Interventions to promote school attendance and address student absence

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Contents

Abbreviations

Abbreviation	Full term
ADHD	attention deficit hyperactivity disorder
AVID	Advancement via Individual Determination
CBT	cognitive behavioural therapy
CICO	Check In Check Out
DWoK	Different Ways of Knowing
ICT	information and communications technology
LEEP	Louisville Education and Employment Partnership
MTSS	multi-tiered system of supports
PBIS	Positive Behavioural Interventions and Supports
PBL	problem-based learning
PBS	Positive Behaviour Skills
PjBL	project-based learning
RCT	randomised controlled trial
RTI	response to intervention
SES	socio-economic status
SFAS	Solution-Focused Alternative School
UK	United Kingdom
US	United States

1.   Introduction

School attendance is associated with a range of positive outcomes, while absence increases the risk of a number of harmful outcomes, justifying efforts to maintain high attendance levels and promptly address absence from school. School attendance is determined by a range of interacting child, family, school and community factors. Understanding these factors provides insight into modifiable targets for intervention. Interventions can either aim to support or maintain school attendance and/or address absenteeism.

The aim of this rapid literature review is to determine which approaches, programs and interventions successfully support attendance and address student absence. Approaches, programs and interventions evaluated in Australia and internationally are considered.

A wide range of interventions promote student attendance at school and tackle absence from school. The interventions showcase diversity on multiple fronts, including the focus of the intervention (e.g., students, parents/carers or school), the type of intervention (e.g., preventative health, mentoring or psychosocial support), the people delivering the intervention (e.g., educators, psychologists or organisations outside the school) and the various settings in which these interventions take place (e.g., schools, healthcare facilities or family homes).

There is also diversity in the fundamental aims of the interventions. First, certain interventions are designed to proactively encourage attendance and forestall absences among the entire student body. Second, there are interventions tailored to promptly respond to the distinct needs of students or student groups at an elevated risk of chronic absenteeism, often marked by mild or moderate levels of absence. Third, certain interventions offer intensive support when a student's absence has become chronic. These 3 aims mirror the 3 tiers of the multi-tiered systems of support (MTSS) model introduced by Kearney and Graczyk (2022) for promoting attendance and addressing absence.

1.1.　Use of the multi-tiered systems of support model

The review draws on Kearney and Graczyk's (2022) 3-tiered MTSS framework to present the diverse set of interventions identified in our review. The MTSS model grew out of Kearney and Graczyk's (2014) earlier response to intervention (RTI) framework to promote attendance and decrease absenteeism, which, as the authors noted, mirrored RTI models dedicated to other student competencies such as academic skills and prosocial behaviour.

The MTSS framework for school attendance and absence shares the following characteristics with RTI and Positive Behavioural Interventions and Supports (PBIS) for other student competencies. At Tier 1, all students are supported to develop competencies (e.g., academic skills, prosocial behaviour, school attendance). The supports are 'universal' because they are provided for all students. For most students, Tier 1 universal supports are sufficient for competency development. At Tier 2, additional support is proactively provided for students who do not respond sufficiently to Tier 1 supports. These students require targeted intervention in relation to an identified need (e.g., literacy, absenteeism), and/or they are at higher risk of experiencing a substantial challenge. At Tier 3, more intensive support is offered to address the needs of the students who were not helped by the additional Tier 2 supports. These students display, for example, substantial challenges in reading, regular lapses in prosocial behaviour, or chronic absence from school.

During our reading of the studies identified in this review, we classified the interventions described as Tier 1, Tier 2, or Tier 3 interventions. There is currently no consensus on a meaningful demarcation for problematic absenteeism (Kearney & Childs, 2022) or demarcation between tiers (Kearney & Graczyk, 2020), so we used the following decision rules.

Interventions were classified as Tier 1 if any of the following conditions were met:

- the authors of the study referred to the intervention as a 'universal' or 'whole-school' intervention
- the intervention was implemented with all students in the school and the school was not identified as a school with high rates of absence.

Interventions were classified as Tier 2 if any of the following conditions were met:

- the authors of the study referred to the intervention as a 'selective program' or 'Tier 2' intervention
- whole schools were involved, but the selection of schools was based on rates of absence, such as 'having enough students in each grade with absences in the range of 10 to 35 days in the prior year' (Guryan et al., 2021)
- the authors referred to the students as being 'vulnerable' or 'at risk' for chronic absence or early school leaving
- the authors mentioned the presence of a risk factor we know to be associated with increased risk for absence, such as anxiety or attention deficit hyperactivity disorder (ADHD)
- the authors' description of the sample suggested that the majority of students displayed emerging or mild absence, or the absence of students was less than 10%, or the average absence across students was less than 10% (acknowledging that some students would have exceeded the 10% criteria and thus be classified for Tier 3 intervention, while others would have had less than 10% absence).

Interventions were classified as Tier 3 if any of the following conditions were met:

- the authors of the study referred to 'severe' or 'chronic' or 'persistent' absence
- the intervention was implemented with students displaying absence of 10% or more, a common though non-scientifically supported cut-off point for designating absenteeism as chronic (Skedgell & Kearney, 2018).

1.2. Benefits of the MTSS model for promoting attendance and addressing absence

The MTSS model offers a range of benefits for schools. First, it provides a framework for those responsible for identifying students in need of support and then planning interventions that best meet the needs of those students (Harrison, 2023). Second, it helps with the judicious allocation of a school's resources (Goodman & Bohanon, 2018). In theory, when schools invest adequate resources in Tier 1 interventions, fewer students will need the extra resources associated with Tier 2 and Tier 3 interventions. Research indicates increased student outcomes when MTSS models are implemented in the realm of academics (Stoiber & Gettinger, 2016) and the field of school attendance awaits similar research. Third, it orients schools towards the use of evidence-based interventions relevant to each level of support (Kearney, 2016), and encourages data-driven decision-making about the type and intensity of support that is needed (Kearney & Graczyk, 2020).

We hope that by presenting the findings of our review of interventions according to the tiers of the MTSS model, school professionals are helped to select interventions of greatest relevance to the needs of students in their school or region. We note that the MTSS model is gaining increased attention in school settings (Karel et al., 2022).

2. Methodology

Psychology and education databases (PsycINFO, Medline, ERIC and A+ Education [Informit]) were searched for records published from 1 January 2000 to the date of search (21 August 2023). Searches were conducted using keywords across 3 domains (students, treatments/interventions, and school attendance/absenteeism).

The initial search identified 11,549 records. After removing duplicates, 9,695 records were screened for inclusion. Of these, 574 records met inclusion criteria. This report focuses on the 327 peer-reviewed journal articles that were conducted in western countries. Theses/dissertations (n = 192) and grey literature (n = 55) were excluded from this report.

The review included interventions for school attendance that directly aimed to improve attendance or reduce absenteeism, as well as those that had other primary targets, such as improving mental health or academic engagement, but also measured the impact of the intervention on attendance.

3. Overview of studies captured in the review

Studies were mostly conducted in North America (United States and Canada). Table 1 presents a summary of the countries where studies were conducted. Throughout the report, studies were conducted in the US unless otherwise stated.

Table 1: Location of intervention studies

Country/region	N (%)
North America	226 (69%)
Europe	47 (15%)
United Kingdom	27 (8%)
Australia	23 (7%)
New Zealand	4 (1%)

In Australia, 23 studies were conducted. Table 2 outlines the programs evaluated in Australia and where the detailed discussion of these studies can be found in the report. Interventions included school-based programs (i.e., education-specific and psychosocial), as well as mentoring programs, preventative health measures, use of psychiatric medication, and local policing and community partnerships. These studies are particularly important within this report as they identify interventions that have been implemented and evaluated in a local Australian context within the unique framework of the Australian education, health and legal systems.

Table 2: Intervention studies conducted in Australia

Author	Year	Intervention name	Intervention category	MTSS tier	Location in report
Newton et al.	2014	Climate Schools	School-based education support	Tier 1: Universal	Wellbeing and health-related interventions evaluated in studies with a robust design
Davies et al.	2021	Social Skills Improvement System Classwide Intervention Programme (SSIS-CIPP)	School-based psychosocial support	Tier 1: Universal	Social and emotional interventions evaluated in a study without a robust design

Author	Year	Intervention name	Intervention category	MTSS tier	Location in report
Cooper et al.	2020	School-based filial therapy	School-based psychosocial support	Tier 2: Targeted	Enhanced school-based mental health services evaluated in studies with a robust design
Anderson et al.	2015	Happy Kids Program	School-based psychosocial support	Tier 2: Targeted	Transition programs evaluated in studies with a robust design
Carmen et al.	2011	Rock Up	School-based psychosocial support	Tier 2: Targeted	Transition programs evaluated in studies with a robust design
Faulkner et al.	2010	DRUMBEAT	School-based psychosocial support	Tier 2: Targeted	Arts programs evaluated in studies without a robust design
DinanThompson et al.	2008	Kickstart program	Psychosocial intervention	Tier 2: Targeted	Psychosocial interventions evaluated in studies without a robust design
Peralta et al.	2018	Aboriginal mentoring program*	Mentoring	Tier 2: Targeted	Other mentoring programs evaluated in studies without a robust design
Lee et al.	2008	Youth Development Unit in Aboriginal communities	Preventative health	Tier 2: Targeted	Indigenous community programs evaluated in studies without a robust design
Lim & Lubitz	2002	Multidisciplinary inpatient program (chronic fatigue syndrome)*	Preventative health	Tier 2: Targeted	Treatment of chronic health problems

Author	Year	Intervention name	Intervention category	MTSS tier	Location in report
Shah et al.	2001	Triple A (Adolescent Asthma Action)	Preventative health	Tier 2: Targeted	Treatment of chronic health problems
Vuillermin et al.	2010	Parent-initiated asthma medication*	Preventative health	Tier 2: Targeted	Treatment of chronic health problems
Lehmann et al.	2003	'No School, No Pool' attendance incentive policy	Other	Tier 2: Targeted	Section 4.2.10 Other interventions
McKay-Brown et al.	2019	In2School Program	School-based psychosocial support	Tier 3: Intensive	Attendance-specific programs
Heyne et al.	2002	Cognitive Behavioural Therapy (CBT) for school refusal	Psychosocial intervention	Tier 3: Intensive	CBT evaluated in studies with a robust design
King et al.	2001	CBT for school refusal	Psychosocial intervention	Tier 3: Intensive	CBT evaluated in studies without a robust design
Wheatley et al.	2009	Aggression management training	Psychosocial intervention	Tier 3: Intensive	CBT evaluated in studies with a robust design
Sciberras et al.	2018	Adapted Cool Kids CBT program	Psychosocial intervention	Tier 3: Intensive	CBT evaluated in studies with a robust design
Richardson	2016	Systemic family therapy	Psychosocial intervention	Tier 3: Intensive	Family therapy evaluated in studies without a robust design
Klag et al.	2016	Evolve Interagency Services program	Psychosocial intervention	Tier 3: Intensive	Other types of psychosocial interventions evaluated in studies with a robust design

Author	Year	Intervention name	Intervention category	MTSS tier	Location in report
Melvin et al.	2017	CBT augmented with fluoxetine	Psychiatric medication	Tier 3: Intensive	Psychiatric medication evaluated in studies with a robust design
Cardwell et al.	2021	Ability School Engagement Program	Legal	Tier 3: Intensive	Community programs evaluated in studies with a robust design
Mazerolle et al.	2017	Ability School Engagement Program	Legal	Tier 3: Intensive	Community programs evaluated in studies with a robust design

* The specific name of the intervention was not provided in the article.

There has been a steady increase in the number of studies reporting on school attendance outcomes since 2000, with a decline in publications evident since the COVID-19 pandemic (see Figure 1). Further papers are expected to be published in 2023, with our search extending to August 2023.

Figure 1: Number of articles published each year from 2000 to 2023

4.   Presentation of findings

In this report, the presentation of studies of each type of intervention begins with experimental (e.g., randomised controlled trials or RCTs) and quasi-experimental studies (e.g., pre-test and post-test studies), as these are more rigorous study designs that provide stronger evidence for the effectiveness of interventions. Thereafter, studies with less robust designs are presented (e.g., observational studies, cohort studies, cross-sectional studies, case series and case studies), when the intervention appeared to have a positive impact on attendance, to draw attention to potentially promising interventions in need of further research.

4.1.   Tier 1 interventions: Universal interventions to promote attendance and prevent absence

Tier 1 interventions to improve attendance, implemented universally within schools and/or students regardless of level of attendance, were identified across a range of areas and reported in 112 studies. Interventions consisted of school-based education and support (section 4.1.1), school-based psychosocial interventions (section 4.1.2), mentoring programs (section 4.1.3), parent and carer interventions (section 4.1.4), meal provision interventions (section 4.1.5), health and preventative health interventions (section 4.1.6), after-school and extracurricular activities (section 4.1.7), school policy and structure (section 4.1.8), and statewide policy (section 4.1.9).

4.1.1.   School-based education and support

A range of educational and academic interventions applied universally within the school setting that support school attendance were identified and reported in 25 studies. Interventions include PBIS (Caldarella et al., 2011; Freeman et al., 2019; Freeman et al., 2016; McDaniel & Bloomfield, 2020; Molina et al., 2020; Pas & Bradshaw, 2012; Pas et al., 2019; Smolkowski et al., 2016), academic interventions (Bettis, 2018; Cistone & Shneyderman, 2004; Creghan & Adair-Creghan, 2015; Johnson et al., 2017; Munoz et al., 2007; Pugh & Tschannen-Moran, 2016; Voight & Velez, 2018; Volkmann & Bye, 2006), and wellbeing and health-related education interventions (Azevedo et al., 2014; Felver et al., 2019; Gomez et al., 2021; Lunceford et al., 2017; Newton et al., 2014; Scales et al., 2006; Stoelinga et al., 2015; Vincus et al., 2010; Xia et al., 2022).

A large proportion of the studies discussed were conducted in the US, and therefore, terminology reflects that of the US school system. While the school structure may differ between states, generally, elementary schools include students in grades prep/foundation (referred to in the US as kindergarten) to Grade 5 (some studies refer to intermediate schools, which include Grades 4 and 5), middle schools include Grades 6 to 8, and high schools include Grades 9 to 12.

Positive Behavioural Interventions and Supports

Positive Behavioural Interventions and Supports (PBIS), also known as School-Wide Positive Behaviour Support, and Positive Behaviour for Learning) is a tiered prevention framework that uses evidence-based practices to develop positive behaviours and create a safe and predictable school climate (Leif et al., 2023). Eight studies addressed attendance outcomes for schools implementing PBIS.

Of these, 7 studies used quasi-experimental designs (Caldarella et al., 2011; Freeman et al., 2019; Freeman et al., 2016; McDaniel & Bloomfield, 2020; Molina et al., 2020; Pas & Bradshaw, 2012; Pas et al., 2019), while one was an RCT (Smolkowski et al., 2016). The findings were mixed, with many studies showing an improvement in attendance, while others showed no changes in attendance outcomes or worsening attendance for some schools.

PBIS evaluated in studies with a robust design

Pas and Bradshaw (2012) examined the implementation of Tier 1 PBIS in 421 schools (269 elementary, 140 middle, and 12 Prep–Year 8 schools). A secondary outcome of the study was 'truancy rate', which was defined as missing 20 days or more of school in a year. The findings showed a reduction in the truancy rate from 9.0% to 7.7% post-intervention. Student mobility was linked to a higher truancy rate. Implementation fidelity was measured, and it was noted that higher fidelity of implementation was significantly linked to a lower truancy rate.

More recently, Pas et al. (2019) analysed outcomes of an implementation of PBIS in one school district of 1,316 schools (879 elementary, 437 middle and high). The implementation involved targeting systems and procedures for responding to disruptive behaviour through ensuring consistent application of the PBIS framework by school staff. No statistically significant changes in truancy rates (defined again as missing 20 days or more in a school year) were noted for elementary schools trained in PBIS, however, secondary schools (middle and high schools) showed an improvement of 1.7%. This was a Tier 1 intervention, and the findings suggest that students who had high levels of absence would benefit from additional support for school attendance at Tier 2 or 3.

Freeman and colleagues evaluated PBIS in 2 large studies. Study 1 (Freeman et al., 2016) included Tier 1 PBIS implementation in 883 high schools over a 7-year period. Attendance was a primary outcome measure and daily attendance data was collected. The findings suggested that schools implementing PBIS increased their attendance rate by 0.07 per year – a non-significant change. The authors also noted that schools that commenced the study with higher levels of attendance showed lower growth. Schools with a higher percentage of students eligible for free or reduced-price lunch (a measure of socio-economic disadvantage) and a higher minority population had significantly lower average daily attendance, however, the rate of change over time did not differ from schools with lower percentages of students receiving free or reduced-price lunches. Fidelity of implementation was positively associated with attendance.

In their second study, Freeman et al. (2019) analysed 12 months' of PBIS data from 15 high schools (N = 12,127 students) to examine whether the levels of fidelity of implementation impacted absences and late arrivals at school. Data was collected on number of days absent per student, as well as explained and unexplained late arrivals. The mean absences across schools were 23.5 days, with school averages ranging from 9.7 to 45.2 days. The authors found that schools with higher levels of implementation fidelity had fewer absences and unexplained late arrivals. There was no change in explained late arrivals. The authors also noted that for every unit increase in PBIS fidelity, as measured by the Benchmarks of Quality (Cohen et al., 2007; Kincaid et al., 2005), students were absent 0.342 fewer days.

McDaniel and Bloomfield (2020) recognised the barriers to implementation of PBIS in rural areas and developed a telehealth coaching model to support schools to increase their fidelity of PBIS implementation at Tier 1, with one aim being to reduce late arrivals and absences. Four schools participated, including elementary to high schools (N = 1,498 students). The number of late arrivals and full-day absences per school were collected. Findings were mixed, with intermediate and high schools having reduced school absences from pre- to post-intervention, while elementary and middle schools had increases in school absences post-intervention. Elementary and middle schools showed reduced late arrivals post-intervention, while intermediate and high schools had increased late arrivals post-intervention.

Caldarella et al. (2011) evaluated the effects of Tier 1 PBIS on school climate and student outcomes over 4 years using a longitudinal quasi-experimental design to compare one treatment school of 1,063 students (implementing PBIS) with one control school of 1,331 students (no treatment). Data about unexcused absences, as well as late arrivals, were collected. Outcomes of the study showed a statistically significant downward trend in absences and late arrivals in the school implementing PBIS when compared to the control. Additionally, the treatment school saved an estimated 643 student days in the classroom due to the reduced number of absences and 213 hours of class time due to reduced late arrivals.

Smolkowski et al. (2016) examined the implementation of Safe & Civil Schools' Foundations: Establishing Positive Discipline Policies, a manualised model of PBIS, using an RCT of 74 schools (33 elementary, 8 middle and 2 high schools) over 7 years. Schools were placed into 4 cohorts, with cohort 1 commencing in 2008, cohorts 2 and 3 in 2009 and cohort 4 in 2010. Cohorts 1, 2 and 4 consisted of elementary schools and cohort 3 consisted of middle and high schools. The study examined student absences and late arrivals. For elementary schools using the model, there was no change in the proportion of students chronically absent. However, the proportion of students chronically late declined from 10% to 4% in cohort 1 and 2 schools. There were no improvements noted in absences or late arrivals in middle and high schools during the period of implementation.

Similarly, Molina et al. (2020) compared 3 schools that implemented PBIS school-wide with 3 schools that did not (n = 3,800 students). The authors reported no significant difference in daily school attendance for schools and students exposed to PBIS.

Across 4 of the studies just reviewed (Freeman et al., 2019; Freeman et al., 2016; McDaniel & Bloomfield, 2020; Pas & Bradshaw, 2012), a notable common finding was the importance of the fidelity of PBIS implementation. Schools that scored at or above the fidelity measure threshold were more likely to have improved attendance and reduced absences/late arrivals.

Academic interventions

There were a range of academic interventions that led to improved attendance or reduced absences for students. Eight studies, each using a quasi-experimental design, examined a range of universal interventions including Looping (Cistone & Shneyderman, 2004), project-based learning (PjBL) (Creghan & Adair-Creghan, 2015), the Different Ways of Knowing model (Munoz et al., 2007), charter schools (Johnson et al., 2017), the Advancement via Individual Determination program (AVID) (Pugh & Tschannen-Moran, 2016), school-based youth participatory research (Voight & Velez, 2018), a Student Skills Success program (Bettis, 2018) and a paired reading mentor program (Volkmann & Bye, 2006).

Academic interventions evaluated in studies with a robust design

Cistone and Shneyderman (2004) examined the outcomes of Looping. Looping involves a teacher instructing with the same group of students for 2 years. This matched sample design study included 1,224 students (612 in each sample). The decrease in the mean number of days absent for students in the Looping group was significantly greater than that for students in the matched group. Furthermore, after examining each year level, findings indicated that students in the Looping group improved their attendance from one academic year to the next, while the attendance levels of students in the matched group decreased during the same period.

