainstream school for lengthy periods. Providers that work in collaboration with the young person and their family, drawing on psychological insights to build confidence and work towards reintegration into the mainstream setting, can be particularly effective [107].

In summary, there is unlikely to be a single, one-size-fits-all approach to intervention for EBSA. Multi-tiered systems of support that seek to promote school belonging and agency in young people, holding compassionate regard for individual circumstances at their core, are recommended. Further research to systematically evaluate the effectiveness of different approaches to intervention for EBSA is needed.

6. Conclusions

The disruption to children and young people's education caused by containment measures in response to the COVID-19 pandemic is showing a long-lasting effect on some pupils' relationship with school. In the English context, this disruption came against a backdrop of rising mental health need in children and young people for the preceding decade. For a significant minority of pupils, many of whom are neurodivergent, school is experienced as a hostile environment, and absence from school is underpinned by chronic situational anxiety. The sharpened focus on improving school attendance at a policy level is welcome, given that existing educational inequalities are exacerbated by extended

school absence in disadvantaged groups. However, any attempt to address this issue must acknowledge EBSA as a driver of school absence and adopt a psychologically informed approach to intervention.

In this article, school belonging and pupils' sense of (epistemic) agency have been identified as plausible mechanisms for change. Pupils exhibiting EBSA, including many autistic and neurodivergent pupils, often feel that they do not belong at school, following cumulative experiences of bullying, peer rejection, non-inclusive teaching practices, sensory stress and/or disciplinary policies that penalise neurodivergent ways of being in the world. They also often feel that they have little control over their school lives. Several sources of evidence now suggest that persistent absence from school grounded in EBSA is resistant to behaviourist reward-and-punishment approaches, which can further marginalise pupils with a range of disabilities. Instead, multiple systems of support approaches, which integrate pupil voice at all levels, are recommended. Universal, whole-school strategies for promoting positive mental health, acceptance of difference and tackling bullying can be combined with targeted processes for individual children at risk of chronic EBSA. All children have a right to education, and thus, an evidence-based strategy for supporting those experiencing EBSA at the local and national levels is essential.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Conflicts of Interest: The author declares no conflicts of interest.

References

1. McPartlan, D. Redistributing Power in Schools and How This Can Impact Young People's Agency and Identity. The Association for Child and Adolescent Mental Health. 18 September 2023. Available online: https://www.acamh.org/blog/redistributing-power-in-schools-and-how-this-can-impact-young-peoples-agency-and-identity/ (accessed on 1 November 2023).
2. Weale, S.; Adams, R. GCSEs in England Hit by High Absence Levels and Mental Ill Health, Heads Say. *The Guardian*, 21 August 2023. Available online: https://www.theguardian.com/education/2023/aug/21/gcses-england-high-absence-levels-mental-ill-health-heads (accessed on 21 August 2023).
3. Department for Education (DfE). Persistent Absence and Support for Disadvantaged Pupils: Seventh Report of Session 2022–2023. 2023. Available online: https://publications.parliament.uk/pa/cm5803/cmselect/cmeduc/970/report.html (accessed on 15 November 2023).
4. Finning, K.; Ukoumunne, O.C.; Ford, T.; Danielson-Waters, E.; Shaw, L.; De Jager, I.R.; Stentiford, L.; Moore, D.A. Review: The association between anxiety and poor attendance at school—A systematic review. *Child Adolesc. Ment. Health* **2019**, *24*, 205–216. [CrossRef]
5. Knightsmith, P. Mental health and wellbeing: 10 challenges post-lockdown. *Br. J. Child Health* **2020**, *1*, 133–137. [CrossRef]
6. Anna Freud Centre. Addressing Emotionally Based School Avoidance. 2022. Available online: https://www.annafreud.org/resources/schools-and-colleges/addressing-emotionally-based-school-avoidance/ (accessed on 1 December 2023).
7. Kearney, C.A.; Gonzálvez, C.; Graczyk, P.A.; Fornander, M.J. Reconciling Contemporary Approaches to School Attendance and School Absenteeism: Toward Promotion and Nimble Response, Global Policy Review and Implementation, and Future Adaptability (Part 1). *Front. Psychol.* **2019**, *10*, 2222. [CrossRef] [PubMed]
8. Children's Commissioner. Missing Children, Missing Grades. Children Commissioner's Office. November 2023. Available online: https://assets.childrenscommissioner.gov.uk/wpuploads/2023/11/CC-REPORT-_-Attendance-and-Attainment-_-Oct-23.pdf (accessed on 1 November 2023).
