EVALUATION REPORT

Alternative Provision Specialist Taskforce

Impact, process and cost evaluation of Years 1 & 2

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YOUTH ENDOWMENT FUND

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RAND Europe is a not-for-profit, non-partisan research organisation with a long and proven commitment to high-quality research.

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Abbreviations

AP	Alternative Provision
APST	Alternative Provision Specialist Taskforce
CAMHS	Children and adolescent mental health services
CoP	Communities of Practice
DfE	Department for Education
DiD	Difference-in-differences
DRD	Difference in regression discontinuity
EHCP	Education, health and care plan
FTE	Full-time equivalent
ILR	Individual learner record
IPE	Implementation and process evaluation
KS	Key Stage
NPD	National Pupil Database
PRU	Pupil referral unit
SALT	Speech and language therapist
SAP	Statistical analysis plan
SDQ	Strengths and Difficulties Questionnaire
SEN	Special educational needs
SLT	Senior leadership team
YOT	Youth Offending Teams
YEF	Youth Endowment Fund

Executive summary

The project

The Alternative Provision Specialist Taskforce (APST) aims to improve the skills and capabilities of alternative provision (AP) schools in order to reduce 11–16-year-old children's involvement in violence and support them to re-engage in education. Funded by the Department for Education (DfE) in England, APST places at least four of the following eight professionals in AP schools who then work together for at least three days a week: a speech and language therapist, a mental health professional, a post-16 transition coach, a youth worker, an educational psychologist, a family support worker, a youth justice worker, and a social worker. AP schools decide whether the support provided by specialists is offered to all children or targeted at particular children. The programme also aims to improve relationships between AP schools and local agencies and to upskill other members of AP school staff in order to benefit all children in the setting. The 22 APST schools in this programme were in serious violence hotspots.

YEF funded an impact evaluation of APST. It aimed to identify whether APST had an impact on two primary outcomes: whether year 11 children subsequently enrolled in post-16 study and whether years 7-10 children reintegrated into mainstream school in the following academic year. It also aimed to identify the impact on a range of secondary outcomes, including years 7-10 attendance, year 11 attainment in English and maths, and years 7-11 social and emotional difficulties (as measured by the Strengths and Difficulties Questionnaire (SDQ)). For all but the SDQ outcomes, the evaluation used a difference-in-differences (DiD) methodology. This compared the difference in outcomes for all KS3 and KS4 pupils both before and after the introduction of APST among two groups of schools: those in which APST was introduced (the treatment group) and all other AP schools (the comparison group). The change in the difference in outcomes between the two groups before and after the introduction of APST provides an estimate of its impact. The treatment group consisted of 3,370 children in 2021/22 and 3,780 children in 2022/23. For the SDQ, baseline and endline data were collected from AP schools (22 APST schools and 21 matched comparison schools) and compared.

An implementation and process evaluation was also conducted to explore the perceptions of those involved, facilitators and barriers to delivery, unintended consequences and cost. This featured three rounds of data collection, each including surveys with APST professionals, project coordinators, and AP senior leadership teams (SLT) (with around 120 responses in each round); interviews with SLTs, DfE and strategic partners (59 conducted in total); nine visits to seven case study schools; and reviews of programme documentation and data. The evaluation covered the delivery of APST from November 2021 until August 2023. A report of findings and outcomes including a third year of delivery will be published in summer 2026.

Key conclusions
APST had no impact on year 7-10 children being reintegrated into mainstream school and had a low impact on year 11 children progressing to post-16 study. These results have a high security rating.
APST had a moderate impact on year 7-10 children's attendance. Children in APST schools were in school for seven additional days the following academic year compared to their expected attendance if APST had not been available. This is a secondary outcome which should be interpreted with more caution.
APST had a low (but highly uncertain) impact on KS4 English and KS4 maths, had no impact on sustained post-16 study or year 7-9 reintegration into mainstream school, and led to a small reduction in year 10 reintegration. These are secondary outcomes which should be interpreted with more caution. There were high levels of missing SDQ data, so we cannot ascertain the impact on children's social and emotional difficulties.
APST was successfully implemented in all 22 AP schools. The delivery model was highly tailored, with the nature, focus, format, timing and location of specialist support varying.
APST leaders and professionals reported very positive perceptions of APST, reporting that children were able to receive rapid, integrated and comprehensive support and improved safeguarding. Stakeholders perceived that APST was improving children's social and emotional well-being, parental and pupil engagement, and attendance.

YEF security rating

These findings have **a high security rating**. The evaluation was a QED study that was large enough to detect meaningful impacts. The primary outcomes were unaffected by attrition and missing data. The study met key quality indicators of a difference-in-difference design, including comparing pre-intervention trends between both groups and applying a series of robustness checks.

Interpretation

Evaluating APST is challenging for several reasons. The evaluation measured the effect of APST on all children in a setting, rather than only those children who received direct interventions. This may make it more challenging to detect an impact, as the effect may be smaller for children who did not receive direct support. Reintegration is also a complex outcome. For some, continued support in AP may be in their best interests. This means it is challenging to interpret APST's lack of impact on year 7-10 children being reintegrated into mainstream school. APST had a low (albeit uncertain) impact on year 11 children progressing to post-16 study.

APST did have a moderate positive impact on year 7-10 children's attendance. Given the high rates of pupil absence in AP, the association between absence and later involvement in violence, and the lack of evidence on what works to improve attendance, this is a promising finding. APST had a low (but highly uncertain) impact on KS4 English and KS4 maths, had no impact on sustained post-16 study or year 7-9 reintegration into mainstream school, and led to a small reduction in year 10 reintegration. However, reintegration in KS4 is a complex outcome, as moving schools is less likely to be considered in KS4 children's interests due to the potential impact on GCSEs. These were all secondary outcomes, so they should be treated with more caution. There were high levels of missing SDQ data, so we cannot ascertain the impact on children's social and emotional difficulties. Additional exploratory subgroup analysis found 4.3% fewer children of Asian, Black, Mixed and Other ethnicities were reintegrated following APST compared to children from White ethnicities; 3% more girls were reintegrated compared to boys (although challenges interpreting reintegration outcomes remain).

The APST model was highly tailored to each school. Specialists delivered support which varied in focus, nature, format, timing, and location. An initial challenge was recruiting specialists, but this was overcome in the first few months of delivery. APST leaders, specialists, school staff and local agencies reported very positive perceptions of APST, reporting that children and families were able to receive more rapid, integrated and comprehensive support. They also reported that APST helped to safeguard children at moments of vulnerability, provided specialist interventions and referrals to external services, increased access to specialist needs assessment, and provided much needed additional capacity. Staff working in AP schools also reported that APST helped to improve their knowledge and confidence in supporting pupils. Both school and local agency leaders reported that APST was starting to lead to improvements in information sharing and cooperation. Key facilitators of APST included co-location, the involvement of multiple agencies, support of a project coordinator and SLT lead, and the flexibility of delivery, which allowed for highly tailored assessment and support.

This is the first robust evaluation of such scale in AP, and of a model of co-located specialist support in AP, so it is an important contribution to the evidence base. This is, however, only one study. When considering implications, frontline professionals, policy makers, and service commissioners, should carefully consider the process evaluation, the wider evidence base, and their own professional judgement.

Summary of impact

Outcome/ Group	Effect size (95% confidence interval)	Impact	Evidence security	No. of children	P-value
Year 7-10 reintegration back into mainstream school	-0.01 (-0.109, 0.089)	No impact		190,430	0.843
Year 11 enrollment in post-16 study	0.04 (-0.014, 0.094)	Low impact		98,850	0.148

1. Introduction

In September 2021, the Department for Education (DfE) announced the Alternative Provision Specialist Taskforce (APST) project.[1] Backed by funding awarded from HM Treasury's Shared Outcomes Fund, the APST project provided 22 AP schools with funding to embed teams of colocated, multidisciplinary and multiagency specialists working together holistically to support pupils in academic years 2021/22 and 2022/23.

1.1. Background to alternative provision

Alternative provision (AP) schools are attended by children of compulsory school age who do not attend mainstream or special schools and who would not otherwise receive a suitable education.[2] Children attending AP may not be able to attend other schools for a wide range of reasons, including permanent exclusion, temporary suspensions, behaviour issues, school refusal, or short- or long-term illness.[3] State-funded AP schools can include schools with different governance structures, including both local-authority maintained pupil referral units[4] and AP free schools or academies.

