SCHOOL STAND-DOWNS, SUSPENSIONS, EXCLUSIONS AND EXPULSIONS

Introduction

Stand-downs, suspensions, exclusions and expulsions are measures of the way that schools respond to a wide range of concerning behaviours, including drug and alcohol abuse and violence, which could disrupt the learning of the individuals concerned and be disruptive and unsafe for peers and adults in the school community. There is variability on the way that schools respond to behaviour: what one school may choose to suspend for, another may not. If used as an opportunity to reduce tension and reflect on the action which led to the stand-down, a stand-down can be a positive mechanism for preventing escalation as part of a proactive approach. However, excluded or expelled students may face difficulties in enrolling in other schools and as a consequence have to access correspondence schooling, Alternative Education provision (for excluded students) or tertiary education, or may drop out of the education system entirely [76].

While for the majority of students a stand-down or suspension is a one off event, with the time spent away from school being fairly limited (e.g. a few days or weeks), for some students the concerning behaviour is part of a persistent conduct problem. New Zealand and overseas research has found that conduct problems are associated with poorer long term outcomes, including educational underachievement (e.g. leaving school early and without qualifications), unemployment and occupational instability during young adulthood [77]. Improved student engagement is an important contributing factor in improving student achievement. Age-standardised stand-down rates have fallen in New Zealand for seven consecutive years, and in 2013 age-standardised stand-down, suspension, and exclusion rates were at their lowest in 14 years of recorded data, which may signal improved student engagement [76]

Proactive partnerships with parents and a strategy focused on both achievement and behaviour, rather than focused only on disciplinary or only on pastoral responses, are essential for positive outcomes in addressing concerning behaviours in the school setting [76]. Positive behaviour for learning programmes (PB4L) and other initiatives help parents, teachers and schools address problem behaviour, improve children's wellbeing and increase educational achievement from early childhood through to the end of secondary school. PB4L is a joint initiative between a number of education sector organisations with programmes and initiatives delivered by the Ministry of Education in partnership with non-governmental organisations, early childhood sector organisations and Resource Teachers: Learning and Behaviour [78].

The following section uses information from the Ministry of Education's Stand-down and Suspension database to review the proportion of students who were stood-down, suspended, excluded, or expelled from school during 2000–2013.

Data Source and Methods

Indicator

1. *Number of stand-downs, suspensions, exclusions and expulsions per 1,000 students enrolled*
Numerator: Total number of stand-downs, suspensions, exclusions and expulsions, per year of age
Denominator: Number of students on the school roll as at July 1st, per year of age

The following students were excluded from the analysis: Students from schools not receiving public funding; students at Correspondence School; adult students (older than 19); and International fee-paying students.

Data Source
Ministry of Education

http://www.educationcounts.govt.nz/indicators/main/student-engagement-participation/Stand-downs-suspensions-exclusions-expulsions

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New Zealand Distribution and Trends

New Zealand Trends

In New Zealand during 2000–2013, suspension rates gradually declined, while stand-down rates increased, reached a peak in 2006 and then declined. Exclusion and expulsion rates were more static. Throughout this period, the stand-down rate greatly exceeded suspensions, which in turn exceeded exclusions and expulsions (**Figure 1**).

Distribution of Stand-downs and Suspensions by Ethnicity

In New Zealand during 2000–2013, stand-down and suspension rates were higher for Māori > Pacific > European > Asian students. Stand-down rates for Māori, Pacific, and European students declined after 2006, with the largest declines in absolute terms being seen for Māori and Pacific students. Suspension rates also declined for all ethnic groups during 2000–2013, with the largest declines in absolute terms again being seen for Māori students (**Figure 2**).