9. Thompson, I.; Tawell, A.; Daniels, H. School influences on attendance and special educational needs. In *Mental Health and Attendance at School*; Finning, K., Ford, T., Moore, D., Eds.; Cambridge University Press: Cambridge, UK, 2022; pp. 130–144. [CrossRef]
10. Devine, N.; Tuari Stewart, G.; Couch, D. And slowly to school. . . Reflecting on recent school attendance reports. *New Zealand J. Educ. Stud.* **2023**, *58*, 1–4. [CrossRef] [PubMed]
11. Tomaszewski, W.; Zajac, T.; Rudling, E.; Riele, K.T.; McDaid, L.; Western, M. Uneven impacts of COVID-19 on the attendance rates of secondary school students from different socioeconomic backgrounds in Australia: A quasi-experimental analysis of administrative data. *Aust. J. Soc. Issues* **2022**, *58*, 111–130. [CrossRef] [PubMed]
12. Green, H.; McGinnity, A.; Meltzer, H.; Ford, T.; Goodman, R. *Mental Health of Children and Young People in Great Britain, 2004*; Palgrave Macmillan: Basingstoke, UK, 2005.

13. Fink, E.; Patalay, P.; Sharpe, H.; Holley, S.; Deighton, J.; Wolpert, M. Mental Health Difficulties in Early Adolescence: A Comparison of Two Cross-Sectional Studies in England from 2009 to 2014. *J. Adolesc. Heath* **2015**, *56*, 502–507. [CrossRef] [PubMed]
14. Goodman, R. The Strengths and Difficulties Questionnaire: A Research Note. *J. Child Psychol. Psychiatry* **1997**, *38*, 581–586. [CrossRef] [PubMed]
15. Deighton, J.; Lereya, S.T.; Casey, P.; Patalay, P.; Humphrey, N.; Wolpert, M. Prevalence of mental health problems in schools: Poverty and other risk factors among 28,000 adolescents in England. *Br. J. Psychiatry* **2019**, *215*, 565–567. [CrossRef] [PubMed]
16. Wright, B.; Garside, M.; Allgar, V.; Hodkinson, R.; Thorpe, H. A large population-based study of the mental health and wellbeing of children and young people in the North of England. *Clin. Child Psychol. Psychiatry* **2020**, *25*, 877–890. [CrossRef] [PubMed]
17. Neufeld, S.A.; Jones, P.B.; Goodyer, I.M. Child and adolescent mental health services: Longitudinal data sheds light on current policy for psychological interventions in the community. *J. Public Ment. Health* **2017**, *16*, 96–99. [CrossRef]
18. Lereya, S.T.; Patel, M.; dos Santos, J.P.G.A.; Deighton, J. Mental health difficulties, attainment and attendance: A cross-sectional study. *Eur. Child Adolesc. Psychiatry* **2019**, *28*, 1147–1152. [CrossRef]
19. Arseneault, L.; Bowes, L.; Shakoor, S. Bullying victimization in youths and mental health problems: 'Much ado about nothing'? *Psychol. Med.* **2010**, *40*, 717–729. [CrossRef]
20. Hishinuma, E.S.; Chang, J.Y.; McArdle, J.J.; Hamagami, F. Potential causal relationship between depressive symptoms and academic achievement in the Hawaiian high schools health survey using contemporary longitudinal latent variable change models. *Dev. Psychol.* **2012**, *48*, 1327–1342. [CrossRef]
21. Leurent, B.; Dodd, M.; Allen, E.; Viner, R.; Scott, S.; Bonell, C. Is positive school climate associated with better adolescent mental health? Longitudinal study of young people in England. *SSM Ment. Health* **2021**, *1*, 100033. [CrossRef]
22. Van Eck, K.; Johnson, S.R.; Bettencourt, A.; Lindstrom Johnson, S. How school climate relates to chronic absence: A multi-level latent profile analysis. *J. Sch. Psychol.* **2017**, *61*, 89–102. [CrossRef] [PubMed]
23. Glazzard, J.; Stones, S. Supporting Young People's Mental Health: Reconceptualizing the Role of Schools or a Step Too far? *Front. Educ.* **2021**, *5*, 607939. [CrossRef]
24. McPartlan, D. Mental Health in Schools: Learning Lessons from the Past. The Association for Child and Adolescent Mental Health. 23 March 2021. Available online: https://www.acamh.org/blog/mental-health-in-schools-learning-lessons-from-the-past/ (accessed on 1 November 2023).
