The effectiveness of UK-based interventions to reduce school exclusion. A systematic review

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ABSTRACT

Background: The United Kingdom (UK) Serious Violence Strategy has recognised school exclusion (an umbrella term for suspension, exclusion for a fixed period and permanent exclusion) as a risk factor for involvement in serious violence. There has been a recent upturn in school exclusions in the UK raising concern for the consequences for young people. This systematic literature review is the first to explore effectiveness of UK-based interventions to reduce school exclusion.

Method: In accordance with PRISMA reporting guidelines seven databases (Web of Science, British Education Index, ERIC, CINAHL, MEDLINE, PsycINFO, Cochrane Library) and grey literature, were searched with key terms and synonyms for child, school, suspension, intervention, and UK utilising the PICO framework. Inclusion criteria were: empirical studies of any design that included pre- and post- measure of impact on exclusion rates, conducted between 2003 and 2023. Eight papers describing seven interventions were identified. The studies were quality reviewed through the Mixed Methods Appraisal Tool. Data was extracted according to a six criteria framework developed by the researchers to identify a hierarchy of interventions: positive effect, theoretical underpinning, multi-level approach, data reliability, intervention fidelity, quality appraisal. Participant demographic characteristics were also extracted.

Findings: Studies that specifically aimed to reduce school exclusion and had a sound theoretical basis were most effective at reducing school exclusion rates. Analysis was corroborated by effect sizes. Objective rather than self-report, indicated more reliable conclusions. However, preventive interventions underpinned by theory and taking a multi-level approach, showed similar efficacy as the study that took a reactive targeted approach. Targeted interventions were often nested in a multi-level approach.

Recommendations: Multi-level whole school approaches were assessed as most effective in reducing school exclusion. However, this review also indicates efficacy of a pupil targeted approach. Both approaches need further study to establish impact over time. Multi-level whole school approaches, led by government initiative, could be a preventative public health approach that would avoid classroom disruption, stigmatisation of the individual child, and staff stress. These are unexplored considerations that warrant qualitative exploration in interventions to reduce school exclusion.

1. Introduction

School exclusion is recognised as a risk factor in the development of youth offending behaviour (Arnez & Condry, 2021).

The Universal Declaration of Human Rights article 26 states the right to education. This is upheld by the United Nations Educational, Scientific and Cultural Organization which also reports on the worldwide phenomenon of a wide variety of forms of exclusion from education linked to social and economic inequality (UNESCO, 2012). The negative social and economic consequences of young people being 'out of school' is a well documented issue. For low and middle income countries this is mostly due to lack of access to school for a variety of reasons: provision, family roles, gender etc (Delprato et al., 2022). In higher income countries primary and secondary schooling tends to be provided by the state. Herein exclusion arises more from being excluded from the school rather than not being able to access schooling. Nevertheless, school exclusion remains a concern, disproportionately affecting specific groups like those with special educational needs, low-income

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backgrounds, and certain ethnic groups (Graham et al., 2019). The rise in exclusion numbers, particularly in countries like England, raises concerns about the impact on children's educational and social outcomes (Black, 2022). Less likely to go on to higher education, more likely to be in receipt of out of work and health benefits by age 24 (Joseph and Crenna-Jennings, 2024), school exclusion also contributes to the vulnerability and exploitation of marginalised young people (Arnez and Condry, 2021).

This paper takes the definition of school exclusion from the School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012, as a term referring to both suspension, exclusion for a fixed period, and permanent exclusion from school. School exclusion is increasingly recognised as a trigger point for criminal exploitation - and punitive responses to some young people's disruptive, and later criminal, behaviour has led to what is referred to as a 'school to prison pipeline' (Morgan, 2021, p159). A study by the Behavioural Insights Team (BIT) with those in police custody in the United Kingdom (UK) highlights this association noting that 72.2 % of those who had a custodial sentence had received a fixed school exclusion compared with 9.0 % of those with no criminal convictions (Barnard et al., 2023).

The UK Serious Violence Strategy (Home Office, 2018) has recognised school exclusion as a possible risk factor for involvement in serious violence. This has been affirmed in a recently published trial in the UK that found that school exclusion roughly doubles the risk of serious violent offending within 12 months (Cornish and Brennan, 2025); and secondary data analysis of the Avon Longitudinal Study of Parents and Children (ALSPAC) by Tippett et al. (2025) which found that children suspended or excluded were four times more likely to self-report violence and five times more likely to have an official police record, after adjusting for a wide range of risk factors.

The Timpson Review of School Exclusion (2019), states school exclusion as a marker for being at higher risk of becoming a victim or perpetrator of crime more generally. However, this is not necessarily a cause-and-effect relationship, the factors that lead to being excluded from school, and subsequently becoming involved in crime are complex, intersectional, contextual and chronological. For example, the BIT study also showed that a large number of young adults who received custodial sentences were identified as vulnerable during childhood. For example, 41.7 % had been children in need and 17.6 % had been children looked after (Barnard et al., 2023). These observations signal wider life events that may warrant consideration in relation to exclusion from school and participation in criminal activity. Nevertheless, it is likely that disrupting, or severing a relationship with school (through fixed term or permanent exclusion), where there is the possibility of interaction with trustworthy adults, association with a constructive peer group, and routes to more positive pathways, may play its part in this trajectory (Arnez & Condry, 2021).

There has been a recent upturn in school exclusions in the UK. The latest government statistics show that there were 6500 permanent exclusions in the 2021/22 academic year, although this is lower than the last full academic year before the pandemic (7900 in 2018/19) (gov.uk, 2024). There were, however, 578,300 suspensions in the 2021/22 academic year. This is higher than pre-pandemic levels (438,300 in 2018/19). The most common reason across all permanent school exclusions was persistent disruptive behaviour, recorded 3050 times, representing 47 % of the total. There are no studies yet on the impact of covid, the increase in exclusions, and psycho-social outcomes for children, however a study by Madia et al, published in 2022, highlighted the negative long-term labour market and economic consequences of school exclusions in England which adds to the picture of potential criminal activity outlined above. Amanda Spielman, Head of the Office for Standards in Education, Children's Services, and Skills (Ofsted), has suggested a possible link between disrupted schooling, and less contact with peers and a wider network of guiding professionals during the Covid-19 pandemic and a negative impact on socialisation. This is borne out in studies by Widnall et al. (2021, 2022) that showed lower school

connectedness predicted increased anxiety upon returning to school, highlighting the importance of ongoing peer and school support structures. Noting, therefore, behavioural challenges as more prevalent (Spielman, 2023). In recognition of the broader connection between being excluded from school and youth violence and criminal gang exploitation, the children's commissioner for England, Anne Longfield, in the report 'Still Not Safe' has called for a reduction in school exclusions as key to reducing the opportunity for child exploitation (Longfield, 2021).

