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School refusal among young people in out-of-home care (OOHC): A scoping review

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ABSTRACT

Background: School refusal has increased markedly in recent years yet remains under-examined among young people in out-of-home care (OOHC) who experience heightened educational vulnerability. This gap limits understanding of how school refusal affects this population and how best to respond.

Aim: To map and synthesise academic literature relevant to school refusal among young people in OOHC. Specifically, the review aimed to clarify how school refusal is conceptualised and described in this context; identify individual, relational, educational, and systemic factors associated with refusal-related behaviours; and establish gaps in the existing evidence base.

Methods: A scoping review of international literature was conducted, guided by Joanna Briggs Institute (JBI) methodology and analysed using JBI's three-phase basic qualitative content analysis (open coding, categorisation, theme development). Eligible studies were peer-reviewed, English-language publications referring to experiences of school refusal among young people in OOHC. Evidence was sourced from four databases and citation searching.

Findings: Fifteen studies were identified, spanning quantitative, qualitative, and expert commentary designs from Australia, USA, England, Scotland, Northern Ireland, and Germany. Across these studies, school refusal was discussed indirectly within broader accounts of disengagement, wellbeing, or educational participation, offering insight into how refusal-related behaviours are understood. Four themes were developed: stability, mental health, relationships, and educational experiences.

Implications: The findings highlight the need for research that examines school refusal directly within OOHC contexts to inform targeted supports and coordinated responses across care and education systems. Such work should also investigate how educational expectations are negotiated and adjusted over time to support re-engagement.

1. Introduction

School refusal is defined as a distinct, distress-driven form of school attendance difficulty with significant implications for young people's educational participation, mental health, and longer-term wellbeing (Clark, 2023; Ulaş & Seçer, 2024). Education systems in Australia and internationally report rising rates of school-related anxiety and avoidance, with increasing numbers of young people presenting to mental health services for support (Australian Senate Education and Employment References Committee, 2023; Clark, 2023; Ulaş & Seçer, 2024). Unlike other forms of non-attendance, school refusal involves marked emotional distress about attending school, difficulties feeling safe or supported in school environments, and collaborative efforts by caregivers and schools to facilitate re-engagement (Kearney & Graczyk, 2020; Pellegrini, 2007). Despite this, responses often rely on generic attendance-focused strategies that overlook the psychological, relational, and systemic dimensions of the problem (Australian Senate Education and Employment References Committee, 2023; Kearney & Graczyk, 2020; Pellegrini, 2007).

1.1. School refusal

School refusal is the term most commonly used to describe an inability to attend school due to high levels of school-related emotional

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distress (Australian Senate Education and Employment References Committee, 2023; Clark, 2023). *School refusal* is typically distinguished from other forms of non-attendance, such as *school withdrawal*, *truancy*, and *school exclusion*, by its child-initiated nature, the presence of significant emotional distress for the young person, and collaborative efforts by caregivers and schools to support re-engagement (Kearney & Graczyk, 2020; Pellegrini, 2007). Terminology in this field, however, is increasingly contested. The term *school refusal* has been criticised for potentially pathologising a young person's distress and implying volitional non-attendance, rather than recognising that many young people experience significant barriers that limit their capacity to attend school. While alternatives such as *school can't*, *school non-attendance*, and *emotionally based school avoidance* have emerged to counter perceptions of wilfulness or defiance, none of the proposed alternatives adequately captures the diversity of experiences across different groups of young people, including those in out-of-home care (OOHC). Consistent with the Australian Senate Inquiry's (2023) recommendation for national alignment of terminology, this review uses *school refusal* as it is the most widely recognised descriptor in the existing literature. This choice supports conceptual clarity and comparability across studies, while acknowledging the need for future consensus on more inclusive terminology.

School refusal is an escalating concern across education and mental health systems (Australian Senate Education and Employment References Committee, 2023; Clark, 2023). The 2023 Australian Senate Inquiry reported a marked increase in school-related anxiety and avoidance since the COVID-19 pandemic, with practitioners and services describing substantial rises in presentations, including reports of cases doubling or tripling in some settings. However, accurately estimating prevalence remains difficult due to inconsistent definitions, variation in attendance coding across jurisdictions, and the ways absences are reported by parents and schools (Australian Senate Education and Employment References Committee, 2023). Existing estimates therefore vary widely: Clark (2023) reports rates of approximately 1–5% across Australian and international literature and notes that school refusal can occur throughout the school years, with peaks around ages 5–6 and 10–11. Havik and Ingul (2021) identify prevalence of around 1–2% in the general population and 5–15% among clinically referred samples of children and adolescents. These definitional and reporting inconsistencies complicate efforts to determine the true scope and nature of school refusal.

School refusal is increasingly conceptualised as a heterogeneous phenomenon and is commonly associated with anxiety, low mood, withdrawal, and somatic symptoms (Chen et al., 2024; Li et al., 2024; Ulaş & Seçer, 2024). Mental health difficulties and disability-related needs are frequently cited as contributing factors (Australian Senate Education and Employment References Committee, 2023; Landell, 2021). Without early identification and targeted intervention, patterns of avoidance can become entrenched and progressively more resistant to change (David & Wise, 2016; Kearney & Graczyk, 2020). These dynamics are particularly relevant for young people experiencing additional adversity, including those in OOHC.

1.2. Out-of-home care (OOHC)

OOHC refers to statutory care arrangements for young people unable to remain safely at home due to abuse, neglect, parental incapacity, or family breakdown (AIHW, 2021). These arrangements include foster, kinship, group, and residential care. Internationally, comparable terms include *care-experienced* and *looked-after children*. Young people in OOHC represent a small but highly vulnerable population, with overrepresentation of those with disabilities and those experiencing socioeconomic disadvantage (AIHW, 2021; Australian Government Productivity Commission, 2024). In Australia and comparable countries, approximately 5–8 per 1,000 children live in OOHC, with rates for Aboriginal and Torres Strait Islander children more than ten times higher (AIHW, 2021; Australian Government Productivity Commission, 2024).

Educational outcomes for young people in OOHC are consistently poorer than those of their non-care peers. Research documents higher absenteeism, increased school mobility, lower academic achievement, and greater risk of early disengagement (Armfield et al., 2020; O'Higgins et al., 2017; Zorc et al., 2013). These disparities are closely linked to trauma exposure, mental health difficulties, and placement instability, which can disrupt learning continuity and undermine school engagement (Armfield et al., 2020; Australian Institute of Family Studies AIFS, 2021; O'Higgins et al., 2017). While many young people demonstrate resilience when supported by stable placements and sustained relationships (Armfield et al., 2020; AIFS, 2021), the broader educational context highlights the importance of understanding how attendance difficulties, including school refusal, may emerge in OOHC.

1.3. School refusal in OOHC

Young people in OOHC may be at heightened risk of school refusal due to the convergence of trauma exposure, placement instability, and systemic barriers (Armfield et al., 2020; Lund & Stokes, 2020). These intersecting experiences can amplify emotional distress and reduce capacity to sustain school engagement (Armfield et al., 2020; Maclean et al., 2020). Disrupted schooling, inconsistent caregiving arrangements, and histories of abuse or loss are associated with increased emotional distress and difficulties sustaining school engagement (Armfield et al., 2020; Maclean et al., 2020). These experiences align with established risk factors for school refusal, including anxiety, emotional dysregulation, and attachment-related distress (Kearney & Graczyk, 2020). Young people in OOHC also experience disproportionately high rates of mental health difficulties that are commonly associated with school refusal (Maclean et al., 2016; O'Higgins et al., 2017). Unmet or under-identified learning needs may intensify distress in school environments that lack flexibility or appropriate support (Armfield et al., 2020; Australian Senate Education and Employment References Committee, 2023).

Relational and systemic conditions further shape school engagement. The absence of a stable, trusted adult advocate can limit access to coordinated support and exacerbate school-related distress (Mandell, 2024; Taussig, 2002). School-level practices such as rigid attendance expectations, exclusionary disciplinary responses, and limited implementation of trauma-informed approaches may contribute to feelings of unsafety, rejection, or exclusion, reinforcing avoidance and disengagement (Devenney & O'Toole, 2021; Ulaş & Seçer, 2024). Relational and trauma-responsive pedagogies emphasise the importance of safety, connection, and attuned adult-student relationships in supporting engagement for young people experiencing adversity (Avery et al., 2023; Ljungblad, 2023).