25. MacPherson, C.; Bayrakdar, S.; Gewirtz, S.; Laczik, A.; Maguire, M.; Newton, O.; O'Brien, S.; Weavers, A.; Winch, C.; Wolf, A. Schools for All? Young People's Experiences of Alienation in the English Secondary System. Young Lives, Young Futures. 2023. 2023. Available online: https://www.ylyf.co.uk/_files/ugd/44751f_6a7f59a638714b19b2838fbf44973e1d.pdf (accessed on 1 November 2023).
26. Racine, N.; McArthur, B.A.; Cooke, J.E.; Eirich, R.; Zhu, J.; Madigan, S. Global prevalence of depression and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatr.* **2021**, *175*, 1142–1150. [CrossRef] [PubMed]
27. Newlove-Delgado, T.; McManus, S.; Sadler, K.; Thandi, S.; Vizard, T.; Cartwright, C.; Ford, T. Child mental health in England before and during the COVID-19 lockdown. *Lancet Psychiatry* **2021**, *8*, 353–354. [CrossRef]
28. National Health Service (NHS). Mental Health of Children and Young People in England 2022—Wave 3 Follow up to the 2017 Survey. 29 November 2022. Available online: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey# (accessed on 16 October 2023).
29. National Health Service (NHS). Mental Health of Children and Young People in England 2022—Wave 4 Follow up to the 2017 Survey. 21 November 2023. Available online: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up# (accessed on 22 November 2023).
30. Cowie, H.; Myers, C. The impact of the COVID-19 pandemic on the mental health and well-being of children and young people. *Child. Soc.* **2020**, *35*, 62–74. [CrossRef]
31. Raw, J.A.L.; Waite, P.; Pearcey, S.; Shum, A.; Patalay, P.; Creswell, C. Examining changes in parent-reported child and adolescent mental health throughout the UK's first COVID-19 national lockdown. *J. Child Psychol. Psychiatry* **2021**, *62*, 1391–1401. [CrossRef]
32. Guzman Holst, C.; Bowes, L.; Waite, P.; Skripkauskaite, S.; Shum, A.; Pearcey, S.; Raw, J.; Patalay, P.; Creswell, C. Examining Children and adolescent mental health trajectories during the COVID-19 pandemic: Findings from a year of the Co-SPACE study. *JCPP Adv.* **2023**, *3*, e12153. [CrossRef]
33. Pearcey, S.; Burgess, L.; Shum, A.; Sajid, E.; Sargent, M.; Klampe, M.-L.; Lawrence, P.J.; Waite, P. How the COVID-19 Pandemic Affected Young People's Mental Health and Wellbeing in the UK: A Qualitative Study. *J. Adolesc. Res.* 2023; *online first*. [CrossRef]
34. Soneson, E.; Puntis, S.; Chapman, N.; Mansfield, K.L.; Jones, P.B.; Fazel, M. Happier during lockdown: A descriptive analysis of self-reported wellbeing in 17,000 UK school students during COVID-19 lockdown. *Eur. Child Adolesc. Psychiatry* **2022**, *32*, 1131–1146. [CrossRef]
35. Scott, S.; McGowan, V.J.; Visram, S. 'I'm Gonna Tell You about How Mrs Rona Has Affected Me'. Exploring Young People's Experiences of the COVID-19 Pandemic in North East England: A Qualitative Diary-Based Study. *Int. J. Environ. Res. Public Health* **2021**, *18*, 3837. [CrossRef]
36. Silk, J.S.; Scott, L.N.; Hutchinson, E.A.; Lu, C.; Sequeira, S.L.; McKone, K.M.P.; Do, Q.B.; Ladouceur, C.D. Storm Clouds and Silver Linings: Day-to-Day Life in COVID-19 Lockdown and Emotional Health in Adolescent Girls. *J. Pediatr. Psychol.* **2021**, *47*, 37–48. [CrossRef]
37. Walters, A.S. School Absenteeism in the Post-pandemic World. *Brown Univ. Child Adolesc. Behav. Lett.* **2023**, *39*, 1–10. [CrossRef]

38. Nathwani, G.; Shoaib, A.; Shafi, A.; Furukawa, T.A.; Huy, N.T. Impact of COVID-2019 on school attendance problems. *J. Glob. Health* **2021**, *11*, 03084. [CrossRef]
39. Guldberg, K.; Bradley, R.; Wittemeyer, K. Good Autism Practice Report: Full Report. Autism Education Trust. 2021. Available online: https://www.autismeducationtrust.org.uk/sites/default/files/2021-09/GAP_report%20-%20mainReport_I-S.pdf (accessed on 20 September 2022).