Creghan and Adair-Creghan (2015) examined the use of PjBL, including elements of problem-based learning (PBL), to improve attendance in high schools with high rates of economic disadvantage. Two schools – one intervention (n = 65 students) and one comparison (n = 65 students) – took part in the study. Both PjBL and PBL use an inquiry learning process that is student-centred. In PjBL, students produce an artefact to demonstrate their learning, and PBL focuses on finding answers to real-world problems. Over the 3 years of the project, there was a statistically significant difference in attendance rates. Economically disadvantaged students who experienced a PjBL environment were found to attend school at higher rates than economically disadvantaged students attending a school using a traditional instructional approach.

Munoz et al. (2007) evaluated the impact of the Different Ways of Knowing (DWoK) for the Middle Grades model, a comprehensive, school-wide approach to curriculum. A key element of the model is to promote individual growth through varied instructional pathways, with schools and classrooms providing appropriate and quality instruction that meets the needs of different students and student groups. In this study, schools that implemented DWoK were compared to schools that did not. In the second year of implementation, DWoK schools demonstrated school attendance 0.60 percentage points higher than control schools, however, no significant difference in attendance was evident by the third year.

Johnson et al. (2017) examined outcomes for students who attended a charter school (n = 361 students) compared with a regular public school (n = 4,719 students). Charter schools are designed for education excellence and innovation. High attendance, measured as 95% average daily attendance, was a 'hallmark' or key behavioural expectation of the charter school. These researchers found that charter school students had an attendance rate that was 0.72 percentage points higher than the matched comparison group. The estimated impact was positive in all grades but was only significant for Year 7 students where the magnitude of the impact was almost twice as large as it was for students in Years 5 or 6.

Pugh and Tschannen-Moran (2016) investigated the AVID program. This program provides an intensive course of study to prepare students for college entry. The district in this study used the program to reduce the academic achievement gap between Hispanic and African American students and their white peers. The study included 712 students, of which 573 were in the AVID program across the district. Attendance was measured using percentage of days present. The outcomes showed a significant positive association between overall time spent in the AVID program and attendance. When subgroups were examined, length of exposure to AVID for African American students was not a strong predictor of attendance. Conversely, results for Hispanic students indicated a positive association between the length of exposure to AVID and attendance.

Voight and Velez (2018) evaluated the effect of a school-based youth participatory research program, implemented via a year-long course elective in high schools. Through the program, students were involved in facilitating whole-school student forums to identify and discuss issues affecting youth in schools and the community, and attended local council meetings, delivering presentations and advocating for the issues identified. No significant difference in school attendance was noted between students involved in this program and control students. However, high rates of attendance were observed to begin with (approximately 95%), suggesting a possible ceiling effect.

Bettis (2018) reported on a Student Skills Success program, implemented with students in the fifth grade. The program aimed to help students develop academic, social, and self-management skills through weekly sessions for 6 weeks. The author reported no change in student attendance following the intervention.

Volkmann and Bye (2006) reported on a reading mentoring program in elementary schools, where adult volunteers were paired with a student for reading for one hour per week over the course of the school year. While the authors found no difference in the average number of days students attended school, they did find that students were more likely to attend school on the days they were scheduled to meet with their reading partner.

Wellbeing and health-related interventions

In addition to their primary aim, 9 studies reported on the impact of wellbeing and health-related interventions on school attendance. Of these, 2 studies conducted an RCT (Felver et al., 2019; Newton et al., 2014), one a non-RCT (Azevedo et al., 2014), 2 studies were quasi-experimental (Vincus et al., 2010; Xia et al., 2022), and 4 studies used less robust designs (Gomez et al., 2021; Lunceford et al., 2017; Scales et al., 2006; Stoelinga et al., 2015).

Wellbeing and health-related interventions evaluated in studies with a robust design

Newton et al. (2014) and Vincus et al. (2010) investigated programs focused on alcohol and other drug use prevention. In an Australian study, Newton et al. (2014) conducted an RCT with 764 students that focused on the Climate Schools: Alcohol and Cannabis course, with students recruited from schools in Sydney. This course uses a harm minimisation approach to prevention and is delivered via the internet to students in Year 8 (13 to 14 years of age) before there is significant exposure to alcohol and other drug use. Truancy was assessed through student self-report of days they had off school without parental permission. While there was initially no difference between the intervention and control group, after 12 months, students in the control group had significantly higher levels of truancy than those in the intervention group. Vincus et al. (2010) reported on the 'Drug Abuse Resistance Education (DARE)' program for primary-aged students, designed to prevent initiation or inoculate against opportunities to use drugs when students reach middle school. This quasi-experimental study found that while the program did not affect overall attendance or unexcused absences, students were much less likely to be absent on days when they received program lessons compared with other weekdays.

Xia et al. (2022) used a quasi-experimental research design to investigate 'Positive Behaviour Skills' (PBS), a social-emotional learning program. They included 37 elementary schools using PBS and 74 schools who did not use PBS and examined school attendance as one of the outcome variables.

At baseline, there was no difference in the PBS and non-PBS schools. However, there was a statistically significant difference between PBS and non-PBS schools in the growth in attendance rate over the 4 years of the study. PBS schools showed higher rates of growth.

In an RCT, Felver et al. (2019) evaluated the impact of a mindfulness-based curriculum, Learning to BREATHE, compared to normal health education programming, in improving students' psychosocial resilience and school attendance. The Learning to BREATHE curriculum was delivered in the classroom weekly for 9 weeks by mental health providers. Following the program, no change in student attendance was reported.

Azevedo et al. (2014) reported on a non-RCT, evaluating the use of dance mats in schools, whereby schools in England were provided with dance mats to use as they preferred – for example, within scheduled physical education classes, during lunchtime or outside of school hours. This study found no impact on student attendance.

Wellbeing and health-related interventions evaluated in studies without a robust design

There were a range of studies that used less robust designs and showed improvements in attendance. These included interventions focused on academic supports (Gomez et al., 2021; Lunceford et al., 2017), community service and service learning (Scales et al., 2006), and arts education (Stoelinga et al., 2015).

4.1.2. School-based psychosocial interventions

A wide variety of universal school-based psychosocial programs and approaches have been evaluated for their impact on supporting school attendance. No programs had a primary aim of improving attendance but focused on developing social and emotional capacities and healthy lifestyles that may indirectly support school attendance. In total, 15 studies were identified reporting on transition programs (Coelho et al., 2018; Flannery et al., 2020), an anti-bullying program (Axford et al., 2020), social-emotional interventions (Albrecht et al., 2015; Bavarian et al., 2013; Bodin et al., 2016; Borman et al., 2019; Davies et al., 2021; Jones et al., 2010; McBride et al., 2016; Viggiani et al., 2002; Wallace et al., 2020; Wexler et al., 2017; Wright et al., 2010), and attendance incentives (Robinson et al., 2021).

Transition programs

The impact of transition programs on subsequent attendance was evaluated in 2 studies using a robust design (Coelho et al., 2018; Flannery et al., 2020)

Transition programs evaluated in studies with a robust design

The Freshman Success program aimed to improve engagement and increase academic outcomes of Year 9 students, such as school engagement, grades and attendance (Flannery et al., 2020). Key components of the program were explicit instruction in prevention-oriented engagement curriculum and engagement-oriented peer support from senior students. Weekly lessons of 45 minutes were delivered in the fall (autumn term). The program was evaluated in an RCT and students who received the program were found to attend school significantly more than their peers who did not; however, the effect size was small (d = 0.13).

A 20-session social-emotional-based transition program provided to students about to transition into Grade 5 in Portugal was associated with significantly fewer absences (M = 5.0 absences) compared with a control group (M = 13.6 absences; Coelho et al., 2018). This 20-session program was delivered by an educational psychologist, with most sessions delivered while students were in Grade 4 but some also delivered in Grade 5. The program included content on cognitive aspects of transition (e.g., familiarisation with class timetables), emotional aspects (e.g., addressing fears and expectations) and behavioural skills training (e.g., following a Grade 5 timetable).

Anti-bullying

One study evaluated the impact of anti-bullying programs on attendance with a robust design (Axford et al., 2020).

Anti-bullying programs evaluated in studies with a robust design

Bullying is a common precipitant of school refusal (Bitsika et al., 2021; Havik et al., 2015). Hence, it follows that anti-bullying programs may improve attendance. Axford et al. (2020) conducted an RCT of KiVa, a Finnish anti-bullying program, with 22 schools in Wales. However, no difference in absenteeism was found between intervention and control schools.

Social and emotional interventions

There are 12 studies that evaluated attendance outcomes following the delivery of programs that aim to develop students' social and emotional skills (Albrecht et al., 2015; Bavarian et al., 2013; Bodin et al., 2016; Borman et al., 2019; Davies et al., 2021; Jones et al., 2010; McBride et al., 2016; Neace et al., 2002; Viggiani et al., 2002; Wallace et al., 2020; Wexler et al., 2017; Wright et al., 2010). Of the 12 studies, 9 demonstrated a positive effect on attendance.

Social and emotional interventions evaluated in studies with a robust design

Nine studies with a robust design examined the impact of social and emotional interventions for their impact on school attendance (Bavarian et al., 2013; Bodin et al., 2016; Borman et al., 2019; Jones et al., 2010; McBride et al., 2016; Viggiani et al., 2002; Wallace et al., 2020; Wexler et al., 2017; Wright et al., 2010). Findings were mixed, with only 5 of 8 studies that featured a control group able to demonstrate a benefit of these programs on attendance beyond that of the control group.

In an RCT, Bavarian et al. (2013) found Grade 3 to 8 students receiving a social-emotional and character development program attended school significantly more than students in the control group who did not receive the intervention. Borman et al. (2019) implemented a transition-type intervention to middle school (Grades 6 to 8) programs that aimed to normalise concerns about fitting in. Students who were randomly allocated to receive the intervention had 12% fewer absences compared to the control group. Similarly, McBride et al. (2016) found that students who attended an outreach program, consisting of a social-emotional learning curriculum through weekly group meetings over a period of 9 months, had significant reductions in skipping classes compared to a control group.

A universal intervention program known as the 4Rs program (Reading, Writing, Respect and Resolution) combined social-emotional learning with literacy development for Grade 3 students (Jones et al., 2010). The findings from a large RCT evaluating the 4Rs Program demonstrated no difference in attendance between the intervention group and a control group one year later.

A truancy prevention program from Sweden, known as Prevention in School, was evaluated in 23 schools with Grades 4 to 9 (Bodin et al., 2016). The program aimed to reduce problem behaviours and enhance school climate. At 12 and 24 months after implementation, there was no difference in attendance between schools that did and did not receive the program. Wright et al. (2010) evaluated a teacher-delivered 18-session program on personal and social responsibility that was delivered to an African American sample of secondary school students. At the end of the study, attendance had declined in both groups, but less so in the group that received the intervention compared with the control group.

The implementation of a social work intervention into elementary school classrooms was evaluated in a quasi-experimental trial involving 4 classes (Viggiani et al., 2002). While social workers provided individual support to some children and did home visits, they also provided whole-class interventions, thus this program was classified as a Tier 1 intervention. While the number of days absent increased in both groups over the observation period (first term to fourth term), the classes that received the intervention showed a significantly smaller increase in absences.

Wallace et al. (2020) evaluated the Working on What Works (WOWW) 10-week classroom intervention based on solution-focused brief therapy in a post-test only randomised trial. Within the program, classes developed goals for behaviour change and teachers received weekly strengths-based feedback sessions from a coach who observed the classroom. The class also received feedback and support with developing goals. At the end of the program, the intervention group (n = 204 students) had significantly fewer absent days compared to the control group (n = 209) who did not receive the intervention.

An Alaskan study examined the impact of a Youth Leaders Program on attendance and other behavioural outcomes in 11 schools (Wexler et al., 2017). Trained youth leaders organised recreational activities, conducted behavioural interventions with younger students with behavioural issues, and connected with students in need, among other tasks. Mean school attendance improved from 146 days in the year prior to introduction of the program to 155 days in the year after the program.

Social and emotional interventions evaluated in a study without a robust design

Three studies evaluated social and emotional interventions without a robust study design (Albrecht et al., 2015; Davies et al., 2021; Neace et al., 2002).

In an Australian observational study, Davies et al. (2021) reported on the outcome of a Social Skills Improvement System Classwide Intervention Programme (SSIS-CIP). This manualised intervention aims to teach children social skills across a range of domains, through 3 half-hour in-class sessions per week over 10 to 12 weeks. Davies et al. (2021) reported that school attendance increased each year from when the program was implemented.

Neace et al. (2002) reported a study in which 922 students who received intervention were compared with a matched control group of 918 students. The intervention was Second Step, a universal violence prevention program for children in foundation/prep and middle school. The aim was to increase children's ability to identify what others are feeling, take their perspective, and respond empathically. It also aims to decrease impulsive, aggressive and angry behaviour. At one and 2 years after intervention started, there was a significant decrease in unexcused absences for the intervention group.

Albrecht et al. (2015) reported the outcomes of an uncontrolled evaluation of a multi-tiered social skills program that resulted in most students improving or maintaining their attendance over a 3-year period.

Attendance incentives

One RCT evaluated the impact of awards as incentives for attending school (Robinson et al., 2021).

Attendance incentive evaluated in studies with a robust design

Robinson et al. (2021) conducted an RCT comparing the effectiveness of prospective awards for attendance (i.e., advising students they will receive an award if they achieve perfect attendance for an upcoming month) versus retrospective awards (i.e., awarding students who had achieved perfect attendance in a previous month) and a control group who did not receive awards for attendance. When pooled together, the award conditions did not positively impact attendance.

4.1.3. Mentoring programs

Only one study was identified reporting on mentoring programs conducted at a universal level (Linnehan, 2001).

Mentoring interventions evaluated in studies without a robust design

Linnehan (2001) reported an observational study of a work-based mentoring program implemented in the US with 202 high school students with an average age of 17.8 years. All were African American and eligible for a free lunch program, and most were from households below the poverty line. Organisations in the community provided youths with employment opportunities and mentors, for between 8 to 16 hours per week. Improved attendance was observed among students who participated in the program for more than half a year, but not those who participated for less than half a year.

4.1.4. Parent and carer interventions

Parents and carers (herein, 'parents') play an instrumental role in supporting their child's school attendance (Chockalingam et al., 2023). Universal interventions that inform and support parents around attendance aim to have an impact on their child's attendance. Moreover, interventions that foster strong working relationships between parents and school may aid attempts to improve school attendance and support efforts to address non-attendance. Five parent intervention studies were identified, evaluating parent letters (Himmelsbach et al., 2022; Smythe-Lestico & Page, 2018), family-school partnerships (Sheldon, 2007; Sheldon & Epstein, 2004), and home visits (Meyer et al., 2011).

Parent letter interventions

Two studies reported on universal parent letter interventions sent to all parents: one RCT (Himmelsbach et al., 2022) and one quasi-experimental study (Smythe-Lestico & Page, 2018).

Parent letter interventions evaluated in studies with a robust design

These studies examined the contention that if parents are better informed about the importance of school attendance, the extent of their child's absence from school, and are aware of the schoolwork and other opportunities that they are missing, it will motivate actions that support attendance. The following 2 studies evaluated messages sent to all parents (Smythe-Leistico & Page, 2018) and to parents following each day of absence (Himmelsbach et al., 2022) and were thus considered to be universal.

Himmelsbach et al. (2022) evaluated a program that sent postcards to parents after each of their child's absences. The postcard included the number of days missed that year and a summary of missed schoolwork. On average, students in the intervention group missed 8.5% less school than those in the control group who did not get letters.

In addition to letters being used to inform parents about absence from school, text messages may have advantages of being more accessible and rapid in their delivery. Smythe-Leistico and Page (2018) investigated Connect-Text, a 2-way text message system that encouraged attendance, provided information about barriers of attendance, and provided personalised feedback to parents about their child's attendance, as well as supportive messages to reduce the risk of non-attendance. Messages were sent weekly to all parents of students in foundation/prep. Following the intervention, it was reported that 13.3% of children whose parents received text messages with messages of support and information were chronically absent. This compared to 24.4% chronic absence in a comparable group of students who did not receive text messages.

Family-school partnerships

The implementation of school guidelines about creating school, family and community partnerships were evaluated in 2 studies without a robust design (Sheldon, 2007; Sheldon & Epstein, 2004).

Family-school partnerships evaluated in studies without a robust design

Both studies found that attendance improved significantly in schools that implemented partnerships (Sheldon, 2007; Sheldon & Epstein, 2004) and in one study, this was significantly higher than in the matched sample of schools that did not receive the intervention (Sheldon, 2007).

Home visits

A single study examined the impact of home visits on school attendance in a study without a robust design (Meyer et al., 2011).

Home visits evaluated in a study without a robust design

Meyer et al. (2011) reported on elementary school teacher (N = 29) perceptions of the impact of home visits on attendance. Home visits were undertaken at the start of the school year with all families. On a 5-point scale, 18% rated the impact of home visits on attendance success as a 5 (a lot), 43% as a 4 (between a lot and neutral) and 21% as 3 (neutral).

4.1.5. Meal provision interventions

Providing free meals (breakfast and lunch) to students, particularly in schools with a high proportion of students from low socio-economic status (SES) backgrounds, has been demonstrated to have a positive effect on school attendance. Thirteen studies reported on the impact of meal provision on school attendance, all conducted in the US (for example, Andreyeva & Sun, 2021; Walker et al., 2021), apart from one study conducted in New Zealand (Mhurchu et al., 2013). Ten studies were conducted with robust designs (Andreyeva & Sun, 2001; Anzman-Frasca et al., 2015; Bartfeld et al., 2019; Bartfeld et al., 2020; Bullock et al., 2022; Chandrasekhar et al., 2023; Corcoran et al., 2016; Mhurchu et al., 2013; Ribar & Haldeman, 2013; Walker et al., 2021) and 3 studies used less robust designs (Gottfried & Kirksey, 2022; Imberman & Kugler, 2014; Kirksey & Gottfried, 2021).

Meal provision evaluated in studies with a robust design

An RCT was conducted in New Zealand, whereby schools were randomly allocated to implement a universal free breakfast program available to all students (Mhurchu et al., 2013). No statistically significant effect of the intervention on overall student attendance was observed. However, further analyses conducted on a subgroup of students who attended the program at least 50% of the time indicated a significant improvement in school attendance from 92.3% to 93.9%, suggesting positive benefits for those who engaged with the breakfast program.

Five studies evaluated free meals provided to students under the 'Community Eligibility Provision (CEP)', whereby free meals were available to the whole school rather than individual students who met eligibility requirements. Universal free meal provision resulted in improved school-wide attendance in 2 studies (Andreyeva & Sun, 2021; Bartfeld et al., 2020), and improved attendance only for economically disadvantaged students in another (Bartfeld et al., 2019). One study (Bullock et al., 2022) reported no impact on school attendance following the adoption of universal free breakfast. Ribar and Haldeman (2013) compared attendance in schools that changed their breakfast provision approach (from universally free to eligibility-based and vice versa) and those that did not change. They found a small but significant increase in attendance in schools that changed their program, regardless of the direction of the change, compared with a slight reduction in attendance at schools that did not change their breakfast program structure. These findings suggest a number of factors influence the relationship between breakfast programs and attendance. For example, the authors suggest that a shift to eligibility-based breakfasts may improve attendance as they reduce the number of students in the cafeteria, thus reducing the opportunity for transmission of contagious illnesses among students.

Four studies evaluated Breakfast in the Classroom programs, where students who arrived late to school and missed the breakfast provided in the cafeteria were able to collect breakfast to eat in class. Walker et al. (2021) reported a statistically significant impact on attendance following a change to Breakfast in the Classroom, with the average number of absences declining from 3.08 days prior to implementation to 2.89 days post-implementation. Two studies noted slight improvements in attendance for school that implemented this program (Anzman-Frasca et al., 2015; Corcoran et al., 2016), with both schools already having high attendance rates (92% or greater) before implementing the program. Chandrasekhar et al. (2023) found a slight, statistically significant decrease in attendance rates for schools that implemented Breakfast in the Classroom. However, a greater, statistically significant decrease in attendance rates was observed in schools without the program.

Meal provision evaluated in studies without a robust design

There were 3 studies with less robust designs that evaluated Breakfast in the Classroom programs. Of these, 2 studies reported a significant decrease in chronic absenteeism and days absent (Gottfried & Kirksey, 2022; Kirksey & Gottfried, 2021), while one study (Imberman & Kugler, 2014) reported no impact of the program on attendance.

4.1.6. Health and preventative health interventions

Thirty-two studies looked at Tier 1 health and preventative health interventions, including hand hygiene education and hand sanitiser use (for example, Guinan et al., 2002; Azor-Martinez et al., 2014), influenza vaccinations (for example, Davis et al., 2008; Keck et al., 2013), school nurse programs (for example, Leach et al., 2023), school-based health and mental health centres (Gruber et al., 2023), and health education and promotion (Kesztyus et al., 2016; Kopkin et al., 2018; Laursen et al., 2015; Shore et al., 2014). These programs were implemented as a whole-school approach, in most cases, to reduce incidence of illness-related absences.

Hand hygiene interventions

Increasing hand hygiene in the classroom has been established as an effective method for reducing illness-related absence and was reported on in 12 experimental or quasi-experimental studies (for example, Azor-Martinez et al., 2014; Guinan et al., 2002; Lau et al., 2012; Tousman et al., 2007).