In 2019, the Home Office commissioned 18 Violence Reduction Units (VRUs) across the UK to tackle rising rates of violence and its underlying contributing factors through a coordinated strategic multi-agency public health approach to respond to, or mitigate, serious violence (Association of Police and Crime Commissioners, 2020). The Youth Endowment Fund (YEF) was also established in March 2019 by the children's charity Impetus, and a ten-year mandate from the Home Office with the aim of preventing children and young people becoming involved in violence. In relation to school exclusion the YEF toolkit, an evidence-based resource of what works to reduce youth violence, contains a review of two international reviews of interventions to prevent school exclusion (Gaffney et al., 2021). Their review of reviews finds interventions to reduce school exclusion have low impact on violent crime, low reduction in suspensions, and high reduction in exclusions. The authors noted the heterogeneity of the studies reviewed, rendering it difficult to identify universal effective components. However, it was observed that universal programmes were more effective than targeted approaches with older pupils.

This systematic literature review builds on the findings of the YEF technical report (Gaffney et al., 2021) and is the first to focus on UK-based studies for national applicability, reviewing the primary study evaluations to explore the detail of the intervention components (i.e. 'dosage' and participant characteristics, as well as outcomes) and includes publications up to 2023.

This systematic review of existing literature was commissioned by Thames Valley Violence Reduction Unit to explore 'what works' to reduce school exclusion, to establish existing evidence to inform local intervention.

The review aimed to:

1) explore the evidence base for UK-based interventions aimed at preventing or reducing school exclusion
2) understand whether or how intervention characteristics or components affect their effectiveness
3) make recommendations for future interventions

2. Method

A systematic literature review approach was chosen as it offered a structured, transparent method for identifying and analysing research, helping to minimise bias, summarise evidence, and identify gaps in knowledge. A systematic review of the literature supports evidence-based practice by ensuring decisions are based on the best available research (Aveyard, 2019).

The updated Preferred Reporting Items for Systematic reviews and Meta-Analyses 2020 (PRISMA) guidelines (Page et al., 2021) were followed. The systematic review was registered with the international prospective register of systematic reviews (PROSPERO) in July 2023 (CRD42023438569).

2.1. Search strategy

The PICO framework (Richardson et al., 1995) (where P stands for Patient, Population or Problem; I for Intervention; C for Comparison and O for Outcomes) was used to identify key terms for the research question: What works to reduce school exclusion? Table 1 below sets out the PICO reference search strategy, including synonyms of key terms.

Table 1
Reference search strategy based on PICO framework.

S1	P	Child* OR "Young people" OR "Young person" OR Youth OR Teen* OR Adolescen* OR Pupil* OR Student*
S2	I	School* OR Education* OR College*
S3	C	Suspension OR suspended OR Excluded OR exclusion OR Expulsion OR expelled OR truan*
S4	O	Interven* OR Program* OR Project OR Scheme OR experiment* OR trial OR RCT OR randomized OR randomised OR evaluat*
S5		Great Britain OR GB OR United Kingdom OR UK OR England OR Northern Ireland OR Scotland OR Wales

Seven databases that have a public health and/or educational focus, relevant to the study aim were searched in July 2023: Web of Science, British Education Index, ERIC, CINAHL, MEDLINE, PsycINFO and Cochrane Library. Searches of grey literature were also conducted on Open Grey in August 2023 by one reviewer (MD) under simpler search term strings, such as 'school exclusion', 'school suspension' and 'school expulsion'. Reference lists of previously published reviews on aligned areas that were identified through our database searches were also searched.

The study inclusion criteria were: 1. empirical research studies of any design that evaluated the effectiveness of interventions in preventing or reducing school exclusion in the UK; 2. studies that had an understanding of school exclusion as a formal disciplinary sanction by a school authority which involves the removal of a pupil from their normal schooling hours, either in-school or out-of-school, for a fixed period of time (also known as suspension) or permanently; 3. where studies addressed multiple outcomes such as school exclusion, mental health, criminal behaviour etc, school exclusion was included among their outcomes (interventions did not need to have the explicit aim of reducing school exclusion); 4. studies that compared pre- and post-intervention impact on exclusion rates; 5. interventions delivered or implemented in any setting (i.e., in-school, the community); 6. UK based for contextual and cultural relevance; 7. focused on children aged 4–16 years – of statutory school age in the UK; 8.conducted between 2003 and 2023 for relevance to contemporary education systems; 9. published in English.

2.2. Study selection process

Database searches yielded a total of 1030 records. Duplicates (n = 625) and records out of review date range (n = 63) were removed. The remaining 562 records were imported into Rayyan (a web software tool for screening and selecting records in systematic reviews) to assist blind review. The three reviewers carried out a calibration exercise by screening 30 articles together in Rayyan following the pre-formulated protocol to ensure understanding of the process and consistency in its application. The three reviewers then screened the titles and abstracts of all the records in Rayyan so that each article was independently blind screened by a minimum of two reviewers. The reviewers met, the blinded filter for decisions was removed and any conflicts discussed by the two reviewers who had initially screened it and by a third reviewer when needed. Fourteen records were further identified as duplicates at this stage and 533 were excluded based on not meeting eligibility criteria specifically wrong topic (n = 327), wrong outcome (n = 144), wrong study design (n = 54), wrong population (n = 5), non-UK (n = 3). Thirty-one studies remained for full text review.

Searches of Open Grey generated 16 records, however, none met the study inclusion criteria. Manual screening of the reference lists for 2 topic-relevant systematic reviews identified among the records screened for title and abstract (Valdebenito et al., 2018; Messeter & Soni, 2018) yielded 3 further relevant records, bringing the total of records for full text screening to 34.

Full text screening was carried out through blind review by two reviewers, and consensus achieved through discussion with all three reviewers where needed. Twenty-six records were excluded at the full text screening stage for the reason of: wrong outcome (n = 10), where despite an article being topic relevant, school exclusion was not reported as an outcome in its own right; constituting study protocols (n = 7), therefore with no outcome data; wrong study design (n = 7), where a study was wholly qualitative and/or data was not reported for school exclusion pre or post intervention or both, or general report; wrong topic (n = 1);wrong date range (n = 1).

Eight articles reporting on seven separate interventions met the eligibility criteria and were included in the review synthesis.