40. McDonald, B.; Lester, K.J.; Michelson, D. 'She didn't know how to go back': School attendance problems in the context of the COVID-19 pandemic—A multiple stakeholder qualitative study with parents and professionals. *Br. J. Educ. Psychol.* **2022**, *93*, 386–401. [CrossRef]
41. APPGA (All Party Parliamentary Group on Autism). Autism and Education in England 2017. Available online: https://s4.chorus-mk.thirdlight.com/file/1573224908/63275499515/width=-1/height=-1/format=-1/fit=scale/t=444514/e=never/k=de1bb1eb/APPGA-autism-and-education-report.pdf (accessed on 12 August 2022).
42. Anderson, L. Schooling for Pupils with Autism Spectrum Disorder: Parents' Perspectives. *J. Autism Dev. Disord.* **2020**, *50*, 4356–4366. [CrossRef]
43. National Autistic Society (NAS) Written Evidence Submitted by the National Autistic Society. UK Parliament. 2023a. Available online: https://committees.parliament.uk/writtenevidence/117673/pdf/ (accessed on 1 November 2023).
44. Connolly, S.E.; Constable, H.L.; Mullally, S.L. School distress and the school attendance crisis: A story dominated by neurodivergence and unmet need. *Front. Psychiatry* **2023**, *14*, 1237052. [CrossRef]
45. Moyse, R. Missing: The Autistic Girls from Mainstream Secondary Schools. Doctoral Thesis, University of Reading, Reading, UK, 2021. Available online: https://centaur.reading.ac.uk/97405/ (accessed on 5 December 2023).
46. O'Hagan, S.; Bond, C.; Hebron, J. Autistic Girls and Emotionally Based School Avoidance: Supportive Factors for Successful Re-engagement in Mainstream High School. *Int J. Incl. Educ.* **2022**. [CrossRef]
47. Mesa, S.; Hamilton, L.G. *School Transitions for Autistic Young People in Mainstream Settings: A Research Report*; Institute for Social Justice: York, UK, 2022. [CrossRef]
48. Hebron, J.S. School connectedness and the primary to secondary school transition for young people with autism spectrum conditions. *Br. J. Educ. Psychol.* **2017**, *88*, 396–409. [CrossRef] [PubMed]
49. Humphrey, N.; Hebron, J. Bullying of children and adolescents with autism spectrum conditions: A 'state of the field' review. *Int. J. Incl. Educ.* **2014**, *19*, 845–886. [CrossRef]
50. Williams, E.I.; Gleeson, K.; Jones, B.E. How pupils on the autism spectrum make sense of themselves in the context of their experiences in a mainstream school setting: A qualitative metasynthesis. *Autism* **2017**, *23*, 8–28. [CrossRef]
51. Fisher, M.H.; Taylor, J.L. Let's talk about it: Peer victimization experiences as reported by adolescents with autism spectrum disorder. *Autism* **2015**, *20*, 402–411. [CrossRef]
52. Mesa, S.; Hamilton, L.G. "We are different, that's a fact, but they treat us like we're different-er": Understandings of autism and adolescent identity development. *Adv. Autism* **2021**, *8*, 217–231. [CrossRef]
53. Bernardin, C.J.; Mason, E.; Lewis, T.; Kanne, S. "You Must Become a Chameleon to Survive": Adolescent Experiences of Camouflaging. *J. Autism Dev. Disord.* **2021**, *51*, 4422–4435. [CrossRef]
54. Chapman, L.; Rose, K.; Hull, L.; Mandy, W. "I want to fit in. . . but I don't want to change myself fundamentally": A qualitative exploration of the relationship between masking and mental health for autistic teenagers. *Res. Autism Spectr. Disord.* **2022**, *99*, 102069. [CrossRef]
55. Howe, F.E.; Stagg, S.D. How sensory experiences affect adolescents with an autistic spectrum condition within the classroom. *J. Autism Dev. Disord.* **2016**, *46*, 1656–1668. [CrossRef]
56. Jones, E.K.; Hanley, M.; Riby, D.M. Distraction, distress and diversity: Exploring the impact of sensory processing differences on learning and school life for pupils with autism spectrum disorders. *Res. Autism Spectr. Disord.* **2020**, *72*, 101515. [CrossRef]
57. National Autistic Society (NAS). 2023. Available online: https://dy55nndrxke1w.cloudfront.net/file/24/asDKIN9asAvgMtEas6gIatOcB5H/NAS_Education%20Report%202023.pdf (accessed on 2 October 2023).