Hand hygiene interventions evaluated in studies with a robust design

Hand hygiene interventions included targeted handwashing education programs (Guinan et al., 2002; Tousman et al., 2007), as well as teachers encouraging students to regularly wash their hands (Azor-Martinez et al., 2014 [Spain]; Lau et al., 2012; Nandrup-Bus, 2009 [Denmark]) or use alcohol-based hand sanitisers (Dyer et al., 2000; Hammond et al., 2000; Sandora et al., 2008; White et al., 2001). These 9 studies found hand hygiene programs were associated with improved attendance, while 3 further studies reported no evidence of improved attendance (Denbaek et al., 2018 [Denmark]; Priest et al., 2014 [New Zealand]; Vessey et al., 2007).

Influenza immunisations

Eleven studies explored the impact of influenza vaccinations on illness-related student absence. Of these, 8 studies used quasi-experimental designs (Davis et al., 2008; Keck et al., 2013; King, Jr. et al., 2006; Kjos et al., 2013; Mears et al., 2009; Pannaraj et al., 2014; Plaspohl et al., 2014; Wiggs-Stayner et al., 2006), while 3 studies used less robust study designs (Benjamin-Chung et al., 2020; Graitcer et al., 2012; King, Jr. et al., 2012).

Influenza immunisation evaluated in studies with a robust design

Community-wide immunisation programs have been associated with a reduced rate of absenteeism over high-risk influenza periods (Davis et al., 2008). Further, school-based immunisation programs increase the coverage of immunisation among students, reducing illness-related absenteeism over the influenza period when compared to unvaccinated students (Keck et al., 2013; Kjos et al., 2013; Mears et al., 2009; Pannaraj et al., 2014; Plaspohl et al., 2014; Wiggs-Stayner et al., 2006). One study, however, reported no difference in school attendance between schools that did and did not provide influenza vaccinations (King, Jr. et al., 2006).

Influenza immunisation evaluated in studies without a robust design

Studies reviewing historical school attendance data in counties with widespread influenza immunisation report a reduced rate of absenteeism (Benjamin-Chung et al., 2020; Graitcer et al., 2012; King, Jr. et al., 2012).

School nurse programs

Four studies reported on the impact of employing school nurses, with mixed results. Of these, 3 studies used a robust design (Leach et al., 2023; Rodriguez et al., 2013; Weismuller et al., 2007) while one study did not (Jacobsen et al., 2016).

School nurse programs evaluated in studies with a robust design

Two studies evaluating the impact of a school nurse program focused predominantly on supporting students' physical health and found no impact on improving attendance or reducing chronic absenteeism (Leach et al., 2023; Weismuller et al., 2007). One study, however, reported a decrease of approximately half a day in the number of illness-absences of students compared to schools without a nurse, particularly in younger children (Rodriguez et al., 2013). In this program, the school nurse was solely focused on health-related interventions.

School nurse programs evaluated in studies without a robust design

In a case study, Jacobsen et al. (2016) evaluated a hospital-funded school nurse program, in which school nurses work closely with hospital specialists, teachers and parents to provide access to health care for students and are encouraged to develop and deliver programs that are unique to the needs of their school. Reporting on one US charter school in particular, the authors noted a 32% reduction in chronic absenteeism within 2 years of implementation of the school nurse program, with the nurse taking a personalised and tailored approach to supporting students struggling to attend school.

School-based health centres

One study reported on the implementation of school-based health centres (Gruber et al., 2023), using descriptive research methods.

School-based health and mental health centres evaluated without a robust design

Gruber et al. (2023) found that, within one school, student use of the school-based healthcare centre did not predict school-level attendance.

Health education and promotion

Implementing programs to promote healthy behaviours among students has been associated with improvements in school attendance, particularly illness-related absences. Four studies were identified, all using a robust study design (Kesztyus et al., 2016; Kopkin et al., 2018; Laursen et al., 2015; Shore et al., 2014).

Health education and promotion evaluated in studies with a robust design

Kesztyus et al. (2016) evaluated the effectiveness of the 'Join the Healthy Boat' health promotion program in an RCT conducted in Germany. The program consisted of health-based curriculum, as well as activities to reduce screen time and sugar intake and increase physical activity. Schools that implemented the program reported a positive effect on illness-related absences, with a greater reduction in sick days reported than in comparison schools. Similarly, an initiative to promote physical activity in schools by way of enhanced physical education classes and use of pedometers to increase daily steps ('Helping Youth Pursue Physical Activity and Exercise') found reduced absenteeism for students who participated in the program, although no difference was found for post-intervention absenteeism between students who did and did not participate (Shore et al., 2014).

Indirect effects on attendance were not found following delivery of a health promotion program for prep to Year 8 students (Kopkin et al., 2018). The program, titled Healthier Options for Public Schoolchildren, included more nutritious food in school, healthy diet curriculum and wellness activities such as daily physical activity. Children who received the program attended school the same amount as a control group.

One Danish study reported on providing healthy school lunches versus usual packed lunches (Laursen et al., 2015). They found no significant impact on school attendance.

4.1.7. After-school and extracurricular activities

After-school and extracurricular programs and activities are conducted on school grounds or in the community and involve content outside of the education curriculum. Five studies reported on universal implementation of these activities. Of these, 3 were experimental or quasi-experimental, and thus considered to have a robust design (Furrer et al., 2012; Gottfredson et al., 2010; Jenson et al., 2018), and 2 studies were observational (O'Donnell, 2014; Springer & Diffily, 2012).

After-school and extracurricular activities evaluated in studies with a robust design

One RCT explored the impact of inviting students to attend an after-school program on school grounds, including sports, crafts and academic assistance (Gottfredson et al., 2010). Students attended these programs for 3 hours, 3 days per week over a school year. No significant difference in school attendance was found between students who attended the after-school program and those who did not.

After-school programs conducted in the community, however, appear to have a stronger impact on school attendance. Jenson et al. (2018) evaluated an after-school program conducted locally within the student's community rather than at school. The after-school program targeted youth living in public housing and included activities such as academic support and tutoring, as well as social-emotional skills classes. This study found that students attending this program had significantly greater school attendance than a comparison group of students not attending the program. Similarly, Furrer et al. (2012) reported significantly higher school attendance for students who attended additional community engagement programs after school hours than students who did not.

After-school and extracurricular activities evaluated in studies without a robust design

Springer and Diffily (2012) reported on a 'Boys and Girls Clubs' program that took place after school, with students attending at least 2 days per week. Middle school students who attended the program regularly saw improved attendance; however, the same improvements were not seen for elementary school students. O'Donnell et al. (2014) reported on a community-based out-of-school program that aimed to use technology to promote positive youth development. An intensive summer technology program and a year-round academic support program were offered through the YMCA. However, for students who were actively involved in these programs (defined as attending the program for at least 30 days over 2 years), no significant difference in school attendance was observed.

4.1.8. School policy and structure

A total of 10 studies reported on various school policies or structures and their impact on student attendance. Of these, 7 were quasi-experimental and had a robust design (Ansari et al., 2022; Evans & Cowell, 2013; Griffin & Nicholson, 2002; Holmes, 2018; Koopmans, 2018; McKeever & Clark, 2017; von Hippel, 2021), while 3 did not have a robust design (Madigan, 2002; Morton, 2023; Swinson, 2010).

School policy and structure evaluated in studies with a robust design

Two studies reported on school and classroom size. One quasi-experimental study evaluated school size in a 7-year evaluation of one high school (Koopmans, 2018). In this study, the school went from a larger school size of 900 students up to and including the 2009–10 school year, to only 250 students from the 2010–11 school year onwards (achieved through drastically reducing enrolments in this year). While a substantial reduction in student numbers will be impractical for most schools, this study found that average school attendance increased from 68.78% (range of 41.89% to 83.20%) to 75.53% (range of 27.83% to 94.74%). An RCT found smaller class sizes (13 to 17 students) had fewer absences than regular class sizes (22 to 26 students) (von Hippel, 2021).

One quasi-experimental study in the US (Holmes, 2018) reported on the attendance outcomes for 'Magnet' schools. Magnet schools are schools with highly specialised courses and curriculum. The study compared attendance in students enrolled at Fine Arts Magnet Schools with non-Fine Arts Magnet Schools, to evaluate the impact of a fine arts education. This study reported that the Fine Arts Magnet Schools saw an increase in student absences over a 2-year period. However, the increase was substantially lower than that seen in non-Fine Arts Magnet Schools (1.5% increase in absences versus 11.8% increase).

The influence of mandatory uniforms was evaluated in one quasi-experimental study, which reported no meaningful impact on attendance (Ansari et al., 2022).

One study reported that changing school start times in 29 high schools to after 8.30 am (ranging from 8.35 am to 9.15 am start times) significantly improved attendance (McKeever & Clark, 2017). Prior to the change, the schools in this study started the school day between 7.30 am and 8.30 am. Another study reported that introducing 4 x 4 block scheduling (4 periods per day and 4 courses [subjects] per semester) saw improvements in attendance, with rates increasing from 90–93% to 95–97% (Griffin & Nicholson, 2002).

One study reported on the implementation of the 'Solution Oriented School (SOS) Improvement Programme' in schools in an English local area. The program aimed to support schools to improve their culture by introducing consistent behaviour policies and supporting the wellbeing of all stakeholders within the school environment (Evans & Cowell, 2013). No significant difference in student absence rates was reported following implementation.

School policy and structure evaluated in studies without a robust design

Students, particularly females, in single-gender classes demonstrated greater school attendance than their peers in mixed-gender classes in one case study (Madigan, 2002).

One study found no effect of introducing a 4-day school week on attendance (Morton, 2023). High schools in Oklahoma, US were evaluated pre- and post- adoption of the 4-day school week.

The study found no difference in attendance rates post-adoption, nor a difference when compared to school districts that had not adopted a shortened school week. Attendance rates, however, were high pre-adoption (approximately 95%).

In a case study, Swinson (2010) reported on the introduction of a new behavioural policy and practice, including its implementation in the school. The new policy used a multidisciplinary approach, developed in consultation with the school staff. The author identified key features of the new policy, including the use of merit stickers (or praise letters for older students), an increase in involvement from parents, and referrals to senior staff within the school for students who were demonstrating difficult behaviour and needed additional support or a change in structure. Over the 4-year evaluation period, attendance (measured for Year 9 students) increased from 87% to 94%.

4.1.9. Statewide policy

Statewide policies aimed at reducing absenteeism are common in the US (Burr et al., 2023), with 4 studies reporting on implementation of state- or district-wide policies (Anderson, 2020; Anderson et al., 2019; Kim & Joo, 2011; Steinberg & Lacoe, 2018).

Of these, 2 studies reported on the introduction of laws banning the use of out-of-school suspension as a response to truancy. Neither study, however, reported any impact on student absenteeism or truancy (Anderson, 2020; Anderson et al., 2019). Another study reported on a mandatory school attendance policy, developed out of policies targeted towards teen mothers but expanded more widely to include teens receiving public assistance (Kim & Joo, 2011). Again, there was little impact on attendance.

One study examined excused and unexcused absences after the implementation of a district-level change in policy to reduce out-of-school suspensions (Steinberg & Lacoe, 2018). While there was a small decrease in the number of unexcused absences in schools following the policy change, no statistically significant impact on student attendance overall was found.

4.2. Tier 2 interventions: Interventions addressing students at risk or displaying emerging attendance problems

There were 145 studies identified that reported on Tier 2 interventions that were implemented with students at risk of attendance problems. These Tier 2 interventions included school-based education and support (section 4.2.1), school-based psychosocial interventions (section 4.2.2), psychosocial interventions (section 4.2.3), mentoring programs (section 4.2.4), parent and carer interventions (section 4.2.5), health and preventative health interventions (section 4.2.6), after-school and extracurricular activities (section 4.2.7), school policy and structure (section 4.2.8), statewide policy (section 4.2.9) and other types of intervention (section 4.2.10).

4.2.1. School-based education and support

Nine studies were identified that investigated targeted support for students and showed improvement in attendance outcomes.

One case study reported on outcomes of implementing Tier 2 and Tier 3 components of PBIS (Malloy et al., 2018). A total of 6 studies reported on academic interventions (Barnett, 2005; Chau et al., 2023; Jones & Christian, 2021; Kamrath & Brooker, 2018; Phillips et al., 2016; Yngve et al., 2023) and 2 studies reported on the impact of outdoor learning programs (McCree et al., 2018; Price, 2015).

Positive Behavioural Interventions and Supports

In their case study, Malloy et al. (2018) reported on one school's implementation of PBIS. In particular, the school converted a pre-existing student attendance team into a Tier 2/3 team, responsible for identifying students needing additional support. The school introduced 'Check In Check Out' as a Tier 2 intervention, and the Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW) model as a Tier 3 intervention. RENEW involved personalised planning and services to support the student. While the study did not use a robust design, students who received the Tier 2 intervention showed significant improvement in unexcused absences from baseline (M = 8.5 days) across the following 3 semesters: Time 1 (M = 3.85 days), Time 2 (M = 3.91 days) and Time 3 (M = 2.45 days). Students who received the Tier 3 intervention showed no significant improvement in unexcused absences over 4 semesters.

Academic interventions

Academic-specific interventions were evaluated in 6 studies: one RCT (Jones & Christian, 2021), 3 quasi-experimental studies (Barnett, 2005; Chau et al., 2023; Yngve et al., 2023), and 2 studies with less robust designs (Kamrath & Brooker, 2018; Phillips et al., 2016).

Academic support evaluated in studies with a robust design

Jones and Christian (2021) reported on the outcomes of the 'SPARK' literacy program. This RCT included 576 students evenly split between the intervention and 'business as usual' groups. The SPARK program used targeted differentiated instruction on foundational reading skills, reading support, and writing linked to a selected reader. Teachers were given progress monitoring data throughout the program. Students were withdrawn from non-core classes for 30 minutes up to 3 times a week to work with their tutor. SPARK had a statistically significant, positive impact on attendance. After one year, SPARK students were absent 3.4 fewer days than control students, and after 2 years, they were absent 4.5 fewer days.

Yngve et al. (2023) studied the use of information and communications technology (ICT) in a Swedish school to provide academic adjustments and support for students attending a vocational program. The quasi-experimental pre-test and post-test design included 300 students, two-thirds with special educational needs, of which 144 had available attendance data. After the intervention, 21% of students had maintained their attendance and 31% increased their attendance. The study authors deemed this as positive because absences tend to increase in upper secondary schools, particularly among students attending vocational programs.

In a French study, Chau et al. (2023) compared the use of vocational education classes, specialised for students at risk of serious academic difficulties, with regular mainstream classes. This pathway was used as a means for re-engaging students in education. When comparing the 2 modes, students in the vocational education classes had fewer school absences due to health reasons, but had more students missing 15 days or more of school.

Barnett (2005) reported on a pilot study in which students were encouraged to attend hands-on lessons, learning to develop remote-operated vehicles. These lessons were held on a Friday afternoon when attendance was often lowest. Attendance for students participating in these classes improved throughout the school year (increase from 40% to 85%) when compared to students who did not participate in the class (increase from 40% to 58%).

Academic support evaluated in studies without a robust design

Phillips et al. (2016) examined the outcomes of middle years students who had attended the 'Head Start' program for foundation/prep-aged students. This cohort study with a control group compared school absence in 277 students who received Head Start in foundation/prep with 1,001 who did not. Absence from school was measured as chronic absence (missing 10% of the academic year). Students who had attended Head Start were less likely to have been chronically absent in the middle years of schooling when compared with the control group. Subgroup analysis showed that students who received a free lunch, girls, and Hispanic students were less likely to be chronically absent.

Kamrath and Brooker (2018) examined an academic skills support program. Students were referred to the program if they had low grades in math or literacy, missed at least 10% of school in the previous quarter and were underachieving and/or had weak executive function skills. The Year 4 and 5 students in this study attended a 6-week program of individual and group sessions that focused on building academic skills as well skills in self-monitoring, self-regulation, time management and studying. All students missed less school during the period of intervention when compared with the previous quarter. Overall, the 16 students attended school 64 more days during the intervention period, an increase of nearly 75% of instructional days.

Outdoor education

Two outdoor education programs were evaluated using less robust designs (McCree et al., 2018; Price, 2015).

Outdoor education programs evaluated in studies without a robust design

McCree et al. (2018) examined a program, conducted in England, where students attended outdoor sessions once a week for 3 years. The outdoor program, held in a local woodland area, used the Forest School model and included playful, place-based and nature-based activities. The authors found that the attendance of participating students improved in comparison to their non-participating peers at school.

The second study, reported by Price (2015) and conducted in the United Kingdom (UK), followed 6 students who attended an outdoor learning program once a week for one year. The students participated in a range of activities, including problem-solving, high challenges, climbing, navigation, hill-walking, cycling, caving and camping. The author noted a trend towards increased attendance on days when the outdoor learning program was running, if there were no other barriers to attending (e.g., school exclusion or school refusal).

4.2.2. School-based psychosocial interventions

At Tier 2, school-based psychosocial interventions focused on providing skills and support to students who were beginning to show attendance problems or who had other risk factors for attendance problems. Twenty-two studies were identified, reporting on a wide variety of programs. These included enhanced school-based mental health services (Ballard et al., 2014; Cooper et al., 2020; Daly et al., 2014; Jennings et al., 2000; Lambie et al., 2019; Newsome, 2004), multi-tiered attendance programs (Balfanz & Byrnes, 2018; Cook et al., 2017; Osher et al., 2014; Peek, 2009; Young et al., 2020), multi-component programs (Mollette et al., 2020; Yampolskaya et al., 2006), transition programs (Anderson et al., 2015; Carmen et al., 2011), programs to support students with substance use problems (Finch et al., 2018; Shamblen & Ringwalt, 2008), programs involving the family (Pullmann et al., 2013; Smolkowski et al., 2017; Stormshak et al., 2009), arts-based programs (Faulkner et al., 2010) and programs focusing on social skills for neurodiverse students (Leifler et al., 2022).

Enhanced school-based mental health services

Seven studies examined the impacts of expanding school-based mental health or therapeutic services within schools (Akos et al., 2019; Ballard et al., 2014; Cooper et al., 2020; Daly et al., 2014; Jennings et al., 2000; Lambie et al., 2019; Newsome, 2004). These services did not wholly or specifically focus on attendance and ranged from general services to specific therapies, such as play therapy. All studies used a robust design and 3 of 6 reported a positive impact on attendance. Mean attendance at baseline was 90.5% (Cooper et al., 2020) to 92% (Ballard et al., 2014), hence these studies were classified as belonging within Tier 2.

Enhanced school-based mental health services evaluated in studies with a robust design

An Australian 10-week, school-based filial therapy (play therapy) was found to be associated with improvement in attendance compared to a control group (Cooper et al., 2020). The study involved primary-school-aged children and their parents, of whom the majority were Aboriginal or Torres Strait Islanders.[1] This pilot program was implemented in 3 rural primary schools in remote and regional New South Wales.

Lambie et al. (2019) examined the impact of a 5-week motivational-interviewing-based counselling intervention for parents of referred primary school students who had poor attendance, mental health concerns or behavioural problems. Students whose parents received the intervention demonstrated significant improvement in attendance during the semester that their parents received the counselling (M = 4.7 missed school days, SD = 3.88) compared with the semester before the counselling (M = 8.6 missed school days, SD = 6.4), suggesting the benefits of the program.

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1   This paper uses the phrase 'Aboriginal and Torres Strait Islander' to refer to the First Nations peoples of Australia. Where cited papers adopt different terminology, the language the authors used has been retained.

Jennings et al. (2000) found a significant decrease in school absences among students (N = 11,572) who received mental health services through a school-based centre over a 2-year period, with a 32% decrease in absences observed.

Akos and colleagues (2019) evaluated attendance outcomes in schools that had implemented a comprehensive school counselling program known as the 'Recognized American School Counselor Association Model Program (RAMP)'. The study compared 28 elementary and middle schools that implemented the program with 115 elementary and middle schools that did not. After introducing the counselling program, a significant reduction in absenteeism (one-third of a day less absence) was found in middle but not elementary schools. However, the study did not report on student-level attendance outcomes following counselling.

In contrast to the positive findings of the 3 prior studies, Daly et al. (2014) found that providing services from an expanded school mental health program did not result in improved attendance in students who received the services compared with those who did not. Similarly, Ballard et al. (2014) found no difference between schools that did and did not receive additional mental health care, with attendance rates in both groups consistent over time. Further, Newsome (2004) reported on an 8-week, solution-focused brief therapy intervention that was conducted in schools with students at risk for academic underachievement and poor school attendance. Following the program, no significant difference in school attendance was noted between students who participated in the intervention and control students.

Multi-tiered attendance programs

Five studies reported on multi-tiered attendance programs; 2 studies conducted with robust study designs (Balfanz & Byrnes, 2018; Cook et al., 2017) and 3 without a robust design (Osher et al., 2014; Peek, 2009; Young et al., 2020). All studies reported a positive impact on attendance for at least some students.

Multi-tiered attendance programs evaluated in studies with a robust design

In a large RCT involving 146 primary and secondary schools, a multi-tier, multi-component attendance program was evaluated (Balfanz & Byrnes, 2018). The program involved awareness raising, incentives for attendance (Tier 1) and success mentors (Tier 2). In schools that received the program (n = 100), chronic absenteeism rates were 1.5% lower than the control schools (n = 46). Attendance in chronically absent students who received success mentoring attendance was 5% higher than those who did not receive the mentoring and were 27% more likely to be enrolled in school in the following year.

