



Department
for Education

Alternative provision specialist taskforces (APST)

**Implementation advice on introducing a
multi-disciplinary specialist taskforce
within an AP school**

March 2024

Contents

Overview	4
What is an Alternative Provision Specialist Taskforce (APST)?	4
Aims of the implementation advice	4
The APST Model: improving outcomes for children in AP	6
The needs and outcomes of AP pupils	6
The role of APST in improving pupil outcomes	9
How APST is enhancing the offer within AP schools	10
Enhancing AP placements	10
Upskilling staff and embedding practice	10
Improved partnership working	10
APSTs' role in SENDAP reform	12
Requirements for a taskforce	14
The core APST model	14
Recommended specialists	16
Role of a Taskforce Manager	18
What is the Taskforce Manager's role?	18
Why are they important?	18
What taskforces do and their ways of working	20
Who they work with	20
How they work with children	20
When and where they work with children and families	20
Training and supervision	21
Referrals into the taskforce	21
Assessments, diagnoses and outward referrals	21
Case discussions and decisions	21
Information sharing and record keeping	22
Holiday provision	23
Successfully implementing a taskforce	24
Key steps for setting up a new APST	24
Implementation success factors	27
Key 'Set up' challenges and mitigations	29
Recruiting specialists and secondment arrangements	29

Securing partner support	30
Data sharing arrangements	30
Integrating the taskforce within the school	31
Designing new processes (including referrals) for how the taskforce works and embedding this in the school/with services	32
Costs	33
Overview of the different core costs of APST	33
Different options for resourcing APST	35
Annex	36
Evidence and case studies from the pilot	36
Existing pilot schools	40

Overview

What is an Alternative Provision Specialist Taskforce (APST)?

An Alternative Provision Specialist Taskforce (APST) is a workforce model which builds capacity and skills in Alternative Provision schools. Taskforces are teams of co-located specialists based onsite within schools, undertaking integrated, child-centred work with pupils, responsively information-sharing, as well as sharing their expertise and embedding their practice within the whole school. Some APs already have elements of APST within their setting, including their own onsite specialists. Key to the APST model is having at least four of these specialist types working as one multi-disciplinary team, permanently onsite.

Since November 2021, a government funded pilot has been **testing the impact of APST on pupil outcomes in 22 APs** (including local authority-maintained Pupil Referral Units, AP Academies and AP Free Schools) across the country and there have been **early signs of its positive impact**. The first **impact evaluation of the model will report in 2025**, followed by another at the end of the pilot, in 2026.

Aims of the implementation advice

The aim of this guide is to provide advice to organisations interested in adopting the APST model (or elements of it) in support of high-quality provision.

This guide brings together insights and lessons learned from the ongoing pilot, including DfE metrics, case studies, feedback from schools and partners, and formative evaluation findings on the process of implementing the model, to help those planning their own taskforce to do so as successfully as possible.

Where formative process evaluation findings have been used, this has been explicitly stated. Please note that impact evaluation findings are not included in this guide. These will be available in 2025 (with a final report in 2026).

This guide is primarily intended for:

- **Local authorities and partners** wanting to build APST provision into their areas' SEND and AP offer.
- **Multi-Academy Trusts** interested in setting up an APST within one or more of their schools.
- **Individual AP schools** interested in setting up an APST within their school.

- **Health, Youth Justice, Social Care and other partners** wanting to get involved in an APST in their area.

“The APST has been **transformative for our organisation**. The multi-disciplinary team approach has ensured that students are accessing **early and appropriate intervention**. The team's expertise has **enhanced the practice of all staff**, ensuring that young people's needs are understood and prioritised. Our **attendance, reintegration figures, GCSE outcomes** and numbers accessing education, employment and training **post-16 are at a record high** and the APST has had a significant impact in helping us achieve these outcomes for our young people.”

AP Headteacher to DfE from an APST pilot school

The APST Model: improving outcomes for children in AP

APST is a workforce model the DfE has been testing since 2021, which draws on the evidence of how to deliver impactful and timely support to improve outcomes for children in AP. Local areas may want to consider adopting this model or elements of it, when developing their strategic plans for SEND and AP.

What this section covers:

- [The needs and outcomes of AP pupils](#)
- [The role of APST in improving pupil outcomes](#)
- [How APST is enhancing the offer within AP schools](#)
- [APST's role within SEND and AP reform](#)

The needs and outcomes of AP pupils

The acute needs and poor outcomes of children in AP, when compared to pupils in mainstream settings, means the right targeted support is essential. The complex underlying needs of the AP cohort mean that they can be some of the most disengaged children and young people in the education system. These needs often manifest as challenging or disruptive behaviour which can have a severe impact on their education and that of other pupils. The aim of the APST approach is that with intervention, these needs and risks are reduced.

In England, of those pupils whose main school registration was in state place-funded AP (in the latest Academic Year for which data is published):

- 83% had been identified with a special educational need (SEN)
Compared to 15% who had been identified with SEN in all state-funded secondary schools¹

¹ Statistics on AP pupil characteristics are for pupils single or dual registered in state place-funded AP and derived from the latest published statistics available at time of publication from explore-education-statistics.service.gov.uk. Census data for pupils dual-subsidary registered in state place-funded AP (i.e. where their main registration is another school) is not included in these statistics. SEN statistics (statistics have been derived from [Schools, pupils and their characteristics, Academic year 2022/23](#) and [Special educational needs in England, Academic year 2022/23](#)).

- 26% had an Education, Health and Care (EHC) plan
Compared to 2% in all state-funded secondary schools²
- 58% were known to be eligible for Free School Meals
Compared to 23% in all state-funded secondary schools³
- 69% had been a Child in Need in the past 6 years. 8% had been looked after (2018/19 only)
Compared with 11% and 1% respectively in all state-funded secondary schools⁴
- 59% entered sustained post-16 education, training or employment in 2021/22
Compared to 94% of pupils from mainstream schools⁵
- 29% of children who were cautioned or sentenced for an offence had ever attended AP, and 40% of children who were cautioned or sentenced for a serious violence offence had ever attended AP.⁶

² EHCP statistics (statistics have been derived from [Schools, pupils and their characteristics, Academic year 2022/23](#) and [Special educational needs in England, Academic year 2022/23](#)).

³ FSM statistics (statistics have been derived from [Schools, pupils and their characteristics, Academic year 2022/23](#)).

⁴ CiN and CLA statistics (statistics have been derived from [Outcomes of children in need, including looked after children, Academic year 2018/19](#) and relates to the year 2018/19).

⁵ Post 16 destination statistics (statistics are derived from [Key stage 4 destination measures, Academic year 2021/22](#)).

⁶ Offending statistics (statistics have been derived from [Education, children's social care and offending](#)).

Cost of poor outcomes:

As well as the broader implications of poor outcomes for children and their families, costs to individuals and society can be high. The lifetime **cost of truancy** was estimated to be £44,468 in 2007. This is worth just over £72,000 in September 2023 prices. This cost includes the cost to the education system, to the health services, to social services, of lower earnings, and of higher crime (youth and adult justice systems).