58. Ahad, A.; Thompson, A.M.; Hall, K.E. Identifying service users' experience of the education, health and care plan process: A systematic literature review. *Rev. Educ.* **2022**, *10*, e3333. [CrossRef]
59. Corbett, B.A.; Muscatello, R.A.; Klemencic, M.E.; Schwartzman, J.M. The impact of COVID-19 on stress, anxiety, and coping in youth with and without autism and their parents. *Autism Res.* **2021**, *14*, 1496–1511. [CrossRef]
60. Toseeb, U.; Asbury, K. A longitudinal study of the mental health of children and adolescents with autism and their parents during COVID-19. Part 1, Quantitative Findings. *Autism* **2023**, *27*, 105–116. [CrossRef]
61. Asbury, K.; Toseeb, U. A longitudinal study of the mental health of autistic children and adolescents and their parents during COVID-19: Part 2, qualitative findings. *Autism* **2022**, *27*, 188–199. [CrossRef]
62. Totsika, V.; Kouroupa, A.; Timmerman, A.; Allard, A.; Gray, K.M.; Hastings, R.P.; Heyne, D.; Melvin, G.A.; Tonge, B. School Attendance Problems Among Children with Neurodevelopmental Conditions One year Following the Start of the COVID-19 Pandemic. *J. Autism Dev. Disord.* 2023; *online first*. [CrossRef]
63. Lewis, K.; Hamilton, L.G.; Vincent, J. Exploring the experiences of autistic pupils through creative research methods: Reflections on a participatory approach. *Infant Child Dev.* **2023**, e2467. [CrossRef]

64. Hamilton, L.G.; Kelly, L.; Mesa, S. 'I'm able to function better when I know there's a beginning and an end time': Autistic adolescents' experiences of lockdowns during the COVID-19 pandemic. *Autism Dev. Lang. Impair.* **2023**, *8*, 23969415231159552. [CrossRef]
65. Dwyer, P. The Neurodiversity Approach(es): What Are They and What Do They Mean for Researchers? *Hum. Dev.* **2022**, *66*, 73–92. [CrossRef] [PubMed]
66. Maslow, A.H. A theory of human motivation. *Psychol. Rev.* **1943**, *50*, 370–396. [CrossRef]
67. Rogers, C.R. *Client-Centered Therapy; Its Current Practice, Implications, and Theory*; Houghton Mifflin: Boston, MA, USA, 1951.