Cook et al. (2017) piloted a multi-tiered prevention program with Grade 1 and 2 students in 20 classrooms in 5 schools. In the families involved in this study, 65% had a low income. The program included teacher universal home visits to strengthen home–school relationships, biweekly teacher access to attendance data and online resources to help address barriers to attendance. When barriers were identified, an action plan was developed. There were fewer students with 6 or more absences in the intervention group than in the control group, but similar numbers of students had 10 or more absences.

Multi-tiered attendance programs evaluated in studies without a robust design

In a small study, Young et al. (2020) evaluated an attendance improvement program that included universal strategies (i.e., daily check-ins with students and awards for attendance) and intensive interventions (i.e., home visits with parents to address attendance and referral to community agencies for assistance with addressing barriers underlying attendance) for students with chronic absenteeism. Students with chronic attendance problems (N = 41) who received the intensive intervention showed improvement over 3 months of intervention.

Similarly, Peek (2009) evaluated a range of attendance improvement interventions in a single school. The interventions included modified attendance tracking forms to support teachers in identifying students at risk of attendance problems, implementation of Attendance Review Teams, notification letters to parents and attendance incentive programs. School staff were asked which interventions seemed to be the most effective, with 93% of staff agreeing that incentives were effective in increasing student desire to attend school. The incentive program was considered to be the most effective by 71% of staff, with 54% believing the introduction of Attendance Review Teams and modified attendance forms were most effective.

Osher and colleagues (2014) reported on the outcomes of a multi-tiered program that aimed to improve safety, order and conditions for learning. Student attendance was one outcome of the program. The program involved the delivery of: a social and emotional learning program (known as 'Promoting Alternative Thinking Strategies'); student support teams that could refer students with early warning signs, including attendance issues; and 'planning centres' that replaced in-school suspension with a learner-centred program that focused on learner needs and aimed to improve self-discipline. The evaluation of the district-wide program demonstrated a 1.5% increase in attendance over a 3-year period.

Multi-component programs not specific to attendance

Two studies using a robust design examined the impact of a multi-component psychosocial support program (Mollette et al., 2020; Yampolskaya et al., 2006).

Multi-component programs evaluated in studies with a robust design

Yampolskaya et al. (2006) evaluated the 'Gear Up' program that provided mentoring, tutoring, counselling and support to secondary school students over a semester. Both students who received and did not receive the program experienced a similar yet worse amount of absence from school at the end of the observation period. Similarly, Mollette et al. (2020) reported no difference in the number of absences in the first year of high school between students who did and did not receive the 'Gear Up' program as an accelerated preparation program in middle school.

Transition programs

Two Australian studies examined programs that aimed to support transition during late primary and early secondary school (Anderson et al., 2015; Carmen et al., 2011). Neither study used a robust design, but both demonstrated positive impacts on attendance.

Transition programs evaluated in studies without a robust design

The 'Happy Kids Program' is a term-long preventative program for upper primary school students at risk of poor psychosocial and health outcomes (Anderson et al., 2015). It aims to build coping skills and support the transition to secondary school. This Australian study evaluated the program in 5 schools in Western Australia that included approximately 50% Aboriginal students. At least half (50% to 93%) of the participants from each school demonstrated improved attendance in the year the program was implemented and the following year (50% to 100% improved).

Students from Melbourne, Australia (N = 13) in Years 5 to 7 identified by teachers as being at risk of disengagement received a transition program known as the 'Rock Up' program (Carmen et al., 2011). Rock Up is a 6-week program focusing on goal setting and skill building in managing emotions and improving communication, supporting the transition to high school. The program's 3 delivery models include an individual model, a group program model and a combined individual and group program model. Prior to the program, the average number of days absent over the previous 3 months was 10.19 (range 0–18 days). During the program, this significantly decreased to an average of 5.22 days absent (range 10–20 days) and decreased again to an average of 4.5 days absent (range 4–17 days) after the intervention. However, the assessment timeframes lacked clarity.

Substance abuse programs

Two studies with a robust design evaluated programs for students with substance use problems (Finch et al., 2018; Shamblen & Ringwalt, 2008).

Substance abuse interventions evaluated in studies with a robust design

Finch et al. (2018) compared students who attended a 'recovery' high school and a mainstream high school. Recovery high schools provide integrated post-treatment education and recovery-specific support. Students attending a recovery high school self-reported similar amounts of truancy but greater overall attendance than students attending a mainstream school.

Shamblen and Ringwalt (2008) assessed the impact on attendance of a substance use prevention program called 'Project SUCCESS' in students who were at high risk for substance use or abuse. The program was found to have a positive effect on attendance, with students who received the program having fewer days absent (9.21 days) than those who did not receive the program (11.10 days).

Family programs

The impact of school-based family or parent interventions on school attendance was assessed in 3 studies. This included 2 studies with a robust study design (Smolkowski et al., 2017; Stormshak et al., 2009) and one study without a robust design (Pullmann et al., 2013). Only one study demonstrated a benefit to attendance (Stormshak et al., 2009).

Family interventions evaluated in studies with a robust design

Stormshak et al. (2009) reported on a family resource centre staffed by parents that could provide brief parent consultations and a 3-session motivational-interviewing-based intervention designed to assess family problems and provide strengths-based feedback. Findings from an RCT evaluating the program found that attendance was superior for students whose parents received the intervention compared to a control group who did not receive the intervention.

An evaluation of Positive Family Support, a multi-tiered approach to supporting families, examined impact on attendance rates in an RCT involving 41 schools (Smolkowski et al., 2017). The program provided multi-tiered support to middle school students and their parents/carers. No difference in the number of days absent was found between the intervention and control groups.

Family interventions evaluated in studies without a robust design

Pullmann et al. (2013) evaluated the impact on attendance as well as academic and behavioural outcomes of a school-based family support program for students experiencing academic barriers (including 'low attendance'). The program offered a range of support services, including mentoring, home visits, transportation and academic assistance. In total, 85% of students were eligible for a free lunch, suggesting a low-SES group. In a sample of 818 students, attendance after the implementation of the program did not differ from before. Perhaps this was because low attendance was only one criterion for entry into the program and mean baseline attendance was high (93.4%).

Arts programs

One study evaluated the impact of an arts program on attendance using a non-robust study design (Faulkner et al., 2010).

Arts programs evaluated in studies without a robust design

In a Western Australian study without a robust design, Faulkner et al. (2010) evaluated the impact of 'DRUMBEAT', a hand drumming program, over a school term. The project aimed to assist with integrating students into mainstream schools and community life. About 40% of the 190 'at-risk' participants identified as Indigenous, although no sub-analyses of this group were conducted. During the program, attendance improved (M = 3.74 half-day absences) compared to before the program (M = 4.49 half-day absences); however, inferential statistics were not used to examine the significance of this difference.

Social skills for neurodivergent students

One study reported on a social skills program for neurodivergent students using a non-robust design (Leifler et al., 2022).

Social skills interventions evaluated in studies without a robust design

A social skills group for Swedish neurodivergent students was evaluated in a qualitative study (Leifler et al., 2022). Improved school attendance was identified as a sub-theme of a social behaviour change theme, suggesting that the program had a positive impact on attendance.

4.2.3. Psychosocial interventions

Ten studies were identified that reported attendance outcomes following psychosocial interventions used with students who were at risk for absence or already displayed an emerging, mild or moderate attendance problem. Of these, 7 had a robust design (Costello & Smyth, 2017; Dabrowski et al., 2018; Jeppesen et al., 2021; Jones et al., 2002; Leve & Chamberlain, 2007; Pyne et al., 2020; Treglia et al., 2023) and 3 did not (Barnard-Brak et al., 2017; DinanThompson et al., 2008; Whaley et al., 2019).

Psychosocial interventions evaluated in studies with a robust design

Jones et al. (2002) conducted an RCT involving 2,780 16- to 18-year-old students receiving public assistance, which we regard as a risk factor for absence. They were randomly allocated to the intervention, 'School Attendance Demonstration Project', or a control condition. The intervention comprised a financial penalty if students missed more than 80% of school over 2 consecutive months, as well as individual and group psychosocial interventions as required to address reasons for absence. Students in the control condition were not subject to the penalty and did not receive psychosocial intervention. Those in the intervention group were more likely than those in the control group to meet the 80% attendance criterion.

Leve and Chamberlain (2007) reported on an RCT with 81 girls aged 15 years on average who were at risk for juvenile delinquency. The intervention evaluated was 'Multidimensional Treatment Foster Care'. Under this program, youths are placed in foster homes and provided with intensive support and treatment in a setting mirroring normative life (i.e., community-based family setting with public school attendance). Parent management is provided to the biological parents or other carers. One year after the start of the intervention, school attendance was significantly higher among girls participating in the intervention relative to those in the control group.

Costello and Smyth (2017) reported on a pilot study conducted in Ireland with a pre-test and post-test design. The study was conducted with 10 boys aged 13 to 17 years who were participating in a group diversion project due to risk for criminal and antisocial behaviours. The intervention studied was a group contingency merged with fantasy football. Group contingencies 'differ from other operant strategies in that the behaviour of one or more group members determines the consequences received by at least one other member of the group' (p. 380). School attendance increased significantly during the intervention (M = 82.1%) compared with the baseline (65.6%).

In a UK study, Dabrowski et al. (2018) reported an RCT with 33 youths aged 10 to 14 years with Tourette syndrome. The youths were randomly assigned to a group-based habit reversal training group (intervention group) or a control group receiving psychoeducation. Attendance increased at post-treatment for the intervention group and control group, but there was no difference between these groups.

Pyne et al. (2020) reported a study with a pre-test and post-test quasi-experimental design comparing an intervention group ('Aim High') and a control group of middle school students. The study drew on 2 cohorts, respectively comprising 7,908 and 4,322 students. The 'Aim High' voluntary summer learning program aims to promote achievement and behavioural engagement of socio-economically disadvantaged students. The program includes classroom instruction, project-based learning and a social-emotional learning curriculum, outside of the school setting. Students from Grades 1 to 8 who participated in Aim High had higher attendance than those who did not participate. In addition, non-participating students were 2.3 times more likely to be chronically absent from school.

Jeppesen et al. (2021) conducted an RCT in Denmark with 396 youths aged 6 to 16 years, evaluating the 'Mind My Mind' transdiagnostic, individually adapted CBT for youth with emotional and behavioural problems below the threshold for referral to mental health care. The intervention was superior to management as usual for school attendance at 18 weeks after intervention started but not at 26 weeks after.

Treglia et al. (2023) reported a prospectively controlled study of 51,090 students in primary and secondary schools experiencing homelessness, comparing those receiving intervention with those seen before the project or at homeless shelters not involved in the study. The intervention, 'Attendance Matters', sought to address barriers to school attendance for young people experiencing sheltered homelessness. The authors of the study noted that students experiencing homelessness are especially vulnerable to high levels of absence from school. The 3 intervention components are:

1. case coordination across agencies
2. use of weekly attendance data to identify students and track progress
3. training teams in evidence-based practices such as motivational interviewing and trauma-informed care.

For primary school children, exposure to Attendance Matters was associated with significant increases in school attendance relative to those in the control group.

Psychosocial interventions evaluated in studies without a robust design

DinanThompson et al. (2008) reported a descriptive study exploring the 'Kickstart' program conducted by the Australian Football League in Cape York, Far North Queensland, to increase participation in football but also positively influence lifestyle choices of youths in remote communities. Interviews were conducted with 38 Indigenous youth (aged 'under 12' to 'under 16' years), 3 parents and 12 teachers. Parent and teacher anecdotal reports linked the intervention with increased school attendance.

Barnard-Brak et al. (2017) conducted an observational study, without a control group, with 40,242 parents of young people (mean age 10 years) with special healthcare needs. The intervention was family-centred care, which customarily involves:

- spending enough time with patients
- listening carefully
- being sensitive to family values and customs
- providing specific information
- helping patients and families feel like partners.

The researchers found that as the degree of family-centred care increased, the number of missed school days decreased.

In a program evaluation, Whaley et al. (2019) reported on the 'Astor Transition Program', which was developed to support youth with emotional and behavioural disorders moving from day treatment psychiatric services into a new educational environment. The program included supports to the family in accessing resources, including housing and after-school programs, as well as supporting the adolescent with the transition to a less intensive environment. No impact of this program was observed on school attendance.

4.2.4. Mentoring programs

Thirteen studies evaluated the impact of Tier 2 mentoring programs, including 5 studies evaluating 'Check & Connect' (Anderson et al., 2004; Guryan et al., 2021; Heppen et al., 2018; Lehr et al., 2004; Powers et al., 2017) and 8 evaluating other types of mentoring programs (Cavell et al., 2018; Chan et al., 2020; Mac Iver et al., 2017; McQuillin & Lyons, 2016; Neace et al., 2002; Ohlson, 2012; Peralta et al., 2018; Sibley et al., 2020).

Check & Connect

Check & Connect was evaluated as a Tier 2 intervention in 5 studies: 3 RCTs (Guryan et al., 2021; Heppen et al., 2018; Powers et al., 2017) and 2 studies with less robust designs (Anderson et al., 2004; Lehr et al., 2004).

Check & Connect interventions evaluated in studies with a robust design

Powers et al. (2017) conducted an RCT with 54 sixth-grade students randomly assigned to the Check & Connect mentoring intervention or a 'business as usual' control group. Students were targeted for intervention based on low school performance, absences in the previous grade or behaviour problems. Nearly two-thirds were designated as English learners and over one-half lived in a single-parent home. Students in Check & Connect were monitored for performance and progress in school, and they and their families and school staff were engaged in a partnership to increase the students' success. The mentor usually met each week with the student, at school, over 2 years, helping them remain connected to school via problem-solving, feedback and an emphasis on the importance of school. Students who participated in Check & Connect had significantly fewer absences in eighth grade than those in the control group.

Check & Connect was evaluated via an RCT by Guryan et al. (2021) with students in Grades 1 to 8 (N = 4,929 students across 2 cohorts; n = 2,957 students in the control group and n = 1,972 in the Check & Connect group) from 23 schools. Schools were selected when enough students in each grade had absences of 10 to 35 days in the previous year. For this reason, we consider this whole-school intervention a Tier 2 rather than Tier 1 intervention. Mentoring occurred at school, where mentors met with students individually or in small groups, for an average of 5 times per month. Mentoring generally occurred over 2 years, and over 4 years for some students. There was a significant increase in attendance for mentored students relative to the control students for those in Grades 5 to 7 but not for those in Grades 1 to 4.

Heppen et al. (2018) evaluated Check & Connect in an RCT with 553 students in ninth grade, who were selected based on their low probability of on-time high school graduation. Most students were non-white, two-thirds were eligible for the free lunch program and almost one-quarter were absent from school 10% or more of the time. The intervention was delivered in the school, where mentors met with students at least twice per month over 3 years. School attendance of 90% or more was achieved by 82% of students participating in Check & Connect and 73% of students in the control group, but the difference was not statistically significant.

Check & Connect interventions evaluated in studies without a robust design

Lehr et al. (2004) reported a positive effect of Check & Connect on attendance in a study with elementary school students. Anderson et al. (2004) studied students whose attendance improved following the implementation of Check & Connect and found that the closeness and quality of the relationship between the student and mentor was associated with improved attendance. In both studies, the sample size was unspecified.

Other mentoring programs

Eight studies were identified that evaluated mentoring interventions other than Check & Connect. Of these, 2 studies were RCTs (McQuillin & Lyons, 2016; Sibley et al., 2020), 3 were quasi-experimental studies (Cavell et al., 2018; Chan et al., 2020; Mac Iver et al., 2017) and 3 were observational studies (Neace et al., 2002; Ohlson, 2012; Peralta et al., 2018).

Other mentoring programs evaluated in studies with a robust design

McQuillin and Lyons (2016) reported an RCT conducted with 72 middle school students in Years 6 to 8. All students were eligible for the free lunch program. The evaluated intervention was an academic goal-focused brief mentoring program that was usually conducted over 2 months. Program activities explored why people change their behaviours to strive for and accomplish the goals they set for themselves. Undergraduate students conducted mentoring at school, with 8 sessions held over 3 months rather than the planned 2 months due to delays. Relative to the control group, those participating in mentoring had significantly higher school attendance.

Sibley et al. (2020) conducted an RCT with 72 high school students, all of whom exhibited ADHD symptoms and most of whom were eligible for a free lunch program. The intervention, STRIPES (Students Taking Responsibility and Initiative through Peer Enhanced Support), was delivered by peer mentors at school, under teacher supervision. It focused on organisation, time management, planning and motivation, with an average of 5 mentor sessions over 4 months. In one of the 3 schools where the intervention was employed, participation in the mentoring program prevented declining attendance, relative to the control group. In this case, Grade 12 peers conducted mentoring during an elective class that students were pulled out of to participate in mentoring. There was no difference between intervention and control groups at the 2 other schools, one of which used peers in 11th grade with after-school mentoring sessions, and the other used peers in 11th grade and lunchtime mentoring sessions.

Chan et al. (2020) conducted a study with 1,219 ninth-grade students at high risk for early school leaving. The intervention, 'Project Arrive', was a school-based group-mentoring program. Throughout the school year, participants met weekly as a group and during the school day with their mentors and peers. Mentors included student support professionals, teachers and community members. The 239 students participating in the mentoring program spent more days in class by the end of ninth grade, relative to students in the control group (n = 980), but there was no difference between the groups at the end of 10th grade.

Across 6 Canadian mentor programs studied by Cavell et al. (2018), there were no pre-post study changes in school attendance for 253 high school students. However, teacher-rated attendance was higher among the students referred with their whole class, mentored by non-voluntary mentors and focusing on academic performance, relative to students who were also referred with their whole class,

but their mentors were voluntary, and the focus was on promoting peer relationships. We postulate that the focus on academics made it easier for some students to attend school.

Mac Iver et al. (2017) reported on the use of mentoring with 170 middle and high school students, almost all of whom were low-income and minority students displaying early signs of not completing schooling, including absence. An external after-school organisation provided mentoring experiences at school or outside school. The program emphasised a personal relationship between the student and mentor (at least one hour per week over 2 years), close tracking and interventions for indicators of early school leaving (i.e., low attendance, behaviour problems and course failures), and partnering with the school and family for increased student success. In this case, the intervention had no effect on mentored youths across all outcomes including attendance relative to a non-randomised control group (n = 1,458).

Other mentoring programs evaluated in studies without a robust design

Over 50 Aboriginal young people from 3 Aboriginal and Torres Strait Islander communities in the Northern Territory participated in a government-funded, Aboriginal-controlled mentoring intervention, as reported in Peralta et al.'s (2018) case study. Mentors from the Aboriginal community worked together with schools and people in the communities 'to provide inspiration, encouragement and support for students at school, enhance students' self-esteem and self-confidence as Aboriginal young people, help students develop life skills (e.g., communication, leadership and goal setting), encourage healthy and positive lifestyles (e.g., through sport and recreation activities, positive nutrition education), and to strengthen school and community partnerships' (p. 33). Group mentoring was provided 3 times per year, and parents/carers and school staff were also involved. No data on school attendance was collected, but interviews with participants suggested that attendance had increased.

Ohlson (2012) reported an observational study in which a leadership-mentoring intervention referred to as 'CAMP (Collegiate Achievement Mentoring Program) Gator' was piloted with 87 students. It focused on elementary and middle school students at risk for low achievement. Mentors were college-level student-leaders and student-athletes who engaged elementary and middle school students in leadership training, exposure to higher education and activities to build relationships, over 4 months. Ohlson reported increased attendance among students participating in face-to-face mentoring and those participating in virtual mentoring.

Neace et al. (2002) reported observational studies of 2 types of mentoring intervention.

Firstly, the 'LEEP Mentoring' program (Louisville Education and Employment Partnership) was evaluated in a study of 221 students. Referred to as a selective intervention, LEEP employed a mentoring team concept for middle school students (Grades 6 to 8), spanning 3 years, and comprising activities (e.g., tours, career workshops, and breakfast clubs) and mentoring in groups and individually. It took place in the community and with mentors from a community organisation. One year after the intervention started, students participating in LEEP displayed a decrease in late arrivals at school, while matched controls displayed an increase. Two years after the intervention started, this effect was no longer observed. Moreover, LEEP students did not display fewer unexcused absences at one year or 2 years after intervention.

Secondly, 'Big Brothers/Big Sisters' was evaluated in a study of 303 students. Big Brothers/Big Sisters was a school-based mentoring program conducted with elementary school students (Prep to Year 5) considered at high risk for behaviours such as violence and substance use. Case-managed community-based mentoring was provided by trained adult volunteers over 3 years, with the intention of increasing students' confidence, competence, caring, and cognitive outcomes, and decreasing behaviour problems. Neace et al. (2002) reported the same effects as for the 'LEEP Mentoring' program: decreased late arrivals at school for the intervention group relative to the control group one year after the intervention started, and no difference between the groups 2 years after it started.

4.2.5. Parent and carer interventions

Two RCTs examined parent letter interventions for students with emerging attendance problems (Lasky-Fink et al., 2021; Rogers & Feller, 2018). These studies used an absence cut-off to trigger participation in the intervention.