The average annual cost of a **full-time place in AP** was estimated at **£19,000** (in 2021/22 prices), which is approximately three times higher than a mainstream place. Late intervention is costly, with the Early Intervention Foundation calculating it costs nearly £17billion per year, with **£2.7billion spent on benefits for young people who are not in employment, education or training (NEET)**.

7

⁷ 'Cost of poor outcomes' is sourced from the following:

- Persistently other unauthorised absentees defined as missing 10% or more of annual possible sessions for reasons classified unauthorised other - used as a proxy for truancy [2023/24 prices used].
- New Philanthropy Capital (2007) [Misspent Youth](#) [Estimates lifetime cost of truancy as £44,468 in 2007. [Bank of England's inflation calculator](#) used to calculate what this is worth in 2023. [AP Market Analysis](#) (2018) (£18,000 in 2017/18 prices)
- IFS (2021) [Annual report on education spending in England](#) (approx. £6,600-£6,700 in 2021/22 prices)
- Early Intervention Foundation (2016) [Cost of Late Intervention](#).

DfE (2018) [Characteristics of young people who are long-term NEET](#) (note, these figures are from 2013/14).

The role of APST in improving pupil outcomes

APST was introduced to test how better to meet AP pupils' complex needs and improve their outcomes through changing how they access support and services. Multi-disciplinary teams (or taskforces) of specialists have been established within each pilot area's largest AP school. These include maintained Pupil Referral Units (PRUs), Free Schools and Academies; schools with multiple sites and those in a single location; and a variety of Ofsted ratings. Teams are co-located within the school, delivering co-ordinated, child-centred support.

Key components of the APST model:

The APST model draws on the best available evidence and has the following core components (these are detailed more fully in section 2):

- Location in AP schools.
- Co-located teams led by a skilled Taskforce Manager
- On-site presence
- Services and specialists responsive to young people's needs
- Improved coordination and strategic collaboration

Target outcomes of the APST model:

The APST pilot has been testing the impact of the model on the following outcomes:

- School attendance
- Reintegration into mainstream school
- NEET
- Socio-emotional and mental health wellbeing
- Attainment

An independent evaluation funded by the Youth Endowment Fund is assessing the impact of the model on these outcomes. There are also cost and process strands to the evaluation. The first published report from this evaluation is due in 2025.

How APST is enhancing the offer within AP schools

Enhancing AP placements

Schools involved in the pilot say that having specialist teams onsite has enhanced the placements they are able to provide to pupils, making sure they have access to specialists with the right skills working in an effective way.

Many are using APST to develop their offer to mainstream schools, to deliver high-value time-limited placements aimed at swiftly supporting a return to mainstream, or a targeted support offer for the most disengaged children. This combines the expertise of education staff and expertise within the taskforce to provide a holistic offer for pupils.

“The work of the taskforce makes a huge difference for pupils. Experts in speech and language, mental health, youth justice and youth working **form a highly effective and efficient partnership**. They quickly identify the specific needs of pupils. They help pupils and their families to understand why pupils might have found things difficult in the past. Pupils get the right support to be successful.”

Ofsted report of a pilot school

Upskilling staff and embedding practice

Beyond working with individual children, schools involved in the pilot have used their taskforces to upskill all staff and embed good practice, as well as transfer learning from the school to their home services. This includes training as well as providing advice through planned sessions or more informally through working closely with staff. For example, in one school the taskforce’s Speech and Language Therapist (SaLT) provided whole school training on adopting good practice. In another school, the Educational Psychologist offered sessions in which groups of school staff were able to discuss a case or theme, and seek advice, to build their professional understanding and confidence.

Improved partnership working

APST is a workforce model that requires, and can help enable, partnership working, both to make sure the right specialists are involved, and to maximise connections between school and home services. Key partners include Children’s Social Care, Youth Offending Teams, Child and Adolescent Mental Health Services (CAMHS) and speech and language services (and their NHS commissioners).

Taskforce specialists provide a link between their ‘home’ services and the school, and can help navigate access to systems, assessment and support, so this can be more responsive for the child. For example, in one APST school, a CAMHS practitioner could undertake pre-assessment work and identify the most appropriate referral pathway for children with neurodiverse conditions, which avoided long waits for assessment and

support. In another school, the speech and language therapist undertook a brief screening of all pupils' speech and language needs so these needs could be understood by teaching staff.

“Partnership working has enabled us to **implement interventions faster and in a more preventative way** than previously done. Often now, we're able to **bypass lengthier referral processes** to traditionally external organisations.”

Feedback to DfE from an APST pilot school

APSTs' role in SENDAP reform

The SEND and AP [Improvement Plan](#) proposed a 3-tier model (see fig.1) for AP and mainstream settings based on earlier identification of need in mainstream schools, with AP being used as intervention rather than a destination. To deliver all tiers successfully, AP schools will need to have the right number of staff who are equipped with the right skills and have access to the right partnerships in order to enhance provision.

The APST model has so far been tested at scale as an intervention within AP schools (Tier 2 and 3 in fig. 1). Local areas may also wish to consider using APST teams to provide support within mainstream schools, for pupils reintegrating from AP (for example so that specialist support continues in some form over a period of time), or as part of their outreach provision (Tier 1). Adequate resourcing for an extended role would be important, to avoid over-stretching the taskforce and reducing their ability to work directly with AP pupils.