1.4. Rationale for the review

Despite the convergence of recognised risk factors, school refusal has rarely been examined as a distinct phenomenon within OOHC contexts. Attendance difficulties are typically subsumed within broader analyses of educational disadvantage, trauma exposure, or placement instability, leaving the specific characteristics, contributing factors, and system responses to school refusal in OOHC insufficiently articulated. Consequently, the conceptualisation, prevalence, and intervention approaches relevant to school refusal in this population remain unclear. Given the conceptual heterogeneity and methodological diversity of the available evidence, which does not yet constitute a coherent body of research suitable for systematic synthesis, a scoping review is the most appropriate approach for mapping the breadth and nature of this emerging area. This approach aligns with Joanna Briggs Institute (JBI) guidance, which emphasises the value of scoping reviews for examining emerging, complex, or under-explored topics (Peters et al., 2024). Clarifying how

school refusal is represented in the literature is also essential for resolving the inconsistent terminology and the varied conceptual framings that characterise existing work.

1.5. Aim and research questions of the study

This scoping review aimed to systematically identify, map, and synthesise academic literature relevant to school refusal among young people in OOHC. In the absence of studies directly examining school refusal within this population, adjacent bodies of evidence were also included to capture relevant insights. The review aimed to clarify how school refusal is conceptualised and described, and to establish the extent and nature of the available evidence.

The review was guided by the following research questions:

1. How is school refusal conceptualised and described within the literature concerning young people in OOHC?
2. What individual, relational, educational, and systemic factors are associated with school refusal or refusal-related behaviours among young people in OOHC?
3. What gaps exist in the existing literature regarding school refusal among young people in OOHC?

2. Methods

This scoping review followed the JBI methodology for scoping reviews (Peters et al., 2024) and is reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018). The review process was designed to identify and map academic literature relevant to how school refusal among young people in OOHC is conceptualised and described, and to capture adjacent evidence where school refusal appeared within broader accounts of educational engagement or non-attendance. An a priori protocol was developed to guide the review in accordance with JBI methodology.

2.1. Eligibility criteria

Studies were considered eligible for inclusion when they referred to experiences of school refusal (past or present) among school-aged young people who were currently or previously living in OOHC. Studies involving adults were included when participants retrospectively reflected on their school experiences during periods of OOHC. Eligible sources were peer-reviewed, empirical or non-empirical, published in English, and provided information relevant to both school refusal (or related distress-based attendance difficulties) and OOHC (including terms such as *foster care* or *looked-after children*). This included studies where school refusal was noted only briefly or incidentally within broader accounts of educational experiences. Given the variability in terminology used across the OOHC literature, studies were included when authors used the term 'school refusal' or described refusal-related behaviours in ways that aligned with, or were not contradictory to, contemporary definitions of school refusal (i.e., distress-driven, child-initiated, and known to caregivers). Conversely, studies were excluded when the term was used to describe other forms of non-attendance (e.g., truancy, withdrawal, exclusion). Studies were excluded when they focused solely on truancy, withdrawal, or exclusion, or when they were review articles. Due to the limited literature available, no date limits were applied; the review therefore covered all publication years up to the final search in June 2025.

2.2. Search strategy

The search followed JBI's three-step process: an initial exploratory search, a structured database search, and citation searching. The exploratory search showed that both *school refusal* and *out-of-home care* are described using varied terminology across historical and international literature. Separate exploratory searches were therefore used to identify alternative and related terms for each concept, including attendance-related terms for school refusal (e.g., absenteeism, school avoidance) and a wide range of OOHC descriptors (e.g., foster care, looked-after children). These terms were refined with input from a specialist librarian and the research team, and a single broad strategy was agreed upon for use across all databases. The final search strategy is presented in Table 1.

In January 2025, the strategy was run in four databases relevant to education and psychology: A + Education (Informit), ProQuest Education Database (Clarivate), PsycINFO (Ovid), and Scopus (Elsevier). Searches were limited to peer-reviewed, English-language publications. Citation searching continued throughout screening, and an updated search was completed in June 2025 before data synthesis.

2.3. Study selection

All records were imported into Covidence systematic review software (Veritas Health Innovation, 2025), where duplicates were removed. The first author screened titles and abstracts to remove clearly irrelevant studies that were captured in the broader search (e.g., papers sharing surface-level keywords, but were unrelated to educational contexts). Two reviewers then independently screened the remaining titles, abstracts, and full texts using the eligibility criteria. During full-text screening, reviewers disagreed on 13% of decisions, and all discrepancies were resolved through discussion. The study selection process is presented in the PRISMA-ScR flow diagram in the Results section.

2.4. Data extraction and charting

A data extraction template was developed in Covidence to record study characteristics, participant groups, and findings relevant to how school refusal was conceptualised and described, or associated with individual, relational, educational, or systemic factors in OOHC contexts. To support consistent application of the eligibility criteria, the template also included fields for the terminology used to describe school refusal, any definitions provided, and the contextual framing of refusal-related behaviours. Both reviewers independently extracted data from the first included study to calibrate their approach, then proceeded to extract data independently for all remaining studies. Any differences were resolved through discussion. Extracted data were exported to Microsoft Excel to support organisation and iterative refinement. The full data extraction template is provided in Supplementary File S1.

Consistent with JBI guidance (Peters et al., 2024), no formal critical appraisal was undertaken because the aim was to map existing evidence rather than assess methodological quality. Only peer-reviewed

Table 1
Search strategy for studies on school refusal in out-of-home care.

	Concept area	Search terms
1	School refusal	school AND (refusal OR avoidance OR reluctance OR non-attendance OR phobia OR anxiety OR can't OR absence OR absenteeism OR attendance)
2	Out-of-home care	"out-of-home care" OR "out-of-home placement" OR "OOHC" OR "OHC" OR "foster care" OR "foster child*" OR "kinship care" OR "care system" OR "welfare system" OR "child protection" OR "child welfare" OR "looked-after child" OR "looked-after children" OR "child looked after" OR "CLA" OR "cared-for child" OR "care-experienced" OR "social care" OR "alternate care" OR "substitute care" OR "residential care" OR "group care" OR "public care" OR "state care"
3	1 and 2 combined	AND
4	Limits	Peer-reviewed, English language

Note. The final strategy was applied consistently across all databases following preliminary testing of alternative terms.

publications were included to ensure a minimum level of scholarly rigour.

2.5. Data synthesis

Data synthesis followed JBI's basic qualitative content analysis approach (Pollock et al., 2023). Extracted data were open coded inductively, grouped into categories, and developed into themes that described patterns and gaps across the evidence base. Throughout the open-coding process, analytical notes were kept to document emerging ideas, recurring concepts, and developing category labels. These notes supported iterative refinement of codes, consolidation of overlapping concepts, and the development of themes and subthemes. Themes were reviewed against the extracted data and illustrative quotations were collated to support clarity and consistency in theme development. This process supported a transparent and structured synthesis of how school refusal was conceptualised and described in the literature, and the factors associated with refusal-related behaviours among young people in OOHC.

The primary reviewer's professional experience as a teacher and school counsellor working with young people experiencing school refusal, including those in OOHC, informed the interpretive lens applied