Figure 1. Age-standardised rates of stand-downs, suspensions, exclusions and expulsions, New Zealand 2000–2013
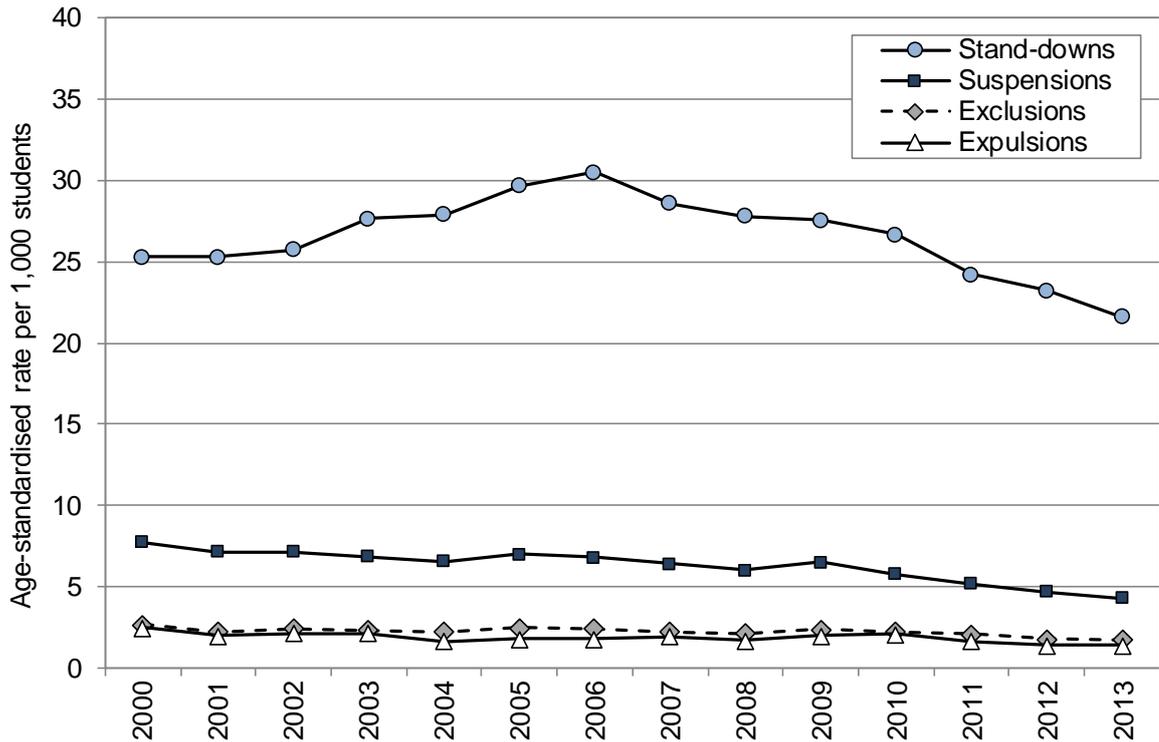
Source: Ministry of Education

Figure 2. Age-standardised rates of stand-downs and suspensions by ethnicity, New Zealand 2000–2013
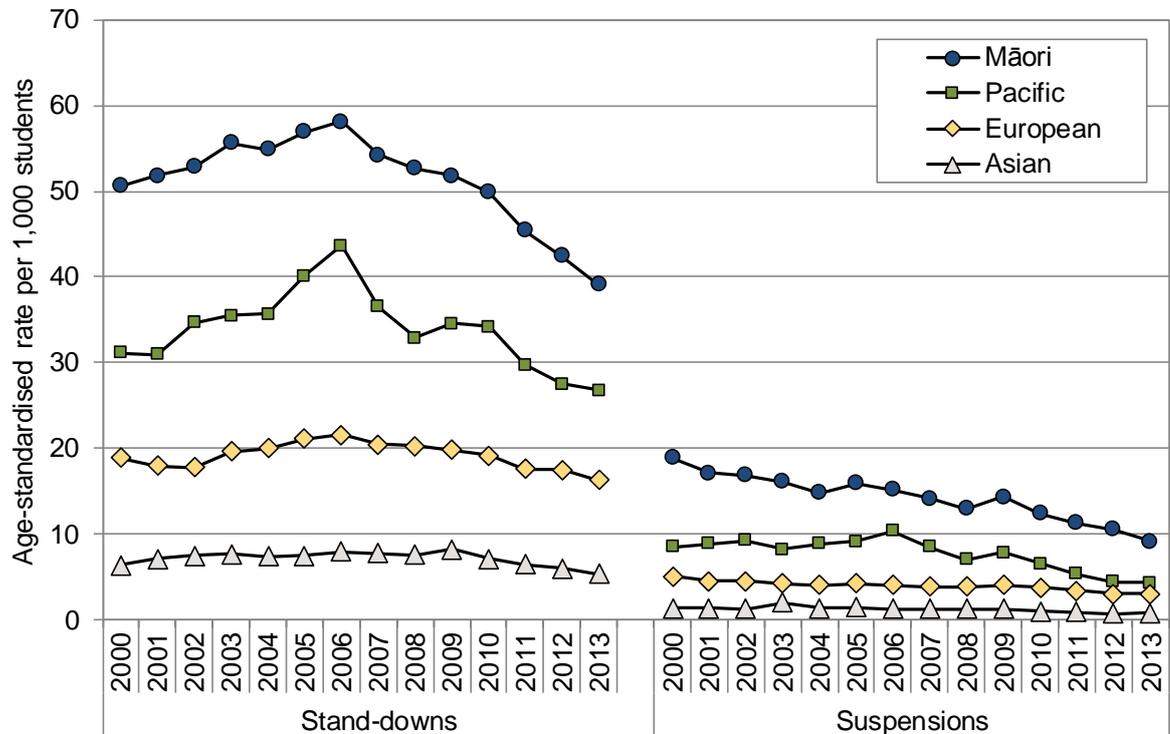
Source: Ministry of Education; Note: Ethnicity is level 1 prioritised