A three-tier model for alternative provision

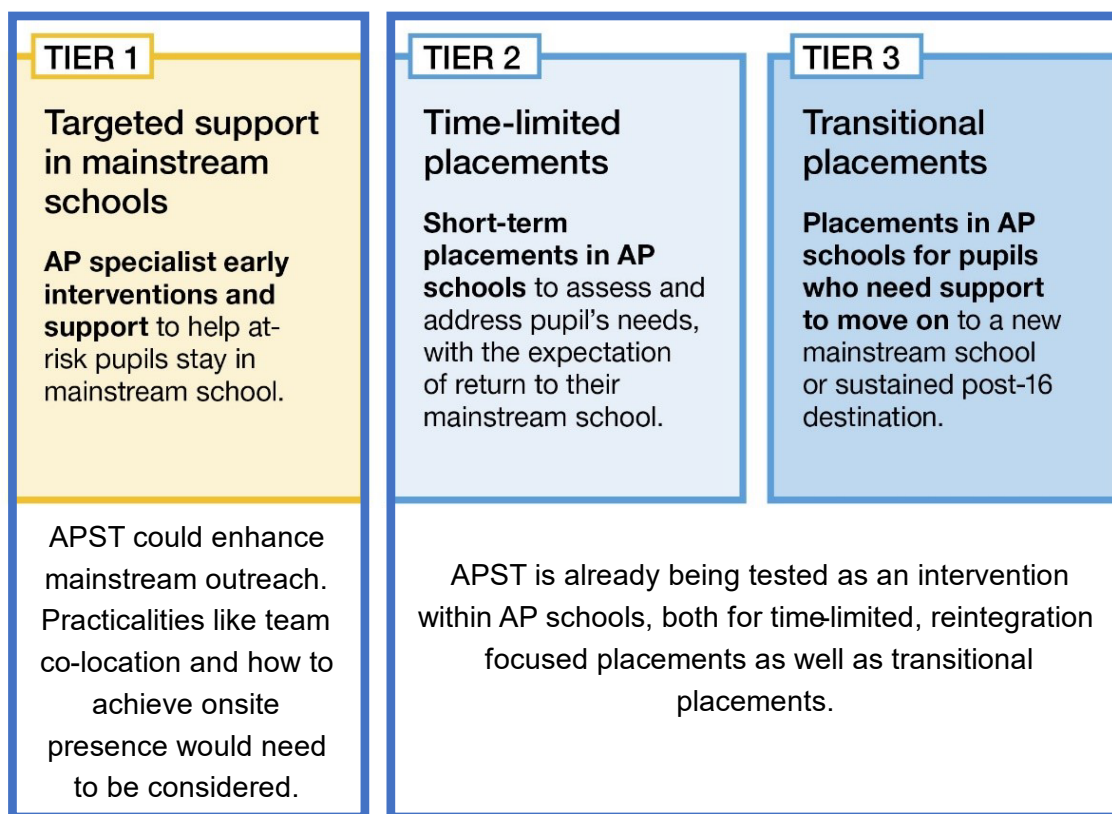


Figure 1

APST enables placements within AP to be more targeted and outcome focused, with the aim of more successful and sustained reintegration into mainstream for time-limited placements, as well as more successful onward and post-16 transitions where longer term placements are more appropriate. In particular, the cost saving potential from more successful time-limited placements could help toward high need budget pressures. It is

important to involve mainstream schools so that they fully understand the APST offer, can benefit from its support, and can play their part in enabling successful reintegration.

APST also means that partner services' assessment and direct intervention work can take place more responsively onsite, which may help to reduce escalation of need; reduce the need for referrals into more expensive tiers of support; reduce missed appointments; and make sure necessary referrals are targeted and appropriate. Case studies from individual pilot schools suggest there are potential savings associated with these efficiencies.

Requirements for a taskforce

The central premise of APST is bringing specialists and services to children rather than the other way around, enabling trusted relationships to be built and providing integrated, wrap-around assessment and support. The APST 'core model' draws on the best available evidence, however pilot schools have adapted ways of working to suit their situation, school and partners.

What this section covers:

- [The core APST model](#)
- [The recommended specialists](#)
- [Role of a Taskforce Manager](#)
- [What taskforces do and their ways of working](#)
- [Holiday provision](#)

The core APST model

This brings together skilled teams, led by a taskforce manager, in an AP with the aim of providing impactful support to children. Below is the core evidence-based model, but beyond this, APs have a variety of ways of working and flexibility to suit their school and pupil needs.

Co-located, blended team of skilled specialists

Co-locating the team (led by a skilled Taskforce Manager) several days a week helps to bring together and share specialist knowledge and understanding of children's lives and plan co-ordinated support around their needs.

Delivering support within (and from) AP

Location in AP schools, where pupils have some of the most acute need. This can be a safe space where children are more able to access and engage with support.

Onsite so they can build trusted relationships

On-site presence which enables specialists to better understand young people's needs and build trusted relationships, with the aim of improving impactful engagement.

Responsive support which children are more likely to engage with

Specialists can respond to children's needs quickly and appropriately rather than waiting for lengthy referrals and risking that children miss appointments or don't benefit from traditionally delivered services.

Co-ordination between local agencies and AP

Specialists bridge the gap between their home service and the AP. They work together within the team, and with teachers and staff across the school. This can help improve coordination and strategic collaboration.

8

These are the key principles of the model and are part of a tested Theory of Change and subject to independent evaluation. If you plan to vary this model, you would need to consider how this might affect the intended impact of your taskforce.

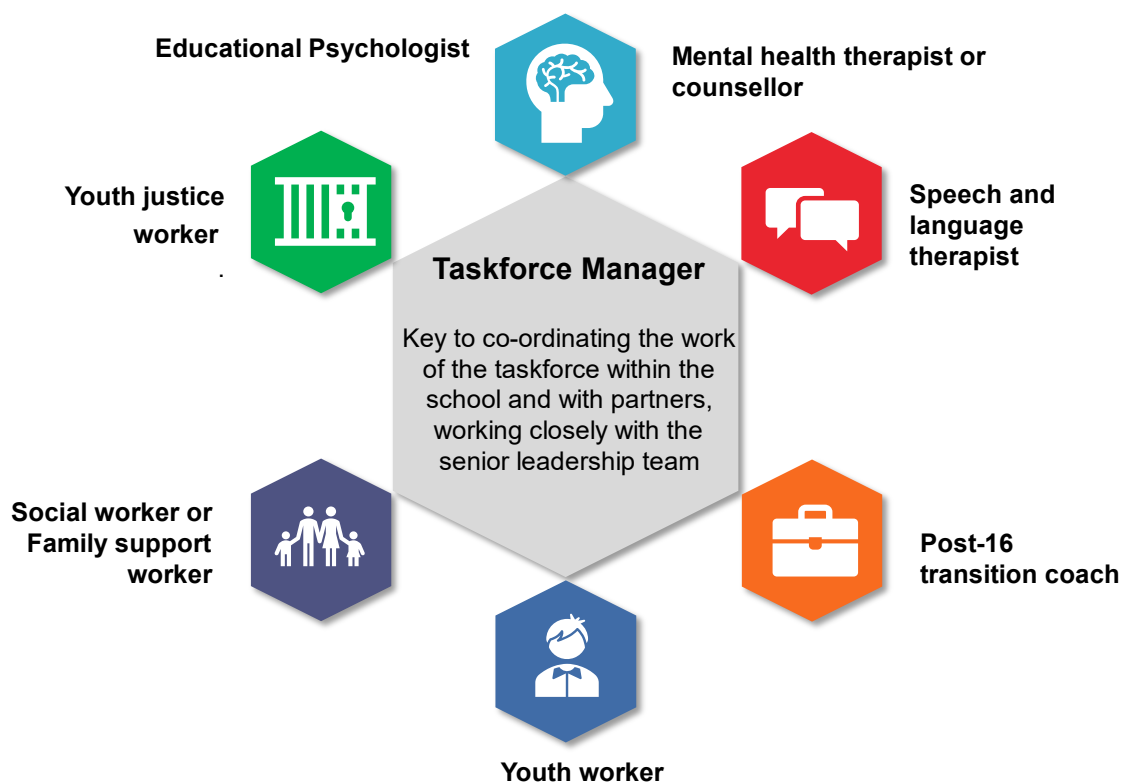
⁸ Evidence behind model design:

- On the impact of positive practitioner-child relationships, see: CQC (2017) [Review of Children and Young People's Mental Health Services – Phase One Supporting Documentation: Summary of Recent Policy and Literature](#), esp. pp. 44 & 57-60.
- On sustained, positive relationships, see: Children's Commissioner (2018) [Stability Index](#).
- On relationship-based support in AP, see: [Relationships in Alternative Provision](#) (2021)
- On the benefits of multi-agency working, including improved relationships between professionals and agencies see: Children's Workforce Development Council (2010) [Integrated Working: A Review of the Evidence](#)

On the impact of drawing in rather than referring out to services see also: DfE (2017) [Evaluation of Enfield Family and Adolescent Support Service](#).