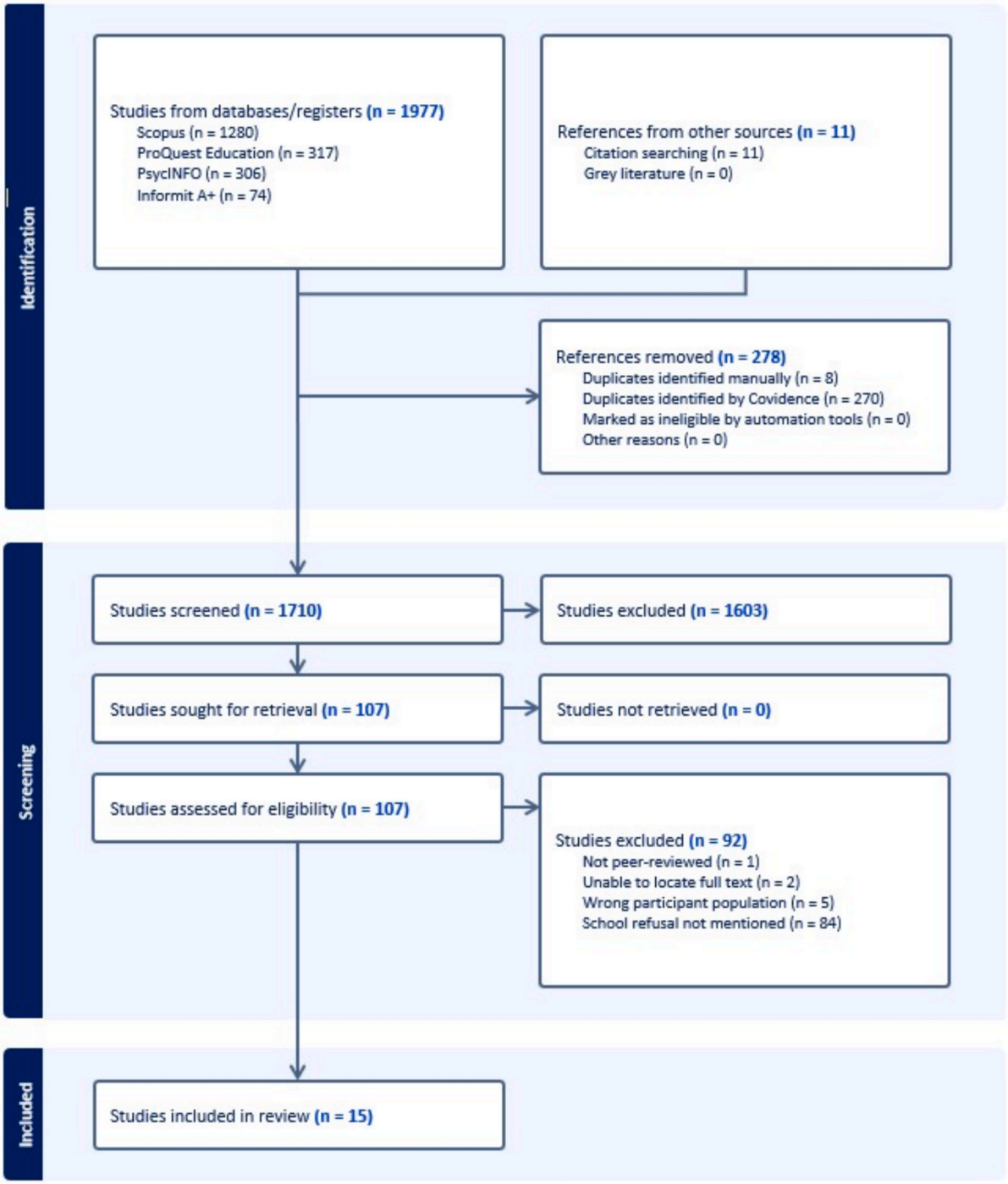

Fig. 1. PRISMA-ScR flow diagram of study selection. Note. PRISMA extension for scoping reviews (PRISMA-ScR) can be found at https://www.prisma-statement.org/scoping.

during coding and theme development. Other members of the research team brought varied methodological experience and professional backgrounds in education, school psychology, and trauma-informed practice, which shaped how they engaged with screening decisions and responded to analytic interpretations. Awareness of these positionalities informed interactions throughout the review process and supported transparency in decision-making.

3. Results

The search and screening process resulted in 15 studies meeting the inclusion criteria for this scoping review – six qualitative studies, six quantitative studies, and three expert opinion papers. The flow of records through each stage of screening, including reasons for exclusion at full-text review, is presented in Fig. 1.

3.1. Description of the included literature

Across the 15 included studies, references to school refusal or refusal-related behaviours appeared within broader discussions of school attendance, engagement, or psychosocial functioning among young people in OOHC. Thirteen studies explicitly used the term *school refusal*, while two described behaviours consistent with refusal – such as avoidance, reluctance to attend, or becoming overwhelmed and unable to attend – without using the term *school refusal* directly. For example, carers in Mercieca et al. (2021) reported young people in OOHC who "don't want to attend because they are in trouble," who "give up," or who struggle to get to or remain at school because they "cannot cope," while Brown (2011) described a young person whose trauma-related distress led to feigned illness to avoid school. Terminology and conceptualisations used across the included studies are summarised in the 'Reference to School Refusal' column of Table 2.

Only one study focused specifically on school refusal, identifying time spent in foster care as a psychosocial vulnerability (Egger et al., 2003). In all other studies, references to refusal were embedded within wider accounts of young people's care experiences, educational trajectories, and psychosocial wellbeing. Although school refusal was not the primary focus of these studies, the descriptions provided sufficient detail to identify how refusal and refusal-related behaviours were understood within OOHC contexts. The included studies varied in country of origin, publication year, methodological approach, and participant groups. These characteristics are summarised in Table 2.

A synthesis of the included studies shows that school refusal was conceptualised in varied and often indirect ways. Some studies described refusal as an expression of emotional or trauma-related distress – for example, anxiety, crisis-induced overwhelm, or avoidance linked to disrupted family relationships (e.g., Brown, 2011; Kliche & Annen, 2025; Mercieca et al., 2021). Others framed school refusal as a behavioural or conduct-related problem, listing it alongside truancy, oppositionality, or broader 'problem behaviours' (e.g., Frederico et al., 2008; Malvaso & Delfabbro, 2015; Weinman, 1990). Several studies embedded school refusal within wider patterns of disengagement arising from instability, exclusion, or cumulative adversity, where disrupted schooling, placement change, or negative stereotyping contributed to avoidance (e.g., Gilbertson & Barber, 2003; Macleod et al., 2021; Zeller & Köngeter, 2012). In many cases, internalising distress was overlooked or misinterpreted as externalising behaviour, and institutional responses such as exclusion, rigid attendance policies, or lowered expectations shaped how refusal was understood (e.g., Basu & Isaacs, 2019; Tilbury, 2010). Compared with the general school refusal literature – which typically emphasises anxiety-based avoidance and caregiver-school collaboration – the OOHC literature situated refusal within structurally produced conditions such as placement disruption, fragmented assessment pathways, relational discontinuity, cultural dislocation, and inconsistent adult advocacy. These OOHC-specific dynamics meant that refusal was also, at times, conceptualised as an adaptive response to cumulative disruption rather than a discrete, individually located problem (Egger et al., 2003; Frederico et al., 2008; Tilbury, 2010). Although authors varied in the terminology and conceptual frameworks they used, the included studies described forms of non-attendance that were broadly consistent with contemporary understandings of school refusal as a distress-driven, child-initiated, and carer-visible phenomenon. This conceptual heterogeneity is itself a notable feature of the OOHC literature and highlights the need for greater definitional clarity in future research.

3.2. Synthesis of the data

An inductive synthesis of the charted data was undertaken to identify and organise the factors associated with school refusal and refusal-related behaviours among young people in OOHC. This process resulted in four overarching themes – stability, mental health, relationships, and educational experiences – each comprising several subthemes that reflected the range of individual, relational, educational, and systemic influences described across the included studies. As the factors described in the included studies were often interrelated, some natural overlap occurred across themes and subthemes; this is noted here to contextualise areas where narrative connections may appear. Fig. 2 provides a visual overview of these themes and subthemes. Conceptual definitions for each theme and subtheme are presented in Supplementary Table S1, and illustrative quotes supporting each subtheme are presented in Supplementary Table S2. A summary of factors associated with school refusal among young people in OOHC, organised into potential risk and protective categories based on their reported function within the included studies, is presented in Supplementary Table S3.

3.2.1. Stability

Stability was identified as a foundational theme and refers to the consistency and continuity of living arrangements, caregiving, routines, cultural connections, and school environments experienced by young people in OOHC. Across the included studies, stability was described as a longitudinal condition shaped by interactions between individual histories, caregiving environments, cultural alignment, and the functioning of education and service systems. These interacting conditions contributed to either continuity, predictability, and safety, or conversely, fragmentation, disruption, and compounding adversity. Frederico et al. (2008, p. 357) noted that "the cumulative harm associated with their experiences of trauma and deprivation…is likely to have the largest impact on their current functioning and future development." In contrast, Weinman (1990, p. 59) described stability as providing opportunities for "nurturing, appropriate dependence, safety, and security." Four subthemes were identified within this domain: foundational experiences, placement conditions, transitions, and systemic functioning.