Several additional Tier 2/3 interventions that included parents were identified; however, these did not solely focus on parents and fit best within other sections of this literature review, including school-based psychosocial interventions (sections 4.2.2 and 4.3.2) and legal responses (section 4.3.8).

Parent and carer letter interventions

Two studies examined parent letter interventions with robust designs (Lasky-Fink et al., 2021; Rogers & Feller, 2018).

Lasky-Fink et al. (2021) experimented with the messages included in letters sent to parents after 3 instances of unexplained absence. Letters with fewer words that emphasised parents' role in reducing absence and noted the negative impacts of absence on academic performance had a 40% greater effect than a standard letter, which outlined the parent's obligations regarding attendance and ramifications of repeated truancy, including legal prosecution. Letters reduced school absence over the following month. However, the impact was found to wane after just 10 school days.

Rogers and Feller (2018) compared 3 letters to parents about their child's attendance: a standard letter reminding parents of the importance of attendance and their ability to influence attendance, a letter that also included the number of absences, and a letter that also included the modal number of absences among classmates, to a control group who did not receive a letter. Letters were sent to parents of students who were absent 3 or more days more than the modal number of absences in their year level but not more than 2 standard deviations beyond the mean number of absences to exclude students with serious challenges to attendance. Student attendance was superior for those who received a letter. Of those who received a letter, attendance was best in the group whose letter included a comparison with classmate's attendance.

4.2.6. Health and preventative health interventions

Eighty-four studies were identified that considered health and preventative health measures to improve school attendance. This included community programs in Aboriginal and Torres Strait Islander communities (Lee et al., 2008) and treatment of chronic health problems such as asthma (e.g., Carpenter et al., 2013; Korterink et al., 2016).

Community programs in Aboriginal and Torres Strait Islander communities

One study was identified reporting on the impact of a community program in an Indigenous Australian community, using an observational study design (Lee et al., 2008).

Indigenous community programs evaluated in studies without a robust design

Lee et al. (2008) reported on an evaluation of a community-driven preventative youth initiative in Indigenous communities in the Northern Territory, Australia. The initiative aimed to reduce the risk of substance misuse and increase resilience and connectedness within the community. The 'Youth Development Unit' (the Unit) consisted of 3 staff (coordinator, case worker and Indigenous youth worker) to deliver programs and liaise with communities and agencies. While qualitative interviews with stakeholders in the communities reported increased recreational opportunities and training for youth, no significant changes in school attendance were found after the implementation of the Unit (55.9% prior to implementation and 51.3% after).

Treatment of chronic health problems

Students with chronic health problems, including asthma, chronic fatigue and chronic pain are at risk of experiencing school attendance problems. It is evident in the literature that implementing supports and interventions to help these students, their families and school staff to manage their health problems is critical in supporting attendance at school.

Forty-one studies evaluated interventions for supporting students with asthma, both within the school and at home. Of these studies, 28 reported an improvement in school attendance following an asthma management intervention (Babino, 2016; Battleman et al., 2001; Bruzzese et al., 2006; Bruzzese et al., 2021; Bruzzese et al., 2011; Carpenter et al., 2013; Carrillo et al., 2021; Cicutto et al., 2005; Cicutto et al., 2013; Dreisbach et al., 2023; Findley et al., 2011; Free et al., 2010; Georgiou et al., 2003; Levy et al., 2006; Liao et al., 2006; Liptzin et al., 2016; Mansfield et al., 2011; McPherson et al., 2006; Noyes et al., 2013; Rance & Trent, 2005; Riera et al., 2015; Salisbury et al., 2002; Shah et al., 2001; Shani et al., 2015; Simoneau et al., 2020; Tinkelman & Schwartz, 2004; Vuillermin et al., 2010; Wilson et al., 2009). A further 13 studies reported no statistically significant difference in school attendance (Bartholomew et al., 2006; Gerald et al., 2019; Indinnimeo et al., 2009; Isik et al., 2021; Lenney et al., 2013; Lurie et al., 2001; McCann et al., 2006; McWhirter et al., 2008; Moricca et al., 2013; Pappalardo et al., 2023; Praena-Crespo et al., 2017; Splett et al., 2006; Woodfine et al., 2011).

Five studies reported on various interventions for abdominal pain, with CBT and yoga found to be effective in improving school attendance for this population in 4 studies (Korterink et al., 2016; Lalouni et al., 2016; Levy et al., 2017; Youssef et al., 2004), while one study found fibre supplements to be unrelated to school attendance outcomes (Horvath et al., 2013).

Ten studies evaluated interventions for chronic fatigue syndrome. Of these, 8 studies reported improvements in school attendance following CBT and other psychosocial interventions (Albers et al., 2021; Crawley et al., 2018; Knoop et al., 2008; Lim & Lubitz, 2002; Lloyd, Chalder, Sallis, et al., 2012; Nijhof et al., 2012; Stulemeijer et al., 2005; Viner et al., 2004), while 2 studies found health-related education (Bakker et al., 2011) and family-focused CBT (Lloyd, Chalder, & Rimes, 2012) did not impact school attendance.

Eight studies evaluating treatments for chronic pain found positive improvements related to school attendance (Eccleston et al., 2003; Hechler et al., 2010; Hechler et al., 2009; Hechler, Ruhe et al., 2014; Hechler, Wager et al., 2014; Logan & Simons, 2010; Major et al., 2017; Wicksell et al., 2005), while one found no impact on school attendance (Flack et al., 2018).

One study used a relaxation intervention to manage high blood pressure and also examined educational outcomes. Barnes et al. (2003) conducted an RCT in which 45 students with high blood pressure from 2 schools were randomly allocated to the intervention condition (transcendental meditation for stress reduction) or the control condition (health education). Students were 15 to 18 years of age and African American. Transcendental meditation was delivered at home and school over 4 months. Attendance increased for students in the intervention group and decreased for those in the control group, and the difference was statistically significant.

A number of other studies found interventions to improve various health conditions resulted in improved school attendance, including acute gastroenteritis (Azor-Martinez et al., 2014), Crohn's disease (Lee et al., 2021), cold and flu (Slapak et al., 2008), cyclical vomiting syndrome (Cristofori et al., 2014), kidney failure (Fischbach et al., 2004), inflammatory bowel disease (Carlsen et al., 2017), migraine (Arvans & LeBlanc, 2009), post-concussive symptoms (Rivara et al., 2022), recurrent respiratory infections (Tarantino et al., 2020; Varricchio et al., 2014), sickle cell anaemia (Koontz et al., 2004) and chronic and significant medical needs (Colbert et al., 2020; Tieffenberg et al., 2000). Five studies found no impact of interventions on improving school attendance, including interventions for a range of health conditions (Martin, 2021), cervicogenic headache (Borusiak et al., 2010), poor oral health (Ruff et al., 2023) and sickle cell anaemia (Daniel et al., 2015; A. King et al., 2006).

4.2.7. After-school and extracurricular activities

A range of after-school and extracurricular activities and programs targeted to students at risk of school attendance problems were identified, including 3 studies of robust study design (Leos-Urbel, 2014; Mac Iver & Mac Iver, 2019; Oyserman et al., 2002) and 2 observational studies (Akister et al., 2016; Munoz, 2002b). All studies were conducted with predominantly low-income and minority students.

After-school and extracurricular activities evaluated in studies with a robust design

One RCT evaluated the impact of a summer youth employment program, which provided training and matched students with summer jobs (Leos-Urbel, 2014). Students were nominated to attend the program and were randomly assigned to participate. Students worked in entry-level jobs for approximately 25 hours a week for 7 weeks over the summer. The program had a positive impact on school attendance, particularly for students who did not attend school at high rates in the previous year. In the school year following the program, the attendance for these students increased by 4 to 5 days.

Another 'School-to-Jobs Program' was evaluated by Oyserman et al. (2002). This intervention consisted of 9 weeks of after-school, small-group activities aiming to enhance views of students' 'possible selves' at school and in the broader community. This program was targeted at African American students and found that students who attended the program had higher school attendance in the following school year, which increased by approximately one to 2 days when compared to the previous year.

A 5-week summer robotics program targeted towards low-income and minority students was evaluated by Mac Iver and Mac Iver (2019). Outcomes for students enrolled in the program were compared to students who were not. The program involved science and mathematics instruction as well as robotics, with the aim of increasing school engagement. Students who participated in the summer robotics program had a higher school attendance rate the following year when compared to students who did not attend the program, increasing their attendance by 1.4%.

After-school and extracurricular activities evaluated in studies without a robust design

Two studies using observational designs noted varying impacts of after-school programs on school attendance. One study reported that a summer holiday transition program for students moving from Year 6 to Year 7 in the UK, involving after-school and summer activities supported by peer mentors, resulted in a reduced number of students with teacher concerns about attendance (Akister et al., 2016). Another study found that attending community learning centre programs that offered enrichment and support activities to students and families in high-poverty areas was associated with improved school attendance (Munoz, 2002b).

4.2.8. School policy and structure

A community school structure was reviewed by Biag and Castrechini (2016) in a longitudinal study, where schools in low-income, Latino communities in Northern California, US were co-located with academic, health and social supports. This involved providing supports for students and their families, including family engagement, extended learning and social support. Results found that taking part in family engagement and opportunities and extended-learning programs was associated with an increase in attendance.

4.2.9. Statewide policy

Bradshaw et al. (2021) reviewed the introduction of a statewide mandate in Maryland, US, requiring all high schools with 8% or more chronically-absent students (missing 20 or more school days over the year) to implement school-wide PBIS. This study found that mandated schools showed improvement in their PBIS training and implementation; however, no impacts on student outcomes, including attendance, were found to be associated with the mandate. It is important to note that this study examined the impact of mandating schools to implement PBIS, rather than the impact of PBIS itself.

4.2.10. Other interventions

In an Australian observational study, Lehmann et al. (2003) reported on a local Western Australian initiative of building public swimming pools to improve quality of life and health outcomes in remote Aboriginal communities. Large public pools were built in 3 remote Aboriginal communities and then a policy was introduced whereby children who attended school were provided with passes to allow them to use the pool after school. While one community saw an increase in school attendance (the percentage of students attending school at least 70% of the time rose from 42% to 67% over multiple school terms), no difference in school attendance was noted in a second community.

4.3. Tier 3 interventions: Interventions addressing persistent attendance problems

Tier 3 interventions are implemented with students experiencing significant problems with school attendance. We identified and reported on 67 studies of Tier 3 interventions. These intensive interventions included school-based education and support (section 4.3.1), school-based psychosocial interventions (section 4.3.2), psychosocial interventions (section 4.3.3), psychiatric medication (section 4.3.4), mentoring programs (section 4.3.5), parent interventions (section 4.3.6), health and preventative health interventions (section 4.3.7), legal responses (section 4.3.8) and other interventions (section 4.3.9).

4.3.1. School-based education and support

Six studies were identified reporting on Tier 3 school-based education and supports for improving school attendance, specifically looking at alternative education programs (Brouwer-Borghuis et al., 2019; Ewen & Topping, 2012; Franklin et al., 2007; Mattison & Schneider, 2009; Price & Howley, 2018; Randle, 2016).

Alternative education

Alternative education programs were examined in 6 studies, half of which had robust designs. Of the 3 studies with a robust design, one showed worsening attendance outcomes (Randle, 2016), another showed initial improvements (Franklin et al., 2007) and the third showed mixed results (Mattison & Schneider, 2009). The 3 studies that used a less robust design all showed improved outcomes (Brouwer-Borghuis et al., 2019; Ewen & Topping, 2012; Preece & Howley, 2018).

Alternative education programs evaluated in studies with a robust design

Franklin et al. (2007) conducted a quasi-experimental pre-test and post-test design to compare 46 at-risk adolescents enrolled in an alternative setting with a comparison sample of 39 adolescents in another high school in the same urban city. The alternative setting, the 'Solution-Focused Alternative School' (SFAS), used solution-building therapy, vertical grouping, teacher-facilitators, coaching, goal setting and a self-paced curriculum. Attendance data showed that in the first semester of study, the students at SFAS had a higher level of attendance than the students in the comparison school. However, this changed in the second semester of study. While the attendance of students in the SFAS group was lower than the comparison group, the authors contended that this was due to different attendance policies in the school. They referred to SFAS as a promising intervention for reducing early school leaving.

Randle (2016) followed 893 students who attended a Discipline Alternative Education Program based on the Boys Town Education Model. A high proportion of the students attending were from equity groups, with 46% being African American, 46% Hispanic and 83% experiencing economic disadvantage. Students attending the program had serious violations of their schools' codes of conduct. The program provides a structured approach to intervention that encourages positive behaviours and consequences and draws on social learning theory. Students attend for 30 to 60 days. The post-program attendance showed an overall decline across all students, including all equity groups. The overall pre-placement attendance percentage was 91.6%, and the average post-placement percentage was 84%.

Mattison and Schneider (2009) evaluated a self-contained middle school for students with emotional problems whose condition had worsened despite special education support in a mainstream setting in an uncontrolled pre-post trial. The school program had a large therapeutic component. Twenty-four students attended the school over 2 years. After a year of schooling, no significant reduction in days absent was found; however, significantly less late days were observed (mean 4.6 days reduced to 2.5 days).

Alternative education programs evaluated in studies without a robust design

The 3 studies with less robust designs all showed an improvement in attendance outcomes for students.

Brouwer-Borghuis et al. (2019) reported on the Link program in the Netherlands, an alternative education program to help adolescents, many of whom were autistic, who were refusing to attend school (N = 30) to re-engage with schooling. Of the adolescents studied, 79% re-engaged with a school for special education. There was a focus on reducing school-related anxiety and normalising school attendance. A case study was presented that showed improved attendance.

Ewen and Topping (2012) examined 'Extended New Directions', a model created in partnership with a further education college in the UK, where final-year students followed individualised timetables to suit their needs. Quantitative and qualitative data suggested that the model increased attendance for the 26 young people studied. A total of 65% of the young people attended the program for 80% or more of the time, whereas the comparable figure for previous attendance at mainstream education was only 19%.

Lastly, Preece and Howley (2018) investigated 'The Centre' in the UK, which supported autistic students aged 14 to 16 years with anxiety who could not attend a mainstream setting (described by the authors as school refusal). All students in this cohort had been absent from school for 8 months to 2 years. The attendance outcomes for this study focused on students achieving individual targets set, and the authors noted that these were achieved. However, these data were not quantified.

4.3.2. School-based psychosocial interventions

Twelve studies were identified that reported on Tier 3 school-based psychosocial interventions, including enhanced school-based mental health services (Duarte & Hatch, 2015; Enea & Dafinoiu, 2009; Kang-Yi et al., 2018), attendance-specific programs (McCluskey et al., 2004; Marvul, 2012; McKay-Brown et al., 2019; Munoz, 2002a; Webb-Landman, 2012) and programs specifically for students who were pregnant or young mothers (Crean et al., 2001; Griswold et al., 2013; Harris & Franklin, 2003; Harris & Franklin, 2009).

Enhanced school-based mental health services

Three studies examined the impacts of expanding school-based mental health or therapeutic services within schools for students with identified school attendance problems. Similar to Tier 2, the interventions ranged from general services to specific therapies, such as motivational interviewing-based approaches. One study used a robust design (Enea & Dafinoiu, 2009) and the remaining 2 did not (Duarte & Hatch, 2015; Kang-Yi et al., 2018).

Enhanced school-based mental health services evaluated in studies with a robust design

The effect of motivational solutions-focused counselling was tested in a small non-randomised trial (N = 38) in high school students in Romania who had, on average, 13% absence (Enea & Dafinoiu, 2009). The intervention group experienced a significant 61% decline in absence (to 5% absence, on average) during the counselling period, whereas the control group's attendance did not change, on average.

Enhanced school-based mental health services evaluated in studies without a robust design

A school counselling program was introduced in 3 schools (Duarte & Hatch, 2015). The year the program was introduced, unexcused absences rose by up to 16.8%. However, in the subsequent year a decline of 40% occurred. As the study was not controlled, it was not clear whether the improvement in attendance could be attributed to the program. Kang-Yi et al. (2018) observed the effects of introducing School Therapeutic Services for students in Grades 1 to 8. In contrast to Duarte and Hatch (2015), non-attendance levels were comparable a year before to a year after introducing the services.

Attendance-specific programs

Five school-based psychosocial programs that directly focused on increasing attendance involved support from health or wellbeing professionals within the school setting. They included 2 school settings that were not mainstream: an alternative setting and a transitional classroom within a hospital school. Of the 5 studies, 3 used a robust design (Marvul, 2012; McCluskey et al., 2004; Munoz, 2002a) and 2 did not (McKay-Brown et al., 2019; Webb-Landman, 2012). All studies demonstrated an improvement in attendance following participation in the intervention, suggesting the promise of these interventions.

Attendance-specific programs evaluated in studies with a robust study design

McCluskey et al. (2004) evaluated a multimodal program aimed at improving attendance in primary school students who had missed more than 20% of school days. In a staged approach, letters from the principal were followed up with meetings with an attendance officer, referral to a case worker and finally involvement of community police. After the intervention, the percentage of students with 30 or more absences declined from 20% to 7%, suggesting the impact of the program.

Munoz (2002a) evaluated a 'dropout prevention program' for students considered at risk of early school leaving in an alternative school setting. Attendance workers called students when absent, contacted parents, met with students when at school and assisted with any personal or family problems that were barriers to attendance. A randomly selected sub-sample of those who received the intervention (n = 24) was compared with a comparison sample who did not (n = 24). The attendance of those who received the program (90.2%) was significantly higher than the comparison group (78.6%).

In an alternative school setting for students with 'severe truancy', a 5-month intervention for non-attendance was evaluated in an RCT (Marvul, 2012). Forty boys participated, 80% of whom were living below the poverty level. The intervention included daily phone calls before school, moral character classes and participation in sports teams. The control group received an elective class. After the intervention, the control group was absent for an average of 22 days and the intervention group was only absent for 7 days, suggesting a substantial impact.

Attendance-specific programs evaluated in studies without a robust study design

In an Australian study, McKay-Brown et al. (2019) provided the 'In2School' program, a multidisciplinary therapeutic and educational intervention within a transitional classroom, to 7 youths with school refusal who had more than 50% of absence from school over the past 6 weeks in the context of anxiety or depression. Six participants returned to mainstream school and at a 6-month follow-up average attendance was 82.5%.

A group counselling program specifically for primary school students (N = 18) with poor attendance (absent 15 days or more in the past school year) was evaluated for its impact on attendance (Webb-Landman, 2012). Thirteen (72%) students showed improved attendance after 3 months of weekly sessions.

Students who are pregnant or young mothers

Four studies used a robust design to evaluate attendance outcomes of programs for pregnant adolescents or young mothers (Crean et al., 2001; Griswold et al., 2013; Harris & Franklin, 2003; 2009). All 4 programs showed positive attendance outcomes.

Interventions for students who are pregnant or young mothers evaluated in studies with a robust design

Harris and Franklin (2003; 2009) conducted 2 evaluations (RCT and quasi-experimental study) of the 'Taking Charge' curriculum, an 8-week CBT program that focused on social problem-solving and coping skills aimed at improving school success for pregnant and parenting adolescent girls. Attendance at baseline ranged from 80–83%. Both trials found that girls receiving the program demonstrated superior attendance compared with a control group and a comparison group respectively, after receiving the program. Griswold et al. (2013) evaluated a school-based prenatal care program in 28 girls.

In comparison with pregnant girls in the prior year, the group that received the school-based care attended school 14.2% more. Crean et al. (2001) evaluated a program for teen parents, who received onsite childcare facilities and other supports, such as basic parenting classes. They reported that young mothers who participated in the program had significantly less problems with attendance than young mothers who did not participate in the program.

4.3.3. Psychosocial interventions

Twenty-seven studies were identified that reported on attendance outcomes following psychosocial interventions employed with students displaying a chronic or severe school attendance problem. Interventions included CBT (Beidas et al., 2010; Heyne et al., 2002; Heyne et al., 2011; Heyne et al., 2014; Kearney, 2002; Kearney et al., 2001; King et al., 2001; Lomholt et al., 2020; Luiselli, 2000; Moffitt et al., 2003; Reissner et al., 2015; Sciberras et al., 2018; Tolin et al., 2009; Walter et al., 2010; Walter et al., 2014; Walter et al., 2022; Wheatley et al., 2009), family therapy (Neace et al., 2002; Richardson, 2016), Dialectical Behaviour Therapy (Chu et al., 2015) and other types of therapies and psychosocial interventions (Burrows et al., 2013; Byron, 2002; Klag et al., 2016; Milne et al., 2002; Thomas et al., 2011; Thomas, 2017; Wijana et al., 2018).

Cognitive Behavioural Therapy

Seventeen studies evaluated the impact of CBT on school attendance for students who were displaying school refusal or difficulty attending school. Of these, 6 studies used robust study designs (Beidas et al., 2010; Heyne et al., 2002; Heyne et al., 2011; Reissner et al., 2015; Sciberras et al., 2018; Wheatley et al., 2009) and 11 studies did not (Heyne et al., 2014; Kearney, 2002; Kearney et al., 2001; King et al., 2001; Lomholt et al., 2020; Luiselli, 2000; Moffitt et al., 2003; Tolin et al., 2009; Walter et al., 2010; Walter et al., 2014; Walter et al., 2022).