Recommended specialists

The APST pilot suggests there should be at least 4 of the following specialists within a taskforce, led by a Taskforce Manager, who collectively have the skills to respond to and coordinate the range of needs of pupils in AP.



The list of specialists reflects the needs of pupils in AP (detailed in [section 2](#)) and their role in providing appropriate assessment and intervention, including consistent relationship-based support. Pilot schools have also included other staff (for example from their pastoral team) in addition to the minimum of four of the specialists listed above.

Taskforce composition:

- Mental Health therapist: SEMH statistics have been derived from [Schools, pupils and their characteristics, Academic year 2022/23](#) and [Special educational needs in England, Academic Year 2022/23](#).) and relate to those pupils with sole or main school registration in state place-funded alternative provision. For evidence on interventions see CQC (2017) [Review of Children and Young People's Mental Health Services](#), esp. pp. 20-22.
- Youth and family workers: CiN statistics have been derived from [Outcomes of children in need, including looked after children, Academic year 2018/19](#) and relates to the year 2018/19, and pupils whose main school registration was in state place-funded alternative provision who had been classified as a Child in Need at some point in the past 6 years. For an overview of the evidence on family work and mentoring see [What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad](#) (2015);

and the Youth Endowment Fund's evidence toolkit on mentoring: [Mentoring - Youth Endowment Fund](#)

- Educational Psychologist: SEN statistics have been derived from [Schools, pupils and their characteristics, Academic year 2022/23](#) and [Special educational needs in England, Academic Year 2022/23](#).) and relate to those pupils with sole or main school registration in state place-funded alternative provision.
- Speech and Language Therapist: SEN statistics have been derived from Special educational needs in England, Academic year 2022/23. For further evidence on SLCN needs see [The Royal College of Speech and Language's Justice Evidence Base](#) (2017).
- Post 16 transition coach: Post-16 destination statistics have been derived from [key stage 4 national level destinations](#) and relate to pupils in state place-funded alternative provision. For evidence on the role of post-16 coaches see Institute for Employment Studies (2020) '[Supporting disadvantaged young employed people towards and into meaningful work – an initial evidence review](#)'
- Youth Offending Worker: Offending statistics are drawn from [Education, children's social care and offending](#)

Role of a Taskforce Manager

Having a skilled Taskforce Manager has been an essential ingredient for an effective taskforce, as they establish and co-ordinate how the team itself works, and then embed it within the school and with partner services.

What is the Taskforce Manager's role?

Taskforce Managers lead the taskforce. This involves;

- Working closely with the school's senior leadership team to set the direction of the taskforce.
- Recruiting the specialists, supporting them in their roles and enabling co-located, integrated working.
- Setting up the processes for how the taskforce model works within the school and with local services (e.g. referrals, assessment and thresholds, data sharing, and how they will work with pupils and the wider school team).
- Co-ordinating and managing the team's casework, including referral and triage management.
- Planning and organising training and knowledge transfer with the wider school, and beyond.
- Enabling information sharing between specialists, services and wider staff in the AP.
- Line managing non-clinical specialists (clinical specialists have clinical supervision arrangements), ensuring CPD is available for staff.

Why are they important?

Through ongoing engagement with APs in the pilot, schools have found that a good, suitably skilled Taskforce Manager is the 'lynchpin' of an effective taskforce. Recruiting this role early on may be particularly important, as this is when key decisions are being made and leadership is needed to set the direction of the taskforce.

Where resource is limited, while it may seem counter-intuitive not to use all funding towards specialists, we would suggest you prioritise appointing a skilled Taskforce Manager who can:

- Develop the overall vision and plan for the taskforce.
- Bring together existing specialists and staff within the school into an APST style of working.
- Drive relationship-building with partners and work with commissioners to agree secondment arrangements.

While some pilot schools have made direct appointments for the Taskforce Manager role, in others it has been an additional responsibility for existing staff (e.g. their SENCO or

pastoral leads or other SLT member). Particularly in smaller schools it could also be someone who carries out work with children as a specialist for part of the week.

“A member of the leadership team is [Taskforce Manager]...We have found this beneficial compared to the recruitment of an external project coordinator as we know and understand the context of the school and what we are trying to achieve.”

Feedback to DfE from an APST pilot school

What taskforces do and their ways of working

Teams have established ways of working which best suit their pupils, team, school and partner services. Below are examples of what pilot taskforces do and how they work, including some of the different approaches schools have adopted. The critical factor is that specialists are able to work together in person, onsite, multiple days a week.

Who they work with

- Pilot schools generally have a tiered approach to support.
- This tiered offer includes a universal offer (e.g. through staff training, Speech and Language Therapist screening for all pupils, or group sessions), as well as targeted individual and group work.
- Access to support may be based on specific thresholds, their placement pathways, or simply by operating a waiting list.
- All schools work with parents and families, and many undertake work within the wider community.

How they work with children

- Specialists undertake a combination of:
 - work with children and families
 - group work (e.g. specialist-based support, or girls groups)
 - advice and training for school staff
- Work with children is adapted to suit their needs.
- Support might be staged to avoid overwhelming a child, or one key person works with the child with other specialists contributing advice 'behind the scenes'
- Other taskforces may have multiple specialists directly involved at the same time, co-ordinating their support.

When and where they work with children and families

- Specialists work with children and families at their learning centre, at their home, and the community (e.g. a café, or during a lift to school).
- This is often adapted and flexible depending on what works for the child.
- Many specialists (and especially youth workers) will have out of hours and holiday working schedules so they can provide wraparound, responsive support.
- Taskforces are involved in most schools' holiday provision (often in conjunction with the [holiday activities and food](#) offer), running fun activities and bridging support between terms.

Training and supervision

- A good induction for specialists has been highlighted as essential, particularly as many specialists may have not worked in an AP or education setting before.
- Good supervision arrangements have been essential. For non-clinical specialists the Taskforce Manager has taken this role, but clinical specialists have mostly used their home service for suitable clinical supervision.
- Delivering training and advice to school AP staff is a key part of taskforces' role. This is a mix of planned and responsive sessions.

Referrals into the taskforce

- Pilot schools have used different approaches to referrals.
- Some have formal referral processes (i.e. form-based) with requirements about who is eligible to refer and referral thresholds.
- Others have informal processes (i.e. through a conversation with an AP staff member, an email or at a child or family's request) with no fixed thresholds.
- In other cases, specialists may identify a child's need for taskforce support from being onsite and getting to know them.
- Most schools include information about the taskforce, referrals and screenings in their inductions for new starters (i.e. AP staff) so they know how this works.

Assessments, diagnoses and outward referrals

- Specialists undertake assessment and diagnosis work individually or collectively within the school.
- Specialists can co-ordinate appointments and share information so they can complete assessments without over-whelming children and families.
- Where outward referral is required, specialists draw on their knowledge of their home services and referral pathways to complete pre-assessment work, make sure referrals are appropriate and go to the right place in the system.
- They are also helping schools to understand referral pathways.

Case discussions and decisions

- Pilot taskforces meet weekly to discuss cases.
- However decision-making on cases (actions, joint work, progress and case closures) has been approached differently.
- In different taskforces, decisions may be made by:
 - the specialist/s leading on the case

- collectively by the taskforce
- the Taskforce Manager (and sometimes with the school's SLT).