Figure 3. Age-standardised rates of exclusions and expulsions by ethnicity, New Zealand 2000–2013
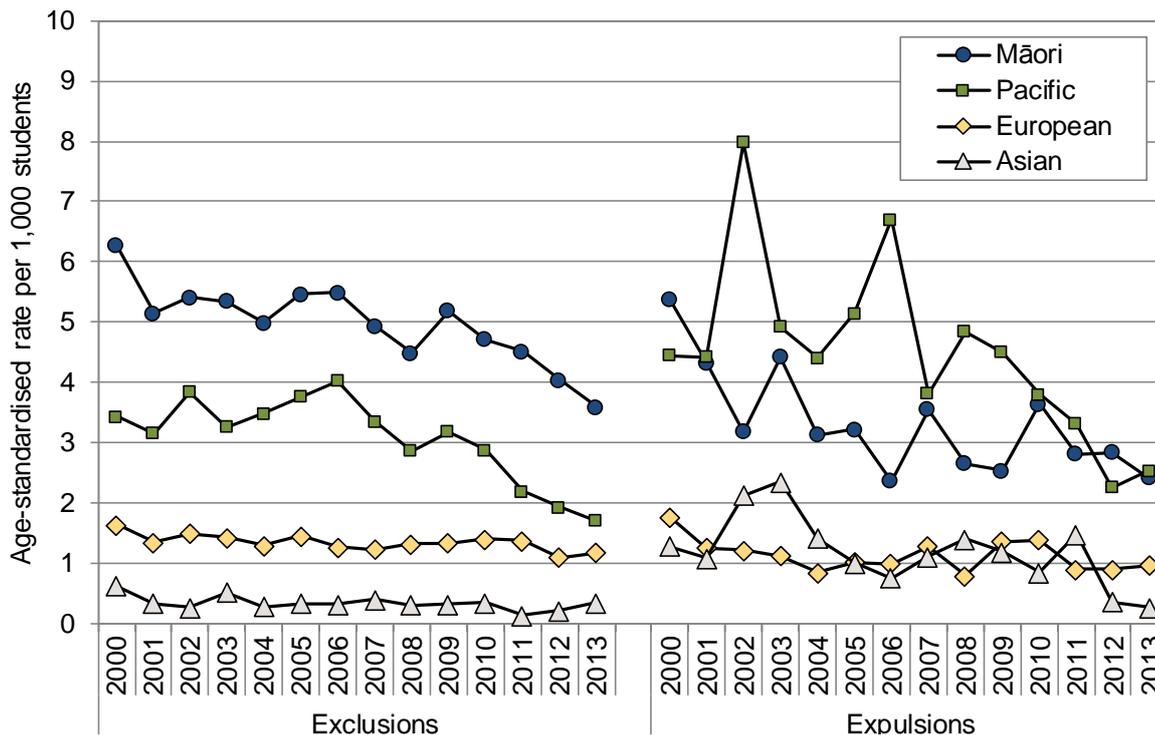
Source: Ministry of Education; Note: Ethnicity is level 1 prioritised

Distribution of Exclusions and Expulsions by Ethnicity

In New Zealand during 2000–2013, exclusion rates were higher for Māori > Pacific > European > Asian students, while expulsion rates were generally higher for Pacific > Māori > European and Asian students. Exclusion rates declined for Māori and Pacific students during this period, although exclusion and expulsion rates for European and Asian students were more static (**Figure 3**).

Suspensions by Behaviour

In New Zealand during 2013, the most common reasons for a suspension were the misuse of drugs or other substances (25.7%), continual disobedience (25.3%), or a physical assault on other students (17.5%), which together accounted for 68.5% of all suspensions. Verbal assaults on staff and theft also made a smaller contribution (**Figure 4**).