CBT evaluated in studies with a robust design

The efficacy of CBT interventions were evaluated in a study of 61 students from Melbourne, Australia, aged 7 to 14 years, who were displaying school refusal. Heyne et al. (2002) randomised the students to 3 CBT interventions:

1. CBT with the young person
2. CBT with the parents and school personnel
3. CBT with the young person and with the parents and school personnel.

Intervention was delivered in a university research clinic and with visits to personnel at the school. All 3 interventions were associated with improved attendance at follow-up.

Heyne et al. (2011) reported outcomes for 20 students aged 11 to 17 years who displayed school refusal. The '@school program' was a developmentally sensitive CBT delivered in a university research clinic in the Netherlands. It involved sessions with the young person, sessions with the parents, sessions with the young person and parents together, and consultation with school personnel. There was significant improvement in attendance between pre-treatment and post-treatment and no additional change between post-treatment and follow-up.

In a German study, Reissner et al. (2015) randomised 112 youths aged 8 to 19 years to multimodal CBT (comprising CBT with the young person, family counselling, school-related counselling and psychoeducational exercise) or to treatment-as-usual to address school refusal and truancy. CBT was delivered in outpatient and inpatient mental health services. Youths in both conditions displayed improved school attendance at follow-up, but there was no difference between CBT and treatment-as-usual.

Wheatley et al. (2009) reported single-group pre-post evaluation of CBT with 8 youths aged 13 to 15 years who had behavioural disorders and attended a behaviour school (a school for adolescents who have been excluded from the mainstream school system due to disruptive behaviour). The study was conducted in New South Wales, Australia. The intervention was group-based CBT training for aggression management. Relative to the control period prior to the intervention, attendance increased 'only slightly' during the intervention (p. 33).

In a pilot RCT conducted in Melbourne, Australia, Sciberras et al. (2018) randomised 12 8- to 12-year-olds with an anxiety disorder and ADHD to an adapted version of the Cool Kids CBT program or to usual care. The settings for the intervention were unspecified. CBT included sessions with the young person, with the parents, and with the young person and parents together. The researchers reported little improvement in school attendance and there was no comparison across the CBT and usual care groups.

Beidas et al. (2010) evaluated CBT delivered individually or with the family, for 12 students aged 7 to 16 years who displayed school refusal. Treatment was delivered at an outpatient anxiety disorders clinic. The researchers reported that 75% of students no longer met school refusal criteria after treatment.

CBT evaluated in studies without a robust design

In an observational study, Walter et al. (2010) described outcomes for 147 German students aged 12 to 18 years displaying anxious–depressed school absenteeism. They participated in inpatient therapy that included CBT and access to a special clinic school, and parents were also involved in the intervention. There was a highly significant increase in school attendance from pre-intervention to 2-month follow-up. Walter et al. (2014) reported another observational study with 36 German students (also aged 12 to 18 years) displaying chronic school absenteeism and mental health problems. Intervention was the same as that reported in Walter et al. (2010). Using a within-subject control group design, they found a significant increase in attendance from the start of the intervention to a 9-month follow-up. The research team also recently reported an observational file review (Walter et al., 2022). There were 49 German students, aged 11 to 18 years, who displayed school absenteeism and mental health problems and participated in CBT administered under routine care conditions at a university outpatient clinic. Intervention customarily included student-focused, parent-and-family-focused, and school-focused interventions, and just over 10% were prescribed medication. Based on school attendance data from students' case files, researchers reported a significant increase in school attendance.

Lomholt et al. (2020) reported a feasibility study of the combination of CBT programs 'Back2School' and 'MindMyMind', conducted in Denmark, aimed at increasing attendance among students with school attendance problems and reducing mental health problems. Intervention was conducted with the student and their parents at a university clinic and included consultation with school personnel. Based on implementation for 24 youths aged 8 to 16 years with a school attendance problem, school attendance was found to increase significantly from pre-intervention to 12-month follow-up.

In an Australian study, King et al. (2001) reported on outcomes at 3- to 5-year follow-up for 16 young people now aged 8 to 20 years. The young people initially displayed school refusal when aged 5 to 15 years, and, together with their parents, participated in CBT, which included consultation with school personnel. At follow-up, 13 of the 16 young people (81%) displayed 'normal levels of school attendance'.

Luiselli (2000) reported the use of behaviour therapy with a 5-year-old preschool student with autism and very low intellectual functioning, displaying school distress and avoidance. The intervention involved fading the mother's presence at school (i.e., the child's mother slowly decreased the time she was in the classroom with the child). By the end of the intervention period, the child was able to attend school independently without distress. Kearney et al. (2001) reported on CBT with 2 students, aged 9 and 10 years old, displaying school refusal behaviour (i.e., truancy or school refusal). CBT was conducted with students and parents, and anecdotal reports indicated reduced difficulty being at school and increased attendance. Kearney (2002) also reported the use of CBT with a 12-year-old student and his parent, in view of school refusal behaviour, at a university-based clinic. Following intervention, the boy did not display school refusal behaviour.

Moffitt et al. (2003) reported on the use of an intensive form of CBT delivered to a 12-year-old girl displaying school-refusal behaviour. The intervention was delivered to the girl and her parents, in consultation with school personnel, at an anxiety clinic. Following intervention, the girl's attendance improved, although family difficulties contributed to some continued absences.

Tolin et al. (2009) reported on the use of intensive CBT with 4 students aged between 13 and 16 years displaying school refusal, and their parents, in consultation with school personnel. According to the authors, attendance improved for all 4 students.

Heyne et al. (2014) reported on the use of the '@school program', a developmentally sensitive CBT intervention, with a 16-year-old Dutch student displaying school refusal and her mother, including consultation with school personnel. School attendance increased from 10% at pre-intervention to 95% at a 2-month follow-up.

Family therapy

Two studies evaluated the impact of family therapy on school attendance, one using a robust design (Neace et al., 2002) and one without a robust design (Richardson, 2016).

Family therapy evaluated in studies with a robust design

Neace et al. (2002) reported on multi-systemic therapy for juvenile offenders aged 12 to 18 years, in a pre-post matched control group study with 109 students who displayed unexcused absences from school and late arrivals at school. Parents and students were engaged in strategic and structural family therapy, behavioural parent training and CBT. Two years after intervention started, there was a significant decrease in unexcused absences.

Family therapy evaluated in studies without a robust design

Richardson (2016) reported the use of systemic family therapy at a mental health service in Melbourne, Australia and presented a case study. A 17-year-old student displaying school refusal experienced improvements in school attendance following treatment from the author.

Dialectical Behaviour Therapy

One study reported on the impact of Dialectical Behaviour Therapy on improving school attendance, without a robust design (Chu et al., 2015).

Chu et al. (2015) evaluated Dialectical Behaviour Therapy employed for 2 youths, aged 14 and 16 years, who displayed school refusal. Intervention delivered at a university research clinic comprised of individual youth and family sessions along with web-based coaching. School attendance improved for both youths.

Other types of psychosocial interventions

Seven studies evaluated other types of psychosocial interventions. Of these, 5 studies used robust study designs (Klag et al., 2016; Milne et al., 2002; Thomas, 2017; Thomas et al., 2011; Wijana et al., 2018) and 2 did not (Burrows et al., 2013; Byron, 2002).

Other types of psychosocial interventions evaluated in studies with a robust design

Klag et al. (2016) reported outcomes of a wraparound model of care used in the 'Evolve Interagency Services' program, for 664 youths in out-of-home care in Queensland, Australia. The participants, most of whom were 7 to 14 years of age, had complex behavioural and mental health problems. Provided in a clinical setting, individual and systemic therapeutic interventions were aimed at improving wellbeing and developing skills to enhance school and community participation. Clinician ratings indicated significantly improved school attendance following intervention.

Milne et al. (2002) reported outcomes of a community-based intervention in New Zealand. The 'Community Intervention Project' aimed at re-establishing regular school attendance and improving problem behaviours and family functioning, among 31 youths aged 11 to 16 years, referred primarily for truancy. Caseworkers delivered intervention at school, home or in their offices. There was a decrease in the proportion of youths truanting persistently.

Thomas et al. (2011) evaluated the 'Truancy Assessment and Service Centers Program', a community-based truancy reduction program involving multimodal case management geared towards students and their families, for 700 students in foundation/prep to fifth grade experiencing truancy ('unexcused absences'). Truancy rates declined significantly for those in the intervention, whereas there was no change for those in the control group (i.e., a warning letter only). Thomas (2017) then reported a replication study with a larger non-duplicated sample of 2,760 foundation/prep to fifth grade students comprising 3 cohorts who participated in the same intervention; the cohorts differed by year of participation in the intervention. There were reductions in truancy in 2 of the 3 cohorts in this larger sample.

Wijana et al. (2018) conducted a study in Sweden with a single-group design with repeated measures. It evaluated an integrated individual and family therapy called 'Intensive Contextual Treatment', which was applied in a clinical setting with 49 adolescents who were engaging in self-harm or were suicidal. There was a significant increase in adolescent-reported school attendance at the end of the intervention and no decline at a 12-month follow-up.

Other psychosocial interventions evaluated in studies without a robust design

Byron (2002) reported the use of hypnosis delivered in the home of a 15-year-old student in the UK with a social communication disorder similar to Asperger's syndrome. His mother was helped to assist her son to increase his assertiveness. Anecdotally, attendance improved dramatically during intervention, and thereafter he was able to engage in full-time education.

Burrows et al. (2013) reported the case study of a 14-year-old student with body dysmorphic disorder, major depressive disorder and irregular school attendance. The student received exposure with response prevention in an outpatient setting, was prescribed fluoxetine, and was briefly hospitalised. Just 3 months after intervention ended, self-reported school attendance was 100%.

4.3.4. Psychiatric medication

Three studies were identified reporting attendance outcomes following psychiatric medication employed with students displaying a chronic or severe school attendance problem and a mental illness. Of these studies, 2 had a robust design (Bernstein et al., 2000; Melvin et al., 2017) and one did not (Ye et al., 2017).

Psychiatric medication evaluated in studies with a robust design

Melvin et al. (2017) conducted an RCT in Melbourne, Australia, with 62 youths displaying severe school refusal and diagnosed with at least one anxiety disorder. They compared CBT plus fluoxetine with 2 control groups: CBT only and CBT plus placebo. There was significant improvement in school attendance over time, averaged across the 3 treatment conditions. However, CBT plus fluoxetine was not found to be superior to the 2 control conditions.

Bernstein et al. (2000) conducted a double-blind RCT with 63 youths (average age of 14 years) displaying school refusal and diagnosed with at least one anxiety disorder and with major depressive disorder. They were randomly allocated to receive imipramine plus CBT or the comparison, placebo plus CBT. CBT was primarily conducted with the young person, although a parent joined each session for a short time. There was a significant improvement in school attendance for youths in the imipramine plus CBT group, but not for youths in the placebo plus CBT comparison group.

Psychiatric medication evaluated in studies without a robust design

Ye et al. (2017) reported a case study of a 7-year-old boy displaying treatment-refractory school refusal, anxiety and depression. The prescribed medication was divalproex, an anti-epileptic also used to treat bipolar disorder. Anecdotally, 'his attendance remained nearly perfect' over 3 years of intervention (p. 229) and there were reductions in self-reported anxiety and depression.

4.3.5. Mentoring programs

Three studies reported on mentoring programs undertaken with students displaying chronic absence, both with robust study designs. One study reported on Check & Connect (Maynard et al., 2014; Stripling, 2019) and the other reported a multi-component program involving a significant mentor element (DeSocio et al., 2007).

Check & Connect

Check & Connect as a Tier 3 intervention was evaluated in one RCT (Maynard et al., 2014) and one case study (Stripling, 2019).

Check & Connect interventions evaluated in studies with a robust design

Maynard et al. (2014) evaluated Check & Connect in an RCT with 260 US middle and high school students who displayed 20 or more absences in the prior school year, or 2 or more absences in the prior month (i.e., at least 10% absence), and were considered at risk for early school leaving. Three-quarters of students were economically disadvantaged, and almost all students were Hispanic. A social service organisation (Communities In Schools) implemented Check & Connect in the schools. The adult mentors, called 'monitors', were school-based practitioners employed with the organisation. They used a case management approach to work with students and families, promoting engagement by building and maintaining relationships, monitoring risk indicators pertinent to the student, and employing individualised interventions with the student and family based on what was indicated by the data. There were weekly meetings with the students across one school semester. Check & Connect was significantly related to improved academic performance and reduced behaviour problems, but there were no significant effects on attendance. Interpreting these findings, Maynard et al. explained that Check & Connect was evaluated against another program to prevent early school leaving ('Communities In Schools'), and outcomes were assessed after just one semester of Check & Connect, as opposed to the recommended 2 years.

Check & Connect interventions evaluated in studies without a robust design

Stripling (2019) reported on the effectiveness of 'Check In Check Out' in a small case study, where the model was implemented with students displaying chronic absenteeism. The intervention included daily check-ins to build positive relationships. Small, non-significant decreases in number of days absent were observed.

Other mentoring programs

One study reported on an RCT evaluating a mentoring program other than Check & Connect (DeSocio et al., 2017).

Other mentoring programs evaluated in studies with a robust design

DeSocio et al. (2007) conducted an RCT involving 103 US students under 16 years of age, who had displayed 15 or more unexcused absences in the preceding school year. A 'truancy intervention pilot project' was implemented at the school, over one semester. It had 3 components:

1. mentoring (mentor relationships with teachers, mentor tutoring, mentor advocacy and mentor support)

2. family involvement (co-development of a school re-entry plan, together with the student and project coordinator; and encouraged telephone contact between parent and coordinator)

3. participation in school-based health services (enrolment in the service, including an initial health check and questionnaire; and consultations with a psychiatric nurse, as needed).

Students receiving the intervention were absent less often from their typically 'least-missed classes' and from their typically 'most-missed classes', relative to control groups.

4.3.6. Parent interventions

One study reported on a parent intervention to support students displaying problems with school attendance (Hayden, 2009).

Parent interventions evaluated in studies with a robust design

In the UK, family group conferences that involved the development of a plan to address the needs of the child together with an independent coordinator were evaluated in a quasi-experimental trial (Hayden, 2009). The intervention was provided to students (n = 41) with demonstrated behaviour and attendance problems (mean attendance = 64.3%). However, the intervention was not found to be superior to usual practice (n = 37).

4.3.7. Health and preventative health interventions

Two studies were identified that reported on health interventions targeted specifically to children who were chronically absent due to illness, both using robust study designs (Kerr et al., 2012; Vanneste et al., 2016).

Health and preventative health interventions evaluated in studies with a robust design

One study examined the impact of preventative health intervention for chronically absent children (Kerr et al., 2012). Parents of elementary school children (n = 117) who had missed more than 10% of school due to illness were contacted by the school nurse, with the offer of medical support in the home or the nurse's office at school. Once students reached a 20% absence threshold, the school nurse and a social worker visited the family home to examine the child. This approach was associated with significant increases in attendance.

A program in the Netherlands integrated youth healthcare physicians into a secondary school and public health setting to address medical absenteeism (Vanneste et al., 2016). The program found a significant impact on attendance. Medical absences for students who received the intervention (n = 493) decreased from 8.5 days at baseline to 4.9 days at 12-month follow-up. The control group (n = 445) had 9.9 absences at baseline and 8.9 absences at 12-month follow-up.

4.3.8. Legal responses

Twelve studies were identified that reported on various legal responses to poor school attendance. These included penalty notices and fines for parents of adolescents who were not attending school (Wright, 2009; Zhang, 2007), truancy court and truancy court diversion programs (Fantuzzo et al., 2005; Hendricks et al., 2010; Lee et al., 2020; McNeely et al., 2019; Mueller & Stoddard, 2006; Richtman, 2007; Shoenfelt & Huddleston, 2006) and community programs (Cardwell et al., 2021; Mazerolle et al., 2017; Yearwood & Abdum-Muhaymin, 2007).

Penalty notices and fines

Two studies reported on punitive responses to school non-attendance in England, both using non-robust study designs (Wright, 2009; Zhang, 2007). While one study found that imposing fines on parents of adolescents who were not attending school led to improvements in attendance rates (Wright, 2009), another found no impact of penalty notices on student non-attendance (Zhang, 2007).

Truancy court and court diversion programs

Seven studies reported on truancy court and court diversion programs. Of these, 3 were quasi-experimental studies (Fantuzzo et al., 2005; Lee et al., 2020; Shoenfelt & Huddleston, 2006), 2 were observational studies (Hendricks et al., 2010; McNeely et al., 2019), and 2 were case studies (Mueller & Stoddard, 2006; Richtman, 2007).

Truancy court interventions evaluated by studies with a robust design

Fantuzzo et al. (2005) evaluated the impact of 'Project START (Stop Truancy and Recommend Treatment)', a community-based court or traditional family court intervention for students with greater than or equal to 25 unexcused absences in the previous year. The study found that students (N = 567) referred to either of these court programs demonstrated a significant reduction in absence rates compared to students with truancy problems who were not referred.

Shoenfelt and Huddleston (2006) evaluated a truancy court diversion program, whereby students who were considered truants by the state participated in this program before the school filed a legal petition. This voluntary program aimed to bridge the communication barrier between parents and schools, providing counselling and open communication about difficulties faced by the family that contributed to student absences. Students in the program had higher unexcused absence rates than control students prior to intervention. However, similar unexcused absence rates were reported between the 2 groups following the intervention, particularly for elementary school students.

A study conducted by Lee et al. (2020), evaluated a truancy court diversion program, 'Family Truancy Intervention Program', which aimed to educate parents about the importance of school attendance. The study did not find that the program led to better attendance than a matched sample of similar students.

Truancy court interventions evaluated by studies without a robust design

McNeely et al. (2019) reported on a truancy intervention program whereby families (N = 4,412) received a letter from the county attorney if their child had accrued more than 5 unexcused absences. The letter indicated that the parents were required to attend a meeting with the school, district representative and county attorney. No impact on school attendance was evident. For students with more severe truancy problems, Hendricks et al. (2010) found a truancy court program for students with less than 90% attendance to be effective in improving attendance, particularly for students with severe truancy problems (attendance rates more than one standard deviation below the mean reported in the sample). The truancy program required assessment with a family advocate followed by weekly court meetings and home visits from a social worker. Similarly, in their case study, Richtman (2007) reported on the effectiveness of a truancy intervention program delivered by the County Attorney's Office. This program progressed from large group meetings at school for students beginning to demonstrate school attendance problems (3 or more unexcused absences; this element is considered a Tier 2 intervention), followed by referral to a School Attendance Review Team hearing for further support for students whose attendance did not improve. Truancy petitions were then filed, and an expedited truancy hearing held in Juvenile Court for students who still demonstrated no improvement in attendance. In evaluating the program in the biggest school district in the county, the authors noted that the number of students missing 15 days of school or more decreased by more than 50% in the 10 years since the implementation of the program.

In their study exploring the effectiveness of attendance court, where students at risk of dropping out (N = 44, mean absences = 18 days) attend informal hearings outside of the courtroom with the aim of changing student attendance habits, Mueller & Stoddard (2006) noted significant reductions in student absences following initial court hearings (mean absences = 9 days).

Community programs

Three studies reported on programs implemented in the community to support adolescents who were struggling with school attendance. Of these, 2 studies were RCTs (Cardwell et al., 2021; Mazerolle et al., 2017) of an Australian program and one was a case study conducted in the US (Yearwood & Abdum-Muhaymin, 2007).

Community programs evaluated in studies with a robust design

Two RCTs reported on the impact of the 'Ability School Engagement Program' on school attendance in Australia (Cardwell et al., 2021; Mazerolle et al., 2017). The program involved a collaborative police–school partnership, which aimed to educate families and students about truancy laws while addressing barriers to school attendance. The study conducted by Cardwell et al. (2021) took place in a highly disadvantaged, metropolitan area in Queensland, with 12% of the sample being Aboriginal or Torres Strait Islander students. Students with 85% or less attendance in the previous 3 school terms were invited to participate in the program. The study equally split 102 participants between the intervention group and the control group. Each participant received a resource pack with information about social services. Cardwell et al. (2021) found the program did not result in greater reductions in non-attendance than the control group. In an earlier study conducted by Mazerolle et al. (2017), students in the intervention group were involved in a program conference (including the development of an action plan to support families to re-engage students), followed by a police officer monitoring the action plan for 6 months. At the end of the program, absenteeism had decreased significantly for students in the intervention (n = 51), but not for students in the control group, who received a resource pack (n = 51).

Community programs evaluated in studies without a robust design

A case study explored the impact of juvenile structured day programs in the US, an alternative learning program designed to offer education to expelled and suspended youth, sanctioned by the courts (Yearwood & Abdum-Muhaymin, 2007). The program aims to teach academic and life skills in addition to providing additional social and wellbeing services. While no attendance data were collected in this case study, facilitators perceived that 1 in 4 programs improved school attendance and reduced truancy.

4.3.9. Other interventions

In a longitudinal, retrospective study, Hong and Piescher (2012) evaluated a supportive housing model, in which homeless families were offered housing and additional social services, such as job training, life skills training and drug abuse programs. The authors reported positive effects of the intervention, with significantly improved school attendance rates for those in the program when compared to families and students who did not receive the same services.