Information sharing and record keeping

- Specialists draw on their different systems to share information on children and families and build a holistic understanding of their needs.
- For example, social workers, youth justice workers and NHS-employed specialists can often still use their home service case systems, and can access information and share responsively with the taskforce.
- To do this, they have put in place data sharing agreements.
- Taskforces have used a variety of systems for case recording.

Holiday provision

AP schools involved in the pilot have continued to run their taskforces outside term time, often in conjunction with [Holiday Activities and food programme](#).⁹ Taskforces have become central to organised holiday provision for their pupils, providing on and off-site activities like sport and music, team challenges, and adventure trips, and maintaining consistent relationships with trusted adults through the holiday period.

APs, parents, carers and pupils have provided qualitative feedback that this has provided opportunities to:

- Sustain and build on pupils' social and behavioural skills.
- Check welfare and wellbeing, and identifying and respond to safeguarding issues and crises.
- Provide rewarding opportunities which children otherwise would not have had access to.
- Helping children avoid negative activities (including offending) over the holiday period.

“He would have been at a real loose end without the summer school, and instead he had a **welcoming, nurturing place to be**. I think [the school] in general has been such a positive place for [child], and the summer provision was an extension of that. Everyone genuinely cares about him, which he really feels, and it's great for him to hear positive things about himself and have a safe place to be with friends.”

Feedback to DfE from a parent whose child attended APST summer provision

“A **different climate of learning and socialising is taking off**. Our students are choosing to spend their summer holidays with us, as opposed to getting up to things they normally would with their friends, it's becoming habitual. I'd never have thought I'd see certain students (who are involved in criminality) but they're turning up time and time again.”

Feedback to DfE from an APST pilot school

⁹ Proprietors of schools considering similar holiday provision will need to be clear on the powers they are using to provide these activities, whether the activities are legally separate from the operation of the school (even where taking place on school premises) or part of the school, and on what basis staff are working.

Successfully implementing a taskforce

The APST pilot delivery has generated learning about the steps needed to set up a new taskforce, and success factors and challenges to implementation, which may be useful to others setting up an APST-style team.

What this section covers:

- [Key steps for setting up a new APST](#)
- [Implementation success factors](#)
- [Key 'set up' challenges and mitigations](#)

Key steps for setting up a new APST

This plan shows some of the suggested key steps for setting up a new taskforce, although this will significantly depend on local circumstances and existing partnerships. Your circumstances may mean that it takes more or less time to develop your taskforce than outlined here. It may also be helpful to develop an overall plan for the taskforce and build it up over a longer period of time than suggested here. Taking this approach could mean you first identify and work with relevant partners and commissioners, so that secondment of specialists can be factored into their workforce planning.

Initial planning and decision-making:

- Key partners involved early, for example via a task and finish or oversight group.
- Key decisions include:
 - how the APST will be funded and resourced
 - how it fits within the area's local SEND and AP offer
 - an overall vision for the composition and purpose of the APST (including how existing specialists within the school are included).

Term 1:

- Senior Leadership Team (SLT) within the AP takes on leadership role for the APST.
- Taskforce Manager appointed (may be existing member of AP staff).
- Physical onsite location for team arranged (ensuring they are co-located).

- Begin recruitment of key specialists, working with local partners.
- Agree Service Level Agreements (SLAs) for specialists seconded from partner services.
- Organise Data Sharing Agreements and access to different specialists' systems.
- Develop outline metrics/monitoring plan to track impact of APST.

Term 2:

- Key specialists in post (or in the process of being recruited).
- Induction for specialists, including introduction to working in an AP.
- Team practices established, including how regularly they'll meet, how they'll work together on cases, how decisions will be made.
- Referral processes established and communicated within the school.
- Training or information shared with staff within the AP school on how the APST works, how to refer a child, what their work with children and school staff will involve.
- Work with pupils is beginning.

Term 3:

- Team of specialists are in post and delivering support to pupils.
- APST practices becoming embedded within the school.
- Planning and beginning delivery of training and skill-sharing work with AP staff.
- Outreach and engagement with mainstream schools to share understanding of the taskforce, particularly in support of reintegration and transitions.

Implementation success factors

There are a number of key factors which have influenced how successfully APST teams have been established and how smoothly they operate. These success factors have been drawn from the independent formative evaluation of the 22 pilot schools and represent interim findings, with the final report due to be published in 2025 and 2026.

APST Team Manager with the right skills

- Putting in place an effective APST Team Manager early on has been important to the setting up and smooth running of taskforces.
- They play a key role in recruitment of specialists, establishing and maintaining how the team works together, with children and parents, within the school and with partners.
- The role involves a blend of practice knowledge and skills, team leadership and strong partnership working.

Leadership support

- Having supportive Senior Leadership invested in the success of APST has helped in establishing how the team fits into the wider school.
- School leadership has been particularly important in driving partnership working with local services to secure their support for this way of working and investment of their specialists.

APST team skills and composition

- Taskforces need a blend of specialists which can collectively meet the range of pupils' needs.
- They need to have the right skills to work with what can be a challenging cohort of children.
- As well as their specialist skills for delivering support, specialists need to be able to build and maintain relationships within and outside of their professions, be adaptable, and communicate well with those outside their specialism.

Co-location

- Being located in the same place, and having weekly meetings, has helped to co-ordinate, and deliver support for children and families more rapidly.

- Limited capacity of APST Specialists and other AP school staff can make partnership working harder, particularly if they're working on APST part time.
- Limited capacity and part time hours makes well co-ordinated team/case meetings and ways of working even more essential, and reinforces the need for an APST Taskforce Manager who can drive this.

Ways of working

- APSTs have had to set up new practices for how they work as a team, within the school, and with home services. This includes access to shared systems and referral and case review processes.
- "Meeting half-way" has been important as different specialists, teams, schools and services work differently and ways of working have needed to adapt accordingly.

Building and remembering shared aims

- Being clear on the aims of the taskforce and how their work supporting students and families integrates into the wider school framework has been important throughout the set up and ongoing success of taskforces.
- Delivery feedback to DfE has also shown that particularly for specialists new to working in AP settings and with AP pupils, support may be needed to help them understand their ethos and how the school works, and to build relationships with AP staff and pupils.

Key 'set up' challenges and mitigations

Listed below are some of the most commonly identified and reported set up and implementation challenges experienced by APST pilot schools and some of the ways they have navigated them. These challenges draw on the independent formative evaluation and represent interim findings.

Recruiting specialists and secondment arrangements

Challenges included:

- The ability to recruit or second to the posts, particularly challenging for mental health and speech and language therapists
- Time availability of a specialist (some specialists work at the taskforce part time which can limit their ability to participate fully in co-located working).
- Schools have reported struggling to find specialists with the necessary skills.