2.3. Critical appraisal

The seven intervention studies were appraised using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). The tool was chosen because of the varying designs and methodologies employed by the included studies and the MMAT's applicability to all. Two reviewers (MD and SB) independently appraised the included studies using the MMAT and subsequently met to compare ratings, discuss any differences and agree a final rating by consensus. No studies were excluded on account of poor rigour.

The study selection process is summarised in a PRISMA flow diagram in Fig. 1 below.

2.4. Data extraction

The following data was extracted from the selected intervention studies: intervention design, intervention aim, sample size/specific groups, age range, sex, ethnicity, reported descriptive findings in relation to school exclusion, effect size, type of school exclusion data, implementation fidelity issues. A summary of the selected studies is presented in Table 2.

2.5. Data analysis

Primarily, the synthesis sought to answer the question: what makes an intervention aimed at reducing school exclusions effective? A framework for examining intervention effectiveness was developed by the research team based on four concepts highlighted by Keppens and Spruyt (2020), in their review which explored interventions to mitigate truancy, as important in advancing understanding of interventions to prevent school truancy: the effect size, the theoretical frameworks underpinning interventions, the specific intervention details, and implementation fidelity. The researchers felt this had strong applicability to an exploration of interventions to reduce school exclusion. However, having become familiar with the school exclusion literature two further criteria were added to the framework by the researchers to increase the robustness of the framework: the reliability of school exclusion data utilised in the included studies (which was variable), the robustness of studies undertaken to evaluate the interventions as appraised by the MMAT.

These six criteria married effect, theoretical framework, intervention detail, and fidelity with reliability of data and robustness, for a fuller consideration of what the studies had to offer. The Mixed Methods Appraisal Tool (MMAT) was selected to enable evaluation of the methodological quality across diverse study types within the same review. The use of the MMAT, alongside broader evaluative criteria, ensured a comprehensive assessment of the strengths and limitations of the included studies, irrespective of their methodological approach.

These six criteria facilitate the appraisal of study design, implementation, and effect. The researchers used the extracted data to rate each intervention's effectiveness in relation to critical examination of these six criteria. Devising a framework for evaluating the studies in these areas ensured consistency in rating across all the included studies. A hierarchy of evidence is then suggested based on the outcome of the overall rating for each study. The justification for each criteria is
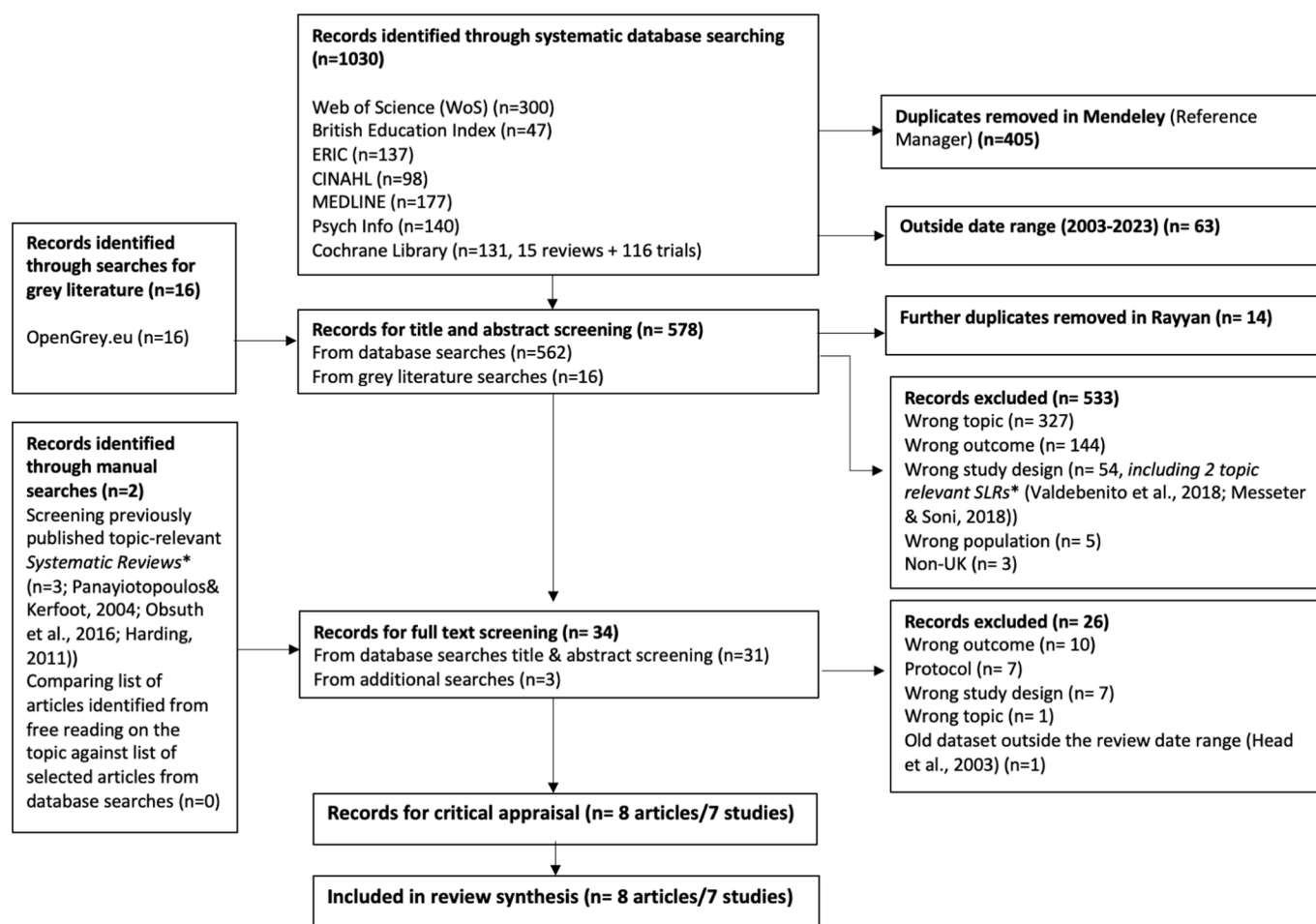
Records identified through systematic database searching (n=1030)

Web of Science (WoS) (n=300)
British Education Index (n=47)
ERIC (n=137)
CINAHL (n=98)
MEDLINE (n=177)
Psych Info (n=140)
Cochrane Library (n=131, 15 reviews + 116 trials)

Records identified through searches for grey literature (n=16)

OpenGrey.eu (n=16)

Records identified through manual searches (n=2)
Screening previously published topic-relevant *Systematic Reviews** (n=3; Panayiotopoulos& Kerfoot, 2004; Obsuth et al., 2016; Harding, 2011))
Comparing list of articles identified from free reading on the topic against list of selected articles from database searches (n=0)

