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WHITEPAPER

The Home Visit Companion

Applying foundational and current research to school attendance



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INTRODUCTION

This paper is a research companion for the home visits you already do day to day. It gathers what foundational and recent research says about why children stop coming to school, as added context for the judgment you already bring. The clinical content comes from peer-reviewed research and established professional frameworks, with full references at the end.

By the time a home visit is on your calendar, the attendance problem has usually been building for weeks. The student information system (SIS) shows the absences without showing the why. The reasons sit in nurse logs, counseling notes, discipline records, a teacher's hallway observation, and the family's own account, and most of them stay hidden until someone goes looking.

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This paper is an educational resource. It does not replace professional judgment, district policy, or state and federal law.

SECTION 1

What we mean by school attendance problems

31%

of U.S. students were chronically absent in the 2021-22 school year

28%

were chronically absent in 2022-23

~18 days

Chronic absence means missing roughly 10% of school days, whether excused or unexcused

U.S. Department of Education, n.d.

About 31% of U.S. students were chronically absent in the 2021-22 school year, and about 28% in 2022-23. Chronic absence means missing roughly 10% of school days, about 18 days, whether excused or unexcused (U.S. Department of Education, n.d.). Most of those students never need a home visit. The ones who do tend to be the hardest cases to read from school records alone.

"School avoidance" describes only some of them. The research literature uses a broader term, school attendance problems, and Heyne et al. (2019) propose four types that separate cases by who is driving the absence and why.

TYPE	WHAT DEFINES IT	DO PARENTS KNOW?
School refusal	The child is reluctant or refuses to attend, with emotional distress. Parents have made reasonable efforts, and the child shows no severe antisocial behavior beyond resisting attendance.	Yes
Truancy*	The child is absent for part or all of the day, or at school but in the wrong place, without permission.	Usually not; the child tends to hide it
School withdrawal	A parent keeps the child home or makes little effort to get them there. This can be intentional or unintentional.	Yes
School exclusion	The school causes the absence through inappropriate disciplinary exclusion, failure to accommodate needs, or discouraging attendance outside legal policy. Lawful suspension and expulsion fall outside it.	Not the defining factor

Adapted from Heyne et al. (2019).

*Definitions of truancy vary across states and the research literature, and there is no federal definition. The definition here is adapted from Heyne et al. (2019).

The types overlap. Heyne et al. (2019) report that school refusal and truancy co-occur in roughly 5% to 17% of youth with attendance problems, though most young people (about 83% to 95%) can be reliably classified as one type. A child can also move between types over a school year.

The distinction matters before you knock on the door. A school refusal case points you toward the child's distress. A withdrawal case points you toward what is happening for the parent. An exclusion case may mean the most important conversation is inside the building. School refusal is also not a diagnosis. Heyne et al. (2019) note that about a third of attendance problem cases involve no psychiatric disorder at all.

More recent work pushes in the same direction. Heyne et al. (2024) call for moving away from deficit views of students and families and toward broader influences on attendance, such as housing insecurity, neighborhood violence, and school climate.

SECTION 2

The biopsychosocial and ecological lenses

Engel (1977) argued that illness can't be understood through biology alone. Biological, psychological, and social factors interact, and none of them fully explains a person's condition on its own. It matters here because attendance problems rarely have a single cause, and the first explanation that surfaces is often incomplete.

Applied to attendance, the three domains look like this.

Biological factors include chronic illness, pain, sleep, menstrual health, medication side effects, and neurodevelopmental differences. Kearney (2006) lists medical conditions to rule out in school refusal cases, among them asthma and respiratory illness, diabetes, dysmenorrhea, dental disease, chronic pain, and head lice. Asthma is one of the leading causes of school absenteeism, and in one California study, students at high-poverty schools were about twice as likely to miss school because of asthma as students at low-poverty schools (Meng et al., 2012).