Figure 4. Distribution of suspensions by type of behaviour, New Zealand 2013
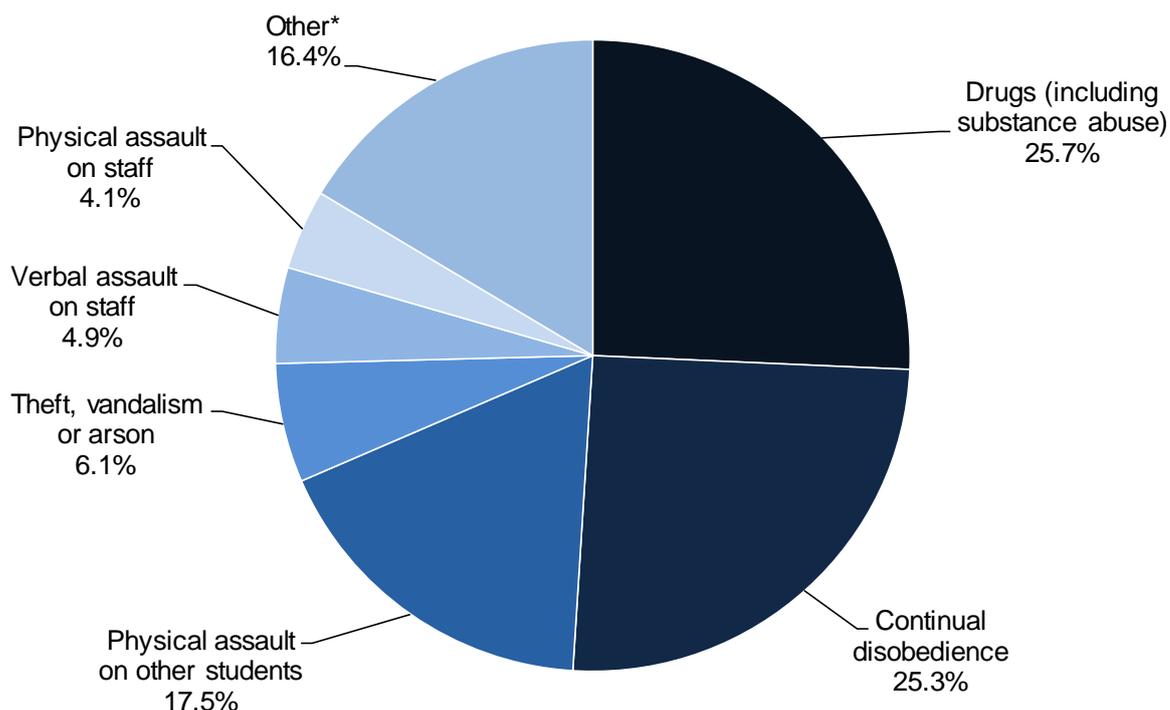
Source: Ministry of Education; Note: *Other includes weapons, vandalism, alcohol, verbal assault on other students, sexual misconduct and harassment, arson, smoking and other harmful or dangerous behaviours

South Island DHBs Distribution and Trends

South Island DHBs vs. New Zealand

In the West Coast and South Canterbury during 2000–2013, stand-down rates were generally higher than the New Zealand rate, while in Nelson Marlborough the rates were consistently lower. Rates in Canterbury, and Southern were similar to the New Zealand rate. Suspension rates in the South Island were generally similar to the New Zealand rate, although the suspension rate in the West Coast had been higher from 2000–2003 (**Figure 5**).

Large year to year variations in exclusion and expulsion rates, made DHB vs. New Zealand comparisons more difficult (**Figure 6**).

Distribution of Suspensions by Ethnicity

In Canterbury during 2000–2013, suspension rates were generally higher for Māori > Pacific > European > Asian students, while in the remaining South Island DHBs rates were higher for Māori than for European students (**Figure 7**).

Local Policy Documents and Evidence Based Reviews Relevant to Stand-downs, Suspensions, Exclusions and Expulsions

As the section above suggests, conduct problems can significantly impair a young person's engagement with the education system. **Table 1** (on page 149) considers local policy documents relevant to the prevention of conduct problems in children and young people, as well as those which provide guidance to Boards of Trustees when considering suspending, standing down, excluding or expelling a student from school. Strategies to improve school attendance are considered in the Truancy and Unjustified Absences section.