AP schools liaise with a variety of local stakeholders to receive pupils, with various local arrangements for commissioning and oversight.[5] Relevant stakeholders include **local authorities**, who are responsible for arranging suitable education for permanently excluded pupils and for other pupils who would not receive suitable education without such arrangements being made. These also include **mainstream schools,** which arrange full-time education from the sixth day of a fixed-period exclusion for pupils or part-time off-site education placements for some pupils.[6] AP schools also liaise with **other local statutory services** that may be providing support to pupils and their families (for example, health and social care).

AP is a complex sector. Other organisations outside of state-funded AP schools, such as independent schools, further education colleges or tuition centres, unregistered provision, or hospital schools, may also provide AP. Only provision in state-funded AP schools is included in this evaluation. Within state-funded AP, the range and nature of the provision provided vary considerably depending on the needs of the pupils and the commissioning structure of the AP.[7]

Pupils in state-funded AP have higher levels of need and disadvantage than those in mainstream schools, with some groups of pupils being overrepresented. As shown in Box 1, in the academic year in which APST began (2021/22), boys were overrepresented in AP schools, although there had been an increase in the proportion of girls attending AP over the five years prior.[8] There was persistent disproportionality in the

[1] Department for Education and Vicky Ford (2021) Targeted support for vulnerable young people in serious violence hotspots. Accessed on 11 July 2025: https://www.gov.uk/government/news/targeted-support-for-vulnerable-young-people-in-serious-violence-hotspots

[2] Department for Education (2018) Creating opportunity for all: our vision for alternative provision. Accessed on 04 April 2023: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713665/Creating_opportunity_for_all_-_AP_roadmap.pdf

[3] House of Commons Library (2019) Alternative Provision education in England. Accessed on 04 April 2023: https://commonslibrary.parliament.uk/research-briefings/cbp-8522/

[4] DfE (2022) Academic year 2021/22 schools, pupils and their characteristics. Accessed on 04 April 2023: https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics

[5] For more information on commissioning arrangements for AP, see https://assets.publishing.service.gov.uk/media/60ab9a29d3bf7f738163d1eb/Responsibility-based_models_of_decision-making_and_commissioning_for_alternative_provision.pdf

[6] DfE (2016) Statutory guidance: Alternative Provision. Accessed on 04 April 2023: https://www.gov.uk/government/publications/alternative-provision

[7] For more information on what AP provision often involves, see chapter 5 in DfE (2018) Investigative research into alternative provision. Accessed on 11 July 2025: https://assets.publishing.service.gov.uk/media/5bc611a4ed915d0b0349a64d/Investigative_research_into_alternative_provision.pdf

[8] In 2022/23, 74% of pupils in state-funded AP were boys. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2021-22 (last accessed on 06 May 2025). Data for 2018/19 onwards may be found here: https://explore-education-statistics.service.gov.uk/data-tables/permalink/7476806d-b7e3-4c88-b87c-08dca0c60ba1 (last accessed 10 July 2024)

ethnicity of pupils attending AP schools across England. Pupils from White Gypsy and Roma and mixed White and Black Caribbean ethnicities were more likely to be permanently excluded,[9] while Black Caribbean, mixed White and Black Caribbean, White British, and White Gypsy and Roma and Traveller of Irish Heritage pupils were overrepresented in state-funded AP schools.[10] A very high proportion of pupils attending AP had identified special educational needs (SEN) and were more likely to hold an education, health and care plan (EHCP) than those in mainstream schools. Children attending AP were also more likely to experience socio-economic deprivation, with higher levels of free school meals eligibility.

Box 1: Characteristics of children registered at an alternative provision (AP) school in January 2021

In January 2021,[11] of the children who were single- or dual-main registered[12] at state-funded AP schools:[13]

- 78% were in years 9, 10 or 11 (compared to 50% in state-funded secondary schools).
- 73% were boys (compared to 50% in state-funded secondary schools).
- 71% were from White British ethnic groups (compared to 65% in state-funded secondary schools).
- Some ethnic groups were overrepresented in AP. Of pupils in AP in 2021/22, 71% of pupils were White British (compared to 63.9% in state-funded secondary schools), 3.9% of pupils were mixed White and Black Caribbean (compared to 1.5% in state-funded secondary schools), 2.3% were Black Caribbean (compared to 1.1% in state-funded secondary schools) and 1.2% were Gypsy/Roma (compared to 0.2% in state funded secondary schools).[14]
- 53% were known to be eligible for free school meals (compared to 19% in state-funded secondary schools).
- 83% were identified with SEN (compared to 13% in state-funded secondary schools).
- 69% had been identified as a child in need within the preceding six years (compared to 11% in state-funded secondary schools).
- 24% had an education, health and care plan (compared to 2% in state-funded secondary schools).[15]

[9] Pupils from the White Gypsy and Roma and mixed White and Black Caribbean ethnicities are more likely to be permanently excluded than pupils from other ethnic groups (0.18% and 0.12%, respectively, compared to 0.05% overall). DfE (2023) Permanent exclusions. Accessed on 30 August 2023: https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/absence-and-exclusions/permanent-exclusions/latest

[10] Based on DfE data "'Pupil characteristics – number of pupils by ethnicity and language' for any other ethnic group, Asian – any other Asian background, Asian – Bangladeshi, Asian – Chinese, Asian – Indian and 15 other filters in England for 2022/23" https://explore-education-statistics.service.gov.uk/data-tables/permalink/0a768f99-0c7c-4298-f351-08dc3835f618 (last accessed 6 March 2024)

[11] Schools, pupils and their characteristics – Academic year 2024/25 https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics Data on children in need / looked after from: https://ffteducationdatalab.org.uk/2021/06/the-overlap-between-social-care-special-educational-needs-and-alternative-provision-part-two/

[12] Single-registered pupils are those on roll solely at an AP school. Dual-main registered pupils are those who attend more than one school but whose main registration is at the AP school.

[13] We note that the published statistics for numbers of AP schools are most likely underestimates, as subsidiary registered pupils (those who attend AP for part of the week but mainly attend another school) are not included, and pupils join AP schools throughout the year. See Dave Thomson (2019) Timpson review reflections. Accessed on 04 April 2023: https://ffteducationdatalab.org.uk/2019/05/timpson-review-reflections-part-one-not-all-pupils-who-end-up-in-alternative-provision-have-been-permanently-excluded/

[14] 'Pupil characteristics - Ethnicity and Language' from 'Schools, pupils and their characteristics'. https://explore-education-statistics.service.gov.uk/data-tables/permalink/5afb2819-9db0-4b62-969b-08dd85738b16

[15] Taken from DfE (2021) Alternative provision analysis. Unpublished PowerPoint by Ellis Stephenson and Hester Clarke from EYTSSAR, Department for Education.

Historically, pupils who attend AP schools achieve poorer outcomes and are more likely to experience violence. They are less likely to attain high grades in GCSEs[16] or achieve good outcomes after school[17] and are more likely to be involved in serious violence than pupils in mainstream schools. Pupils with experience of state-funded AP represent just 2% of all pupils in England and Wales. However, they represent 22% of all pupils who were ever cautioned or sentenced for an offence and 31% of those cautioned or sentenced for a serious violence offence.[18]

There are additional challenges in the day-to-day operation and regulation of AP schools. AP schools have experienced funding instability due to the per-pupil funding model and significant fluctuations in pupil numbers throughout a typical school year.[19] These issues introduces challenges in day-to-day operations and, in particular, in the recruitment and retention of high-quality staff. In addition to the complexity of the AP sector and the various arrangements for commissioning and overseeing AP, it is challenging for commissioning local authorities, schools and Ofsted to oversee and hold AP to account.[20]

There is limited existing evidence about what works in the AP sector. Assessing the quality of AP schools can be challenging, given the variety of provision and pupil needs and the lack of consistent pupil populations. Recent research has focused on better understanding the characteristics and needs of those attending AP schools, their outcomes and the nature of the work that AP schools do.[21] However, there remains an evidence gap in terms of understanding what works in supporting the children who attend AP.