Duplicates removed in Mendeley (Reference Manager) (n=405)

Outside date range (2003-2023) (n= 63)

Further duplicates removed in Rayyan (n= 14)

Records for title and abstract screening (n= 578)
From database searches (n=562)
From grey literature searches (n=16)

Records excluded (n= 533)
Wrong topic (n= 327)
Wrong outcome (n= 144)
Wrong study design (n= 54, *including 2 topic relevant SLRs** (Valdebenito et al., 2018; Messeter & Soni, 2018))
Wrong population (n= 5)
Non-UK (n= 3)

Records for full text screening (n= 34)
From database searches title & abstract screening (n=31)
From additional searches (n=3)

Records excluded (n= 26)
Wrong outcome (n= 10)
Protocol (n= 7)
Wrong study design (n= 7)
Wrong topic (n= 1)
Old dataset outside the review date range (Head et al., 2003) (n=1)

Records for critical appraisal (n= 8 articles/7 studies)

Included in review synthesis (n= 8 articles/7 studies)

Fig. 1. PRISMA flow-diagram for study selection process.

explained in Box 1.

3. Findings

3.1. Overview

Fig. 2 presents the key aspects of the seven studies analysed: the study name; the type of intervention based on theoretical underpinning; the components of the intervention; the intervention duration, setting and target age group; the groups involved. This is presented at the outset of the findings to provide an overview of the interventions included in the review and aid the reader who can then refer to the specific interventions, or hold them in mind, as the findings and analysis are presented. From hereon in, the interventions are referred to by their acronym or short title rather than the authors to relieve the reader of repeatedly needing to refer back to which author is linked to which intervention, and provide clarity regarding which intervention is being discussed.

3.1.1. Intervention approach

The majority of interventions (n = 6) were child-focused and sought to improve the skills and abilities of young people, and those in their support networks (such as parents, teachers, youth workers), to mitigate or avoid the escalation of behaviours that lead to school exclusion. This ranged from formal therapies such as Cognitive Behavioural Therapy (CBT) and counselling (HSSP; and Place2Be), to programmes and approaches that work with behavioural skills (LEIP; BoT) and general youth development (YPDP). A paradigmatic systems approach was

taken through AAS. This approach sought cultural change across the school which aimed, in turn, to change behaviours. The CATE intervention differed in that it explored an interdisciplinary approach to 'managing (school) moves' for young people who had been permanently excluded.

Whilst all interventions included a pre and post intervention measurement regarding school exclusion, only two studies (Place2Be and HSSP) had the main aim of reducing school exclusion through an intervention at school. Place2Be by offering counselling sessions to young people and HSSP by using a range of recognised therapies: family therapy, CBT with the young people, and psychotherapy. CATE measured the impact of a systematic supported approach to changing schools when a child or young person had been permanently excluded. The four other interventions included school exclusion rates in their outcome measures, however, reducing school exclusion was not the primary aim of the study. These used a range of interventions to improve the general social skills and knowledge of young people and the adults in their social networks: group and one to one sessions tackling social communication and social skills (LEIP); training, nurture groups, Theraplay, pupil-teacher relationship training (AAS); resilience coaching (BoT); and a young person's development programme (YPDP).

3.1.2. Recruitment

The primary aim of each intervention influenced recruitment. As both LEIP and HSSP's main aim was to explore the impact of their intervention on exclusion rates, young people who had been excluded were recruited; AAS also included those with unauthorised absence as well as behavioural issues. CATE focused on children and young people who had been permanently excluded. BoT specifically focused on

Table 2
Study characteristics, reported findings and standardized effect size.

Study citation	ID	Intervention Aims	Sample Size #specific group	Age range (years)	Sex	Ethnicity/ Race	Reported descriptive findings (school exclusion)	Effect size (Cohen's d) *	Type of School Exclusion Data	Implementation fidelity issues
Toth et al. (2023)	Quan non-rand	To explore the relationship between school exclusion and mental health for children and YP who received one to one counselling	6712 #children receiving counselling	4–16	53 % M 47 % F	64.3 % White 7.7 % Asian 12.8 % Black 10.3 % Mixed 5 % Other	Counselling was associated with a significant reduction in both the number of fixed period exclusions and duration of exclusions in the year of counselling. Findings were similar for primary and secondary schools.	/	Official records	No
Hart et al. (2022)	MM	To explore whether taking part in Back on Track (BoT) helped reduce difficulties experienced by children in care and improve their prosocial behaviour and educational outcomes, including remaining in education, increased attendance, lower number of fixed-term exclusions and absence of permanent exclusions	39 #children in care	10–15	61.5 %M 38.5 %F	84.6 % White 2.5 % Mixed 12.8 % unknown	Fixed term exclusion rates were similar before and after BoT, but notably, none of the YP was permanently excluded from school during and after BoT.	0.201	Official records	No
Rose et al. (2019)	MM	1. develop a sustainable & replicable training programme promoting attachment-based practice with accompanying strategies and interventions; 2. explore the effectiveness of attachment-based interventions; 3. improve the behaviour and well-being of pupils, attendance and reduce exclusions; 4. create an evidence-base of hard and soft indicators of improved outcomes via mixed method research evaluation.	94	5–16	/	/	A positive impact on pupil behaviour was found with significant decrease in sanctions and exclusions.	0.234*	Official records	No
Obsuth et al. (2016)	RCT	To evaluate an intervention aimed at reducing the incidence and/or frequency of school exclusion, or behaviours associated with exclusion, in a high-risk population of students.	644 #at risk of school exclusion	12–15	71 % M 29 % F	40.3 % Black 30 % White 11.2 % Mixed 10.7 % South Asian 2.3 % Asian 1.5 % Latin American 4 % Unknown	Students in treatment schools were more likely to self-report exclusions. Same direction of findings was revealed by official records and teacher reported exclusion data.	−0.212*	Self-report & Official records	Yes

Table 2 (*continued*)