3.2.1.1. Foundational experiences. Foundational experiences refer to the early family, community, and environmental circumstances shaping young people's lives before entering OOHC. Across the included studies, early adversity – such as trauma exposure, neglect, disrupted caregiving, and family dysfunction – was frequently reported as influencing emotional and behavioural patterns that could include school avoidance or refusal-related behaviours (Basu & Isaacs, 2019; Brown, 2011; Frederico et al., 2008; Hiller et al., 2023; Zeller & Köngeter, 2012). These experiences were described as affecting stability at multiple levels: individually, young people carried emotional distress and coping responses into school (Brown, 2011); relationally, disrupted attachment and experiences of rejection undermined trust in caregivers and teachers (Gilbertson & Barber, 2003; McCarney, 2010); and environmentally, socioeconomic disadvantage, parental mental health difficulties, or incarceration contributed to instability that extended into educational contexts (Egger et al., 2003; Weinman, 1990). Several studies noted that

Table 2
Details of included studies.

	Study/year/location	Aims/objectives	Participants	Study design & methodology	Reference to school refusal	Conclusions/recommendations
1	Basu & Isaacs (2019) ***Australia***	To examine the cultural backgrounds, common mental health disorders, and psychosocial stressors among transcultural patients at a regional Victorian CAMHS.	101 transcultural CAMHS clients – subset of young people in OOHC	Quantitative *Descriptive analysis of clinical data*	School refusal and OOHC both listed as psychosocial stressors.	Equipping clinicians with broader cultural awareness can result in better outcomes for young people.
2	Brown (2011) ***USA***	To chronicle the lifespan development of a young person (who experienced extreme conflict in family, school and community) and the forces that led to healing and resilience.	1 care-experienced young person (approximately 65yrs of biographical detail)	Qualitative *Autoethnographic case study*	School refusal behaviours (falling attendance, faked illness to avoid school) highlighted as a response to trauma from parental relationship dysfunction.	Aim for one appropriate placement for stability and best outcomes.
3	David & Wise (2016) ***Australia***	To provide a description and evaluation of the TEACHaR Program pilot which aims to address the problem of educational underperformance and disengagement among young people in OOHC.	37 young people in OOHC involved in the TEACHaR Program	Quantitative *Program description and outcome evaluation*	Link indicated: academic underachievement > low self-confidence > disengagement > school refusal > deeper learning gaps > chronic school refusal.	The TEACHaR Program is effective in improving the educational trajectory, including increased attendance, of young people in OOHC. Central to its effectiveness: cross-sector collaboration, use of qualified teachers, high aspirations for young people.
4	Egger et al. (2003) ***USA***	To examine the associations between anxious school refusal, truancy, and psychiatric disorders in young people using a descriptive (rather than etiological) definition of school refusal, and to explore links between school refusal and specific fears, sleep issues, and somatic symptoms.	1422 young people (9-16yrs) from a community sample – subset of young people in OOHC	Quantitative *Descriptive and regression analysis*	Three types of 'school refusal' explored: pure anxious, pure truant, mixed school refusal. Anxious school refusal significantly associated with psychopathology and adverse home and/or school environments.	Nuanced assessment and targeted interventions are required to improve outcomes for young people.
5	Frederico et al. (2008) ***Australia***	To examine the impact of abuse and neglect on young people's development and wellbeing, focusing on both the cumulative nature of these experiences and their long-term consequences.	499 young people in OOHC (0-18yrs) involved in the Take Two Program	Quantitative *Descriptive analysis of structured data*	School refusal categorised as a 'serious' consequence of emotional & psychological harm.	Therapeutic interventions must adopt both systemic and child-focused approaches, grounded in a holistic understanding of abuse and its impacts.
6	Gilbertson & Barber (2003) ***Australia***	To investigate how systemic shortcomings impact foster care placement outcomes by exploring carer perspectives, assessing the adequacy of formal support during placement difficulties, and identifying potential interventions that could have preserved placements.	16 young people in OOHC (10-17yrs) – 19 foster carer perspectives	Qualitative *Thematic analysis of semi-structured interviews*	School refusal listed as a problem behaviour, amidst multiple others, linked to the breakdown of foster placement.	Well-informed, prepared, and supported carers help provide stability for vulnerable young people and reduce harm from repeated placement breakdowns.
7	Hiller et al. (2023) ***England***	To prompt reflection and dialogue among practitioners responsible for assessing young people in care, provide an overview of assessment measures currently in use, and advocate for the application of standard diagnostic frameworks in formulating and managing the mental health needs of young people in OOHC.	Young people in OOHC – no specific participants (non-empirical paper)	Expert opinion *Commentary and synthesis of existing evidence*	School refusal listed as one of the many complex and competing needs of young people in OOHC (noted alongside placement instability and serious risky behaviour).	Immediate action is required to meet the mental health needs of young people in OOHC, using current evidence while advocating for more funding.
8	Kliche & Annen (2025) ***Germany***	To describe the breadth and variance of the biographical significance of families of origin, foster families or residential care and homelessness on school attendance from the perspective of young adults.	7 young adults (18-23yrs) – currently homeless; 4 care-experienced	Qualitative *Narrative analysis of semi-structured interviews*	School refusal noted as a type of attendance issue related to difficult family background or OOHC involvement.	Providing early intervention, empathy, encouragement of personal educational goals, and stable adult relationships is crucial for supporting young people before they leave care, leave school, or risk homelessness.
9	Macleod et al. (2021) ***Scotland***	To explore how care-experienced young people in Scotland navigated their care identity, mental health, and school exclusion.	19 care-experienced young people (aged 12-27yrs)	Qualitative *Secondary interview analysis*	Exclusion and negative stereotyping may contribute to school disengagement; 4 of the young people involved in this study experienced school refusal.	Young people responded positively when their complex identities were recognised, and opportunities were provided for these to be explored and expressed.

(*continued on next page*)

Table 2 (*continued*)

	Study/year/location	Aims/objectives	Participants	Study design & methodology	Reference to school refusal	Conclusions/recommendations
10	Malvaso & Delfabbro (2015) ***Australia***	To identify factors associated with offending among a group of young people with a history of placement disruption.	301 young people in OOHC (10-18yrs) with two or more placement breakdowns within the first 2yrs in care	Quantitative *Descriptive and regression analysis*	School refusal associated with conduct disorder (CD) and described as a problem behaviour; indicated as a predictor for offending behaviour.	Early identification of factors contributing to young people offending can lead to improved outcomes while reducing the broader financial, physical, and emotional costs of crime for governments and society.
11	McCarney (2010) ***Northern Ireland***	To examine the use of restorative conferencing and informal restorative justice approaches in managing challenging behaviour among young people living in residential care (Intensive Support Unit – ISU), with a particular focus on addressing offending through restorative rather than punitive means.	Young people in OOHC – no specific participants (non-empirical paper) but 3x illustrative case studies (young people aged 15-17yrs) included	Expert opinion *Practice commentary with illustrative case examples*	School refusal noted as a problem behaviour for 1 of 3 young people presented in case study. School attendance and attainment improved for all young people involved in the restorative justice program.	The adoption of restorative approaches in ISUs coincided with fewer young people entering youth justice (especially at a younger age), indicating these practices likely benefit vulnerable young people.
12	Mercieca et al. (2021) ***Scotland***	To explore the educational experiences of looked after young people in a Scottish local authority.	16 focus groups and numerous individual interviews with young people in OOHC, their carers & their educators	Qualitative *Thematic analysis of interviews and focus groups*	Challenging behaviours of young people in OOHC can lead to trouble and exclusion from school, which makes them reluctant to return, and changes in care circumstances can impact school engagement and therefore attendance.	Academic achievement and school attendance, while valued by schools, may not be priorities for young people in OOHC or their caregivers. Their educational journeys are often complex, requiring sensitive and collaborative support for improved outcomes.
13	Tilbury (2010) ***Australia***	To investigate the educational status and needs of young people in foster care, with the goal of informing the development of services and strategies that enhance their school experiences and improve educational outcomes.	39 young people in OOHC (aged 6-16yrs)	Quantitative *Clinical data mining of case records*	Attendance issues are noted but they are generally in relation to disruptions associated with placement changes, exclusions and truancy. It is possible that such disruptions may lead to disengagement and subsequent school avoidance.	Improved educational outcomes rely on strong, coordinated partnerships across child protection, education, and health care systems.
14	Weinman (1990) ***USA***	To describe a residential facility serving pregnant teenagers, detailing its clients and programs, while advocating for the ongoing necessity of residential services, particularly for high-risk youth.	Young people in OOHC – no specific participants (non-empirical paper)	Expert opinion *Descriptive program overview with illustrative examples*	School refusal indicated as a response from pregnant teens to crisis-induced overwhelm and family conflict.	Public funding for residential services is vital for supporting at-risk young mothers and their babies. These services deliver cost-effective care that promotes stability, school retention, financial independence, and healthy development.
15	Zeller & Köngeter (2012) ***Germany***	To explore the link between biographical and academic learning processes in young people with experience of residential care.	2 young women (selected from original sample of 15) who had transitioned from residential care	Qualitative *Biographical case study analysis using a social-pedagogical framework*	School refusal noted as higher among young people in care compared to non-care peers. Situations involving biographical crisis tend to impact school attendance.	Considering biographical sensitivity and learning process when supporting young people in care and care-leavers, can help stabilise school attendance and improve educational outcomes.