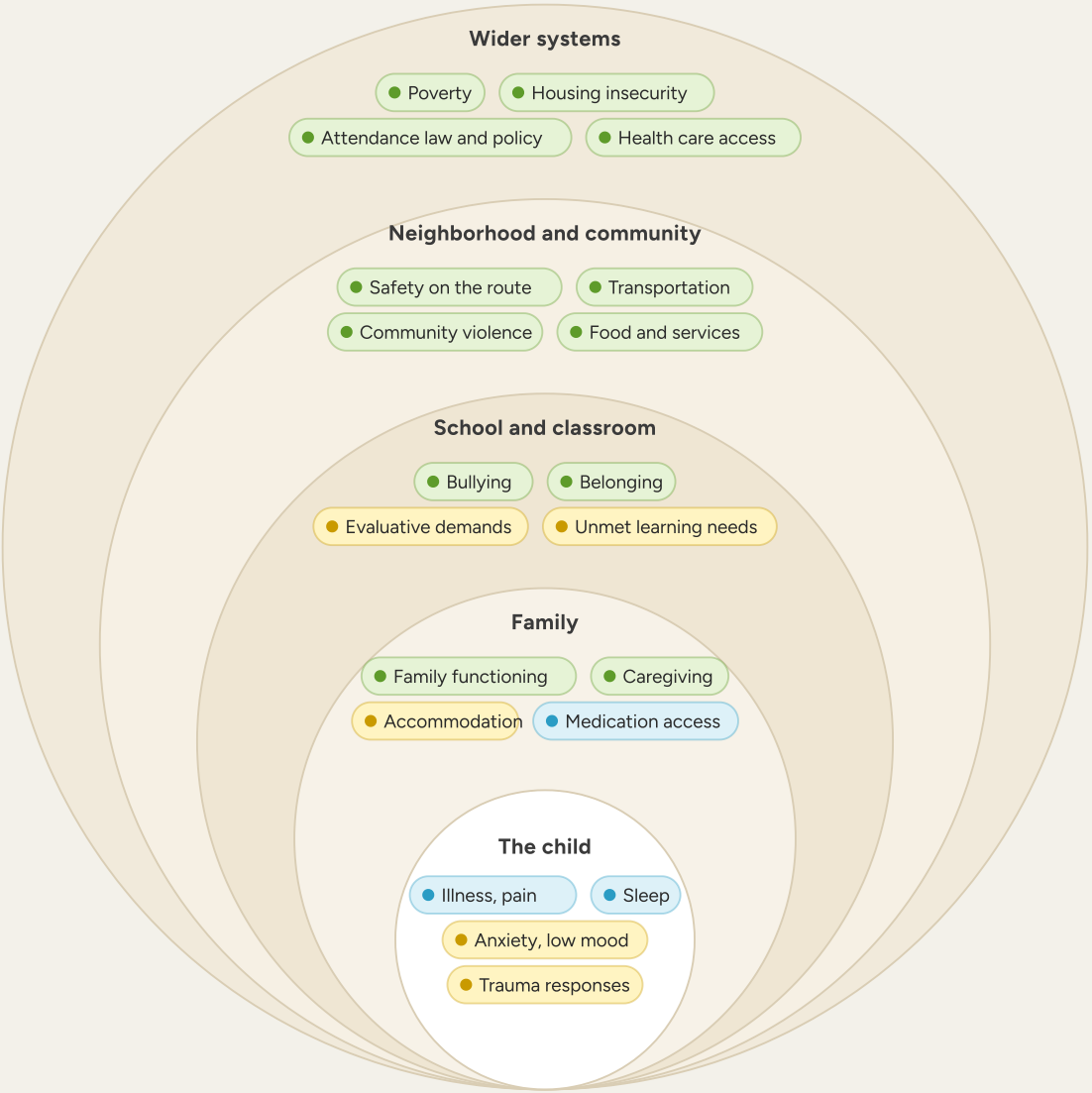
Psychological factors include anxiety, low mood, trauma responses, learning difficulties, and how the child sees themselves as a learner.