APST was implemented during a time of heightened challenges and changing expectations for AP schools. During the two years of delivery, rates of permanent exclusion and numbers on roll at state-funded AP schools increased, following a decline during the COVID-19 pandemic.[22] APST took place in the context of high and increasing levels of need around social and emotional wellbeing,[23] children's involvement in

[16] In 2023/24, 4.1% of children in hospital, PRU or AP schools achieved grade 4 or above in English and mathematics GCSE, compared to 66.4% of children in state-funded mainstream schools. The average Progress 8 score for children in hospital, PRU or AP schools was −2.93, compared to 0.01 for children in state-funded mainstream schools. https://explore-education-statistics.service.gov.uk/data-tables/permalink/6a8e3746-9dff-41e0-7810-08dd2da39723

[17] In 2022/23, over a quarter (28.7%) of pupils in any AP provision did not have a sustained post-16 destination, compared to 5.9% of pupils from state-funded mainstream schools. https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-destination-measures. Analysis by FFT Datalab exploring longer term outcomes of pupils who experience APST found that these outcomes continue to be poor into early adulthood. https://ffteducationdatalab.org.uk/2022/07/long-term-outcomes-of-pupils-who-experience-alternative-provision/

[18] DfE (2022) Education, children's social care and offending: Descriptive Statistics. Accessed on 21 March 2024. https://assets.publishing.service.gov.uk/media/6227a9b58fa8f526dcf89e17/Education_children_s_social_care_and_offending_descriptive_stats_FINAL.pdf

[19] As discussed in the DfE (2023) SEND and AP improvement plan. Accessed on 20 March 2024: https://assets.publishing.service.gov.uk/media/63ff39d28fa8f527fb67cb06/SEND_and_alternative_provision_improvement_plan.pdf

[20] Ofsted (2024) Alternative provision in local areas in England: a thematic review https://www.gov.uk/government/publications/alternative-provision-in-local-areas-in-england-a-thematic-review/alternative-provision-in-local-areas-in-england-a-thematic-review#fnref:1

[21] See Ofsted (2024) Alternative provision in local areas in England: a thematic review. Accessed on 11 July 2025. https://www.gov.uk/government/publications/alternative-provision-in-local-areas-in-england-a-thematic-review/alternative-provision-in-local-areas-in-england-a-thematic-review#fnref:4; FFT Datalab, Working paper: returning to state schools following permanent exclusion or alternative provision. Accessed on 11 July 2025. https://ffteducationdatalab.org.uk/wp-content/uploads/2021/06/working_paper_reintegration.pdf; DfE (2018) Investigative research into alternative provision. Accessed on 11 July 2025. https://assets.publishing.service.gov.uk/media/5bc611a4ed915d0b0349a64d/Investigative_research_into_alternative_provision.pdf; DfE (2021) Evaluation of the alternative provision innovation fund. Accessed on 11 July 2025. https://assets.publishing.service.gov.uk/media/60ab98b48fa8f520ca2e7c31/Evaluation_of_the_Alternative_Provision_Innovation_Fund.pdf

[22] The number of pupils on roll with a current or main registration at a state-funded AP school dropped from 15,396 in 2019/20 to 11,684 in 2021/22, before rising to 13,191 in 2022/23. https://explore-education-statistics.service.gov.uk/data-tables/permalink/9df58a65-17a3-45e1-4e17-08dc9f2c77b3. Further context on understanding numbers on roll at AP can be found in https://ffteducationdatalab.org.uk/2023/10/why-are-alternative-provision-schools-so-full/

[23] Evidence from the voluntary sector suggests an increase in psychological distress following COVID-19. https://post.parliament.uk/mental-health-support-for-young-people-in-schools/

violence,[24] socio-economic deprivation and SEN[25] and amidst limited resources among schools to meet these challenges. During implementation, expectations about the role of AP were also evolving. Following the publication of a green paper in March 2022, which proposed changes to the SEND and AP system, the government published an improvement plan in March 2023 to test various reforms to the sector. These reforms include changes to how AP relates to the wider educational space, proposed changes in funding structures and changes in focus.[26]

1.2. About APST

APST was developed and implemented by the DfE with the aim of supporting pupils enrolled at state-funded AP schools to improve their outcomes and prevent their involvement in criminal exploitation and violence.[27] The design of APST responded to lessons learnt from multi-agency hubs and other work in the AP sector and responded to the recognised issue that pupils in AP schools were vulnerable and at risk of disengaging from education and becoming involved in serious violence. In designing and scoping APST, the DfE engaged AP schools and internal stakeholders and developed a theory of change.

In summer 2021, the DfE recruited 22 AP schools to take part in the project, selecting those in areas of high levels of serious violence.[28] To join the APST programme, AP schools were required to commit to recruiting (or seconding) a team of APST specialists (see Box 2) and a project coordinator, find space for the specialists to be based in the school and appoint a senior leadership team (SLT) lead.

Box 2: Specialists involved in the Alternative Provision Specialist Taskforce

Participating APs were asked to form a taskforce that included a project coordinator and at least four out of six types of specialists:[29]

- Speech and language therapist
- Mental health professional (including counsellors)
- Post-16 transition coach
- Youth worker
- Family support worker
- Youth justice worker

Responding to AP requests, two further specialist types were subsequently added to the core list:

- Educational psychologist
- Social worker

[24] Evidence from YEF suggest that violence has worsened between 2014 and 2024. https://youthendowmentfund.org.uk/reports/beyond-the-headlines-2024/summary/

[25] The numbers and percentages of children with an EHCP and SEN support have increased. https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england. Statistics also suggest more demand for EHCP that may be unmet: with a 24% increase in registered SEN appeals between 2021/22 and 2022/23. https://www.gov.uk/government/statistics/tribunals-statistics-quarterly-july-to-september-2023/tribunal-statistics-quarterly-july-to-september-2023#annual-special-educational-needs-and-disability-send-statistics

[26] DfE (2023) SEND and AP Improvement Plan. Accessed on 20 March 2024. https://assets.publishing.service.gov.uk/media/63ff39d28fa8f527fb67cb06/SEND_and_alternative_provision_improvement_plan.pdf

[27] Alternative Provision Specialist Taskforces (APST) | Department for Education. Accessed on 11 July 2025. https://youthendowmentfund.org.uk/funding/who-we-fund/alternative-provision-specialist-taskforces-apst-department-for-education/

[28] The DfE identified the 22 participating AP schools in 'serious violence' hotspots by combining two indicators of serious violence: hospital admissions for assault with a sharp object (April to September 2020) aggregated at the lower-tier local authority level and recorded crime data about the volume of serious violence offences aggregated at the community safety partnership level. The DfE converted both indicators into percentile scores, with a minimum of 0 and a maximum of 1. The sum of the two scores was used to select areas to participate. The 22 participating local authorities had scores ranging from 1.83 to 2. The DfE approached the largest AP in each of the 22 top serious violence hotspots and invited them to complete an application form to be part of the programme. The DfE reported that 'local intelligence' was used to assure those choices, but as no red flags about the capacity of schools to take part were raised, it proceeded with the largest providers. The largest AP school in each of the 22 local authority areas with the highest scores subsequently agreed to participate.

[29] The DfE allowed schools to second or employ other specialist types, such as engagement officers or drug and alcohol workers, if agreed with the DfE.

The 22 AP schools had different characteristics and local contexts.[30] They represented seven DfE regions, four governance structures (converter academies, sponsored academies, pupil referral units and free schools) and multi- and single-site provisions, and they had different numbers of key stage (KS) 3 and KS4 pupils on roll over the two years of the evaluation.

APST was a highly differentiated programme. Within the requirements above, schools designed a taskforce and a programme of support that were appropriate for their school, their pupils and their pupils' families. The content, format and frequency of support varied considerably from school to school. Schools could decide whether the provision would be universal or targeted, and if targeted, which pupils would be prioritised for support. The initial theory of change for APST – designed by the DfE and refined by the evaluation team in summer 2021 – set out key intended elements of the APST intervention (see Figure 33). These were:

- The intended recipients were **pupils attending the 22 participating AP schools, with a focus on those in KS3 and KS4**.
- The **APST specialists** worked with pupils and families to provide support (including by engaging them, assessing need, making referrals, designing support and delivering tailored support).