Note. None of the included studies examined school refusal among young people in OOHC as a primary focus; references to school refusal or refusal-related behaviours were indirect and appeared within broader discussions of attendance, engagement, wellbeing, or psychosocial functioning.

these early adversities were associated with emotional and behavioural responses that complicated educational engagement and increased vulnerability to school refusal (Hiller et al., 2023; Mercieca et al., 2021). As Brown (2011, p. 13) observed, "the problems had started early for the boy…". Some studies also indicated that early recognition of these experiences, combined with responsive relational and educational support, could moderate these trajectories, particularly where subsequent care contexts were stabilised (Frederico et al., 2008; Zeller & Köngeter, 2012).

3.2.1.2. Placement conditions. Placement conditions refer to the structural and relational features of OOHC settings that shape a young person's day-to-day care environment. Across the included studies, different care environments – residential care, foster care, and kinship care – were reported to have varying influences on school attendance and engagement, with residential care most frequently associated with more adverse patterns (Gilbertson & Barber, 2003; McCarney, 2010). Placement stability, caregiver support, and the educational orientation of the care environment were described as contributing to a young person's capacity to participate meaningfully in education (Gilbertson & Barber, 2003; David & Wise, 2016). Predictable routines, supportive caregiving relationships, and recognition of cultural identity were noted as features of more stable placements, while instability, safety concerns, or poor relational or cultural fit were associated with disrupted attendance and heightened risk of school refusal (Gilbertson & Barber, 2003; Frederico et al., 2008; Kliche & Annen, 2025). Brown (2011, p. 17) emphasised the importance of careful placement decision-making, asserting that "we as helping adults must make certain that a child's first placement…is the best and only placement".

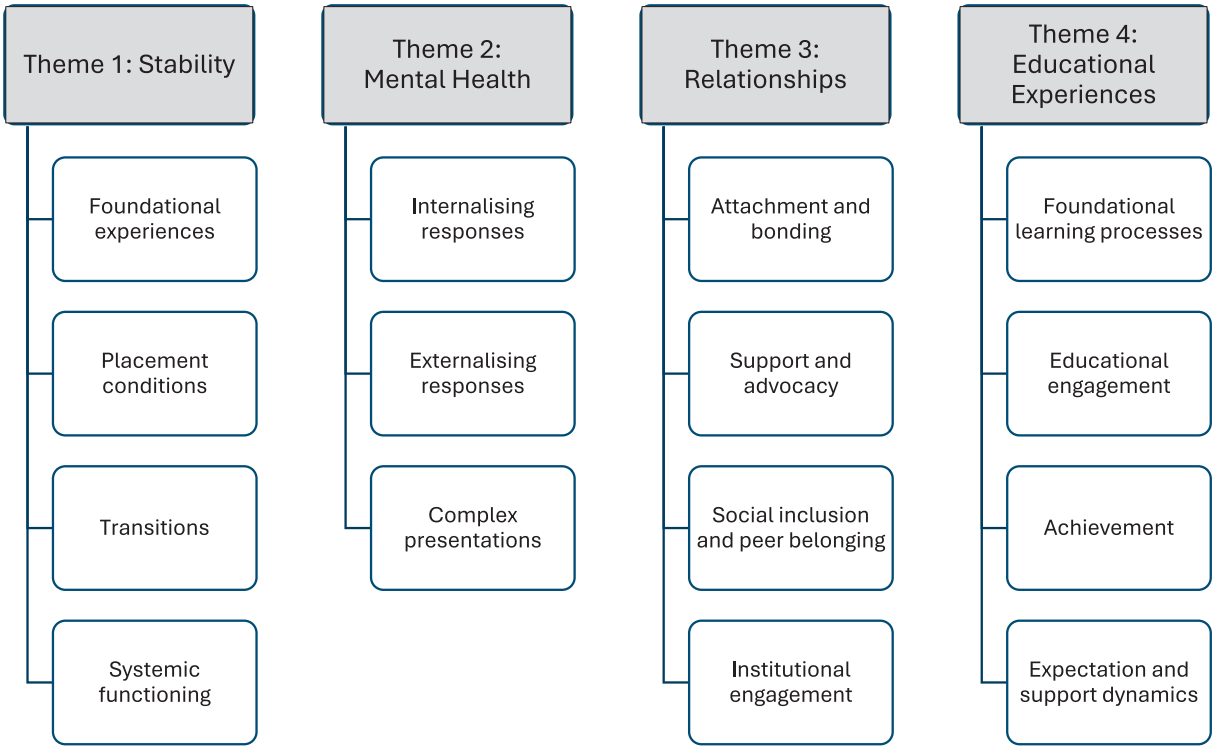

Fig. 2. Themes and Subthemes.

3.2.1.3. Transitions. Transitions refer to movements between placements, schools, or service providers that can either disrupt or support continuity. Such transitions were associated with fragmented learning trajectories, loss of relationships with peers and trusted adults, and increased emotional distress, complicating school engagement and learning progress (Kliche & Annen, 2025; Macleod et al., 2021). When transitions occurred without adequate preparation, information sharing, or coordinated support, these difficulties were amplified (Gilbertson & Barber, 2003). In contrast, proactive planning, clear communication, and continuity-focused practices mitigated the adverse effects of transitions (Tilbury, 2010). As Gilbertson and Barber (2003, p. 338) observed, "the problem of placement breakdown and, possibly, the decrements associated with serial placement instability, appear to be exacerbated by poor placement preparation and support".

3.2.1.4. Systemic functioning. Systemic functioning refers to the processes, resources, and collaboration mechanisms across education, health, and child protection systems that enable or undermine stability. Fragmented responsibilities and delayed responses were described as undermining continuity of care and educational engagement, while inadequate support structures and high caseloads constrained carers' capacity to sustain stable placements and promote school participation (Gilbertson & Barber, 2003). A young person's inclusion in decision making was also noted as critical: transparent communication fostered trust and continuity, whereas exclusion compounded instability (Kliche & Annen, 2025; Macleod et al., 2021). As Tilbury (2010, p. 13) noted, educational success for young people in care depends on "successful coordination between multiple elements of the child protection, education, and health care systems".

3.2.2. Mental health

Mental health was identified as a core theme and refers to the emotional, behavioural, and psychological responses of young people in OOHC to adversity and instability. Across the included studies, mental health difficulties were consistently reported as more prevalent among care-experienced young people than among their non-care peers, and were frequently associated with school refusal, emotional distress, and impaired functioning (Basu & Isaacs, 2019; Brown, 2011; Egger et al., 2003; Frederico et al., 2008; Hiller et al., 2023). As Hiller et al. (2023, p. 12) observed, "children in out-of-home care have all experienced adversity, and most have been exposed to maltreatment," and noted that extensive evidence identifies these experiences as key risk factors for mental health difficulties. Reporting of mental health variables was inconsistent, with some studies using formal diagnostic frameworks (Egger et al., 2003; Hiller et al., 2023) and others relying on descriptive accounts from carers or practitioners (Frederico et al., 2008; Brown, 2011). This variability limited comparability across studies and highlighted gaps in the systematic assessment of emotional and behavioural difficulties for young people in OOHC. Mental health concerns in the included studies were described across three subthemes: internalising responses, externalising responses, and complex presentations.

3.2.2.1. Internalising responses. Internalising responses refer to inwardly directed emotional and cognitive distress arising from the mental health impacts of adversity and instability. Across the included studies, young people in OOHC were reported to experience anxiety, low mood, shame, low self-esteem and feelings of helplessness, which were described as contributing to withdrawal, reduced participation in school activities and school refusal (Brown, 2011; Egger et al., 2003; Hiller et al., 2023; Zeller & Köngeter, 2012). These responses were commonly framed as emotional reactions to overwhelming distress and diminished coping capacity, rather than oppositional or wilful behaviour (Egger et al., 2003; Hiller et al., 2023). Brown's (2011, p. 14) autoethnographic account vividly captures this form of distress, describing an "emotionally devastated" young person who cried uncontrollably while concealing his emotions from others. Several studies also noted that internalising distress was frequently under-recognised in practice contexts, particularly when more visible externalising behaviours drew practitioner attention, resulting in unmet emotional and mental health needs (Hiller et al., 2023; Macleod et al., 2021). In contrast, early identification and emotionally attuned responses were described as potentially protective, supporting de-escalation and sustained

engagement in education (Hiller et al., 2023; Macleod et al., 2021).