Social factors include family functioning, peer relationships, bullying, belonging at school, housing, poverty, and safety in the neighborhood.

Bronfenbrenner's (1979) ecological systems model adds the question of where each factor sits: in the family, the classroom, the school, the neighborhood, or the wider systems around them. Section 5 uses that structure to build a picture of the child before you meet them.

Where attendance factors sit

Biological · Psychological · Social



Example factors placed in Bronfenbrenner's (1979) ecological systems and color-coded by Engel's (1977) biopsychosocial domains. Factors drawn from the sections of this paper.

SECTION 3

Where to start: safety, needs, and priorities

Some concerns come before everything else. Signs of abuse, neglect, or risk of self-harm call for the district's protocol and mandated reporting first. Beyond safety, the factors behind an attendance problem usually overlap, and the question is where to look first.

The most familiar framework for ordering needs is Maslow's (1943) hierarchy of needs, which gave the helping professions a lasting framework for understanding the people they serve. It holds that growth, learning, and connection rest on a foundation of physiological needs and safety, and that idea still shapes how social workers and educators approach an individual who is struggling.

Later research supports parts of Maslow's model and challenges others. Across 123 countries, Tay and Diener (2011) found that the needs Maslow described are universal and consistently tied to well-being. Basic needs were most closely tied to how people rated their lives overall, while social connection and respect were most closely tied to positive feelings day to day. Each need contributed to well-being largely independently of whether the others were met, which does not support a strict hierarchy. They also found that how well needs were met across a whole society predicted a person's well-being beyond their own circumstances. For a child who has stopped coming to school, basic needs, connection and respect at school, and the wider community all matter at the same time.

A trauma-informed approach gives the same starting point clinical grounding. SAMHSA (2014) names safety as the first of six principles, followed by trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and attention to cultural, historical, and gender issues. Taken together, the two frameworks support starting with safety and basic needs while keeping the rest of the child's experience in view.

With safety first, the factors behind an attendance problem tend to group like this:

1. **Immediate safety.** Signs of abuse or neglect, suicide or self-harm risk, violence in the home, or an unsafe route to school. Follow your district's protocol and your state's mandated reporting law.
2. **Basic needs.** Housing, food, clothing, hygiene, and utilities.
3. **Physical health.** Illness that is untreated or poorly managed, pain, sleep, and access to medication.
4. **Safety and belonging at school.** Bullying, discrimination, and whether the child has a relationship with at least one adult in the building.
5. **Emotional and learning factors.** Anxiety, mood, trauma responses, unmet learning needs, and avoidance of academic work.

SECTION 4

Why children refuse school: the functional model

Two children can miss the same number of days for opposite reasons. Kearney and Silverman's functional model (Kearney, 2006), measured by the School Refusal Assessment Scale-Revised (SRAS-R; Kearney, 2002), sorts school refusal by what the absence does for the child.

FUNCTION	WHAT IT CAN LOOK LIKE	MAINTAINED BY
Avoiding school-related things that bring on distress	General dread, physical complaints, worse on school mornings	Negative reinforcement
Escaping social or evaluative situations	Avoiding presentations, tests, the cafeteria, PE, or particular peers	Negative reinforcement
Getting attention from important people	Clinging, distress at separation, wanting to stay home or go to work with a parent	Positive reinforcement
Getting rewards outside school	Sleeping late, screens, time with friends	Positive reinforcement

Functions from Kearney (2006).

The first two functions are about getting away from something at school. The second two are about getting something outside of it. Kearney (2006) notes that a child can refuse school for a combination of reasons, and the function can shift. In his case example, a 13-year-old started out anxious about school in general, and after a few days at home was also refusing because of the video games waiting for him there.

The SRAS-R has child and parent versions, 24 items each, and is a common starting point for this kind of assessment. It has known weaknesses. Heyne et al. (2017) found limited support for its four-factor structure, problems with the wording of eight items, and often low reliability on the subscales. Their adapted version performed better. The model is a useful way to organize what you hear, even when a formal measure isn't part of your role.