Figure 5. Age-standardised school stand-down and suspension rates, South Island DHBs vs. New Zealand 2000–2013
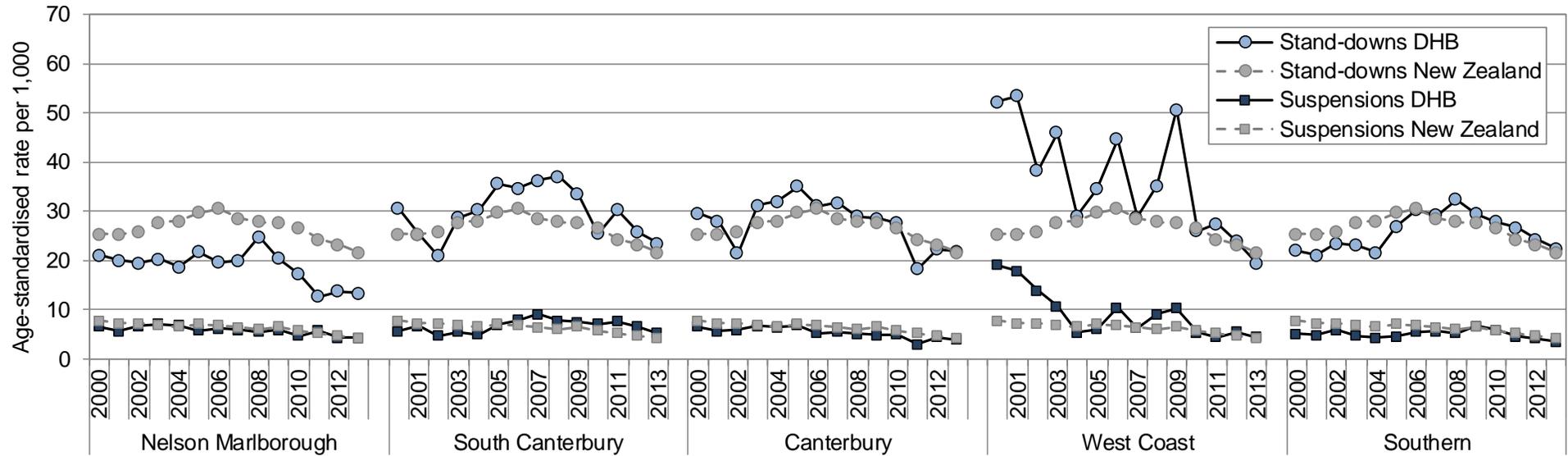
Source: Ministry of Education; Note: Age-standardised rate per 1,000 students

Figure 6. Age-standardised school exclusion and expulsion rates, South Island DHBs vs. New Zealand 2000–2013
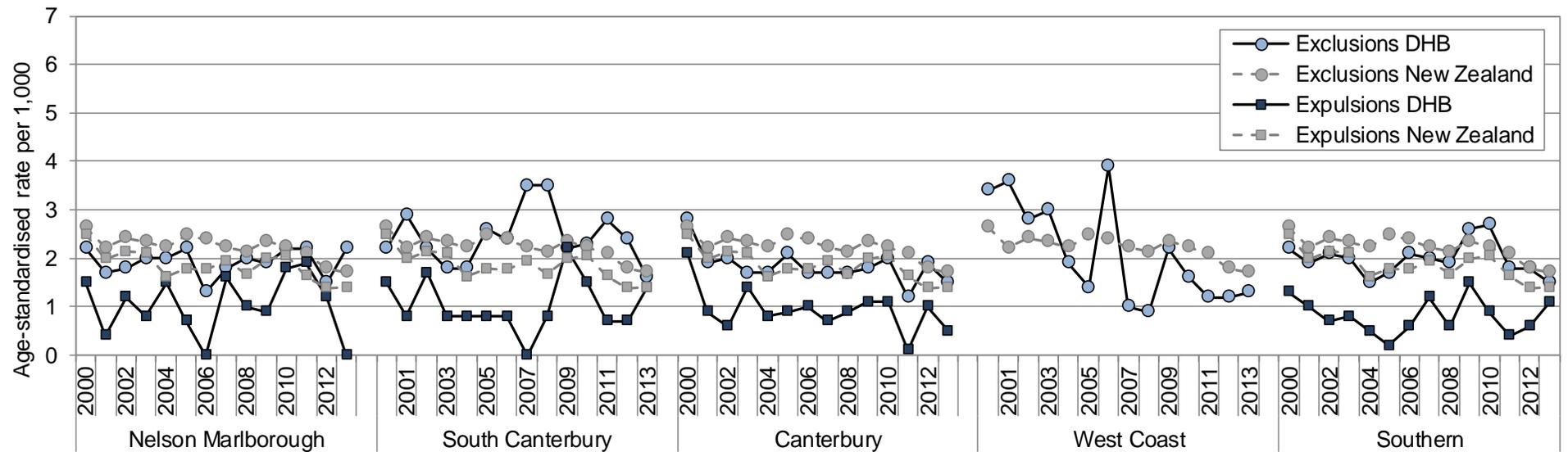
Source: Ministry of Education; Note: Age-standardised rate per 1,000 students