3.2.2.2. Externalising responses. Externalising responses refer to outwardly directed behavioural expressions of distress linked to the mental health impacts of adversity and instability. Across the included studies, externalising behaviours included aggression, oppositional behaviour, delinquent acts, property damage, and school refusal, with some accounts interpreting school refusal as disruptive or oppositional conduct rather than an expression of emotional distress (Egger et al., 2003; Gilbertson & Barber, 2003; Malvaso & Delfabbro, 2015). Such behaviours were often described within broader constellations of escalating distress. (Gilbertson & Barber, 2003; Hiller et al., 2023). Gilbertson and Barber's (2003, p. 332) qualitative analysis illustrates this pattern, describing young people who displayed "multiple problem behaviours including…repeated acts of property damage, verbal abuse, self-harm, running away, [and] school refusal." Several studies reported that these behaviours frequently attracted disciplinary action or justice system involvement, particularly when interpreted as wilful misconduct (Malvaso & Delfabbro, 2015; McCarney, 2010; Tilbury, 2010). Other accounts described trauma-informed, relational or restorative responses as reducing behavioural escalation and supporting continued engagement (McCarney, 2010; Tilbury, 2010).

3.2.2.3. Complex presentations. Complex presentations refer to co-occurring diagnoses and multifaceted symptom profiles reflecting cumulative adversity and developmental vulnerability. Across the included studies, young people were frequently described as presenting with combined internalising and externalising symptoms alongside multiple clinical diagnoses, including complex PTSD, ADHD, ODD, CD, and DMDD (Basu & Isaacs, 2019; Egger et al., 2003; Frederico et al., 2008). School refusal was commonly situated within these complex constellations rather than appearing as an isolated concern. Egger et al. (2003, p. 804), for example, reported that "88% of mixed school refusers had at least one DSM-IV disorder," leading the authors to argue that school refusal should be treated as a red flag for broader psychopathology. Hiller et al. (2023, p. 13) similarly noted that "many children in out-of-home care presenting to mental health services will have competing complex needs, such as placement instability, school refusal, or serious risky behavior." Several studies also described fragmented or delayed assessments and gaps in service responses in the context of these complex presentations (Hiller et al., 2023).

3.2.3. Relationships

Relationships were identified as a core theme and refer to the connections young people in OOHC form, maintain, and lose with caregivers, other adults, peers, and institutions (Frederico et al., 2008; McCarney, 2010; Zeller & Köngeter, 2012). Across the included studies, relational continuity, recognition and advocacy were described as supporting engagement in education, while relational disruption, exclusion and unsupportive institutional interactions were associated with diminished participation and school refusal (David & Wise, 2016; Gilbertson & Barber, 2003; Kliche & Annen, 2025; Macleod et al., 2021; McCarney, 2010; Mercieca et al., 2021). Relational recognition refers to being seen, heard, and understood by adults in positions of authority, illustrated by one participant who explained, "what mattered most… was access to the professionals who they felt recognised them: as Jill said 'she just got me'" (Macleod et al., 2021, p. 32). The subthemes within this domain are: attachment and bonding, support and advocacy, social inclusion and peer belonging, and institutional engagement.

3.2.3.1. Attachment and bonding. Attachment and bonding refers to young people's capacity to form and sustain trusting emotional relationships with caregivers, educators, and other significant adults. Across the included studies, early trauma, disrupted caregiving, and placement instability were described as contributing to attachment difficulties, undermining trust in adult figures and complicating relational engagement within both care and school settings (Brown, 2011; Frederico et al., 2008; Zeller & Köngeter, 2012). Malvaso and Delfabbro (2015, p. 3567) observed that, "placement instability and unpredictability in their caregiving environments…can inhibit their capacity to form attachments with caregivers and peers." Conversely, other studies noted that stable, nurturing relationships with consistent adults, whether within placements or schools, could potentially mitigate these effects by supporting relational repair and fostering a sense of safety and belonging (Zeller & Köngeter, 2012; Kliche & Annen, 2025).

3.2.3.2. Support and advocacy. Support and advocacy refers to the presence, continuity, and relational involvement of adults such as carers, educators, caseworkers, mentors, and other professionals. Across the included studies, effective advocacy was described as supporting young people's access to services and educational engagement, particularly when adults were able to bridge care and education systems and sustain involvement over time (David & Wise, 2016; Kliche & Annen, 2025; McCarney, 2010). As David and Wise (2016, p. 40) observed, "[TEACHaR] educators are the voice of OOHC in schools and the voice of education in OOHC teams." In contrast, inconsistent or absent advocacy – often linked to workforce gaps, high caseloads, or poor coordination – was reported as undermining carers' capacity to support young people and contributing to unmet educational and mental health needs (Gilbertson & Barber, 2003; Hiller et al., 2023).

3.2.3.3. Social inclusion and peer belonging. Social inclusion and peer belonging refers to a young person's sense of acceptance, identity, and connection with peers across care placements and school settings. Across the included studies, stigma associated with care status, bullying, and frequent placement or school transitions were described as contributing to social isolation and heightened school avoidance (Egger et al., 2003; Macleod et al., 2021; Mercieca et al., 2021). Macleod et al. (2021, p. 30) reported that "Jill described other pupils referring to her as 'the weirdo', whilst Kim told how classmates discovered she lived in the local residential care home and called her 'the psycho kid'." In contrast, stable peer networks, prosocial peer connections, and supported introductions into new school environments were described as facilitating social integration and educational participation, particularly when relational safety was established early (Brown, 2011; Kliche & Annen, 2025).

3.2.3.4. Institutional engagement. Institutional engagement refers to young people's experiences of trust, respect, voice, and partnership in their interactions with schools and community agencies. Across the included studies, rigid attendance expectations, punitive disciplinary responses, and siloed communication between education and care systems were described as contributing to distrust and disengagement (Gilbertson & Barber, 2003; McCarney, 2010; Tilbury, 2010). Macleod et al. (2021, p. 30) illustrated how institutional practices could compromise confidentiality and dignity, with one young person recalling, "Social Work used to try to come into my classroom and go, 'Mary, you've got a meeting' in front of my full class. And that's how everybody found out that I was in care." In contrast, trauma-informed practices, restorative approaches and coordinated multi-agency responses were described as supporting more inclusive and responsive environments for young people in OOHC (David & Wise, 2016; Frederico et al., 2008; McCarney, 2010).

3.2.4. Educational experiences

Educational experiences were identified as a core theme and refer to the schooling-related processes, environments and supports that shape how young people in OOHC access learning, participate in education and progress academically. Across the included studies, gaps in early learning, inconsistent engagement strategies, and misaligned or delayed supports were described as contributing to ongoing educational barriers,

while timely assessment, flexible provision, and strengths-based approaches were associated with re-engagement and academic progress. As Mercieca et al. (2021, p. 188) observed, "care experienced children and young persons are included and excluded at the same time. Their physical presence in school does not in itself imply a sense of belonging to that school community." The subthemes within this domain are: foundational learning processes, educational engagement, achievement, and expectation and support dynamics.

3.2.4.1. Foundational learning processes. Foundational learning processes refer to early cognitive, emotional, and behavioural skill development, as well as access to timely assessment and intervention before and during early care placements. Across the included studies, trauma-related developmental impacts, neglect, missed screening and limited early intervention were described as contributing to later difficulties in literacy, numeracy and self-regulation (Frederico et al., 2008; Hiller et al., 2023). Several studies also indicated that foundational learning difficulties were not solely the result of school absence but also reflected diluted or ineffective instruction during periods of attendance (Mercieca et al., 2021; Tilbury, 2010; Zeller & Köngeter, 2012). This was illustrated in a carer's account of schooling that prioritised containment over learning: "most of the time he was going about carrying books or feeding the fish tank. He wasn't actually learning anything…" (Mercieca et al., 2021, p. 179). Conversely, routine developmental screening and access to play-based interventions, speech and language services, and self-regulation supports were described as strengthening early skill acquisition and improved readiness for later educational engagement (Hiller et al., 2023).