68. Leary, M.R.; Baumeister, R.F. The need to belong. *Psychol. Bull.* **1995**, *117*, 497–529. [CrossRef]
69. Chevallier, C.; Kohls, G.; Troiani, V.; Brodkin, E.S.; Schultz, R.T. The social motivation theory of autism. *Trends Cogn. Sci.* **2012**, *16*, 231–239. [CrossRef]
70. Jaswal, V.K.; Akhtar, N. Being versus appearing socially uninterested: Challenging assumptions about social motivation in autism. *Behav. Brain Sci.* **2019**, *42*, e82. [CrossRef]
71. Kapp, S.K.; Goldknopf, E.; Brooks, P.J.; Kofner, B.; Hossain, M. Expanding the critique of the social motivation theory of autism with participatory and developmental research. *Behav. Brain Sci.* **2019**, *42*, e94. [CrossRef]
72. Milton, D.; Sims, T. How is a sense of well-being and belonging constructed in the accounts of autistic adults? *Disabil. Soc.* **2016**, *31*, 520–534. [CrossRef]
73. Mitchell, P.; Sheppard, E.; Cassidy, S. Autism and the double empathy problem: Implications for development and mental health. *Br. J. Dev. Psychol.* **2021**, *39*, 1–18. [CrossRef]
74. Goodenow, C.; Grady, K.E. The Relationship of School Belonging and Friends' Values to Academic Motivation Among Urban Adolescent Students. *J. Exp. Educ.* **1993**, *62*, 60–71. [CrossRef]
75. Slaten, C.D.; Ferguson, J.K.; Allen, K.-A.; Brodrick, D.-V.; Waters, L. School Belonging: A Review of the History, Current Trends, and Future Directions. *Educ. Dev. Psychol.* **2016**, *33*, 1–15. [CrossRef]
76. Goodall, C. 'I felt closed in and like I couldn't breathe': A qualitative study exploring the mainstream educational experiences of autistic young people. *Autism Dev. Lang. Impair.* **2018**, *3*, 2396941518804407. [CrossRef]
77. Myles, O.; Boyle, C.; Richards, A. The social experiences and sense of belonging in adolescent females with autism in mainstream school. *Educ. Child Psychol.* **2019**, *36*, 8–21. [CrossRef]
78. Hebron, J.; Oldfield, J.; Humphrey, N. Cumulative risk effects in the bullying of children and young people with autism spectrum conditions. *Autism* **2016**, *21*, 291–300. [CrossRef]
79. Locke, J.; Ishijima, E.H.; Kasari, C.; London, N. Loneliness, friendship quality and the social networks of adolescents with high-functioning autism in an inclusive school setting. *J. Res. Spec. Educ. Needs* **2010**, *10*, 74–81. [CrossRef]
80. Rowley, E.; Chandler, S.; Baird, G.; Simonoff, E.; Pickles, A.; Loucas, T.; Charman, T. The experience of friendship, victimization and bullying in children with an autism spectrum disorder: Associations with child characteristics and school placement. *Res. Autism Spectr. Disord.* **2012**, *6*, 1126–1134. [CrossRef]
81. Pearson, A.; Rose, K. A Conceptual Analysis of Autistic Masking: Understanding the Narrative of Stigma and the Illusion of Choice. *Autism Adulthood* **2021**, *3*, 52–60. [CrossRef] [PubMed]
82. Horgan, D.; Forde, C.; Martin, S.; Parkes, A. Children's participation: Moving from the performative to the social. *Child. Geogr.* **2016**, *15*, 274–288. [CrossRef]
83. Bandura, A. Social Cognitive Theory: An Agentic Perspective. *Annu. Rev. Psychol.* **2001**, *52*, 1–26. [CrossRef] [PubMed]
84. Maynard, L.; Stuart, K. *Promoting Young People's Wellbeing through Empowerment and Agency: A Critical Framework for Practice*; Routledge: Abingdon, UK, 2017.
85. Botha, M. Academic, Activist, or Advocate? Angry, Entangled, and Emerging: A Critical Reflection on Autism Knowledge Production. *Front. Psychol.* **2021**, *12*, 4196. [CrossRef]
86. Houlders, J.W.; Bortolotti, L.; Broome, M.R. Threats to epistemic agency in young people with unusual experiences and beliefs. *Synthese* **2021**, *199*, 7689–7704. [CrossRef]
87. Robinson, C.D.; Gallus, J.; Lee, M.G.; Rogers, T. The demotivating effect (and unintended message) of awards. *Organ. Behav. Hum. Decis. Process.* **2019**, *163*, 51–64. [CrossRef]
88. Visaria, S.; Dehejia, R.; Chao, M.M.; Mukhopadhyay, A. Unintended consequences of rewards for student attendance: Results from a field experiment in Indian classrooms. *Econ. Educ. Rev.* **2016**, *54*, 173–184. [CrossRef]
89. Mansworth, M. Which Comes First: School Attendance or Health? *Times Educational Supplement*, 31 July 2020. Available online: https://www.tes.com/magazine/archive/which-comes-first-school-attendance-or-health (accessed on 28 November 2023).