Figure 7. Age-standardised school suspension rates by ethnicity, South Island DHBs vs. New Zealand 2000–2013
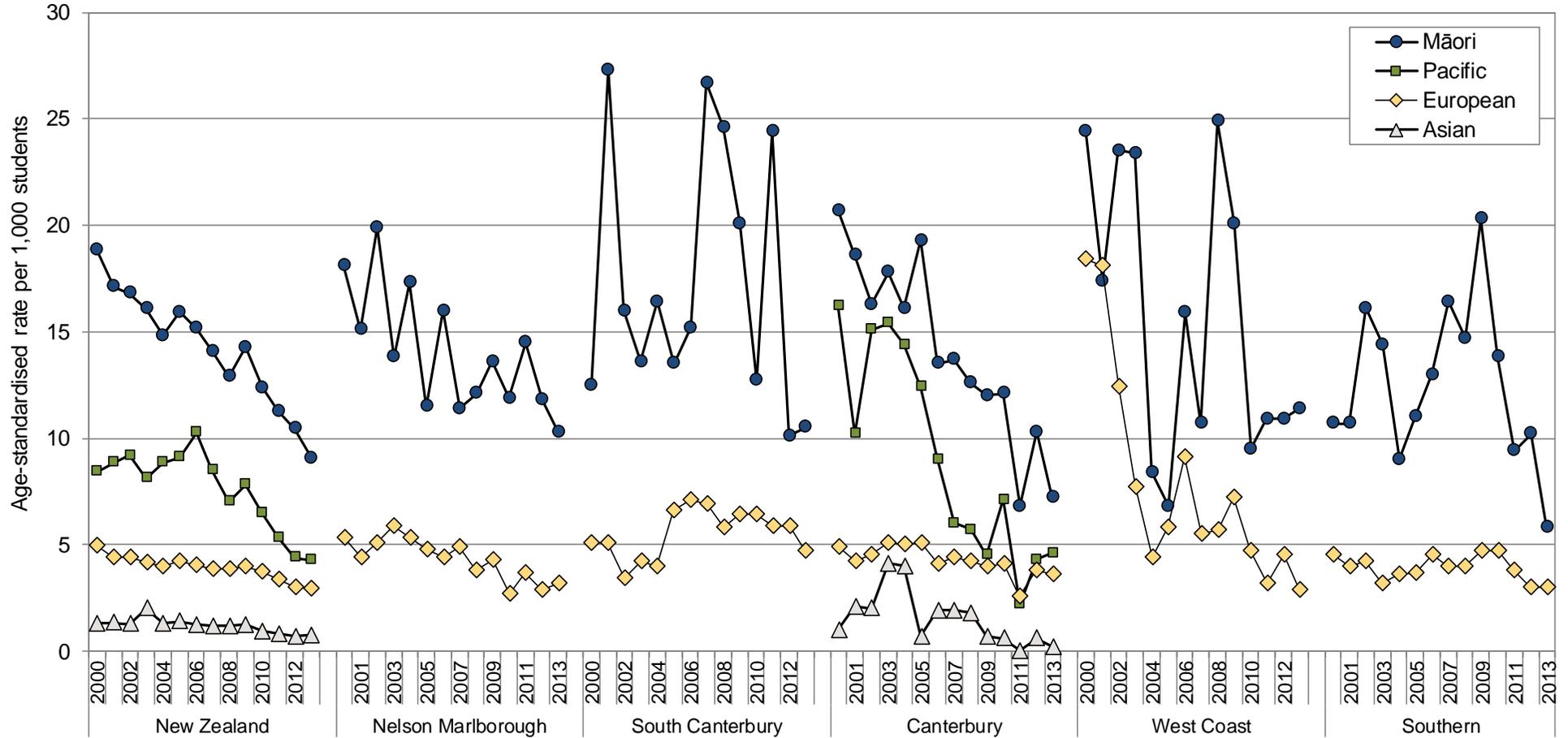
Source: Ministry of Education; Note: Ethnicity is total response and thus individual students may appear in more than one ethnic group; Age-standardised rate per 1,000 students

Table 1. Local policy documents and evidence-based reviews relevant to stand-downs, suspensions, exclusions, and expulsions

Ministry of Education publications

Ministry of Education. 2013. **Positive behaviour for learning: Update 2013**. Wellington: Ministry of Education. http://pb4l.tki.org.nz/

This report places the positive behaviour for learning (PB4L) programmes in context and provides an indication of early outcomes. PB4L principles include an understanding that positive behaviour can be learnt and difficult and disruptive behaviour can be unlearnt, and that individual children are not a 'problem'—we need to change the environment around them to support positive behaviour. The initiatives seek to implement effective evidence-based programmes and frameworks. Māori students are an important focus of PB4L in mainstream and in two Kaupapa Māori programmes. Early results of evaluation of schools that started PB4L School-Wide in 2010 show that stand-down rates decreased, and retention rates and NCEA Level 1 achievement rates improved significantly more than in comparison schools. Evaluation of the Incredible Years Parent programme showed clear evidence of positive behaviour change and improved family relationships for most participants that was sustained at 6-months follow-up. The report also includes individual case studies that illustrate the varied ways in which PB4L is implemented in different settings.