Mitigations and learning included:

- Drawing on pre-existing strong links with health and social care partners (and commissioners), or, investing in establishing these relationships.
- Being clear with seconding partners about the purpose of the specialist's role and making clear the benefits of taskforce working for reducing referrals, reducing waiting lists and missed appointments, preventing escalation of need, and enabling better engagement with children already known to the service.
- Being flexible as much as possible on the grade a specialist must be and their working pattern (e.g part time, and split between their home service and school, or phasing up their hours over time).
- Making sure they will have access to clinical supervision (clinical specialists).
- Where services have not been able to second a specialist directly from a partner, schools have directly hired specialists, or used an agency; allowing more time to recruit the specialists where difficulties are most acute (mental health/speech and language therapist) and continuing to work with commissioners as opportunities arise.
- Where specialists are only one or two days per week, co-ordinating days when specialists are working in the school (for example to make sure they can attend weekly meetings and maximise co-located working).
- Clearly defining the role and the specialist expertise needed, as well as skills like building and maintaining relationships with networks, being adaptable, being able to communicate with those outside their specialism.

- Building in a strong induction offer to help specialists with little or no experience of working in AP schools, or with pupils with very complex needs and behaviour.
- Prioritising getting a core team established initially and then building up the team. Some schools have also trained up existing non-teaching staff (e.g. as family support workers).
- Sharing template job descriptions between APST schools (via peer networks).

Securing partner support

Challenges included:

- Finding the right people within the service (day to day contacts as well as those able to make decisions about secondment).
- Explaining the role and purpose of the taskforce/specialists.
- Differences in how the school/taskforce and services work; and time and capacity to build links with partners.

Mitigations and learning included:

- Involving partners from the beginning.
- Strong senior leadership support and prioritisation to build or maintain strong links with partners.
- Increasing awareness with partners about how the taskforce supports their work; and seconding specialists directly from partner services to maintain relationships.

Data sharing arrangements

Challenges included:

- Setting up new practices and policies for data sharing between specialists from different services.

Mitigations and learning included:

- Sharing standard data sharing agreement templates between APST schools (via peer networks).
- Making sure the Taskforce Manager is in post early on to organise this and that they engage partner services early to get the agreement in place promptly.

Integrating the taskforce within the school

Challenges included:

- Making sure school staff were aware of the taskforce and what they do, their purpose and how they would work with the wider school.
- Building collaborative ways of working including relationship building as well as the processes which enable integration between APST and work across the school.
- Capacity of SLT, staff and specialists. This was seen as a barrier to how much taskforces and wider school staff were able to work together.

Mitigations and learning included:

- Having a good induction process for specialists but also appreciating that seconded staff come with their own working practices which schools can learn from as well.
- Introducing APST early on to school staff and keeping them updated on progress as the taskforce gets up and running. This includes making clear what their role is not (i.e. additional TAs, or covering general school gaps such as lunch duty).
- Building in time for embedding the taskforce and practices, making it part of the whole school's structure as well as giving a voice to the taskforce.
- Clearly presenting APST as enhancing capacity and complementing the work of staff within the wider school.
- APST staff providing training for school staff on what they do.
- Developing ways of working (e.g. joint meetings, using existing processes) which facilitate collaboration to meet the holistic needs of children.
- APST specialists deliberately focusing on and spending time trying to build relationships with AP staff.
- Allowing time for specialists to build relationships with students. Having specialist join in on classroom activities and trips can help. Labels are important (e.g. children may be resistant to 'mental health therapy' but less so with 'talking sessions').
- Developing shared goals and specialists being open and curious about approaches in the school which may be different to what they know.
- Developing ways of working which are manageable for both the APST and school staff.
- SLT support to make sure APST and school staff are encouraged to work together and are enabled to do so.
- Using co-location to help improve efficiency (e.g. avoiding lengthy referrals or delays accessing advice).

Designing new processes (including referrals) for how the taskforce works and embedding this in the school/with services

Challenges included:

- Setting up new practices and policies (e.g. taskforce terms of reference, governance and decision-making frameworks)
- Referral process that worked well for both school and specialists.

Mitigations and learning included:

- Taking the time to understand how the taskforce would actually work and what specialists' role would involve.
- Sharing standard templates between APST schools which can be tailored (via peer networks).

Costs

22 AP schools have been implementing the APST model since 2021, which has provided information on what the typical set up and running costs are likely to be.

What this section covers:

- [Overview of the different core costs of APST](#)
- [Different options for resourcing APST](#)

Overview of the different core costs of APST

The tables below set out the approximated average costs across the 22 pilot APs, covering 'one-off' or set up or occasional costs, as well as the ongoing operating costs of APST. These costs are a simple mean (of each cost type) across the 22 schools in the pilot, provided to give an indication of the cost of running an APST. However, variation is to be expected depending on factors such as school size, location and specialist composition. For example, larger schools in the APST pilot have included more specialists than the minimum requirement of four, and so overall costs will be higher.

	Set up costs of APST (one off costs)	Cost
Essential	Taskforce office and meeting space (e.g. converting an existing office or classroom)	£4700
	Equipment (laptops, phones, etc)	£6000
Additional	Recruitment costs (for direct hiring, this might include using a recruitment agency, advertising, etc)	variable

	Operating costs of APST (recurring yearly costs, with salary on-costs included)	Cost
Essential	Taskforce Manager salary (2023/24 prices) (this is the total, rather than FTE, cost. Most Managers undertake the role part time, for example on a 0.6FTE basis and may have another role within the school).	£36,000
	School SLT time (cost of SLT time spent on APST partnerships and oversight)	£11,000
	<p>Salary costs for at least 4 different specialists (2023/24 prices)</p> <p>Costs based on 4 FTE specialists. However, this will be less if specialists are part time (many have been 0.6 or 0.8FTE).</p> <p>Specialist salaries vary considerably depending on profession, grade and availability. These costs reflect an average of all pilot specialist salaries.</p> <p>The total number of specialists/FTE needed will depend on school size (in the pilot this has ranged from 2 FTE (across 4 staff members) for small schools to 12 for the largest school.</p> <p>Clinical supervision costs may additionally need to be factored in.</p>	<p>£46,000 (per specialist)</p> <p>£184,000 (4 FTE specialists, illustrative of taskforce size in a medium sized AP school)</p>
Additional	School holiday provision (2022/23 prices) (e.g. if you plan to run additional activities delivered by the taskforce in school holidays). This can be highly variable. At the lower end, it could involve staff salaries, integration with existing HAF provision, or at the higher end, residential trips. ¹⁰	Indicative average cost £350 per pupil

¹⁰ Where holiday activities are not part of the operation of the school itself but separate provision then the proprietor will need to be careful to make sure that it isn't funding the provision using money that's restricted or ear-marked for use on the actual running of the school.

Different options for resourcing APST

Pilot AP schools have primarily drawn on the funding sources and routes below (part of the DfE programme requires them to partially match fund their taskforces from 1 September 2023).

How you resource your taskforce will depend on a number of factors, including:

- Your existing partnerships and arrangements with local services, and commissioning opportunities within these services
- Whether you already have some pre-existing resource in place, including existing specialists, or school/Trust reserves
- Your ability to combine funding sources (e.g. seconding from multiple partners)

Potential funding routes:

- Local authority SENDAP (High Needs Budget)
- Local authority YOTs and children's social care departments (i.e. funded secondments)
- NHS (Integrated Care Boards)
- Multi-Academy Trusts (MATs) or individual school budgets
- Charity organisations and donations
- Violence Reduction Unit (VRU)

Possible funding arrangements for specialists:

- Secondments fully funded by services

For example, you work with services to agree secondments of existing specialists, or to allocate a specialist at each commissioning opportunity.