Specialists worked together as one team (colocated in the AP school) with **other staff in the AP school** and with **local stakeholders** (see Box 3) to support pupils and families, to share skills and knowledge about supporting pupils and to build connections between the AP school and local stakeholders.

- The **AP school SLT,** working with the **project coordinator**, supported the recruitment and retention of APST specialists and the work of specialists in the school, including by ensuring they received training and induction. The SLT ensured ongoing monitoring and reporting of metrics to the DfE about the progress of APST.
- APST specialists were provided with **opportunities to communicate with their counterparts** in other APST schools through regular communities of practice (CoP) hosted by the DfE and strategic partners.
- A **DfE-led, cross-government programme board** oversaw governance and delivery, supported collaboration and advised on the delivery of the programme.[31]
- The **DfE delivery team** and **strategic partners**[32] provided support to APST specialists and facilitated learning between taskforces by organising CoPs, maintaining an online teams hub and organising other ad hoc events.

[30] None of these schools were hospital schools.

[31] DfE (2021) Alternative Provision Specialist Taskforce Pilot & SAFE Taskforce programme delivery board terms of reference, unpublished.

[32] The strategic partners who supported the DfE by providing support were the Royal College of Speech and Language Therapists (provided support to the speech and language therapists), NHS England (provided support to the speech and language therapists and mental health professionals), the Department for Work and Pensions (provided support to post-16 transition coaches), the National Youth Agency (provided support to youth workers), the Association of Educational Psychologists (provided support to educational psychologists), Foundations (previously known as What Works for Children's Social Care; provided support to family support workers and social workers) and the Youth Justice Board (provided support to youth justice workers).

Box 3: The local stakeholders involved in Alternative Provision Specialist Taskforces

In this report, the term local stakeholder is used to mean:

- Local authorities of the areas where AP schools were located.
- Agencies and local authority services supporting children, young people and families in the area, such as Youth Offending Teams (YOT), children and adolescent mental health services (CAMHS), speech and language therapy services (SALT) and children's social care services. APST specialists were often seconded from these agencies.
- Mainstream schools which transferred pupils to AP or to which an AP school transferred pupils.
- Others, such as other AP or special schools locally, the police, charities, local businesses, Violence Reduction Units/Partnerships and other local organisations.

The initial theory of change for APST (Figure 33) outlined the **intended outcomes of the programme for pupils**, including:

- Better pupil and parental engagement with school and education (not measured in the impact evaluation)
- Improved socio-emotional well-being
- Improved attendance at school
- Reintegration into mainstream school where appropriate
- Higher attainment
- More likely to transition into post-16 destinations
- Less likely to be involved in violence (not measured in the impact evaluation)

The intention was that the taskforce would improve outcomes for all pupils in the AP school, not just pupils directly supported by specialists, because specialists would upskill other members of AP school staff and build and improve relationships between the AP school and local agencies, and the benefits experienced by pupils receiving direct support (e.g. better well-being, better attendance) would improve the school environment for all pupils.

As set out in the initial theory of change, APST also intended to bring about wider local improvements, as local stakeholders would have better knowledge of and confidence in how to address pupils' and families' needs, more understanding about local APs and better partnerships with APs. AP school staff would have better knowledge of and confidence in how to support pupils and families, and AP schools would have an integrated approach to supporting pupils and families alongside local stakeholders and generally improved partnerships with local stakeholders.

These outcomes were intended to be achieved through specific features of the APST model (see inputs and activities in the initial theory of change), including specialists providing direct support, specialists being embedded in the schools, specialists working with AP schools and local stakeholders to share knowledge and skills about how to support pupils and their families. APST was considered to have the potential for specialists to build person-centred and trusted relationships with AP pupils and to meet pupil needs more quickly and holistically than was the case without APST due to their consistent on-site presence (see Box 4).

Box 4: Business as usual in non–Alternative Provision Specialist Taskforce (APST) schools

Many AP schools that did not operate APST reported that they had at least some specialist support for pupils, including mental health specialists, counsellors, speech and language therapists, parent support workers, social workers, careers support workers, pastoral staff and mentors, attendance support, and other types of support.[33] However, most reported that these specialists were not based in the school as part of their day-to-day roles, were not seconded or hired by the school and were 'bought in' from external organisations, the local authority or the multi-academy trust for specific periods of time.[34] Several AP schools described that all staff were trained in providing support to special educational needs pupils, managing challenging behaviour and taking trauma-based approaches.[35]

1.3. About the evaluation

The evaluation had three objectives:

- **Understand delivery of APST and the experiences of those involved** through a mixed-method theory-based implementation and process evaluation (IPE).
- **Understand the causal effect on pupil outcomes of attending a school operating APST** through a quasi-experimental impact evaluation using a difference-in-differences (DiD) study (which was designed following preliminary analysis).
- **Understand the costs associated with the delivery of APST** through a cost evaluation.

These objectives were operationalised into 22 evaluation questions, which are summarised in Figure 1. A full list of evaluation questions is in Appendix B. The primary impact evaluation questions were:

- What is the difference in the reintegration of pupils in years 7–10 in the 22 participating AP schools in comparison to those pupils in comparison schools receiving business as usual?
- What is the difference in post-16 outcomes measured by initial post-16 destinations of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual?

The evaluation provided formative feedback to the AP schools, DfE and the cross-governmental board by regularly sharing emerging findings to inform the ongoing development of the pilot.

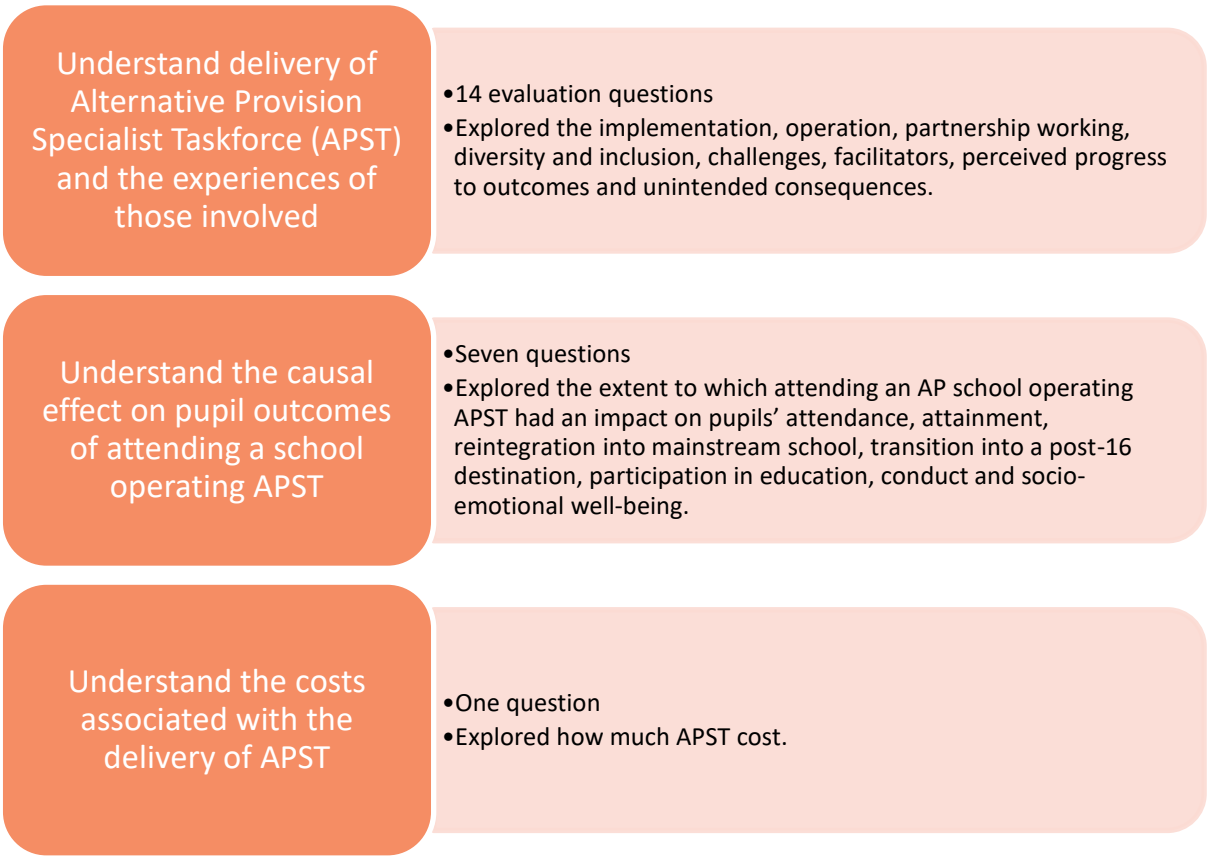
The evaluation protocol and statistical analysis plan (SAP) can be found on the Youth Endowment Fund (YEF) website.