Family responses can keep the pattern going. Family accommodation means the changes parents make to reduce a child's anxious distress, and it commonly includes making it easier for the child to avoid school. It brings short-term relief and can maintain the anxiety over time (Norman et al., 2015). Parents who let a child stay home are usually responding to real distress, and a conversation about accommodation goes better when it starts there.

Kearney (2006) gives 10 to 13 as the most common age of onset and identifies school transitions, especially into elementary and middle school buildings, as times of higher risk.

SECTION 5

Before the visit

Much of the picture can be built before the first conversation. School records, staff observations, and what you know about the child's community will suggest hypotheses. The visit is where you test them.

Holding what you learn loosely

Cultural humility asks the practitioner to learn the context before the meeting while staying open to how this particular child and family experience it. Tervalon and Murray-García (1998) describe it as a lifelong practice of self-evaluation, attention to the power imbalance between helper and family, and partnership that isn't paternalistic. The NASW (2015) standards for cultural competence name cultural humility directly, and the APA (2017) multicultural guidelines frame practice through the contexts a person lives in.

> **The family and the child are the experts on their own lives.**

Pre-visit information helps you ask better questions. It can also turn into assumptions. One practical safeguard is to write down what you expect to find before the visit, then compare it with what you hear.

The child in school

The attendance pattern is evidence in its own right. The timing of absences often says as much as how many there are.

PATTERN	WHAT IT CAN SUGGEST	WHO TO ASK
Mondays or after breaks	Separation difficulty, stress at home over the weekend, reluctance after time away	Family, child
Specific class periods	A teacher, subject, peer group, or evaluative demand such as presentations or PE	Child, teacher
Late arrivals or partial days	Morning anxiety, sleep problems, caregiving duties, transportation	Family, child
Nurse visits before a particular class	Physical complaints tied to anxiety about that setting	Nurse, child
Sudden onset after steady attendance	A recent event, such as bullying, a loss, a move, or a community incident	Child, family, counselor
Gradual decline over months	Building academic or social difficulty, or low mood	Teachers, child
Absences that cluster with discipline incidents	Formal or informal exclusion	Administrators

Kearney (2006) recommends reviewing academic records, evaluation reports, attendance records, and any IEP or 504 plan as part of assessing school refusal. Beyond the pattern itself, look at:

- whether IEP or 504 services and accommodations are being delivered as written
- recent changes in grades
- discipline history, including informal removals such as being sent home early
- counselor and nurse contacts
- recent transitions, such as a new school, a new grade level, or a schedule change
- reports of peer conflict or bullying

The child in the school community

How a child experiences school depends partly on who else is there. Before the visit, consider:

- how many students at this school share the child's race, ethnicity, language, or other parts of their identity
- what school climate data shows, if your school collects it, along with any reported discrimination, bullying, or harassment related to who the student is
- how students with disabilities take part in everyday school life

The child in the community

Allen and Tracy (2008) suggest reviewing a neighborhood's strengths, safety challenges, and formal and informal supports before a home visit. For attendance specifically, that review can include:

- recent events that affected many families, such as violence, a death in the school community, or a natural disaster
- housing stability, and whether the family may qualify for McKinney-Vento Homeless Assistance Act support
- the trip to school, including how long it takes and how many buses or transfers it involves
- safety along the route
- access to health care, food, and community services
- the family's preferred spoken and written language, and whether school communications have reached them in it

SECTION 6

During the visit

Your training and your district's protocols cover how to conduct a home visit. This section looks at what the research adds to that practice: how families may receive a visit from the school, what the home itself can tell you, and how what you hear connects to the functions in section 4.

Families may come to the door guarded. An estimated 37.4% of U.S. children are the subject of a child protective services investigation before age 18 (Kim et al., 2017), so a visit from the school can carry history the family doesn't mention.