- Secondment funded jointly by services/APST

For example, you second an existing specialist but the costs are shared between the service and the LA or school.

- Direct funding and appointment of specialists

Where there is resource to do so, you may want to hire specialists directly or through an agency. You may also already have specialist staff directly hired by the school.

Annex

Evidence and case studies from the pilot

APST is undergoing a full independent impact, cost and process evaluation which will report in 2025 and again in 2026. In the meantime, metrics provided by schools to DfE and case studies provide information on emerging positive findings. A snapshot of these findings are summarised below.

Management Information data provided to DfE shows that since the beginning of the APST programme until October 2023 over 4000 pupils have received direct support, with:

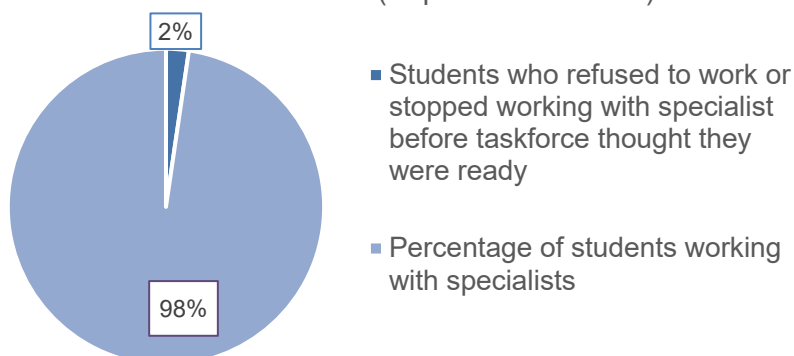
79% with recorded SEND

54% eligible for free school meals

25% known to children's social care

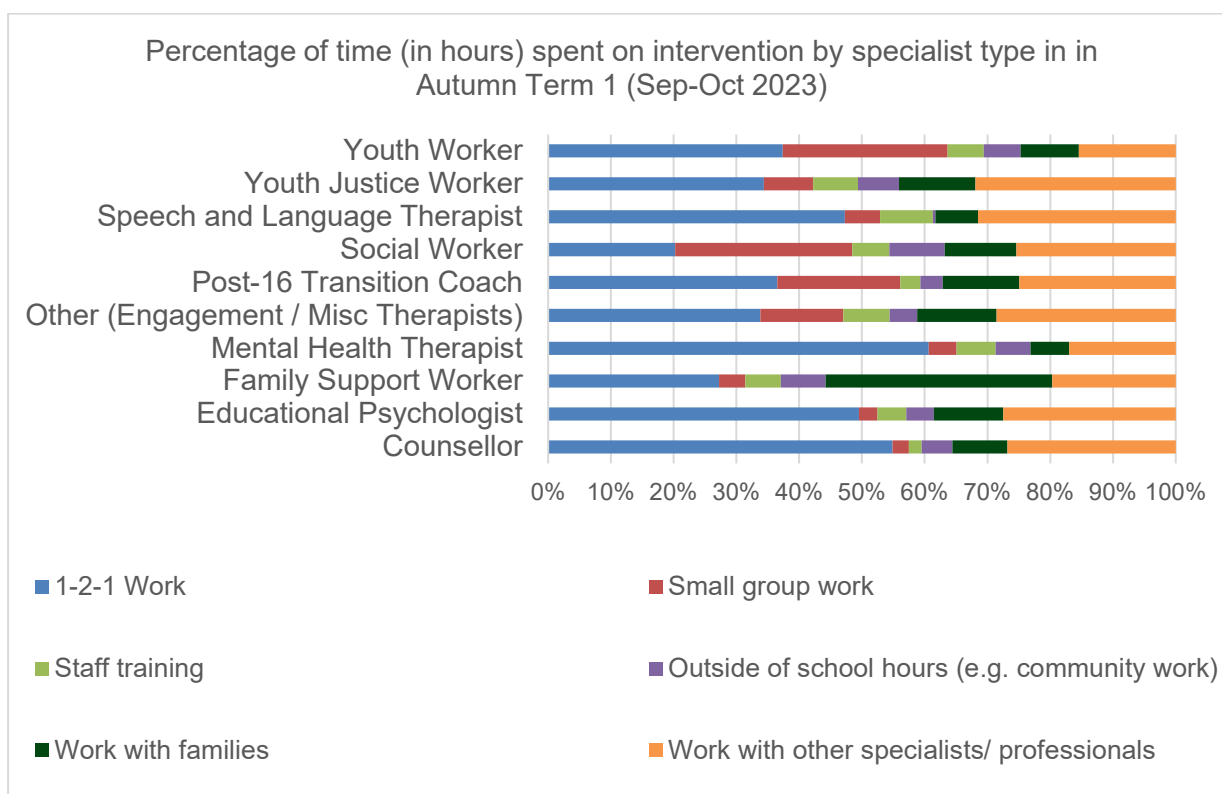
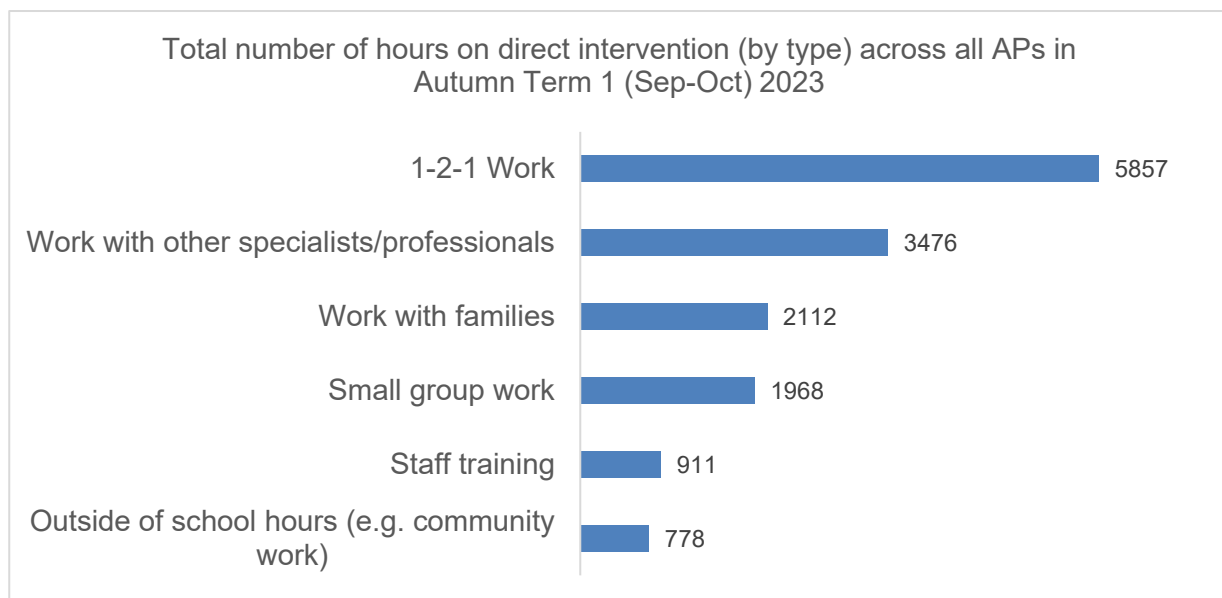
Out of the 1420 individual students who were supported by the programme in the first half of Autumn term 2023 (September-October), only 20 (1%, rounded) stopped working with the taskforce before the taskforce thought they were ready and only 13 (1%, rounded) individual students were offered intervention but refused support altogether. The large majority (98%) of children engaged with specialist support, suggesting the benefit of specialists being onsite and able to build trusted relationships.