[33] Nine SLT interviews from comparison AP schools.

[34] Six SLT interviews from comparison AP schools.

[35] Five SLT interviews from comparison AP schools.

Figure 1: Summary of evaluation questions



1.4. Ethics and data protection

The evaluation was conducted in compliance with UK General Data Protection Regulation and good practice in data protection and in line with good ethical practice. Ethical approval for all activities was obtained from the RAND Europe Human Subjects Protection Committee (2021-N0387-MOD-01) and from the University of Westminster Business School College's Research and Knowledge Exchange Ethics Committee. Please see Appendix A.

1.5. Project team

The DfE was the developer of the APST intervention. APST was then delivered by 22 APs.

YEF commissioned and funded an evaluation of the first two years of APST delivery.[36] This was conducted by RAND Europe, FFT and the University of Westminster.[37]

Please see Appendix H for further information on the names and roles of individuals involved.

1.6. Extension of APST

This evaluation report covers the first two years of the APST project (between November 2021 and August 2023). However, in January 2023, the programme was extended to operate until March 2025, with a

[36] Between November 2021 and September 2023. See Annex C for more information on the timeline.

[37] RAND Europe led the consortium and the formative aspect of the evaluation, the process evaluation, the cost evaluation and the primary data collection to inform the impact evaluation. FFT and the University of Westminster led the quasi-experimental impact evaluation, including establishing the counterfactual, linking datasets and performing all outcome analyses.

commitment that all AP schools would maintain the current model of implementation until at least September 2024. One of the primary reasons for the extension of this programme was to allow more time for the intervention to be delivered and for the evidence base for evaluation and assessment of impact to be strengthened. [38]

An evaluation covering the third year of programme delivery (September 2023 to August 2024) was also commissioned by YEF. This report is, as a result, the first of two. The second report, which will be published in summer 2026, will focus on the third year of APST. It will build on the findings outlined in this first report, with changes to the outcomes that explore some of the longer-term impacts on pupils who received APST.

In early 2025, the APST programme was extended once more to operate until March 2026, with DfE providing funding at 50% of the funding values in 2024/25 and schools contributing at least 25%. At the time of writing, in May 2025, most AP schools intend to continue a form of the APST provision.

1.7. About this report

The remainder of the report includes an overview of methods (section 2), results from the impact evaluation (section 3), the IPE (section 4) and the cost evaluation (section 5). Conclusions are presented in section 6.

Further information is available in the appendices, including further information about ethics and data protection (Appendix A), the methodology (Appendix B), the timeline (Appendix C) and the processing of the Strengths and Difficulties Questionnaires (SDQs; Appendix D). Appendix E presents the graphs and figures used to illustrate the IPE findings, and Appendix F presents further information about the point scores used in attainment measures to support the impact evaluation. Appendix G includes the theory of change for APST. Appendix H includes information about the project team.

[38] For the extension until March 2025, 75% of the funding was provided by the Shared Outcomes Fund and 25% by schools or local authorities and other sources from September 2023 onwards. The rationale for continued investment by the Treasury in APST was that this would enable the provision of support to more young people through direct work, maintain momentum among APs to secure long-term engagement and co-funding models with local partners, for the transition to AP reform by continuing to build evidence on a promising practice model, and to enable an improved evaluation capturing the impact of full delivery over a longer time period. The grant agreements between the DfE and schools included a commitment to maintain the current APST implementation model until at least September 2024.

2. Methods

This section includes a brief overview of the methods used in this evaluation. For a full explanation of methods, please see Appendix B.

2.1. Impact evaluation

The impact evaluation used a quasi-experimental design (as randomising AP schools and AP pupils was not feasible, given that intervention schools were already selected).

Separate **primary outcomes** were selected for pupils in year 11 and in years 7–10. These were:

- **Year 11** pupils: initial post-16 study (defined as enrolment in further study on 31 October in the academic year after attending the AP school)
- **Years 7–10** pupils: reintegration into mainstream school (defined as being enrolled at a state-funded mainstream school continuously for 180 days in the following academic year, with no overlapping enrolments in an AP school)[39]

In addition, a number of secondary outcomes were selected. These were:

- KS4 attainment in English and maths (year 11 pupils)
- Absence (years 7–10 pupils)
- Reintegration into mainstream schools (years 7–9 pupils)
- Reintegration into mainstream schools (year 10 pupils)
- Sustained post-16 study (year 11 pupils)
- Participation in education (years 7–11 pupils)
- Social and emotional difficulties as measured by the (SDQ)[40] (years 7–11 pupils)
- Externalising difficulties score, the sum of subscales measuring conduct and hyperactivity in the SDQ (years 7–11 pupils).

The estimated impacts on secondary outcomes were not adjusted to take account of multiple testing.

The primary and secondary outcomes were selected based on the theory of change and informed by a preliminary analysis. These decisions took into account which data were either available in accessible administrative sources or which could be reasonably collected from schools. We were not able to include some outcomes which featured in the theory of change, e.g. serious violence, due to a lack of data availability. Our preferred primary outcome for year 11 was sustained post-16 destinations over the full year of year 12. However, due to lags in data availability, this was not feasible within the project timescales. We also considered KS4 attainment as a primary outcome; however, data unavailability in 2020/21, lower statistical power for English than for other outcomes and limited parallel trends for maths made this a less viable primary outcome. We also considered absence as a primary outcome for years 7–10 rather than reintegration. However, this was ruled out due to uncertainty over the uneven impact of the COVID-19

[39] Pupils who are dual-registered (i.e. attending both a mainstream and an AP school) are therefore not considered fully reintegrated under this definition.

[40] Dearly Intervention Foundation (2020) Strengths and Difficulties Questionnaire (SDQ) https://www.eif.org.uk/files/resources/measure-report-child-sdq.pdf Accessed on 11 July 2025.

pandemic at the local area level, in addition to missing data (due to school closures) in the two years prior to the start of APST. Finally, we considered social and emotional outcomes, as measured by the SDQ, as primary outcomes, but we ruled this out because of concerns that attrition and missing data would be high. As a result, reintegration was selected as a primary outcome for years 7–10 and initial post-16 study as the primary outcome for year 11, with other outcomes chosen as secondary outcomes. We proposed two primary outcomes to ensure that all year groups in scope (years 7–11) were covered. These outcomes were agreed by YEF and the DfE and set out in the SAP.

For all but the two SDQ outcomes, we used a DiD methodology. This compared all KS3 and KS4 pupils attending the 22 APST schools (the treatment group) with all KS3 and KS4 pupils attending all other AP schools (the comparison group). The treatment group consisted of 3,370 pupils in Cohort 1 (those on roll in 2021/22) and 3,780 pupils in Cohort 2 (those on roll in 2022/23). Data for the DiD were derived from the National Pupil Database (NPD) and the Individual Learner Record (ILR). In short, the DiD method is used to detect a change between a treatment group and a comparison group after the introduction of an intervention which affects only the treatment group.

The main impacts (for the NPD/ILR outcomes) were estimated using the following equation:

$$y_{ist} = \beta . X_{i0} + \mu_s + \phi_t + \gamma . POST_t . T_s$$

In this equation, y_{ist} represents an outcome for pupil i in setting s at time t. Here, μ_s is the setting fixed effect, ϕ_t is a time effect, $POST_t$ indicates that t falls after the introduction of the treatment and T_s indicates that pupil i is in a treatment setting. X_{i0} is a set of covariates summarising pupils' educational and social care histories prior to treatment (the 0 in the subscript is to emphasise that all such controls predate the treatment). The covariates adjust for differences in pupil composition between the treatment and comparison schools described above. We note that treatment is defined at the school level rather than the pupil level, so the coefficient of interest, γ, captures the average impact of the intention to treat pupils rather than the impact of individual participation in APST.