3.2.4.2. Educational engagement. Educational engagement refers to patterns of attendance, classroom participation, and continuity of learning across placement and school transitions. Across the included studies, placement and school moves, emotional dysregulation and institutional practices misaligned with young people's circumstances were described as contributing to reduced participation and school refusal (Brown, 2011; Gilbertson & Barber, 2003; Kliche & Annen, 2025; Tilbury, 2010). School refusal and avoidance were also described as contextually understandable responses to instability or unmet needs rather than wilful non-compliance (Egger et al., 2003; Frederico et al., 2008; Tilbury, 2010). As Frederico et al. (2008, p. 355) observed, "school enrolment and school attendance are not synonymous." Several studies reported that flexible attendance arrangements, timely re-engagement following transitions and continuity of trusted adults supported sustained participation (David & Wise, 2016; Macleod et al., 2021; Mercieca et al., 2021). In some accounts, school was described as a place of relative safety; Kliche and Annen (2025, p. 18) observed that it could function as "a contrast to the problem-ridden family background, particularly as a safe place".

3.2.4.3. Achievement. Achievement refers to educational attainment and progression over time. Across the included studies, young people in OOHC were frequently described as entering care already behind their peers and experiencing further learning loss due to missed schooling, curriculum misalignment, and limited access to sustained instructional support (David & Wise, 2016; Hiller et al., 2023; Tilbury, 2010). Case file audits and qualitative accounts consistently documented low recorded attainment, with academic progress constrained by disrupted educational continuity rather than ability (Brown, 2011; Mercieca et al., 2021; Tilbury, 2010). Missed instructional time was also linked to lowered expectations from educators. As one educator explained, "staff have had to set their attainment expectations for him lower, not because of his academic ability, but because of how much schooling he's missed" (Mercieca et al., 2021, p. 178). Several studies noted that some young people demonstrated renewed progress when stability was established or when educational pathways were realigned through targeted support or vocational alternatives (Kliche & Annen, 2025; Zeller & Köngeter, 2012).

3.2.4.4. Expectation and support dynamics. Expectation and support dynamics refer to the expectations communicated to young people and the educational supports available to them. Across the included studies, low or constrained expectations – often linked to stigma associated with care status, prior instability, or disrupted attendance – were found to hinder goal setting, motivation, and engagement with learning (Kliche & Annen, 2025; Mercieca et al., 2021). In several accounts, expectations were adjusted downward in response to missed schooling or emotional vulnerability. One educator noted, "they're very good at nurturing her… They are containing her. She's not actually doing any education at all" (Mercieca et al., 2021, p. 178). In contrast, strengths-based approaches that communicated belief in a young person's capabilities, supported aspiration building, and provided coordinated academic or vocational guidance were described as supporting clearer educational pathways (David & Wise, 2016; Macleod et al., 2021; Zeller & Köngeter, 2012). Several studies also reported gaps between identified needs and the provision of meaningful support, particularly where assessment processes were not matched by resourcing or follow-through (Frederico et al., 2008; Tilbury, 2010).

4. Discussion

This scoping review synthesised academic literature relevant to how school refusal is conceptualised and described among young people in OOHC. Despite a comprehensive and iterative search strategy, no studies were identified in which school refusal was the primary focus of investigation for this population. Instead, school refusal and other forms of distress-based non-attendance appeared within broader discussions about educational experiences, disengagement, or wellbeing. This absence represents a notable gap in the evidence base, particularly given the well-established educational disadvantage, mental health vulnerability, and systemic instability experienced by young people in OOHC (Armfield et al., 2020; O'Higgins et al., 2017; Maclean et al., 2016). Consequently, the evidence base for this review relied on interpreting findings drawn from adjacent bodies of literature in which school refusal was presented as one component within broader patterns of disengagement and non-attendance among young people in OOHC (Macleod et al., 2021; Hiller et al., 2023). Across these accounts, school refusal was not defined as a single behavioural category but was described as an emotion-related, distress-based form of non-attendance shaped by instability, relational disruption and systemic conditions specific to OOHC contexts. Importantly, these descriptions did not contradict contemporary understandings of refusal as a child-initiated and typically carer-visible phenomenon. The variability in terminology and conceptualisation across the included studies represents an important ancillary finding of the review, highlighting the need for greater definitional and conceptual clarity in future research and underscoring how inconsistencies within the OOHC literature contribute to ongoing ambiguity surrounding school refusal as a construct.

Within this context, the review makes several contributions. It brings visibility to school refusal as an overlooked but recurrent feature of OOHC research, clarifying how it is situated and referenced within wider narratives of instability, trauma, and disrupted schooling (Frederico et al., 2008; Macleod et al., 2021). The findings suggest that school refusal, as represented in the included studies, is embedded within ecological and systemic conditions, including placement and school instability, fragmented service responses, and the cumulative pressures of system involvement (Hiller et al., 2023; Tilbury, 2010). Additionally, the findings indicate that school refusal was described as emerging through interactions between stability, mental health, relationships, and educational experiences, rather than as a fixed individual characteristic (David & Wise, 2016; Frederico et al., 2008). As

school refusal was rarely the primary focus, these descriptions were often indirect, appearing within broader discussions of attendance, wellbeing or behaviour rather than as standalone analyses. Finally, the review offers a clarified description of how school refusal is represented in OOHC contexts: not as a discrete diagnostic category, but as a form of educational disengagement that develops within a young person's lived experiences of navigating care, relationships, and schooling (Macleod et al., 2021).

4.1. Summary of evidence

Across the 15 included papers, four interconnected themes – stability, mental health, relationships, and educational experiences – were identified as central to understanding how school refusal and related disengagement were described for young people in OOHC. While these themes overlap with those identified in the broader school refusal literature, the included studies highlighted OOHC-specific dynamics – such as placement instability, fragmented assessment pathways and inconsistent adult advocacy – that shape how refusal is understood in this population. These themes align with broader literature on care-experienced young people, which similarly highlights the influence of placement stability, wellbeing, and systemic factors on educational trajectories (Tilbury, 2010; O'Higgins et al., 2017). Importantly, these themes did not operate in isolation but were interrelated in shaping young people's experiences with schooling. This overlap reflects the interconnected nature of the factors described across the included studies, with relational, emotional and structural influences frequently intersecting. Placement instability and poorly managed transitions frequently intersected with trauma-related distress, relational disruption, and fragmented learning experiences, contributing to cumulative patterns of disengagement (Gilbertson & Barber, 2003; Hiller et al., 2023). Within the mapped evidence, educational disengagement therefore appeared to reflect the interaction of multiple, compounding challenges rather than a single precipitating factor. This interconnectedness has important implications for how school refusal is understood and responded to within this population. Interventions focused narrowly on attendance compliance or academic remediation were described as insufficient when underlying relational, emotional, or systemic conditions remained unaddressed. Instead, the literature emphasised the importance of emotional safety, relational continuity, and coordinated system-level support – conditions that are often difficult to sustain within OOHC systems characterised by instability and competing demands (Brown, 2011; Macleod et al., 2021).

When considered collectively, the literature points to a constellation of risk and protective factors relevant to school refusal among young people in OOHC that substantially overlap with those identified for non-care peers, such as internalising mental health difficulties, disrupted learning, peer relationships, and school climate (Hiller et al., 2023; Kearney & Graczyk, 2020). However, for young people in OOHC, these factors were typically described as amplified, cumulative, and shaped by structural conditions. Placement instability, repeated school changes, inconsistent advocacy, trauma exposure, and limited agency in educational decision-making introduce additional layers of complexity, such that responses effective for non-care peers did not necessarily translate directly for young people in OOHC (Kliche & Annen, 2025; Macleod et al., 2021). Established school refusal interventions may still hold relevance, but the literature suggests they require adaptation to account for care-related complexity and the systemic conditions shaping young people's experiences (Hiller et al., 2023; Kearney & Graczyk, 2020). Within these circumstances, school refusal was often described not only as a manifestation of distress but also as a response to instability, overwhelm, or perceived lack of safety within educational environments (Hiller et al., 2023; Macleod et al., 2021). Cultural identity, experiences of marginalisation, and systemic inequities further intersect with these processes, shaping both risk and protection (Basu & Isaacs, 2019; Malvaso & Delfabbro, 2015). Despite these insights, the included studies offered limited examination of the processes through which these factors interact, and few incorporated young people's own perspectives on the development and lived experience of school refusal. The variability in how mental health was assessed and reported across studies further limited comparability, with some relying on formal diagnostic frameworks and others on descriptive accounts. This inconsistency constrains understanding of how emotional and behavioural difficulties intersect with school refusal in OOHC contexts.