Percentage of pupils offered support by the APST who worked with or refused to work/stopped working with specialists before the taskforce thought they were ready in the first half of Autumn term 2023 (September-October).



Cumulatively from the start of the programme, a total of 178,997 hours (rounded) of intervention has been delivered across all 22 APs. In the latest term data is available (first half of Autumn term 2023), a total of 15,102 hours (rounded) of intervention was delivered by a combined 147 specialists (99 FTE).

The breakdown (percentage) of time spent on different activity types shows that specialists spend the majority of time on one to one support of pupils, followed by work with other specialists and professionals (including each other). A significant proportion of time was also spent on work outside of school hours (particularly youth workers), as well as on work with families, reflecting that APST support is wraparound to meet children’s needs and involves working holistically with children and their system.



School case study provided to DfE: How the taskforce works (anonymised example)

The team is led by the Taskforce Manager, a member of the school's SLT, who reports directly to the school's headteacher. The team includes a CAMHS practitioner, a Speech and language therapist, a youth justice worker, a school engagement officer, an educational psychologist, an assistant educational psychologist and two youth workers.

How the team works:

The team have a 'hub' located on the school grounds, with working and meeting space for the taskforce. The team have a weekly case meeting chaired by a member of the team. They use this to discuss pupils newly referred into the APST as well as review existing cases, and any significant events (such as safeguarding incidents). For each child, the team review and plan the actions and support to be put in place, accessing their own service systems to share 'live' information which builds a more holistic picture. Cases are 'held' by the team, so all are aware of the child and can input advice as needed. In between meetings, being co-located together as part of the same team means they can talk to each other quickly and get input responsively.

Working with children:

For one case, a child new to the AP who had just been permanently excluded was thought to have significant SEND and mental health needs. The team were aware that multiple assessments were needed, however the family had low confidence in professional support as this had not previously been forthcoming.

The CAMHS, SaLT and Assistant EdPsych decided to visit the family together. Although this was initially overwhelming for the family, the specialists were able to reassure them, and working together, they were able to get all the information needed for their assessments in one go, saving numerous separate visits. This would have been more resource intensive and involved the family re-telling their story. Furthermore, their combined relational skills and clinical expertise was shared and meant they were able to undertake a full cognitive assessment in much less time and with less burden than it would usually involve. In their ongoing work with the child, the team school engagement officer worked with the child to build her trust. They were able to provide 'wraparound support' and on one occasion were able to facilitate work with her in the car to avoid her missing an appointment. Through this approach, the child would now like to start attending school, and the school has a better understanding of how to meet her needs.

In addition to their individual work with pupils, the team run group sessions specifically for girls, which pupils can be referred into, and they have run a summer holiday group to help children access support and sustain change between school terms.

Working with the wider school, and home services:

Beyond their support with individual pupils, the taskforce support staff across the school in a number of ways and have helped to change how they work. This includes providing direct, responsive training in their specialisms, as well as reflective practice sessions for staff to discuss cases or broader issues with them. They plan to extend these sessions out to several smaller AP providers they work with to upskill staff within these settings.

Pupil case study provided to DfE: Louis (pseudonym)

Presenting difficulties and challenges:

Louis came to us following multiple permanent exclusions. At our initial meeting, conversations with mum revealed the extent of Louis' difficult home life. Recent events with Louis' dad, had meant a move out of the area to inadequate accommodation where Louis and his siblings currently sleep on the floor. Mum said she was worried about who Louis was mixing with socially. Louis had disclosed to us that he had recently had both of his hands broken by people in the community, after he threw away a package he had been asked to take care of. Louis had also been involved in the extortion of money from younger students, with a peer that had recently been stabbed. Louis shared that he was devastated about being permanently excluded from School. He was worried about how he was going to get back on track, and into a post-16 placement that would enable him to study medicine.

Taskforce Interventions:

Our Social Worker worked with Louis and mum, offering a support package through the APST programme and enabling Louis to still enter his exams. We offered 1-2-1 mentoring in addition to his core lessons, assessment from our Speech and Language Therapist, time with our Educational Psychologist to explore how Louis had become involved with the incidents resulting in his exclusion, as well as offering appointments with our Post-16 Support to explore his future options.

APST enabled a bespoke plan for a student who had fallen off track. The Taskforce worked to discover his aspirations and supported Louis to engage within all learning and embrace education. The team supported Louis in writing an apology to the head of his previous school, following which he was invited to a meeting and given another chance at mainstream school. Louis was delighted to share that he was going back, and he was incredibly thankful for all the support, nurture, love, kindness, and guidance that he had received whilst he was with us. The taskforce worked with Louis and mum to help with the transition.

Outcomes:

Louis fully embraced and engaged with all the specialists. He shared that despite his mistakes, he felt valued and supported because the Taskforce showed him why his aspirations were so important. Louis identified himself that he would benefit from learning more directly from Youth Justice about how serious and detrimental consequences to behaviours could be and the impact of this. Louis has now returned to mainstream school and is settling in well. Mum shared how grateful she is that Louis had been given the opportunity to access the incredible support and intervention from such an excellent team of Specialists. Mum said that without the APST pilot, her son would not have been able to access the help he really needed. As a school, we have developed a positive partnership with Louis' mainstream school. We have learned how, with the correct specialist support available at the right time, we can really turn a situation around for a child quickly.

Existing pilot schools

Local authority	AP School
Birmingham	City of Birmingham School
Bradford	Bradford Alternative Provision Academy Central
Brent	Brent River College
Bristol	Bristol Futures Academy
Croydon	Saffron Valley Collegiate
Doncaster	St Wilfrid's Academy
Ealing	Ealing Alternative Provision
Enfield	Orchardside School
Hackney	New Regent's College
Haringey	Haringey Learning Partnerships
Lambeth	Evolve Academy
Leeds	Stephen Longfellow Academy
Leicester	Leicester Partnership School
Liverpool	Everton Free School
Manchester	Manchester Secondary PRU
Newham	Tunmarsh School
Nottingham	Unity Academy
Salford	The Clifton Centre
Sandwell	Sandwell Community School
Southwark	Southwark Inclusive Learning Service
Sheffield	Sheffield Inclusive Learning Service
Tower Hamlets	London East Alternative Provision



Department
for Education

© Crown copyright 2024

This publication is licensed under the terms of the Open Government Licence v3.0, except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information, you will need to obtain permission from the copyright holders concerned.

About this publication:

enquiries <https://www.gov.uk/contact-dfe>

download www.gov.uk/government/publications

Follow us on Twitter: [@educationgovuk](https://twitter.com/educationgovuk)

Connect with us on Facebook: facebook.com/educationgovuk