The DiD method rests on the parallel trends assumption. This is the assumption that the change over time in the outcome in the intervention group would have been the same as the comparison group in the absence of the intervention. Therefore, we compare the difference in outcomes between participating and non-participating AP schools before the intervention started to the difference in outcomes following the interventions, controlling for differences in the characteristics and school histories of pupil populations (see Appendix B). Other assumptions are that the composition of treatment and control schools remains stable and that the treatment – APST – does not affect outcomes for individuals outside APST schools. We control for changes in composition as best we can by including individual-level characteristics in the estimating regressions. The other assumption – that there are no spillover effects – is more difficult to address (and, in fact, is often left unaddressed in impact analyses). It may arise if pupils at APST schools move to non-APST schools, for example. We guard against this in the impact evaluation by allocating pupils who attend an APST school and a non-APST school in the same year to the APST school only. Alternatively, if staff at APST schools also work at non-APST schools, spillover effects may arise. However, this seems unlikely, given the findings of the IPE that non-APST schools lacked the funding required to employ APST specialists (see section 5.2 in particular).

The DiD estimation uses pupil-level data. These cover all enrolments of pupils aged 11–15 on roll in state-funded AP schools in England between 2013/14 and 2022/23. The intervention was introduced in 2021/22; hence, there are eight pre-intervention years and two post-intervention years. The resulting estimates are assumed to represent the impact of the intervention in APST schools. Standard errors are clustered at the

school level. We also present this estimate as an effect size (standardised mean difference) by dividing it by the pooled (intervention and comparison) standard deviation of the outcome in the pre-intervention period. We calculated a set of subgroup estimates, as prespecified in the SAP, based on gender, ethnicity, social care history and cohort.

We carried out a number of robustness checks for the two primary outcomes only. These robustness checks are described in Appendix B (additional analyses and robustness checks). We did not carry out robustness checks on the secondary outcomes or the subgroup analyses.

For the two outcomes derived from the SDQ, we used a two-group pre–post methodology. As SDQ data for pre-intervention cohorts were not available in the NPD, we had to use a different approach, collecting data directly from AP schools. We attempted to collect data from all KS3 and KS4 pupils attending the 22 APST schools (the treatment group) and all KS3 and KS4 pupils attending a matched comparison group of 21 AP schools.[41] These schools were asked to ensure that all pupils on roll at the start of the intervention in 2021/22 (and those joining subsequently) completed a baseline SDQ when joining the school for the first time. The schools were also asked to ensure that all pupils on roll completed an endline SDQ when leaving the school at any time or at the end of 2022/23 if still on roll. We asked for endline SDQs whenever a pupil left the school because there is considerable churn within the AP school population, with some pupils joining and leaving AP schools multiple times within one or two years. Therefore, we use baseline to indicate a measure that captured each pupil at the start of their exposure to the intervention upon joining the AP school, rather than a measure taken before the intervention began in 2021/22. We use endline to indicate the second measurement taken when a pupil left the AP school and ended their exposure to the intervention. We estimate the difference in endline scores between the intervention group and comparison group, controlling for baseline scores. This controls for variation due to compositional differences between the two groups.

The results from this methodology are less secure than those from the DiD methodology. It is possible that they simply reflect unobserved differences between the groups. It may have been the case that we would have observed differences in outcomes between treatment and comparison schools *before* APST was introduced. The DiD methodology controls for this, but the pre–post methodology used for the SDQ does not, as historical data on SDQ outcomes are not readily available.

The impact evaluation was conducted in line with the published SAP and SAP with no deviations,[42] although we included some additional robustness tests in response to reviewing the results. In producing the SAP, we undertook a preliminary analysis of pre-intervention trends in outcomes to test the parallel trends assumption on which our methodology rests. We also calculated empirically the likely minimum detectable effect size for the primary outcomes. These were 0.08 and 0.12 for post-16 destinations and reintegration, respectively, well below the common benchmark of 0.2. This level of power derives from using pupil-level data relating to all AP schools over a number of years.

[41] These 21 AP schools were selected because of their similarity to the APST schools. Only 21 comparator schools were sought because the final (22nd) APST school was recruited to the programme only after comparators were finalised. During the study, two of the comparator schools withdrew. However, they still provided SDQs. The variables used during the matching process include local authority descriptors, 2020 local authority population estimates, characteristics of pupils prior to treatment, annual cohort size, % of female pupils, % of pupils observed to have ever been in need, % of pupils observed to have ever been looked after, % of pupils first admitted to AP before age 15, % of pupils from a White ethnic background, % of pupils permanently excluded, mean number of suspensions per pupil, % of pupils with an EHCP, % of pupils to have ever been eligible for free school meals, % of pupils who attended a mainstream school in year 11 and the mean standardised KS2 score. Full details of the matching process can be found on page 85 of the SAP.

[42] YEF (2023) Alternative Provision Specialist Taskforces – Evaluation Protocol and Statistical Analysis Plan https://youthendowmentfund.org.uk/wp-content/uploads/2023/04/APST-Evaluation-Protocol-2023.pdf Accessed on: 11 July 2025.

None of the 22 AP schools selected for the intervention dropped out. As we used administrative data, there is no pupil-level attrition for either primary outcome. However, there were high levels of missing data for outcomes derived from SDQs. In addition, two out of the 22 schools in the comparison group for the SDQ outcomes dropped out over the course of the evaluation.

For further technical details on the methodology, including equations, definitions of outcomes and effect size consultations, please refer to Appendix B.

Trial design		**Quasi-experimental design (Two group pre-/post-test using the difference-in-differences methodology)**
Unit of analysis		**Pupil treatment at level 2 (AP schools) with outcomes at level 1 (pupils)**
Primary outcome 1	Variable	**Initial post-16 study**
	Measure	Enrolment at a school or further education provider on 31 October in the academic year following Key Stage (KS) 4 (National Pupil Database [NPD] linked to the Individual Learner Record [ILR])
	Cohort	Pupils aged 15 (year 11)
Primary outcome 2	Variable	**Reintegration of pupils at a mainstream secondary school**
	Measure	Enrolled at a state-funded mainstream school continuously for at least 180 days in the following academic year and spent less than 180 days in alternative provision (AP) the following year (NPD)
	Cohort	Pupils aged 11–14 (years 7–10)
Secondary outcome 1	Variable	**KS4 attainment**
	Measure	KS4 English score, KS4 maths score (NPD)
	Cohort	Pupils aged 15 (year 11)
Secondary outcome 2	Variable	**Reintegration of pupils at a mainstream secondary school**
	Measure	Enrolled at a state-funded mainstream school continuously for at least 180 days in the following academic year and spent less than 180 days in AP the following year (NPD)
	Cohort	Pupils aged 11–13 (years 7–9)
Secondary outcome 3	Variable	**Absence**
	Measure	Absence rate at state-funded schools in the following academic year (NPD)
	Cohort	Pupils aged 11–14 (years 7–10)
Secondary outcome 4	Variable	**Sustained post-16 study**
	Measure	Enrolled at a school, college or work-based learning provider for at least 180 days continuously in the following academic year (NPD linked to the ILR)

	Cohort	Pupils aged 15 (year 11)
Secondary outcome 5	Variable	**Participation in education**
	Measure	Composite measure of a) the percentage of 15-year-olds enrolled in a school, college or work-based learning provider for at least 180 days continuously in the following academic year and (NPD linked to the ILR) and b) the percentage of 11–14 year olds with an attendance rate of 78% or higher in the following academic year (NPD)[43]
	Cohort	Pupils aged 11–15 (years 7–11)
Secondary outcome 6	Variable	**Strengths and Difficulties Questionnaire (SDQ) score**
	Measure	a) Total SDQ score and b) SDQ externalising problems subscore at endline (SDQ)
	Baseline	a) Total SDQ score and b) SDQ externalising problems subscore at baseline (SDQ)
	Cohort	Pupils aged 11–15 (years 7–11)

2.2. IPE

The theory-based IPE addressed 14 questions that focussed on the implementation and delivery of APST (including barriers and facilitators experienced), the partnership working components of APST (including whether and how these were felt to support the intervention's success and barriers and facilitators experienced) and the experiences and perceptions of success of those involved (see Figure 1 and Appendix B). Data were collected at three time points (see Figure 2) during the academic years 2021/22 and 2022/23 through:

- **Three online surveys with closed- and open-text questions** for specialists and project coordinators (receiving between 92 and 114 responses each round) and SLTs (receiving between 19 and 22 responses each round) in all 22 APST schools.[44]
- **59 semi-structured interviews** with SLTs in all APST schools, DfE and strategic partners and SLTs in comparison schools.[45]
- **Nine visits to seven case study schools**. In total, this involved 78 interviews with APST specialists, other AP staff and relevant local partners and agencies; a review of 24 relevant documents and

[43] This threshold was selected as the proportion of year 7 to year 10 pupils with this level of absence equalled the proportion of year 11 pupils in sustained post-16 participation in the most recent year for which data were available during our preliminary analysis.