Study citation	ID	Intervention Aims	Sample Size #specific group	Age range (years)	Sex	Ethnicity/ Race	Reported descriptive findings (school exclusion)	Effect size (Cohen's d) *	Type of School Exclusion Data	Implementation fidelity issues
Wiggins et al. (2009)	Quan non-rand	To evaluate the effectiveness of youth development in reducing teenage pregnancy, substance use and other outcomes.	2371 #at risk of teenage pregnancy, substance misuse & school exclusion	13–15	68 % M 32 % F	23 % Black or minority ethnicity / (rest unknown)	The number reporting temporary exclusion at follow-up 1 was lower than baseline for both intervention and comparison groups, with young women in the intervention group more likely to report higher numbers. At follow-up 2 there were no differences overall or by sex in temporary exclusions.	−0.259	Self-report	Yes
Vincent et al. (2007)	MM	To provide the Local Education Authority with an external and independent view of the effectiveness of the new protocol for improving provision and outcomes for pupils at risk of exclusion. To contrast the experiences and perceptions of those whom the scheme aimed to support with those providing support.	14 #at risk of exclusion	11–16	79 % M 21 % F	/	Pre- and Post-intervention permanent exclusion statistics showed fewer than half as many pupils being excluded since the introduction of the CATE protocol across the seven schools.	/	Official records	No
Panayiotopoulos & Kerfoot (2004; 2007)	RCT	To evaluate a multidisciplinary intervention in addressing school exclusion at the primary level that can act as a potential model for the development of similar services elsewhere.	124	4–12	89 % M 11 % F		The intervention group showed a significant reduction in excluded days between the 2 assessment points while the control group had a slight increase. Although the result did not reach statistical significance, in clinical terms, the intervention was deemed effective in contributing to the reduction of excluded days.	0.302	Official records	No

/ denotes data was not available; *significant effect; negative sign − indicates the effect favoured the control group as opposed to the intervention group. Table.

children and young people in foster care experiencing emotional and behavioural struggles, and Place2Be and YPDP targeted young people with a range of challenges: eating disorders, 'troublesome' behaviour, and family difficulties; and teenage pregnancy, substance use, and those generally 'vulnerable'.

Young people were also identified for participation in the interventions by varying criteria. Three studies took a focused systematic approach to study recruitment. CATE focused on children or young people permanently excluded and were identified through routine statutory process. LEIP and HSSP identified potential participants through routine school documentation. Participants in YPDP were identified by youth workers – and it was not clear whether this was simply through recommendation or more systematic criteria. Participants in Place2Be were identified through teacher, family, or self-referral by the young person. It was unclear in BoT who referred the participants into the study. AAS took a whole school approach.

3.1.3. Participants

No studies focused exclusively on primary aged children. One study, HSSP, focused on primary aged children but extended to include up to 12 years of age to capture their transition into the first year of secondary school. Otherwise the majority of studies included secondary school

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Box 1
Appraisal criteria.

1. Did the intervention have a *positive effect* in reducing school exclusion?

Considering the small number of included studies identified for review, a positive effect was understood as an effect in the direction of the intervention group (where applicable), whether statistically significant or not.

2. Did the intervention have a specific *theoretical underpinning*?

Theoretical underpinning was reviewed from an epistemological understanding that a sound theoretical base is a sound evidence base, with the hypothesis that these would be more effective studies.

3. Did the intervention employ a *multilevel* approach?

This review adopted the hypothesis that a systems approach is more likely to effect cultural and therefore a greater and/or more sustained impact. Multi-level here relates to work being undertaken with other groups beyond children and young people, such as family, teaching/school staff or peers.

4. Did the study use *reliable data* on school exclusion?

Reliability was considered in terms of type of data sources utilised by studies in relation to school exclusion rates/numbers: favouring validated/ objective measures or sources over subjective, self-report methods.

5. Was *implementation fidelity* apparent?

Implementation fidelity was considered an important criterion in reviewing intervention effectiveness. Implementation fidelity issues (whether as reported by study authors or asserted by reviewers on reviewing the study manuscript) could negatively affect rating.

6. Was the intervention evaluated within a robust study?

Assessment of the quality or robustness of the interventions relied on the MMAT appraisal numeric scoring from 0 to 5 added by researchers to reflect the assessment of MMAT items and identified issues (please see Table 3 for MMAT appraisal and scoring). Blinding was not possible in the context of the RCT studies; therefore a score of 4 or 5 was deemed indicative of a robust study.

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aged children, with two (AAS, Place2Be) spanning both primary and secondary aged children. Interventions that focused on general skills improvement for young people, whether through a cohort or individualised approach worked with secondary school aged children. HSSP and Place2Be employed a focused therapy approach and worked predominantly with primary, and all ages (primary and secondary) respectively.

3.1.4. Sex of participants

Six of the studies stated binary sex of participants. Where this was stated, boys were more highly represented than girls. The only exception to this was Place2Be where boys and girls were equally represented. Place2Be focused on mental health outcomes which include both externalising (more typical to boys) and internalising behaviours (more typical to girls). The other studies explored externalising behaviours that lead to school exclusion or the risk of exclusion, and boys are more greatly represented. It is important to be mindful that some studies have small sample sizes. Table 4 offers percentage representation of boys to girls in each study where sex is stated.

3.1.5. Demographic data

Ethnicity was reported in three studies. Fifty-seven per-cent white British and 13 % Black in Place2Be, 22 % Black and from an ethnic minority in LEIP, and 40 % Black and 24.9 % White in HSSP. The percentage of Black young people was particularly high in HSSP which was with children and young people who had been excluded, rather than at risk of exclusion.

Place2Be also presented further demographic data: 17.7 % English as an additional language, 7.85 % of the participants were on child protection plans, 5.2 % subject to a care order, and 29 % had special educational needs. LEIP presented percentages on children's families not in private housing (72 %), workless families (34 %) and lone parent families (42 %). HSSP also reported on single parent families (49 %) and living in most deprived areas (71 %).

These data highlight contextual factors that may be important in the wider picture of contributing factors to disruptive behaviours leading to increased risk of school exclusion, such as having English as a second language, being a 'child we care for', family and/or housing issues.

3.2. Synthesis

The overall rating table based on the reviewers' six criteria framework, with explicit effect sizes (where calculable) is presented in Table 5 below. A star is given where there is positive effect size, where an underpinning theory is clearly stated/identifiable, where intervention is multilevel, where measures come from objective data, where there were no evaluation fidelity issues, and there was an MMAT score of 4 or more. Effect size has been calculated where possible for information. The star was chosen as a means to communicate findings in a way that is accessible, understandable, and relevant to different stakeholders, including policymakers and practitioners (Langer et al., 2016; Nutley et al., 2007).

3.2.1. Effect on school exclusion rates

Standardised effect sizes (Cohen's d) were calculated where possible so that results could be substantively interpreted in terms of trends or differences across the included studies. Three studies demonstrated an effect of an intervention in reducing school exclusion rates (AAS; HSSP; BoT). While all reported effects were small ($<$0.5) only one was significant (AAS). Two studies yielded effects favouring the comparator group (as opposed to the intervention group) (YPDP; LEIP), with the latter effect being significant. Standardised effect sizes generally corroborated the rating of interventions based on the researchers' proposed effectiveness framework.