5. Interventions and equity group students

Consideration of equity groups, and how they are represented in the research literature, is critical in ensuring interventions to promote and improve school attendance are appropriate for all students. Only some of the studies captured in this review included students from diverse groups and backgrounds, including First Nations students (see section 5.1), students with a disability and neurodivergent students (see section 5.2) and students from low-SES backgrounds (see section 5.3). Reporting on the difference in attendance outcomes of these groups was limited. Further, while most studies included an even mix of male and female students, very few reported on students with gender identities other than male or female, and few analysed the relationship between gender and attendance outcomes following intervention (see section 5.4). The inclusion of equity groups in the literature and the associated attendance outcomes are discussed in this section.

5.1. Aboriginal and Torres Strait Islander students

This rapid literature review captured 7 studies that were conducted with samples of at least 40% Aboriginal and Torres Strait Islander people or within Aboriginal and Torres Strait Islander communities. Of these, 6 studies were Tier 2 programs and one was Tier 1. However, before summarising the articles in this section, it is important to understand the limitations of this review when discussing Aboriginal and Torres Strait Islander students as well as the broader socio-political space that influences responses to attendance for Aboriginal and Torres Strait Islander students.

The search used in this literature review was a traditional systematic review methodology with defined inclusion and exclusion criteria. This methodology may have missed relevant articles about Aboriginal and Torres Strait Islander student attendance as the evidence base of what works for Aboriginal and Torres Strait Islander students is limited, and not all of the relevant pieces appear in peer-reviewed journals. Lowe et al. (2023) assert that to ensure that the voices of Indigenous peoples and their experiences with schooling and education are truly reflected in systematic reviews, an Indigenous critical lens needs to be applied. This includes framing the research question so it is 'mindful of Aboriginal and Torres Strait Islander experiences of history and colonisation' (Lowe et al., 2023, p. 26). Future reviews of literature related to Aboriginal and Torres Strait Islanders should take this into consideration to ensure they are completed as comprehensively as possible.

Dreise et al. (2016) discuss the importance of understanding Indigenous students' attendance from a broader social policy perspective that addresses multiple factors that can impact absence, including internal factors (inside of school, e.g., racism and discrimination) and external factors (outside of school, e.g., geographic location and economic factors). The authors also note that interventions that are 'top-down' and often punitive (e.g., through welfare reform) are less likely to be successful as they ignore the importance of 'ownership, leadership and action at a community level' (p. 1). Using this lens to examine studies is necessary to gain a greater insight into the intention of programs to increase attendance.
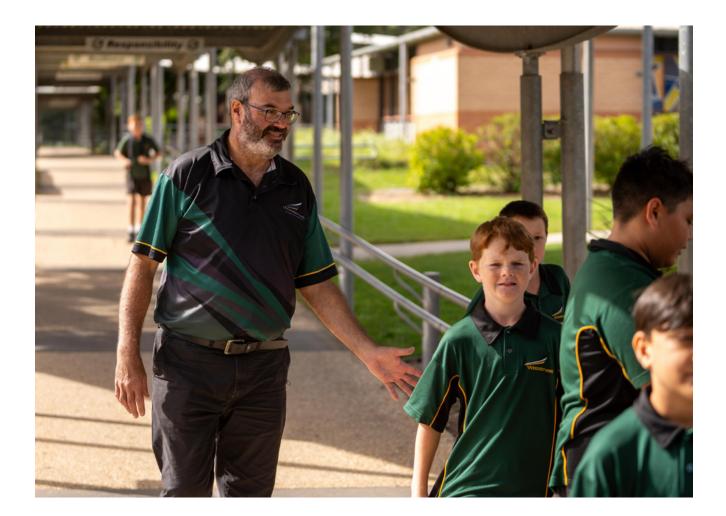
It is also important to acknowledge that the Australian education system has been developed from our settler-colonial past and 'was never designed for First Nations students' (Weuffen, et al., 2023, p. 150). These authors go on to state that while there has been some intent by organisations and teachers to make schooling serve the needs of Indigenous students, families and communities, overall, the education system has failed to meet the sovereign rights, needs and demands of First Nations people. There has been little in the way of creating schooling that is holistic and considers educational, social, cultural and emotional outcomes for First Nations people (Weuffen, et al., 2023). When reflecting on these statements, we need to examine whether the studies in this report acknowledge the settler-colonial framing of schooling and its limitations in meeting the needs of Indigenous students.

One suggestion for addressing the disparate issues of place, family and community involvement, cultural competency and curriculum in our education system is to acknowledge the importance of employing Aboriginal and Torres Strait Islander peoples as school staff. Research by Guenther and Disbray (2015) highlights the importance of non-teaching staff (e.g., classroom assistants, grounds staff, bus drivers, office staff) as mediators of community and local cultural knowledge for students and teachers. In remote schools with more than 80% First Nations students, this research notes that higher non-teacher to teacher ratios led to higher levels of attendance. Examining projects that engage the local community within schools may provide additional findings that further support the contentions of these authors and provide a direction for developing strategies that make a difference to Aboriginal and Torres Strait Islander student attendance.

Overcoming deficit discourses implicit in discussions of attendance and intervention for Aboriginal and Torres Strait Islander students also needs to be addressed in any research linked to school attendance. This has been highlighted in the work of McCallum and Waller (2022), who undertook a critical text analysis of Australian news reporting about Indigenous education. One theme identified from the analysis was 'school attendance and the "truancy crisis" in "remote" communities' (p. 74). During the study (2008 to 2018) there were 509 news stories about Indigenous school attendance. This extensive analysis described the mechanisms that led to attendance being seen as a solution to the Indigenous education crisis. During this time, the term 'truancy' became synonymous with attendance in the Northern Territory, further entrenching deficit discourses that led to solutions that included punishing parents by withholding welfare supports and using truancy officers to enforce attendance. This led to the failed Remote School Attendance Strategy that ran from 2013 to 2018. McCallum and Waller (2022) note that from 2017 the media reports discussing attendance shifted to include more Indigenous, academic and alternative voices. Examining research studies for deficit discourses about Indigenous youth attendance at school should be part of any reviews that are undertaken by academics.

Of the 7 studies in this report, only 2 incorporated Aboriginal and Torres Strait Islander community input in the design, development and delivery of the program (Lee, 2008; Peralta et al., 2018). Of these, only Peralta et al. (2018) showed some improvement in attendance through reported feedback from participants. The study by Lee et al. (2008) showed increased engagement in recreational opportunities and training for youth but did not impact attendance. This was an early evaluation but the authors suggested that by continuing to increase youth connection to communities and culture, educational engagement might increase.

The rest of the studies were designed without consultation with Aboriginal and Torres Strait Islander communities and had mixed results. In the Tier 1 study by Lehmann (2003), Indigenous students in remote communities were provided passes to use at new local pools as a health-related intervention that was also linked to attendance. One of the 2 schools saw an improvement in attendance based on attendance data. Three Tier 2 studies also used attendance data to suggest an improvement in attendance. Anderson et al. (2015), Cooper et al. (2020) and Faulkner et al. (2010) all noted an improvement in attendance; however, subgroups were not analysed, so it is not possible to identify if there was improvement for Aboriginal and Torres Strait Islander students alone. Finally, DinanThompson et al. (2008) reported on the Kickstart program conducted by the Australian Football League. Interviews were conducted with 38 Indigenous youth (aged 'under 12' to 'under 16'), 3 parents and 12 teachers. Parent and teacher anecdotal reports linked the intervention with increased school attendance.

In conclusion, the research examined for this review did not provide robust evidence for interventions that support improved attendance for Aboriginal and Torres Strait Islander students. This is partly due to the search criteria, which limited the ability to find research specific to Aboriginal and Torres Strait Islander populations. However, the framing of school attendance is complex. This requires solutions that are locally led and that address deficit discourses about youth as well as the historic failings of the education system for Aboriginal and Torres Strait Islander students. Partnering with First Nations researchers is non-negotiable, and it is recommended that it is a priority when developing research-based programs for attendance.

5.2. Students with disability and neurodivergent students

Students with disability and neurodivergent students, including autistic students and those with ADHD, are at greater risk for school attendance problems than students without disability (Melvin et al., 2025). Interventions to support students with disability should be adapted and targeted to meet the individual and specific needs of these students. There is growing evidence supporting successful adaptations of psychological and school-based interventions for students with disability in a range of areas, including education and mental health (Cooper et al., 2018; Gilmore et al., 2023). However, there is little evidence for interventions that aim to promote and support school attendance among students with disability or neurodivergent students.

In this rapid literature review, 37 studies were identified that reported on samples that included students with disability, predominantly students in special education with some studies including students with neurodevelopmental challenges. However, few studies reported results specific to these students.

Twelve studies reported on a sample of students with less than 25% in special education (Anderson et al., 2019; Balfanz & Byrnes, 2018; Freeman et al., 2019; Jennings et al., 2000; Kirksey & Gottfried, 2021; Mac Iver & Mac Iver, 2019; Malloy, 2018; McCree et al., 2018; Morton, 2023; Pas et al., 2019; Powers et al., 2017; Pullmann et al., 2013), 5 studies reported on a sample of students with 26–50% in special education (Anderson et al., 2004; Axford et al., 2020; Davies et al., 2021; Lehr et al., 2004), one study reported on samples with 78% special education students (Lunceford et al., 2017), and 2 studies (Madigan, 2002; Yngve, 2023) reported on 100% special education students. None of the studies with less than 100% of special education students reported specific results for this population. Both Madigan (2002) and Yngve (2023) noted improved attendance in their samples of students in special education, looking at the impact of single-gender classes (Madigan, 2002; see section 4.1.8) and the use of ICT-based education (Yngve, 2023; see section 4.2.1).

Eleven studies reported on samples that included 25% or less students with a disability or students with neurodiversity (Andreyeva & Sun, 2021; Bartfeld et al., 2019; Bartfeld et al., 2020; Gottfried & Kirksey, 2022; Guryan et al., 2021; Jeppesen et al., 2021; Kopkin et al., 2018; Lomholt et al., 2020; Neace et al., 2002). One included 5 out of 7 students with a diagnosis of autism (McKay-Brown et al., 2019) and one included 49% of students with ADHD (Kang-Yi et al., 2018); however, none reported on specific results for these students. It is therefore difficult to determine whether these interventions were, in fact, effective for this group of students.

Only 4 studies evaluated interventions specifically targeted towards students with neurodevelopmental challenges. Of these, 2 studies involved students with autism spectrum disorder (Luiselli, 2000; Preece & Howley, 2018) and 2 reported on interventions for students with ADHD (Sciberras et al., 2018; Sibley et al., 2020). A case study by Luiselli (2000) reported on the use of a fading behavioural intervention to support school attendance for an adolescent with Asperger's syndrome, which we now conceptualise as being on the autism spectrum, noting positive outcomes of the psychosocial intervention (see section 4.3.3). Preece and Howley (2018) reported on the implementation and positive effects of a specialised school ('The Centre') for autistic students, with the aim of supporting them to get back to school (see section 4.3.1). Both interventions were implemented with students struggling with school attendance.

Sibley et al. (2020) conducted an RCT evaluating a mentoring program for students with ADHD across 3 schools. Only one school involved in the study noted an improvement in attendance following intervention (see section 4.2.4). Sciberras et al. (2018) reported on the impact of an adapted CBT program for adolescents with ADHD, finding no impact of the intervention on school attendance (see section 4.3.3). However, school attendance was not the primary outcome of either of these interventions.

5.3. Socio-economic status

Students from low-SES backgrounds are more likely to experience problems with school attendance (Melvin et al., 2025). Further, these students may be less likely to have access to resources and supports to aid them in attending school. It is therefore important for interventions aiming to support or improve school attendance to consider these barriers to access and determine effective ways to engage these students.

Fifty studies in the current review reported on the inclusion of students from low-SES backgrounds (at least 50% of the sample). These studies were predominantly conducted in the US, where students from low-SES backgrounds are most often defined by their eligibility for free or reduced-price lunch. While some studies were conducted with all or almost all students with a low-SES background (more than 90% of the sample), other studies included a smaller proportion of these students. Outcomes for students from low-SES backgrounds were often difficult to determine in these cases, with most studies failing to undertake sub-analyses to consider the effects of low-SES background.

Nineteen studies reported at least 90% of students from low-SES backgrounds (Balfanz & Byrnes, 2018; Ballard et al., 2014; Biag & Castrechini, 2016; Creghan & Adair-Creghan, 2015; Daly et al., 2014; Griswold et al., 2012; Hendricks et al., 2009; Imberman & Kugler, 2014; Jones & Christian, 2021; Keck et al., 2013; Linnehan, 2001; McQuillin & Lyons, 2016; Mollette et al., 2020; Osher et al., 2014; Oyserman et al., 2002; Phillips et al., 2016; Pyne et al., 2020; Sibley et al., 2020; Wright, 2009). These studies evaluated a range of interventions, including mentoring programs (Balfanz & Byrnes, 2018; Linnehan, 2001; McQuillin & Lyons, 2016; Sibley et al., 2020), school-based education and support (Jones & Christian, 2021; Mollette et al., 2020; Phillips et al., 2016), multi-tiered programs (Osher et al., 2014), school-based psychosocial support (Ballard et al., 2014; Daly et al., 2014; Griswold et al., 2012), psychosocial interventions (Pyne et al., 2020), school policies and structure (Biag & Castrechini, 2016), health and preventative health measures (Keck et al., 2013), meal provision (Imberman & Kugler, 2014) and legal responses (Hendricks et al., 2009; Wright, 2009). The results of these studies can be interpreted as being relevant to students from low-SES backgrounds, with details of the studies discussed in the relevant sections of this report.

Twenty-one studies reported between 50–90% of their sample as being from low-SES backgrounds (Cook et al., 2017; Duarte & Hatch, 2015; Freeman et al., 2019; Furrer et al., 2012; Gottfredson et al., 2010; Jennings et al., 2000; Johnson et al., 2017; Koopmans, 2018; Kopkin et al., 2018; Leach et al., 2023; Lehr et al., 2004; Leos-Urbel, 2014; Lunceford et al., 2017; Marvul, 2012; Maynard et al., 2014; Meyer et al., 2011; Pullmann et al., 2013; Randle, 2016; Ribar & Haldeman, 2013; Scales et al., 2006). Only 6 of these studies conducted sub-analyses considering the impact of the intervention on students from low-SES backgrounds, with mixed results (Gottfredson et al., 2010; Leach et al., 2023; Lunceford et al., 2017; Maynard et al., 2014; Ribar & Haldeman, 2013; Scales et al., 2006). All 6 studies were Tier 1 interventions, apart from Maynard et al. (2014), reporting on a Tier 3 Check & Connect program.

SES was not found to impact on attendance following after-school programs (Gottfredson et al., 2010) or Tier 3 Check & Connect (Maynard et al., 2014). Leach et al. (2023) reported that, while students receiving free or reduced-price lunch had lower attendance than their peers, SES was not associated with attendance outcomes following implementation of a school nurse. Scales et al. (2006) reported on community service and service learning, indicating that low-SES students (regardless of their participation in the program) skipped more days of school than high-SES students. However, low-SES students who were actively engaged in the program missed significantly fewer days of school than low-SES students who were not involved in the program. Lunceford et al. (2017), reporting on a 'Gear Up' college readiness program, found that, for students involved in the Gear Up program, low-SES/ racial minority groups continued to have lower attendance rates than other SES/white students. Ribar et al. (2013) reported that students who qualified for free or reduced-price lunch were more likely to participate in the free breakfast program when it was offered universally, rather than an eligibility-based breakfast program. Further, schools that switched from offering breakfast universally to an eligibility basis saw only small gains in school attendance.

Studies reporting on the impact of interventions for students from low-SES backgrounds were inconsistent, with no clear evidence for interventions that may be more effective in supporting school attendance for this group of students. There are, however, some promising areas for further exploration, including encouraging engagement and participation in the wider community.

5.4. Gender

The influence of gender in school attendance is unclear, with mixed findings evident in past studies (Melvin et al., 2025). Similarly, the current literature does not provide much clarity on whether gender influences the outcome of interventions that aim to improve school attendance. A modest literature has addressed this issue.

A small body of work has examined outcomes in female samples. As noted in section 4.3.2, several studies (Crean et al., 2001; Griswold et al., 2013; Harris & Franklin, 2003; 2009) evaluated the impact of Tier 2 programs exclusively for pregnant students and teenage mothers and found clear benefits for attendance. Madigan (2002) reported superior attendance for girls who attended single-gendered special education classrooms compared with girls who were in co-educational special education classrooms (see section 4.1.8). Leve and Chamberlain (2007) examined the impact of a foster care program on girls and found that participants had superior attendance compared to a control group (see section 4.2.3). However, Kim & Joo (2011) found that a federal policy that was designed to provide material support to teenage parents to gain their high school qualification did not have a significant impact on school attendance among teenage girls (see section 4.1.9). These findings largely suggest that these programs, specific to the needs of girls and young women, have a benefit on attendance outcomes.

A single study examined an intervention with an all-male sample. Marvul (2012) evaluated a multi-component intervention for severe truancy in an alternative school setting with 40 boys. Participation in the program demonstrated superior attendance compared with a control group. The intervention wasn't specifically designed for boys, so may have application with girls as well.

Many studies analysed whole-school attendance samples with male to female gender ratios of approximately 50:50, while in other studies this ratio can only be assumed as the genders of the sample are not reported. Few studies reported genders other than male and female, an exception being Leifler et al. (2022), though no sub-analyses were reported.

Four studies were identified that examined attendance outcomes according to gender. Findings are mixed, interventions are varied and no clear pattern is revealed. Bartfeld et al. (2019) examined whether gender influenced the outcomes of a free breakfast program on attendance, as boys' participation in these programs had been higher in prior studies. The authors concluded that the positive association between attendance and participation in the breakfast program was driven by the effect on male students, with no association found for girls.

Phillips et al. (2016) found an association between participation in the Head Start academic support program and lower risk of chronic absenteeism for girls, but no such association was found for boys (see Academic interventions in section 4.2.1). Kang-Yi (2018) examined the impact of a school therapeutic service on attendance and other academic outcomes. Gender was considered as a predictor of school absence but was not found to have any influence. Powers et al. (2017) report on outcomes of a mixed methods evaluation of the Check & Connect mentoring program. Based on reports from mentors and mentees, they discuss that a mismatch in gender between mentor and mentee may hinder the development of rapport and the mentoring relationship and may subsequently influence treatment fidelity.

A further 17 studies had samples with more than 60% boys or girls but did not compare outcomes for genders (Chan et al., 2020; Dabrowski et al., 2018; Felver et al., 2019; Franklin et al., 2007; Heyne et al., 2011; Linnehan et al., 2001; Meyer et al., 2011; Munoz et al., 2001; Neace et al., 2002; Newsome et al., 2004; Sibley et al., 2020; Tinkelman & Schwartz, 2004; Randle et al., 2016; Reissner et al., 2015; Yampolskaya et al., 2006; Wexler et al., 2017; Wijana et al., 2018). Four studies included clinical samples, which in some cases demonstrated biases that were consistent with the gender bias of the disorder. For example, a male bias for Tourette syndrome (Dabrowski et al., 2018), ADHD (Sibley et al., 2020) and behaviour problems (Randle et al., 2016) and a female bias for self-harm (Wijana et al., 2018). Two school refusal studies demonstrated a male bias (70%, Heyne et al., 2011; 66%, Reissner et al., 2015).
The remaining studies were Tier 2 and 3 interventions, including mentoring and therapeutic programs, and were mixed in terms of their gender bias, with 6 studies having more girls (Linnehan, 2001; Felver, 2019; Franklin et al., 2007; Munoz, 2001; Wexler, 2017; Yampolskaya et al., 2006) and 4 having more boys (Chan et al., 2020; Neace et al., 2002; Newsome, 2004; Tinkelman & Schwartz, 2004). These gender differences in sample composition may also reflect underlying referral or diagnostic biases or gendered differences in attendance challenges.

While this body of research does not provide any clear guidance on the influence of gender on attendance outcomes following intervention, the findings demonstrate the value of further examining the effect of gender. If an association between gender and poor response to an intervention is identified, it would prompt the need for further understanding of why the intervention does not work and innovation to address the issue. In support of this view, Osher et al. (2014) call for a greater focus on the collection of data on both gender and sexual minority students, given the challenges these groups experience at school, including rejection, bias and abuse.

6. Summary

In our review of interventions aimed at promoting attendance and addressing school attendance issues, we grouped the interventions into 3 tiers based on their focus. Tier 1 interventions served entire student bodies, rather than specific groups at risk for absence or displaying an emerging attendance problem. In comparison, Tier 2 interventions served students at risk for absence or those displaying an emerging attendance problem. Tier 3 interventions served students displaying persistent and severe attendance problems.

This section summarises the key findings related to the main categories of interventions identified across the 326 studies reviewed for this report. We also comment on the extent to which the categories of interventions have been used as Tier 1, Tier 2 or Tier 3 interventions.