Ministry of Social Development documents

Advisory Group on Conduct Problems. 2013. **Conduct Problems Adolescent Report**. Wellington: Ministry of Social Development. http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/conduct-problems-best-practice/adolescent-report-2013.pdf

This is the fourth report in a series on the prevention, treatment and management of conduct problems in young people. This report has a focus on ages 13–17; previous reports covered ages 3–7 and 8–12. The advisory group distinguishes between adolescent limited and life course persistent conduct problems, and uses the He Awa Whiria (braided rivers) model to reconcile prevention science and Kaupapa Māori perspectives on conduct problems. A systematic literature review underpins a summary of interventions for the treatment and management of adolescent conduct problems and identification of four recommended and seven promising interventions. The report notes the importance of recognising comorbid conditions that commonly occur in combination with conduct problems. Interagency collaboration and the development of multi-disciplinary teams of clinicians, educational experts, social workers and representatives of the criminal justice system are key reforms required for effective assessment, treatment and management of adolescent conduct disorders. The 32 recommendations from the advisory group include specific instances where government agencies can work together to ensure greater consistency in the assessment of conduct problems and their comorbidities, use of evidence based interventions, robust evaluation of programmes and interventions, and development of culturally appropriate and culturally responsive programmes.

Advisory Group on Conduct Problems. 2009. **Conduct Problems: Best Practice Report**. Wellington. Ministry of Social Development. http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/conduct-problems-best-practice/index.html

This report explores the issues relating to conduct problems and their treatment. It is presented in four parts.

Part 1 introduces the report and addresses Treaty of Waitangi considerations, classifications and terminology, why it is important to address conduct problems, when to intervene, co-occurring conditions, and the policy implications.

Part 2 provides a review of evidence on effective interventions, including the importance of RCTs for identifying effective programmes, the prevention of childhood conduct problems, the treatment and management of conduct problems in children and young people (including interventions for 3–12 year-olds and for adolescents and young adults), the role of medication and other treatment modalities, and makes policy recommendations.

Part 3 examines the issues that need to be addressed in translating evidence into effective policy, the role of population screening, factors contributing to implementation fidelity and programme effectiveness, the management of comorbid or associated childhood and adolescent problems, and the science of prevention and policy development.

Part 4 comprises a series of sections prepared by expert Māori, Pacific and Asian authors, with a view to ensuring the voices of different ethnic groups are included in the report.

New Zealand guidelines

Ministry of Education. 2009**. Guidelines for principals and boards of trustees on stand-downs, suspensions, exclusions and expulsions. Part I Legal options and duties**. Wellington: Ministry of Education. http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/StanddownsSuspensionsExclusionsExpulsions.aspx

These guidelines are designed to assist boards of trustees, principals, and teachers with their legal options and duties and meet their obligations under relevant statutory requirements and are for use in all state and state-integrated schools. These guidelines provide information about legal options and duties in relation to stand-downs, suspensions, exclusions and expulsions, as well as good practice advice on ways to manage behaviour that could possibly lead to such action.