3.2.2. Theoretical underpinning

The two interventions assessed as strongest overall, AAS and BoT, were both rooted in specific theories (attachment theory and resiliency theory respectively) while the weakest intervention overall, YPDP, was based on general personal development and youth work approaches. However, the picture was mixed for the interventions in the middle.

Table 3
Quality Appraisal- MMAT with scoring.

MMAT questions relevant for the categories of studies included in the review	Toth et al. (2023)	Obsuth et al. (2016)	Hart et al. (2022)	Rose et al. (2019)	Wiggins et al. (2009)	Vincent et al. (2007)	Panayiotopoulos & Kerfoot (2007)
Are there clear RQs?	Y	Y	Y	Y	Y	Y	Y
Do the collected data allow to address the RQs?	Y	Y	Y	Y	Y	Y	Y
Quan RCT 2.1 Is randomization appropriately performed?		Y					Y
2.2 Are the groups comparable at baseline?		Y					C1
2.3 Are there complete outcome data?		y					Y
2.4. Are outcome assessors blinded to the intervention provided?		N*					N*
2.5 Did the participants adhere to the assigned intervention?		N/C2					N/C3
Quan non-randomized 3.1 Are the participants representative of the target population?	Y				C4		
3.2 Are measurements appropriate regarding both the outcome and intervention?	Y				Y		
3.3 Are there complete outcome data?	Y				Y		
3.4 Are the confounders accounted for in the design and analysis?	Y/C5				Y		
3.5 During the study period, is the intervention administered as intended?	Y				C6		
Mixed Methods 5.1 Is there an adequate rationale for using a MM design to address the RQ?			Y	Y		Y	
5.2 Are the different components of the study effectively integrated to answer the RQ?			C7	Y		Y	
5.3 Are the outputs of the integration of qual & quan components adequately interpreted?			Y	Y		Y	
5.4 Are divergences and inconsistencies between quan & qual results adequately addressed?			Y	Y		Y	
5.5 Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?			Y***/ C8	Y***/ C9		C10	
Total score out of 5** (Yes = 1)	**5**	**3**	**4**	**5**	**3**	**4**	**2**

Y = Yes; N=No; C = comments; *not possible due to the nature of the intervention;**Total score row added by reviewers;***not penalised for this as review is quan focused; C1 = comparable for all apart from significant differences on excluded days: intervention group had almost twice the number of excluded days than the control group; C2 = low exposure to treatment in intervention group (65 % students met the sufficient attendance criteria defined by the intervention provider) + low fidelity in delivery of intervention as intended; C3 = 9 participants permanently excluded during the study before intervention, 8 participants did not receive the intervention in the intervention group & 19 in the control group, unclear whether the number of permanently excluded pupils is included in the number of those who did not receive the intervention; C4 = selection to study participation subjective (expertise based); C5 = higher rate of exclusion among the study population compared to national average; C6 = there were differences in the delivery of intervention components across sites, e.g. some provided condoms, some referred to sex health others did not; C7 = very little integration of findings/ RQs are quant focused; C8 = qual data lacks in-depth analysis, narrative summary, low quality/ quant focus; C9 = very limited info on qual analysis; C10 = only the number of excluded pupils provided without detail on how this was measured/calculated, weighted towards qual, limited detail of data analysis.

CATE employed a pragmatic approach based on multi-agency collaboration to managed moves for excluded children and young people from one school to another. Place2Be and HSSP were both rooted in established therapeutic principles (one to one counselling or a mixture of individual psychotherapy and family therapy). LEIP was based on theory of change in relation to behaviour. All these had specific elements that had theoretical underpinning. Nevertheless, studies that had a sound theoretical basis informing the overall approach tended to be more effective.

3.2.3. Multilevel approach

Apart from Place2Be, where an individual counselling approach was taken (and showed positive effect), all studies took a multi-level approach. It appears that working with other groups in the child or young person's support network, such as teachers and/or parents, is important, however it is not possible to clearly identify which aspect of a multi-level approach leads to the effect, or whether the impact is a combination of all elements. Nevertheless, a common thread across the studies that showed a positive effect on school exclusion and took a multilevel approach was that they all included a one-to-one, individual or targeted aspect within a multi-level approach. This is supported by assessment of Place2Be that employed a single approach of one-to-one counselling and showed a positive effect.

3.2.4. Reliability of data sources

Six out of the seven included studies collected reliable data on school exclusion rates via routinely collected statistics. YPDP was the exception, relying exclusively on self-report data.

3.2.5. Implementation fidelity

Implementation fidelity was apparent in five of the included studies, all of which showed a positive effect (understood here as the assessed effect by reviewers) in reducing school exclusion. Study fidelity was compromised in YPDP and LEIP, both of which yielded a negative effect on school exclusion rates.

3.2.6. Rigour of research process

Studies that scored lower on the MMAT did so due to low exposure to treatment in the intervention group (LEIP), differences in comparison groups (HSSP) and differences in delivery across intervention sites (YPDP). The studies demonstrating the highest levels of rigour in the research process showed no issues with implementation fidelity and employed reliable data sources: AAS, Place2Be, BoT.

Fig. 3 below details a simplified illustration of the hierarchy of studies resulting from the researchers' appraisal framework application.

Rose et al. (2019)	**Attachment Aware Schools (AAS)**
	• Intervention based on attachment theory, attunement, trauma informed practice & school bonding
	• Whole-school training/ emotion coaching + Targeted interventions (Theraplay & Nurture Groups)
	• Unclear duration/frequency: training phase + action phase
	• School based
	• Primary + Secondary
	• YP+ School staff (teachers & support staff) + Trainers

Hart et al. (2022)	**Back on Track (BoT)**
	• Social-pedagogical intervention grounded in resilient therapy
	• direct work by Resilience Coaches (RC) with YP, co-producing coping strategies ('resilient moves') + RC enhancing communication between YP, family, school & social care
	• 4 months to 2.5 years
	• Unclear setting
	• Primary (last year) + Secondary
	• YP + Resilience Coaches + Family + Social Care + School

Vincent et al. (2007)	**Coalfields Alternatives to Exclusion (CATE)**
	• Intervention based on multi-agency collaboration, common ethos, inclusion & supporting pupils' agency
	• managed transfers between collaborating schools of pupils at risk of permanent SE + additional support for pupils in and out of school (flexible, attuned to pupils' individual needs, varied between schools)
	• Duration n/a: managed transfers
	• Setting: school (mainly)
	• Secondary
	• YP+ Multi professional panel (deputy head, pupil referral unit, LA staff, connexions, youth offending)