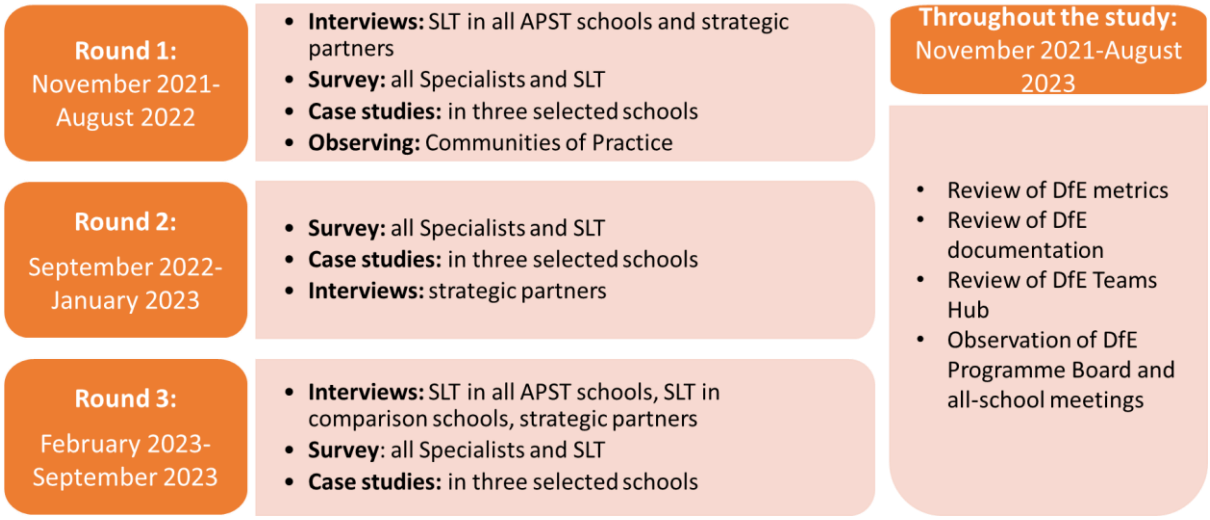
[44] Cited as "SLT/specialist survey" throughout. Please see Annex E for graphs showing some survey responses.

[45] Cited as "SLT interviews from APST schools," "Strategic partner interviews" and "SLT interviews from comparison schools." Please note that these citations represent the total number of interviews rather than the total number of interviewees. It is possible that we spoke to the same SLT interviewee from APST schools or the same strategic partner interviewee at a number of time points throughout the evaluation.

datasets; the observation of six meetings of the specialist taskforce where practicable; and observations of nine pupil voice sessions about APST.[46]

- **A review of documentation and data** provided by the DfE, including metrics reported by schools to the DfE every half term.
- **Observations of seven programme board and all-school meetings[47]**

Figure 2: Overview of process evaluation data collection methods



A coding framework was developed based on the evaluation questions and theory of change: coding was carried out deductively, with emerging themes identified and coded inductively. More information may be found in Appendix B.

2.3. Cost analysis

Data on costs incurred by schools and by the DfE in the provision of APST were received from the DfE and were analysed in line with guidance from YEF about cost evaluation.[48] More information may be found in Appendix B.

[46] Cited as "case study schools" (when the data came from interviews and other data sources) or "interviews from case study schools" (when the data came from interviews). Please note that these citations represent the total number of interviews rather than the total number of interviewees. It is possible that we spoke to the same interviewees from some APST schools at a number of time points throughout the evaluation.

[47] Cited throughout as "observation."

[48] YEF (n.d.) Cost reporting guidance. Accessed on 20 March 2024. https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf

3. Impact evaluation results

3.1. Information on participants included in the evaluation

22 AP schools participated as treatment schools. These schools were selected by the DfE because they were the largest AP schools in areas with the highest levels of serious violence and hospital admissions for assaults with a sharp object. All pupils observed to be enrolled in years 7–11 at one of the 22 treatment schools at any time during the 2021/22 (Cohort 1) and 2022/23 (Cohort 2) academic years, according to the school census, were considered to be in the treatment group for all outcomes.[49] This included 3,370 children in Cohort 1 and 3,780 children in Cohort 2; however, pupils may have appeared in both cohorts.

For all outcomes derived from the NPD or ILR (absence, post-16 study, reintegration, attainment and participation), all pupils enrolled at any other state-funded AP school in years 7–11 are considered to be in the comparison group.[50] This included 25,000 pupils in Cohort 1 and 27,310 pupils in Cohort 2; while pupils can only be in each cohort once, they can be in both Cohort 1 and Cohort 2 of the study if they attended an AP school in both academic years. Not all of these AP schools cover all five year groups; hence, the number of schools included in our analysis varies depending on which year group an outcome relates to.

3.2. Attrition/pupils with missing data

Most outcomes derived from the NPD or ILR (post-16 study, reintegration and attainment) were unaffected by attrition or missing data, and none of the AP schools that were selected for the intervention dropped out of delivering it. For our primary outcomes (initial post-16 enrolment and reintegration), we included all pupils in our analyses. Among the secondary outcomes, all pupils were included in KS4 attainment data, including those without any entries in relevant qualifications.

The exceptions to this are outcomes that use data on absences. Some pupils were missing absence data, which affected the absence outcome measure (for years 7–10). This occurs when pupils leave the state-funded school system (e.g. move into home education or independent AP or emigrate). However, the scale was relatively small (Table 17 shows that this was around 9–10% of the pupils in each cohort) and affected both the treatment and comparison schools roughly equally. Consequently, we did not make any adjustments for missing data. This also affected the years 7–11 participation outcome, which was partially based on absence data.

There was some attrition for outcomes derived from SDQs. We initially recruited 21 schools to be comparison schools in the autumn term of 2021. Two of these comparison schools withdrew from the evaluation: one in January 2022 (without providing any SDQs) and one in June 2022 (after providing some baseline SDQs). Both schools cited high workloads and changes in the school leadership as reasons for withdrawing. These settings were not replaced in the SDQ sample, as the data collection process had already begun.

In addition, there were high levels of missing data for outcomes derived from SDQs. At least two SDQs per pupil were needed to allow for the measurement of the change in scores over time, and, therefore, inclusion

[49] We refer to pupils enrolled in academic year 2021/22 as Cohort 1 and those enrolled in academic year 2022/23 as Cohort 2. Some pupils appear in both Cohort 1 and 2.

[50] We refer to pupils enrolled in academic year 2021/22 as Cohort 1 and those enrolled in academic year 2022/23 as Cohort 2. Some pupils appear in both Cohort 1 and 2.

in the analysis. In total, 8,200 sets of SDQ survey results from 42 AP schools were collected from 4,950 pupils. Schools reported considerable difficulty in routinely administering the paper-based SDQ, including challenges related to additional workload, staff turnover and administering endline SDQs to pupils before they left the school (see Appendix D). 54% of pupils enrolled in treatment schools and 41% of pupils in comparison schools provided at least one SDQ. 20% of pupils enrolled in treatment schools and 15% in comparison schools provided at least two SDQs and were included in the analysis (a total of 1,810 pupils). Some pupils provided more than two SDQs, as they joined and left the school roll multiple times over the two-year period. Given the large scale of missing data and the fact that the SDQ was a secondary outcome, we did not consider it worthwhile or appropriate to adjust for missing data.