6.1. School-based education and supports

School-based education and supports were mainly focused on systematic and academic interventions. PBIS featured strongly in the evidence base as a Tier 1 framework that can lead to improved attendance, reduced absenteeism and/or a reduction in late arrivals. To achieve the most effective outcomes, researchers noted that high levels of fidelity are required. Academic supports were featured in Tiers 1 and 2 as having positive impacts on attendance. Academic supports included social and emotional learning and health-related supports, teaching academic skills, providing ICT-related adjustments to learning and using alternative school/classroom designs. At Tier 3, the research focused on alternative education programs. Overall, these programs show some promise; however, more research is needed with larger sample sizes.

6.2. School-based psychosocial intervention

The key finding from school-based psychosocial intervention literature is that attendance-focused programs have a consistently positive impact on attendance rates, with all studies across Tiers 2 and 3 reporting benefits. This contrasts with interventions that target other factors such as bullying or social-emotional competencies or provide enhanced mental health services, which had mixed impacts or did not improve attendance. This finding is unsurprising as the programs that target factors other than attendance rely on an indirect effect on attendance outcomes via, for example, improvements in student competencies or wellbeing, which may or may not translate into an effect on attendance.

6.3. Psychosocial interventions

The psychosocial interventions reviewed in this report predominantly functioned as solutions for existing attendance problems (i.e., Tier 3 interventions).

Tier 2 psychosocial interventions were evaluated in 7 robust studies. In 6 of these studies, outcomes were notably enhanced for individuals receiving the investigated psychosocial intervention. Two promising Tier 2 interventions yet to be backed by robust research are the Kickstart program for youths in remote communities and family-centred care for youths with special healthcare needs.

Tier 3 psychosocial interventions subject to robust evaluation were commonly cognitive behavioural therapies. CBT was the most prevalent Tier 3 psychosocial intervention studied, with 6 out of 11 robust studies evaluating it. However, only 3 of these studies convincingly indicated increased attendance following CBT. Robust studies highlighted other interventions for addressing persistent attendance problems, such as community-based projects targeting truancy, such as the Community Intervention Project and the Truancy Assessment and Service Center's Program. These interventions exhibited a reduction in persistent truancy rates among adolescents. Additionally, initiatives such as the Evolve Interagency Services for youths in out-of-home care and the Intensive Contextual Treatment for adolescents engaging in self-harm and at risk of suicide notably bolstered school attendance.

The diverse range of psychosocial interventions explored in this report underscores the nuanced approaches required to tackle attendance concerns. Given the application of Tier 2 and Tier 3 interventions to different student groups — some dealing with school refusal and others grappling with truancy — it is vital for further interpretation of these findings to explore the connection between intervention approaches, types of absence and intervention outcomes.

6.4. Psychiatric medication

The impact of psychiatric medication on chronic school refusal was assessed in 4 studies, including 2 with a robust design. The evidence was mixed and is insufficient to guide clinical practice in the use of these medications for school refusal. The small number of studies of psychiatric medication conducted over the last 20 years is interesting, contrasting with the somewhat larger number of studies of psychiatric medication over the 2 preceding decades (see Melvin & Gordon, 2019).

6.5. Mentoring programs

Mentoring interventions have predominantly served as Tier 2 interventions. That is, they have been employed with students at risk of school disengagement and those already displaying disengagement in the form of some limited absence from school. In total, 14 studies evaluated Tier 2 mentoring, 8 of which were robust studies. In contrast, we identified just one study in which mentoring was used as a universal Tier 1 intervention, and just 2 studies in which it was used as a Tier 3 intervention with students already displaying problematic levels of absenteeism.

Within Tier 1 interventions, no robustly evaluated mentoring programs were identified, but Linnehan (2001) reported on an observational study of a work-based mentoring program, demonstrating improved attendance among high school students who participated for more than half a year.

In Tier 2 interventions, the Check & Connect program demonstrated significant positive effects on attendance across various studies. Powers et al. (2017), Guryan et al. (2021) and Heppen et al. (2018) all found improved attendance for students involved in the Check & Connect intervention, although the study by Heppen et al. did not show statistically significant differences. Additional Tier 2 mentoring interventions beyond Check & Connect also showed positive impacts on attendance, as reported by McQuillin and Lyons (2016) and Sibley et al. (2020).

However, not all Tier 2 mentoring programs demonstrated positive effects. Cavell et al. (2018) reported no pre-post changes in attendance for most high school students across 6 mentor programs studied. Furthermore, Mac Iver et al. (2017) found no effect on attendance among middle and high school students participating in a mentoring program. Furthermore, it appears that the specific way mentoring is conducted can impact the outcome. For example, Sibley et al. (2020) reported that mentoring conducted by 12th-grade peers during an elective class was effective when other forms were not, and Cavell et al. (2018) reported that teacher-rated attendance was higher among the students referred with their whole class, mentored by non-voluntary mentors and focusing on academic performance.

In Tier 3, Maynard et al. (2014) found that Check & Connect was related to improved academic performance and reduced behaviour problems but did not significantly impact attendance. DeSocio et al. (2007) conducted a truancy intervention pilot project, resulting in fewer absences from 'least-missed' and 'most-missed' classes for students receiving the intervention.

Overall, while Check & Connect showed promise across different tiers of interventions, several mentoring interventions exhibited mixed or limited impact on school attendance. The efficacy of these programs often varied based on study design and the specific populations they targeted.

6.6. Parenting programs

Few studies have examined parent and carer-focused interventions and supports, although it is acknowledged that many psychosocial and other interventions included parent components. Tier 1 and 2 programs that involved sending letters or messages to parents encouraging attendance, informing parents about attendance levels and offering support were found to be effective in improving student attendance rates. Specifically, 3 RCTs provided strong evidence to support this finding. One-off meetings or plans developed with parents and students, including some that involved diversionary legal approaches or law enforcement, were typically not sufficient to shift attendance and are not recommended.

6.7.   Meal provision interventions

Research in relation to universal meal provision (i.e., free lunch/breakfast available to all students in the school) has largely been conducted in the US, with one study conducted in New Zealand. However, several robust studies suggest that ensuring all students have access to breakfast/lunch at school, particularly those from economically disadvantaged households, is associated with improved school attendance. Further research and investigation into how meal provision may impact attendance in an Australian education context is warranted.

6.8.   Health and preventative health interventions

No studies exploring the impact of COVID-19-related absences were found in this review. However, many studies suggested that encouraging good health and hygiene practices among students and staff, including effective hand hygiene, sanitiser use and uptake of influenza vaccinations, is effective in reducing illness-related absences. Mixed results were found among the few studies exploring health education and its impact on school attendance.

6.9.   Legal responses and policy

Few high-quality studies evaluated legal and punitive policies and responses to school non-attendance, all conducted in a UK or US setting, with mixed results. Of particular interest in an Australian context is the Ability School Engagement Program, especially the partnerships between police and the school to educate students and families about the importance of attending school and support them in addressing barriers to school attendance they are experiencing. Only 2 studies evaluated this program, with mixed results. Further research into this type of program is needed to further determine its effectiveness.

7.   Considerations

The findings of this report underscore the multifaceted nature of school attendance issues and the necessity of a comprehensive approach to improve attendance. To address this challenge effectively, we present considerations for:

- Tier 1 programs – to promote attendance and prevent absence
- Tier 2 programs – to quickly support students at risk of attendance problems or already displaying mild absenteeism
- Tier 3 programs – to provide more intensive intervention and supports for students displaying persistent and severe attendance problems.

Finally, we provide some considerations for future Australian research. This is needed to verify the findings of overseas research in our local context and extend current research findings.

7.1.   Considerations for intervention

The sheer diversity in the interventions that have been developed and evaluated highlights the absence of a one-size-fits-all solution for the multifaceted nature of school attendance issues. Promoting attendance and reducing absence demand a comprehensive multi-tiered approach that integrates key principles with evidence-based interventions. Our review suggests 6 key principles along with 7 specific interventions that have strong scientific evidence for their effectiveness.

7.1.1.   Key principles

- **Account for diversity:** Addressing school attendance issues requires a tailored approach that recognises the diversity of student needs, educational settings and community challenges. Interventions should be designed to fit the specific needs of individual students, schools and communities, considering factors such as the type of attendance problem (e.g., emotion-based absence, truancy or school withdrawal) and the cultural context of the student population. Practices grounded in cultural understanding should be integrated into school interventions to enhance their effectiveness for diverse student populations, including Aboriginal and Torres Strait Islander communities. This involves understanding and respecting cultural nuances, ensuring community and 'lived experience' participation and leadership, and integrating traditional and local knowledge into intervention design. Tailoring interventions to the specific needs and cultural contexts of students is essential for effectively promoting regular attendance for all students.

- **Improve accessibility:** Creating a central repository to compile and share evidence-based interventions for improving school attendance would be an invaluable resource. This repository should be accessible to educators, school administrators and policymakers, making it easier to select and implement suitable and effective interventions.

- **Foster professional development:** Developing targeted professional development programs on multi-tiered approaches for educators and healthcare providers would strengthen capacity. This would include building skills in identifying and addressing attendance issues at a school and individual or family level but also preventing attendance problems and maintaining high levels of attendance and engagement. These programs should focus on addressing specific types of attendance problems, such as school refusal and school withdrawal, and provide educators with the knowledge and skills necessary to intervene effectively.

- **Strengthen collaboration:** The multifaceted nature of school absence necessitates a collaborative approach that extends beyond the school setting. Collaboration between schools, families and community organisations can significantly enhance the overall impact on school attendance by addressing the diverse factors that contribute to attendance challenges. Community-based initiatives have demonstrated promise in addressing attendance issues, particularly for Tier 3 attendance problems. Collaborative efforts with community organisations can tap into local resources and provide tailored support for students facing chronic attendance challenges. These partnerships can extend to parent representatives, social service agencies, mental health providers and family support organisations, creating a comprehensive system that addresses the root causes of attendance problems. By fostering strong partnerships and embracing a broader perspective, schools can effectively address attendance issues and promote regular school attendance for all students.

- **Support data-driven decision-making and monitoring:** Tier 2 and 3 interventions typically rely upon the school's ability to identify students with emerging attendance problems and those with actual attendance problems, such as chronic absenteeism. Hence, it is critical that schools have the capacity to use attendance and related data to:
  - rapidly identify students at risk of attendance problems
  - respond efficiently to prevent attendance problems from becoming chronic
  - tailor interventions according to needs.

  This could involve using attendance data, behavioural data and student demographic information to identify students in need of support and create individualised support plans. Providing access to technology may support attendance tracking and the delivery and outcomes of interventions. Software and statistical approaches can help schools collect data, identify students at risk, provide support to students and families who are struggling, and offer opportunities for advancing the field. These approaches include those that use deep learning (e.g., Jarbou et al., 2022) and other artificial intelligence methods to detect attendance patterns, as well as mobile apps.

- **Create flexible learning opportunities:** This involves recognising students' diverse learning needs and preferences. Schools should consider implementing alternative education programs, personalised learning approaches and innovative educational technologies to promote student engagement and therefore attendance. In the era of digital learning, leveraging educational technologies, online platforms and interactive tools can create innovative ways to connect with students and maintain their interest in education. Flexibility in teaching methods and settings can better accommodate students with varying attendance challenges, promoting a more inclusive education system.

7.1.2. Specific interventions

The research evidence presented in this report provides guidance for schools, educators, practitioners and policymakers seeking to enhance their efforts to prevent and address absenteeism. As noted, relatively few studies have been conducted in Australia, meaning that adaptation may be required to ensure that interventions are suitable for local school communities. Such adaptations would warrant further research evaluation. However, the following interventions have shown promise.

- **Mentoring with students:** Mentoring interventions could be considered a first-line intervention for Tier 2 attendance issues, based on the evidence in this report. Check & Connect has the most robust support, but schools should explore a diversified, innovative approach to mentoring programs, given that the impact of mentoring varies based on program design and population. Mentoring programs should be tailored to different school settings and student groups, and use mentors from within and outside the school setting.

- **Support for parents:** Parents can play a crucial role in supporting their child's school attendance, and family–school partnerships support parents in their role. Studies of Tier 1 interventions have shown that schools that implement family–school partnerships tend to have higher attendance rates than those that do not. Studies have also shown that parent letter interventions can be effective in reducing absenteeism. This typically involves sending postcards or text messages to parents after their child's absences, informing them of the missed schoolwork and encouraging them to take action to improve attendance. While several Tier 3 interventions that included parents were identified in the current review, none were solely focused on parents. These interventions were integrated with other interventions, such as school-based psychosocial interventions or legal responses. Effective parent-focused interventions should be tailored to the specific type of attendance problem (e.g., emotion-based school absence, truancy or school withdrawal) and be culturally sensitive. Moreover, parents should be actively involved in co-creating interventions to ensure they are relevant and most likely to be effective.

- **Psychosocial interventions predominantly delivered via external services:** This review suggests that psychosocial interventions, largely delivered via external services and agencies, are likely to be effective in addressing Tier 2 attendance problems. Additionally, consideration of psychosocial interventions is warranted for Tier 3 attendance problems, because they are a common and often effective form of intervention at this level of absence. It should be noted that CBT, the most extensively studied psychosocial Tier 3 intervention, had a positive impact on attendance in only half of the robust studies. This indicates the need to:

  – Closely investigate 'for whom' CBT is effective, and for whom it is not effective (e.g., based on demographic and contextual factors).

  – Explore ways to improve the outcomes of CBT, such as integrating it with other proven interventions. These might include attendance-specific programs in schools (see section 4.3.2), such as support from an attendance officer or alternative classroom settings. These efforts to improve outcomes must undergo robust evaluation to ensure their effectiveness.

- **Attendance-focused, school-based psychosocial interventions:** Strong support exists for school-based Tier 2 and 3 psychosocial interventions that directly target attendance. These include multi-tiered approaches, Tier 3 attendance-specific programs and those for students who are pregnant or young mothers. Tier 3 attendance-specific programs often involved school staff in attendance-specific support roles, such as attendance officers or workers. Each intervention included different strategies. Common effective components or elements are yet to be identified. With respect to Tier 1, there is some support for the benefit of social and emotional learning programs in helping students attend school.

- **PBIS implementation:** PBIS has demonstrated positive outcomes across a range of attendance indicators, including improved attendance rates, reduced absences and fewer late arrivals to school. At the same time, outcomes are largely dependent on the fidelity with which these interventions are implemented. It is thus important to ensure that all school staff are trained in the intervention and that it is implemented consistently across classrooms and grade levels. A key aspect of PBIS is that data-driven decision-making is inherent, ensuring that interventions and supports are aligned with the specific needs of students and with the appropriate level of support according to the three-tiered MTSS framework of support. However, given that much of the research supporting the positive impact of PBIS has been conducted in the US, further research is warranted to evaluate its effectiveness in Australian schools (see section 7.2.1).

- **Transition programs:** There were 2 robust studies of transition programs employed as Tier 1 interventions, and both point to positive effects on attendance (Coelho et al., 2018; Flannery et al., 2020). Both programs were substantial (20 sessions or delivered weekly over a term); addressed multiple topics, including engagement; and involved instruction as well as peer and other supports. In one program, trained teachers received instruction (Flannery et al., 2020) and the other transition was delivered by an education psychologist (Coelho et al., 2018).

- **Preventative health:** Illness is a common reason for absence from school (Allison et al., 2019). Hygiene-related practices, such as handwashing, that reduce the spread of disease and influenza vaccination programs have a role to play in preventing illness-related absence from school. Such Tier 1 practices were widely supported by available research and typically involve a modest burden or cost.

- **Breakfast provision:** There is considerable support for the positive impact on attendance of providing students with access to free breakfast, as a Tier 1 intervention. Some evaluation of breakfast programs has been undertaken in Australia (e.g., Jose et al., 2020; MacDonald, 2018) but without a focus on school attendance outcomes. The need for, and feasibility of, providing meals in Australian schools requires consideration prior to evaluation of efficacy. Findings from the only non-US study, conducted in New Zealand, showed that the breakfast program benefitted the attendance of those who participated.

- **Medication:** Medication has a very limited role in addressing attendance problems. It has only been evaluated for one type of absence, namely school refusal, at one tier, namely Tier 3, and the evidence for its effectiveness is weak.

7.2. Considerations for research

To further strengthen the evidence base for effective school attendance practices and policies in Australia, we propose 6 research priorities:

1. Evaluate promising interventions in Australia.
2. Investigate the effectiveness of interventions for specific attendance challenges.
3. Prioritise research for equity groups.
4. Evaluate collaborative interventions.
5. Explore technology-based interventions.
6. Evaluate the enduring impact of interventions.

7.2.1. Evaluate promising interventions in Australia

This report has highlighted several promising interventions supported by evidence largely or exclusively from international studies. This research provides some confidence that these interventions will also be effective in Australia. However, it remains important for these interventions to be evaluated for their impact on attendance in Australia, given the differences in Australian education systems and culture. Three interventions identified as benefiting from research with Australian communities are:

- **Mentoring:** The current review highlights the adoption and effectiveness of mentoring programs, while concurrently emphasising the limited research undertaken in Australia. Notably, there has been only one study investigating the impact on attendance of a mentoring initiative tailored specifically to students in Australia.

- **Positive Behavioural Interventions and Supports:** PBIS has gained traction in Australia, with its adoption supported by departments of education across most states and territories. A thorough analysis of existing datasets could be conducted to determine whether schools using this framework have improved attendance rates compared with non-PBIS schools. To gain a more comprehensive understanding of the effectiveness of PBIS, a comprehensive evaluation across Australian schools is essential. Research from the US has demonstrated the positive impact on attendance PBIS can have, but a thorough evaluation tailored to the Australian context is vital to understand its effectiveness among Australian students in our unique educational landscape. By examining a broader range of outcomes, not only attendance rates, research into the impact of PBIS in Australia could also provide valuable insights into its contribution to school completion, mental health and overall wellbeing.

- **Multi-tiered approaches:** Programs that combine strategies focused on supporting attendance across multiple tiers had promising evidence of their impact on attendance. This research was all conducted outside of Australia. Moreover, MTSS is a proven framework for enhancing behavioural and academic outcomes (e.g., Nitz et al., 2023) and has been adapted for school attendance (Kearney & Graczyk, 2020). Collectively, this evidence supports the evaluation of a multi-tiered approach in an Australian setting, a recommendation that was also made by the recent Australian Senate Inquiry into 'The national trend of school refusal and related matters' (Senate Education and Employment References Committee, 2023).

7.2.2. Investigate the effectiveness of interventions for specific attendance challenges

Based on the current set of studies presented in this report, it is important to determine whether specific types of attendance problems (e.g., emotion-based absence vis-a-vis truancy) are more likely to have been addressed by Tier 2 or Tier 3 interventions, providing a window on potential biases and gaps in research. Moreover, determining whether specific categories of interventions have been more commonly employed for one type of attendance problem relative to another (e.g., for emotion-based absence more often than for truancy) is needed. In addition, determining the effectiveness of specific categories of interventions for different types of attendance problems, yielding more nuanced and targeted intervention recommendations, is required.

7.2.3. Prioritise research for equity groups

Priority should be given to research that focuses on interventions for the diverse populations of students served by the Australian education system. This includes interventions grounded in the values and traditions of Aboriginal and Torres Strait Islander people and interventions addressing the unique needs of youths with disability. For interventions targeting Aboriginal and Torres Strait Islander youths, researchers need to evaluate the effectiveness of interventions such as the Kickstart program for youths in remote Australian communities and Aboriginal-controlled mentoring interventions. It is essential that First Nations scholars and researchers who have deep expertise in Aboriginal and Torres Strait Islander education research lead this work.

For students with disability and neurodivergent students, there is currently minimal evidence of the effectiveness of interventions to support school attendance. These students are among those groups displaying disproportionately high rates of attendance issues (e.g., Adams, 2022), which increases the urgent need for innovation in this area. We need to examine the adaptability and effectiveness of existing interventions for this specific group and develop and evaluate interventions focused on their needs and challenges.

7.2.4. Evaluate collaborative interventions

Given the emphasis on collaboration in this report, it is important to evaluate the effectiveness of interventions that are jointly conducted by schools and community partners. Studies should assess the impact of these collaborations on school attendance outcomes, particularly for students with chronic attendance problems, because collaboration is often central to intervention for Tier 3 attendance problems. Action research will yield a deeper understanding of how collaborative partnerships are formed, how collaborative partners work together to design and implement interventions, and the reach and effectiveness of collaborative interventions. This knowledge will inform the development of comprehensive and sustainable interventions to improve school attendance for all students.

With respect to family–school collaboration, there are indications that family–school partnerships may be effective at Tier 1, based on 2 studies without a robust design. More robust research is clearly warranted, given the emphasis in practice that is placed upon schools building partnerships with parents.

7.2.5. Explore technology-based interventions

This report attests to the almost non-existent evaluation of technology-assisted interventions to address school attendance issues. With the increasing integration of technology in education, research should explore how digital platforms, virtual learning environments and innovative educational technologies can impact student attendance, engagement and overall academic performance.

7.2.6. Evaluate the enduring impact of interventions

Long-term evaluation is crucial to determine the impact of interventions on attendance outcomes. Beyond measuring the impact on school attendance, longitudinal studies should include broader measures, such as academic achievement and engagement, school completion, quality of life, mental health and overall wellbeing. This comprehensive approach provides a deeper understanding of the enduring effects of attendance interventions and their contribution to a broad range of outcomes for young people.

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