International guidelines
National Institute for Health and Care Excellence. 2014. **Antisocial behaviour and conduct disorders in children and young people**. NICE quality standard 59 http://www.nice.org.uk/guidance/qs59
Conduct disorders, and associated antisocial behaviour, are the most common mental and behavioural problems identified in children and young people. This quality standard (QS) covers the recognition and management of antisocial behaviour and conduct disorders in children and young people (aged under 18 years). The prevalence of conduct disorders increases throughout childhood and they are more common in boys than girls. There is a 3- to 4-fold increase in prevalence among children from more deprived households compared with those from the most affluent. Almost 40% of looked-after children, those who have been abused and those on child protection and safeguarding registers have been identified as having a conduct disorder. Selective prevention and early intervention can help to reduce the likelihood of a child with a conduct disorder developing more complex behavioural problems. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people with a conduct disorder. It is important that agencies work collaboratively so that cases of conduct disorders can be identified early and that they refer appropriately in order for early intervention to occur. The QS also highlights that coexisting conditions, for example, attention deficit hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD), are common in children and young people with a conduct disorder, and it is important that agencies take account of this when working in collaboration with other services.
National Institute for Health and Care Excellence. 2013. **Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management**. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/cg158
The UK Office of National Statistics (ONS) surveys of 1999 and 2004 reported that the prevalence of conduct disorders increases throughout childhood and that these disorders are more common in boys than girls: 7% of boys and 3% of girls aged 5 to 10 years have conduct disorders; in children aged 11 to 16 years the proportion rises to 8% of boys and 5% of girls. Conduct disorders commonly coexist with other mental health problems: 46% of boys and 36% of girls have at least 1 coexisting mental health problem. A diagnosis of a conduct disorder is strongly associated with poor educational performance, social isolation and substance misuse, and increased contact with the criminal justice system for adolescents. This association continues into adult life with poorer educational and occupational outcomes, involvement with the criminal justice system (as high as 50% in some groups) and a high level of mental health problems Several interventions have been developed for children with conduct disorder and related problems, such as parenting programmes typically focused on younger children, and multisystemic approaches usually focused on older children. Key components of this clinical guideline are comprehensive assessment including recognition of co-existing health or educational issues, identification of effective treatment and care options, and psychosocial interventions with the child, parents and caregivers. Pharmacological interventions should not be offered for the routine management of behavioural problems in children and young people with conduct disorders. Appropriate organisation and delivery of care with collaboration between health and social care professionals and their colleagues in educational settings is essential to promote access to services for children and young people with a conduct disorder and their parents and carers. Important areas for research are also identified.
Evidence-based medicine reviews
Petrosino A, et al. 2009. **"Scared Straight" and other juvenile awareness programs for preventing juvenile delinquency**. Cochrane Database of Systematic Reviews doi:10.1002/14651858.CD002796 http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD002796/frame.html
There are regular calls for interventions that show young people at risk of exhibiting socially undesirable behaviour the consequences of their antisocial behaviour and delinquency by, for example, visiting prisons. Nine trials, all conducted in the USA, were identified as eligible for this systematic review which covered juvenile and young adults (aged 14–20 years). These studies had to have a no-treatment arm to their study and measure at least one criminal behaviour outcome 'post-visit'. Analysis indicated that the intervention did more harm than doing nothing, regardless of whether the analysis was based on a fixed or random effect model. In conclusion therefore, organising visits to prison facilities by young delinquents is ineffective at best, and appears more likely to lead to more offending behaviour. The authors note that despite the consistently negative consequences of the intervention, the programmes have been continued, although the evaluations of them have been stopped.
Eyberg SM, et al. 2008. **Evidence-Based Psychosocial Treatments for Children and Adolescents with Disruptive Behavior**, Journal of Clinical Child & Adolescent Psychology, 37:1, 215–237 http://dx.doi.org/10.1080/15374410701820117
Twenty eight studies (from 1996–2007) that presented evidence-based psychosocial treatment (EBTs) for child and adolescent disruptive behaviour were examined in this review. Included were 16 EBTs and 9 'possibly efficacious' treatments (treatments that are potentially worth implementing but do not have the same level of evidence as the EBTs). Medication treatments were not included nor interventions for behaviours associated with autism or ADHD, or isolated problems such as fire lighting or truancy, all of which have their own literature. Individual child, parent, and family and group treatments were eligible. The EBTs included multiple modalities: anger control management, group assertive training, helping the non-compliant child, Webster-Stratton et al.'s Incredible Years interventions, multidimensional treatment foster care, multisystemic therapy, parent-child interactive therapy, parent management

training Oregon model, different levels of Positive Parenting Program (Triple P), problem solving skills training and a rational-emotive mental health program. Combinations of treatment components were included where these had been appropriately evaluated. In conclusion, the review indicated that a range of treatments can be efficacious for particular children with disruptive behaviour disorders. It also noted a variety of direct treatment providers being used in the EBTs, including teachers, foster parents, and peers, as well as mental health professionals.

Other relevant publications

Education Review Office. 2014. **Towards equitable outcomes in secondary schools: Good practice**. Wellington: Education Review Office. http://www.ero.govt.nz/index.php/National-Reports/Towards-equitable-outcomes-in-secondary-schools-Good-practice-May-2014/National-Report-Summary-Towards-equitable-outcomes-in-secondary-schools-Good-practice

This report focuses entirely on examples of good practice, highlighting seven secondary schools in areas of relative socio-economic disadvantage with good levels of student engagement and achievement. The report includes case studies of each of the seven schools which included single sex schools, an integrated school, and urban and provincial schools with ethnically diverse rolls ranging from 400 to 2200 students. Although every school was different with its own contexts, features and practices, all of the schools were effectively keeping students at school and engaged in learning. The common aspects of good practice were identified as effective leadership, strong parent and community engagement, effective use and analysis of data, self-review, and programmes tailored to meet the needs of individual students. Nine comparison secondary schools at a similar socioeconomic decile rating had excluded or expelled over eight times as many students as the schools ERO selected for this sample. Leaders, teachers and trustees explored alternatives to punitive responses to undesirable behaviour, such that ceasing the student's education at their school was rarely seen as an option for dealing with behavioural issues. A board chairman from one of the secondary schools in the sample said 'With any exclusion, we try to make it a comma, not a full stop.'

Websites

Ministry of Education. 2014. **Positive behaviour for learning**.
http://www.minedu.govt.nz/theministry/educationinitiatives/positivebehaviourforlearning.aspx accessed 17 November 2014

Positive Behaviour for Learning is a long-term, systemic approach involving several initiatives to help parents, whānau, teachers, early childhood centres and schools address problem behaviour, improve children's wellbeing and increase educational achievement. There are links to the initiatives on this website.

Note: the publications listed were identified using the search methodology outlined in Appendix 1.