Toth et al. (2023)	**Place2Be**
	• Therapeutic intervention
	• individual counselling sessions with YP for emotional symptoms by qualified therapists
	• 40-60 min weekly for 16 to 22 weeks
	• School based
	• Primary + Secondary
	• YP + Children therapists

Panayio-topoulos & Kerfoot (2004; 2007)	**The Home and School Support Project (HSSP)/ Multidisciplinary Team Intervention**
	• Inter-agency & multi-disciplinary collaboration & social inclusion
	• tailored assessment & treatment plan + individual therapy (CBT or psychotherapy) + family therapy + consultation with school staff
	• Duration/frequency varied (not specified)
	• Setting: school + other (not specified)
	• Primary (all years) + Secondary (first year)
	• YP+ Multidisciplinary team (Social Worker, Educational Psychologist, Community Psychiatric Nurse, Play Therapist) + School Staff + Family

Obsuth et al. (2016)	**London Education and Inclusion Project (LEIP)**
	• Behavioural intervention based on theory of change
	• Group sessions with YP (interpersonal social skills including anger management, communication) + one to one targeted support with YP (build on themes from group sessions or specific/ individual problems) + Support teachers (training sessions) + Assist families (home visits + phone calls)
	• 1 h group + 1 h individual weekly sessions for 12 weeks
	• School setting + other (home)
	• Secondary
	• YP+ Project Core-Workers, Teachers, Families

Wiggins et al. (2009)	**The Young People's Development Programme (YPDP)**
	• Intervention based on overall personal development through education & motivation
	• multicomponent youth development programme: education (particularly sexual health and substance misuse), training/employment opportunities, life skills, mentoring, volunteering, arts, sports, advice on accessing services
	• 6-10 h weekly for 1 year
	• Programme site + school setting (varied)
	• Secondary
	• YP+ Youth workers

Fig. 2. Key aspects of the interventions.

Table 4
Sex of participants across included studies.

Study (no of participants)	Boys	Girls
LEIP (644)	71 %	29 %
HSSP (124)	89 %	11 %
Place2Be (6712)	53 %	47 %
CATE (14)	79 %	21 %
BoT (39)	61.5 %	38.5 %
YPDP (2724)	68 %	32 %
AAS (94)	Not stated	

4. Discussion

Current evidence suggests interventions that have the most significant impact on reducing school exclusion shared notable characteristics:
1. their explicit aim was to reduce school exclusion;
2. they were underpinned by theory;
3. a multi-level approach was adopted;
4. targeted aspects were notable either nested within a multi-level approach or as a stand-alone intervention.

According to the criteria for review both whole school and targeted approaches had a positive impact on reducing school exclusion.

Table 5
Study rating table.

Intervention Name (study citation)	Assessed effectiveness in reducing school exclusion[a]	Standardised effect size (Cohen's d) (*significant effect; negative sign -indicates effect favoured the control group)	Additional criteria (T = theory; M = multilevel; R = reliability; F = fidelity; Q = quality MMAT) see Box 1 for explanation of each criteria
Attachment Aware Schools (Rose et al., 2019)	★ *	0.234*	T ★ M ★ R ★ F ★ Q ★
Back on Track (Hart et al., 2022)	★	0.201	T ★ M ★ R ★ F ★ Q ★
Coalfields Alternatives to Exclusion (Vincent et al., 2007)	★	/	T ☆ M ★ R ★ F ★ Q ★
Place2Be (Toth et al., 2023)	★	/	T ☆ M ☆ R ★ F ★ Q ★
The Home and School Support Project (Panayiotopoulos & Kerfoot, 2004; 2007)	★	0.302	T ☆ M ★ R ★ F ☆ Q ☆
London Education and Inclusion Project (Obsuth et al., 2016)	☆ *	−0.212*	T ★ M ★ R ★ F ☆ Q ☆
The Young People's Development Programme (Wiggins et al., 2009)	☆	−0.259	T ☆ M ☆ R ☆ F ☆ Q ☆

[a] where Cohen's d was available, a star was afforded if the effect was in the direction of the intervention group, whether significant or not; where Cohen's d was not available, a star was afforded if the study information indicated a reduction in school exclusion rates, whether significant of not; *denotes that the effect was significant).

5. Multi-level preventive compared to targeted reactive approaches

A multi-level preventive approach, compared to targeted reactive approaches that work with specific young people raises broader considerations between preventive public health and reactive treatment based interventions. Both appear to be effective.

The Healthy Schools Programme introduced in 1999 would be an example of a multi-level preventive approach applied at a national level. To promote the health and well-being of children and young people, and lay down positive health behaviours for the future, the programme took a holistic approach focusing on personal, social, and health education (which included sex and relationship, and drug education), healthy eating, physical activity, and emotional health and well-being. There was a national quality assurance framework and if schools met the criteria across the framework they would be awarded National Healthy School Status (Barnard et al., 2009; Warwick et al., 2009). 'Engagement Aware Schools' might be such an approach to address school exclusion alongside other reasons where children and young people are not able to access the school environment such as those with special education needs, chronic illness, or mental health challenges (Nathwani et al., 2021; Centre for Social Justice, 2022). Evidence suggests that it is poor engagement with school can lead to young people becoming vulnerable to criminal exploitation (Arnez & Condry, 2021; Morgan, 2021; Barnard
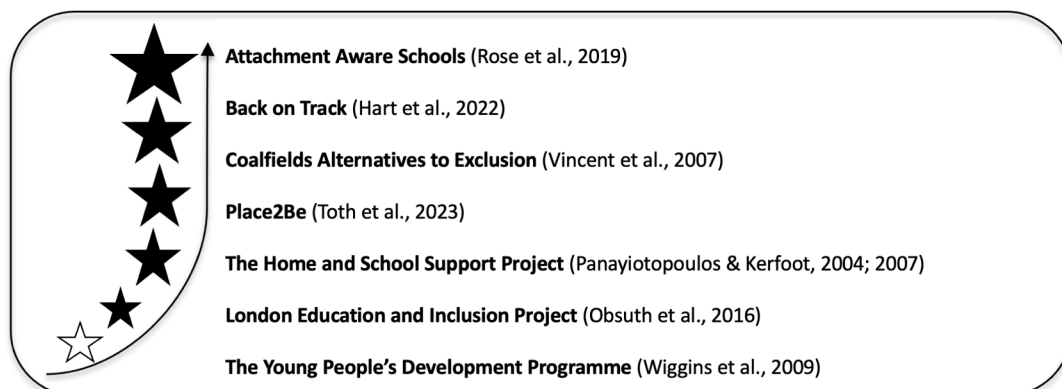

Fig. 3. Hierarchy of interventions.

et al., 2023). An 'Engagement Aware School' would ask the question 'why is this child not engaging with school?' leading to a specific pathway of support depending on the answer. Unfortunately the evaluation of the Healthy School programme published in 2004 by the Thomas Coram Research Unit stated that, according to the range of quantitative measures used to evaluate the programme, there was no significant difference between non-participating schools and those with Healthy School status. The review did, however, show that with a *relatively modest budget* (TCRU, 2004, iii)*,* the Healthy School programme had provided a useful enduring infrastructure through which health-related work could takeplace with schools.