Allen and Tracy (2008) describe the home as a place to notice strengths as well as concerns: the household's resources, who is present, who leads the conversation, and how comfortable the family seems. In school refusal cases, Kearney's (2006) assessment questions focus on when the problem started, what mornings look like, whether the pattern holds on weekends, and what the child does on days at home. Each of those points back to one of the four functions in section 4.

Conversations about family accommodation tend to go better when they start from the distress a parent is responding to (Norman et al., 2015).

For your own safety, district protocol comes first. Allen and Tracy (2008, adapted from Burry, 2002) also describe preparation such as sharing visit plans with colleagues, considering a neutral meeting place, and debriefing with a supervisor afterward.

SECTION 7

After the visit

What you learn on the visit only helps if it reaches the people who can act on it.

The research points toward matching the response to the type of attendance problem and its function. Anxiety-based refusal points toward a graded return and exposure-based approaches. Withdrawal driven by family circumstances points toward connecting the family with basic-needs supports. Exclusion points back to the school's own practices.

Kearney (2006) describes graded return as the preferred approach for school refusal. It can start with attending at lunchtime, one or two favorite classes, or an alternative setting such as the counselor's office or the library, then move toward the regular classroom. Kearney also recommends keeping a child at school once they arrive unless a serious medical symptom is present, and coordinating the plan between school staff and a clinician.

Kearney and Graczyk (2014) lay out a tiered model for attendance that fits within MTSS. Tier 1 promotes attendance for all students, Tier 2 targets students at risk, and Tier 3 provides intensive, individualized support for chronically absent students. Their more recent model adds dimensions to that pyramid, including the type of attendance problem, its function, school level, and severity, so support can be matched to each student (Kearney & Graczyk, 2020). What you learn on a home visit can also show whether earlier-tier supports were tried, and whether they fit the problem.

Kearney (2006) also includes IEP and 504 plans in the records review, so new or unmet needs, or services not delivered as written, can point toward a team review.

In public schools, the social worker often sits between the family and the legal side of attendance. Compulsory attendance laws set thresholds of unexcused absences that can lead to truancy referrals or court involvement. Kearney et al. (2023) argue that truancy laws and zero-tolerance policies often overlook causes outside a family's control and can make future attendance harder. They describe waiting for a legal threshold before acting as a "wait to fail" approach and recommend early, frequent review of attendance data instead. A Campbell systematic review found that court-based truancy programs were no more effective than school-based or community-based ones (Maynard et al., 2012).

The counselor, nurse, school psychologist, teachers, administrators, and any community providers all hold part of the picture. Allen and Tracy (2008) stress secure records and completed releases of information. The harder problem is usually where those records live. When attendance data is in the SIS, nurse visits are in the health office system, and counseling notes are somewhere else, each person who picks up the case starts over. Shared documentation means the next person starts from what you already know.

> **A graded return also changes what progress looks like. A partial day, a lunch period, or one favorite class counts (Kearney, 2006).**

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How August supports the work around your home visits

The research in this paper depends on information that usually lives in several places. August brings it together for the student support team.

BEFORE A VISIT

The Attendance Assistant connects with supported SIS platforms to flag attendance patterns, including repeated absences from the same class, and logs what families say when they're contacted about an absence. Nurse visits and counseling contacts sit in the same student record.

AFTER A VISIT

Social workers document home visits, safety plans, and C-SSRS screenings in that record, with role-based permissions protecting confidential counseling notes. Families sign consent forms and releases of information by e-signature through the family portal, so a referral to a community provider doesn't wait on a second visit.

ATTENDANCE ASSESSMENTS

Attendance assessments can be conducted within August and logged right on the student's record, so the results are there when the team builds the student's attendance improvement plan.

See the full picture before the visit.

August brings attendance patterns, health office visits, counseling notes, 504 and IEP documentation, and MTSS tracking into one record for your student support team.

See a student's attendance, nurse visits, and counseling history in one record →

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