90. Fricker, E. *Can't Not Won't: A Story about a Child who Couldn't Go to School*; Jessica Kingsley Publishers: London, UK, 2023.
91. James, S.; Freeze, R. One step forward, two steps back: Immanent critique of the practice of zero tolerance in inclusive schools. *Int. J. Incl. Educ.* **2006**, *10*, 581–594. [CrossRef]
92. Brown, C.; Carr, S. Education policy and mental weakness: A response to a mental health crisis. *J. Educ. Policy* **2018**, *34*, 242–266. [CrossRef]
93. Foulkes, L.; Andrews, J.L. Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis. *New Ideas Psychol.* **2023**, *69*, 101010. [CrossRef]
94. Harvey, L.J.; White, F.A.; Hunt, C.; Abbott, M. Investigating the efficacy of a Dialectical behaviour therapy-based universal intervention on adolescent social and emotional well-being outcomes. *Behav. Res. Ther.* **2023**, *169*, 104408. [CrossRef]

95. Education Endowment Foundation (EEF). Attendance Interventions: Rapid Evidence Assessment. 15 March 2022. Available online: https://educationendowmentfoundation.org.uk/education-evidence/evidence-reviews/attendance-interventions-rapid-evidence-assessment (accessed on 6 October 2023).
96. Boaler, R.; Bond, C. Systematic School-Based Approaches for Supporting Students with Attendance Difficulties: A Systematic Literature Review. *Educ. Psychol. Pract.* **2023**, 439. [CrossRef]
97. Zdorovtsova, N.; Alcorn, A.M.; Astle, D.E. *Belonging in School Executive Summary: School-Level Approaches for Developing Inclusive Policy*; Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge: Cambridge, UK, 2023; Available online: https://inclusion.mrc-cbu.cam.ac.uk/ (accessed on 31 October 2023).
98. CAST. UDL and the Learning Brain. 2018. Available online: https://www.cast.org/products-services/resources/2018/udl-learning-brain-neuroscience (accessed on 19 December 2022).
99. Honeybourne, V. *The Neurodiverse Classroom: A Teacher's Guide to Individual Learning Needs and How to Meet Them*; Jessica Kingsley Publishers: London, UK, 2018.
100. Alcorn, A.M.; McGeown, S.P.; Mandy, W.; Aitken, D.; Fletcher-Watson, S. Learning About Neurodiversity at School (LEANS): Evaluation of the LEANS resource pack in mainstream primary schools. *OSF Prepr.* **2023**. [CrossRef]
101. Zahir, R.; Alcorn, A.M.; McGeown, S.; Mandy, W.; Aitken, D.; Murray, F.; Fletcher-Watson, S. Short report: Evaluation of wider community support for a neurodiversity teaching programme designed using participatory methods. *Autism*, 2023; *online first*. [CrossRef]
102. Gregory, I.R.; Purcell, A. Extended school non-attenders' views: Developing best practice. *Educ. Psychol. Pract.* **2014**, *30*, 37–50. [CrossRef]
103. Havik, T.; Bru, E.; Ertesvåg, S.K. Parental perspectives of the role of school factors in school refusal. *Emot. Behav. Difficulties* **2013**, *19*, 131–153. [CrossRef]
104. McDonald, B.; Michelson, D.; Lester, K.J. Intervention for School Anxieyt and Absenteeism in Children (ISAAC): Co-designing a Brief Parent-Focused Intervention for Emotionally-Based School Avoidance. *Clin. Child Psychol. Psychiatry* **2023**. [CrossRef] [PubMed]
105. Corcoran, S.; Kelly, C.; Knox, L. Emotionally Based School Non-attendance: Development of a Local Authority, Multi-Agency Approach to Supporting Regular Attendance. *Br. J. Spec. Educ.* **2023**. [CrossRef]
106. Halligan, C.; Michelson, J. Emotionally based school avoidance. In Proceedings of the Association for Child and Adolescent Mental Health Webinar, Online, 30 November 2022. [CrossRef]
107. Pears Family School. Pears Family School Vision and Ethos. Available online: https://www.thefamilyschoollondon.org/about/our-vision-and-ethos/ (accessed on 13 November 2023).