Across the included literature, an implicit but unresolved tension was evident in how educational expectations were framed for young people in OOHC who experience school refusal. Several studies emphasised the importance of flexibility, reduced immediate demands, and trauma-informed responses to mitigate overwhelm and disengagement (Frederico et al., 2008; Hiller et al., 2023; Macleod et al., 2021). Others cautioned against the risks associated with chronically low expectations, including diminished aspiration, constrained educational trajectories, and an implicit ceiling on opportunities (David & Wise, 2016; Mercieca et al., 2021). While these emphases were not presented as competing positions within individual studies, the broader literature offered little explicit consideration of how flexibility and aspiration might be held together in practice.

One area where this tension was most visible concerned how expectations were set and adjusted for young people experiencing school refusal. To address this gap, this review introduces *dynamic expectation-setting* as a descriptive conceptual lens generated from the synthesis. Dynamic expectation-setting describes the process by which educational demands are calibrated in response to a young person's emotional, relational, and contextual capacity, while simultaneously communicating sustained belief in their abilities, aspirations, and future potential. Rather than representing a trade-off between wellbeing and achievement, dynamic expectation-setting positions expectations as responsive and fluid, capable of increasing as stability and capacity are restored. Importantly, this framing avoids performance-based pressure or deficit narratives; it does not imply that young people must "try harder," but instead affirms that their potential remains intact and that systems share responsibility for creating the conditions in which that potential can be realised. Although the reviewed literature varied in how expectations were framed, the underlying tension between flexibility and aspiration was consistently present, yet rarely named or theorised (David & Wise, 2016; Mercieca et al., 2021). Its implicit recurrence highlights a critical area for further empirical and conceptual exploration, particularly given its implications for both immediate re-engagement and long-term educational pathways.

Despite the breadth of issues identified, substantial gaps remain. While none of the included studies examined school refusal in OOHC as a distinct or primary focus, they offered valuable indirect insights embedded within broader discussions of non-attendance, behaviour, or educational attainment where school refusal or refusal-related behaviours were mentioned incidentally or as one of several contributing factors (Frederico et al., 2008; Macleod et al., 2021). These indirect accounts provided limited examination of how school refusal develops or is experienced in OOHC contexts, afforded minimal attention to young people's perspectives, and revealed a lack of empirical evaluation of interventions tailored to this population. Notably absent were studies exploring how educational expectations are negotiated, communicated, and adjusted over time within OOHC contexts, despite indications that the way expectations are set and adapted can shape engagement and longer-term educational pathways (Kliche & Annen, 2015; Mercieca et al., 2021). Taken together, these limitations indicate that the current evidence base provides only a partial account of school refusal in OOHC, with key processes and mechanisms remaining under-examined.

4.2. Limitations

This scoping review was designed to map and describe the extent and nature of existing literature. In line with JBI guidance, it did not include

a formal critical appraisal, as scoping reviews do not aim to assess study quality or draw conclusions about effectiveness, prevalence, or the comparative strength of findings (Pollock et al., 2023). As a result, the synthesis presented here is descriptive rather than evaluative, and no claims are made about the robustness or reliability of individual studies. To support a minimum level of scholarly quality, the review was restricted to peer-reviewed publications.

As is common in scoping reviews, it is possible that relevant literature was not captured, particularly given the range of alternative terms used to describe both school refusal and OOHC. This risk was mitigated through systematic identification of alternative terminology, incorporation into a comprehensive search strategy, and an iterative search process designed to maximise coverage. Search parameters may also have contributed to the exclusion of relevant papers. An English-language limitation was applied to ensure accessibility for the research team; while this may have excluded some international studies, preliminary unrestricted searches suggested minimal impact.

A further limitation concerns the variability in how school refusal was operationalised across the included studies. Some authors described refusal in ways consistent with contemporary emotion-based definitions, whereas others grouped it with broader behavioural or conduct-related difficulties. Even in these cases, contemporary understandings of school refusal were not contradicted; however, this heterogeneity reflects longstanding conceptual inconsistency within both the school refusal and OOHC literatures and was therefore treated as an empirical finding rather than a methodological flaw. Although predefined eligibility criteria and dual screening minimised conceptual drift, some variability in operationalisation remained unavoidable.

In addition, although 15 papers were included, none examined school refusal among young people in OOHC as a distinct or primary focus. To ensure relevant insights were captured, inclusion criteria were broadened to incorporate studies with indirect or nuanced references to non-attendance, meaning papers in which school refusal or refusal-related behaviours were noted incidentally or within wider accounts of educational experiences rather than examined as a standalone phenomenon. As a result, conclusions are necessarily tentative. Even with these limitations, the review offers a consolidated understanding of how school refusal is conceptualised and described in OOHC literature, the factors associated with refusal-related behaviours, and the conceptual and empirical gaps that require further investigation.

4.3. Implications and future research directions

This review highlights the need for research explicitly focused on school refusal among young people in OOHC. Future studies should employ qualitative, quantitative, and mixed methods designs to examine how school refusal is conceptualised and experienced, as well as its prevalence, processes, and intervention effectiveness (Australian Senate Education and Employment References Committee, 2023). Research is needed to clarify how established risk and protective factors for school refusal operate differently within care contexts, and which approaches are most effective in preventing escalation and supporting sustained re-engagement (Maclean et al., 2020). In particular, empirical work is required to examine how educational expectations are negotiated, communicated, and adjusted over time, and how dynamic expectation-setting might be understood and enacted across educational and care systems (Mercieca et al., 2021). Given these gaps, system-level approaches that strengthen coordination between education, care and mental health services appear particularly important, alongside practices that foreground relational safety and continuity.

From a practice and policy perspective, the findings suggest that responses to school refusal in OOHC must be integrated, trauma-informed, and system-aware, particularly at the intersections between education, child protection, medical, and allied health services (Australian Senate Education and Employment References Committee, 2023; Devenney & O'Toole, 2021; Hiller et al., 2023). Educational policies and practices should account for instability, relational disruption, and cumulative adversity, while avoiding both punitive, compliance-driven responses, and the unintended consequences of chronically lowered expectations (Hiller et al., 2023; Kliche & Annen, 2025; Mercieca et al., 2021). These findings also align with relational and trauma-responsive pedagogical approaches, which emphasise the role of safety, connection, and consistent adult support in promoting engagement for young people experiencing adversity (Avery et al., 2023; Ljungblad, 2023). Building on these insights, training and guidance for educators, medical practitioners, and allied professionals may also benefit from incorporating dynamic expectation-setting as a complementary skillset, supporting practitioners to navigate the balance between flexibility and aspiration in ways that are developmentally attuned, strengths-based, and responsive to a young person's changing circumstances.

4.4. Conclusion

Very little is currently known about school refusal among young people in OOHC, despite substantial overlap with risk factors identified in the broader school refusal literature (Kearney & Graczyk, 2020). Across the included studies, school refusal was embedded within broader patterns of stability, mental health, relationships, and educational experiences. While many contributing factors are shared with non-care peers, additional relational and systemic challenges complicate both the experience of school refusal and the effectiveness of standard responses (Macleod et al., 2021). By synthesising indirect evidence, clarifying how school refusal is conceptualised and described within OOHC literature, identifying potential risk and protective factors, and introducing dynamic expectation-setting as an under-theorised conceptual consideration, this review offers a foundation to guide future research, policy, and practice. Addressing school refusal among young people in OOHC will require dedicated empirical attention, alongside approaches that recognise both the complexity of their circumstances and their enduring capacity for aspiration, growth, and achievement.

Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work, the main author used Microsoft Copilot to assist with concept clarification and language refinement. After using this tool, the main author reviewed and edited all content and takes full responsibility for the final version of the manuscript.

CRediT authorship contribution statement

Amanda O'Neil: Conceptualization, Methodology, Writing – original draft, Supervision. **Pamela Patrick:** Conceptualization, Methodology, Writing – review & editing, Supervision. **Erin Leif:** Methodology, Writing – review & editing, Supervision. **Emily Berger:** Methodology, Writing – review & editing. **Eugenie Edillo:** Methodology.

Declaration of competing interest

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Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2026.109164.

Data availability

No data was used for the research described in the article.

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