By contrast, the current review also found that a more 'treatment' based approach through targeted, early intervention work with children and young people who are at risk of being excluded could be effective. These approaches focus on generating change in the individual rather than the system. A World Health Organisation (2015) review of psychosocial interventions for the treatment of emotional disorders in children and adolescents found that there was low evidence for their use and they were resource intensive. Cognitive Behavioural Therapy (CBT) with children and young people does, however, have a sound evidence base (Cohen, et al. 2010, 2012). A small study by Humphrey and Brooks (2006) evaluated a short CBT anger management intervention for pupils at risk of exclusion in an inner-city school in the north-west of England. They observed significant improvements in behaviour subsequent to the intervention.

Whether positive effects of interventions are enduring is a critical consideration in relation to investment. Despite showing early positive impact of a CBT intervention, Humphrey and Brooks (2006) noted that for some aspects of behavioural improvement this was not sustained at the four-week follow-up. It might be said that the Healthy School Programme should have had a longer evaluative period, bearing in mind the aim was for longer-term, even life-course related, health and well-being outcomes. An evaluation at under 5 years may not have given the full picture of impact. For example recent studies have highlighted how the Sure Start programme introduced by the Labour government in 1998 where 'one stop shops' provided parents of children under five with integrated support around health, education, childcare, and employment, particularly in disadvantaged area, showed that over a decade later disadvantaged children living in near a Sure Start centre were more likely to get higher grades in their GCSEs that those who didn't (Standley, 2024).

A recommendation from this review would be a longer-term review of both approaches through following the children and young people in both control and intervention groups for the duration of their school life and even beyond. This may give greater insight into which approach, multi-level preventive, or targeted reactive, has a longer-term impact. Interestingly, Humphrey and Brooks (2006, p20), despite the modest success of their CBT approach to reducing school exclusion, stressed the need for researchers and practitioners to 'look beyond the child' when exploring and seeking to tackle causes of anger problems in educational contexts and consider 'whole school change'. This signals a multi-level approach and reflects the socio-cultural contextual considerations suggested in this review such as being a child we care for, being male, having English as a second language etc; and the findings of the BIT study where the increased likelihood of school exclusion for marginalised groups such as children in need or children we care for were similarly noted (Barnard et al., 2023).

6. Pragmatic commissioning

The original rationale for this review was to establish the evidence base for school exclusion interventions in the UK to inform local intervention. Commissioners will need to balance both the evidence and practical considerations. For example, in the case of the VRU they are working within relatively short time frames and generous but limited budgets. The cost of implementing these two different approaches is difficult to project. A multi-level whole-school approach might be incorporated into existing processes i.e. part of teacher training, inset, pastoral care, school health services etc. There may be training costs and staff costs in implementing and monitoring pathways established as response to this approach. This could possibly be achieved through commitment, ideally at a national level and implemented at a local level, to the multi-level whole school approach rather than new resources. For targeted approaches this would incur the cost of the professional delivering the intervention. There may be an argument for up-skilling an existing professional already available to schools in delivering focused interventions – such as the school nursing service. However, such community professionals are currently overstretched and underfunded and any new aspect of practice would need to be accompanied by additional resourcing (Dawe and Sealey, 2019; Hall, 2023).

7. Strengths and limitations

Only seven studies met the inclusion criteria and therefore recommendations are made based on a limited pool of evidence. However this is not unusual for a systematic literature review and common elements were found across the interventions giving greater strength to the findings. In analysis, despite selecting studies with a pre and post intervention metrics, lack of consistency in how these were collected and measured meant effect sizes could not be calculated for all studies. Whilst most of the interventions used objective pre and post measures one was based on self-report which is subject to recall and/or response bias. The researcher designed assessment framework incorporated consideration of these aspects into the criteria, nevertheless the proposed framework for assessing the interventions, although anchored in previous literature, was novel, and therefore it is acknowledged that the individual criteria may have different bearing on the assessed effectiveness of interventions. The authors acknowledge that this study evaluation process devised for assessing the included studies differs from the traditional hierarchy of evidence approach. Our approach takes a wider perspective considering pragmatic and ecological aspects underpinning (i.e. theoretical approach) and within (i.e. study fidelity), the studies, which could be considered a strength of the study. However, this must be held in mind when considering methodological approaches in 'what works' to reduce school exclusion to inform future decision making in this area. This ecological approach is in line with Realistic Evaluation approaches which argue that it is important to consider "what works for whom in what circumstances" rather than average effects. RCTs, typically considered the 'gold standard' within research methodologies, may obscure such considerations by averaging outcomes across highly varied contexts (Pawson and Tilley, 1997). Greenhalgh and Papoutsi (2018) have also emphasised that complex interventions interact with complex systems, which can't be neatly isolated and tested using RCT designs. RCTs often exclude marginalised groups or strip away lived experience, and can therefore reinforce inequality.

8. Key contributions

- The development and application of an approach to evaluate relevant studies that considers broader intrinsic and extrinsic factors as a pragmatic alternative to the traditional hierarchy of evidence approach.
- Both whole school and targeted approaches were shown to have a positive impact on reducing school exclusion; as a consequence there are two potentially effective approaches: multi-level preventive or targeted reactive, that could be implemented according to the feasible commitments of commissioners, or vision of the incumbent government.
- Such findings could be transferable beyond the UK setting.

9. Conclusion

A multilevel, whole school approach, underpinned by a sound theoretical base has been assessed as the best practice approach suggested through this review for potentially sustained school community level reduction in school exclusion rates. Targeted approaches that work with individual pupils are also indicated as potentially effective and represent reduction in school exclusion rates at an individual pupil level. Overall, the strength of evidence from review of these studies suggests that we cannot conclusively recommend a specific intervention type. More research is needed in this area before a definitive recommendation can be made in relation to what might work. Nevertheless, the approach taken should be commensurate with both the evidence base and practical/funding considerations. The authors preference is in line with a public health preventive multi-level whole school approach. This could be implemented with 'relatively modest cost', is likely to be more enduring as it represents a cultural shift, would prevent issues emerging, and be less disruptive to the classroom and the child or young person's life.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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