3.3. Outcomes and analysis

3.3.1. Primary analysis

Our analysis (see Table 1) does not find statistical evidence that being enrolled in a school with APST had an effect on either primary outcome.

We explored whether being enrolled in a school with APST made a difference to year 11 pupils being enrolled in further study on 31 October in the academic year after attending the AP school (i.e. initial post-16 study). Table 1 includes the results of our analysis. Raw data on trends in treatment and comparison groups may be found in Table 17 in Appendix B.

In the absence of APST, we estimate that 45% of year 11 pupils who attended intervention schools would have been enrolled in initial post-16 study in the following October. Following the introduction of APST, we estimate that **an additional 2% of the year 11 pupils from treatment schools were enrolled in initial post-16 study**. However, this estimate is not statistically significant at the 5%[51] or the 10% levels[52] (p value = 0.148). This is, therefore, a low and statistically non-significant effect (effect size [ES] = 0.04).[53]

We explored whether being enrolled in a school with APST made a difference to whether years 7–10 pupils were reintegrated into a mainstream school in the subsequent year.[54] Table 1 includes the results of our analysis.

In the absence of APST, we estimate that 40% of pupils in years 7–10 who attended intervention schools would have been reintegrated. Following the introduction of APST, our coefficient suggests that the **reintegration rate for years 7–10 pupils from treatment schools fell by 0.4 percentage points,** compared to our estimate of the reintegration rate that would have occurred if APST had not been introduced. However, this effect is not statistically significant at the 5% or 10% levels (p-value = 0.843)**.** There is, therefore, no statistically significant evidence of an effect on this outcome (ES = −0.01).

[51] If a p-value = or < than 0.05, then the effect is statistically significant at the 5% level. This means that if repeated 100 times, the true effect would lie within the confidence intervals 95 out of 100 times.

[52] If a p-value = or < than 0.1, then the effect is statistically significant at the 10% level. This means that if repeated 100 times, the true effect would lie within the confidence intervals 90 out of 100 times.

[53] For reference, the effect size presented here is a standardised mean difference, which is calculated by dividing by the pooled (intervention and comparison) standard deviation of the outcome in the pre-intervention period. Effect sizes are termed small, moderate or high based on YEF's Toolkit thresholds for effect sizes.

[54] We define reintegration as being enrolled at a state-funded mainstream school continuously for at least 180 days in the following year and spending less than 180 days in AP the following year.

Table 1: Difference-in-differences estimates of the effect of Alternative Provision Specialist Taskforce on primary outcomes

Outcome	Initial post-16 study	Reintegration
Pupil year group	Year 11	Years 7–10
Estimated outcome for APST schools in the absence of the intervention	0.45	0.40
Estimated impact of APST	0.02	−0.004
P-value	0.148	0.843
Lower confidence interval	−0.007	−0.047
Upper confidence interval	0.047	0.038
Number of pupils in the sample	98,850	190,430
Number of schools in the sample	329	353
R^2	0.059	0.173
Effect size (standardised mean difference in standard deviation units)	0.04	−0.01
Effect size lower confidence interval	−0.014	−0.109
Effect size upper confidence interval	0.094	0.089

Source: evaluation team analysis. Not all of these AP schools cover all five year groups; hence, the number of schools included in our analysis varies depending on which year group an outcome relates to. The expected outcome in the absence of treatment for the treated cohorts is predicted from the equation used to estimate impacts. This addresses the fact that the comparison group is not expected to have the same mean outcome as the treatment group but, instead, captures the extent to which the pre-treatment outcome for the treated group would be expected to evolve in the absence of the treatment.

We also explored how outcomes differed between treatment and comparison schools before and after the introduction of APST by using event study plots, which show the treatment effect for years 1 and 2 separately (please see Appendix B for details on methodology).[55] Figure 3 and Figure 4 show a **few differences in both the initial post-16 study and the reintegration between the treatment and comparison schools** before and after APST was introduced.

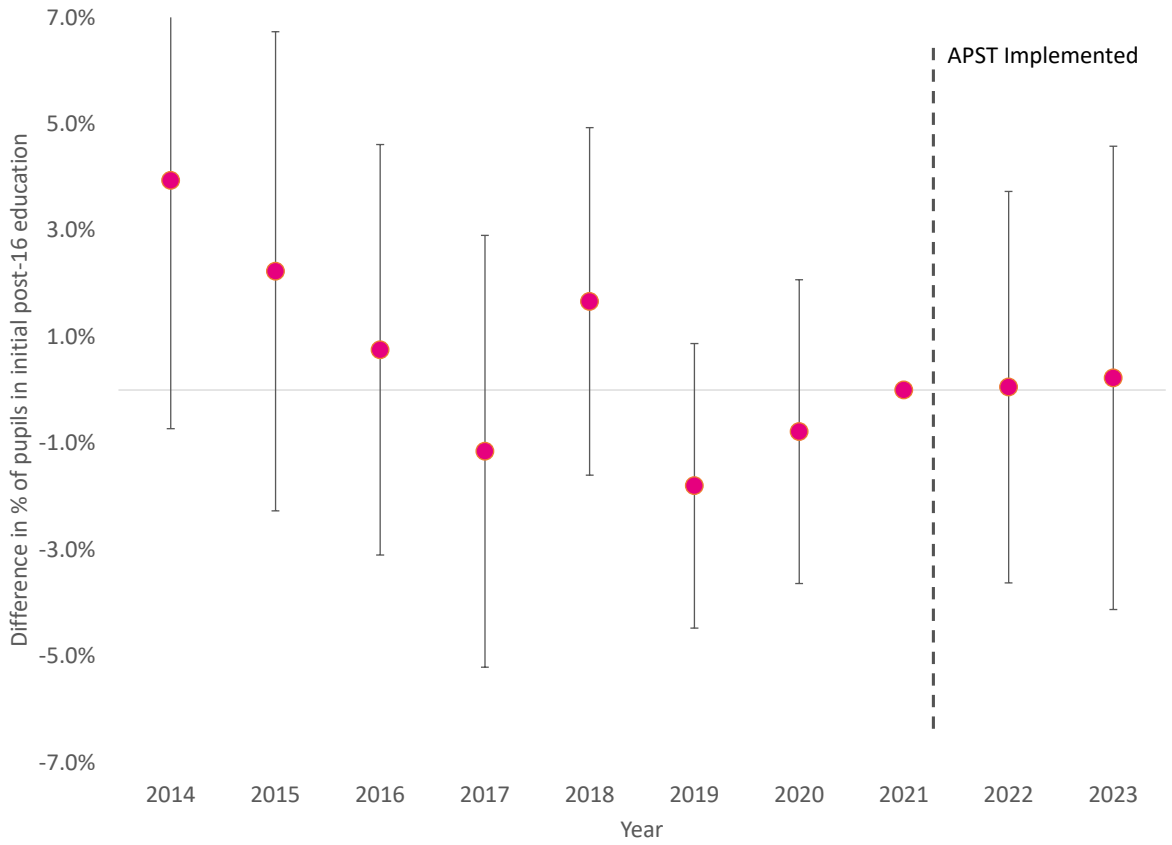
While Figure 3 shows that there was more of an increase in the percentage of year 11 pupils from the treatment schools enrolling in post-16 study compared to the comparison schools after APST was introduced, the differences between the treatment and comparison schools were broadly similar to those observed in the years prior to the introduction of APST. Figure 4 similarly shows that differences in the rate of reintegration for pupils in years 7–10 following the introduction of APST were small and not appreciably different compared to the years preceding the introduction of APST. **This again provides little evidence that there was an effect of APST on either outcome.**

[55] The existence of parallel trends was also evaluated during the preliminary analysis, conducted when writing the protocol document.

Figure 3: Difference in initial post-16 destinations of year 11 pupils between the Alternative Provision Specialist Taskforce (APST) and comparison schools

Notes: event study plot of the change in initial post-16 study destinations of year 11 pupils in the APST and comparison schools. Outcomes are plotted in the year of Key Stage 4 completion, with 2021 as the base year. The pink dots represent the difference in the change in initial post-16 enrolment rates between treatment and comparison schools in post-16 study rates, controlling for differences in pupil composition. The whiskers represent the confidence intervals for the difference. Source: evaluation team analysis.

Figure 4: Difference in the reintegration of years 7–10 pupils between the Alternative Provision Specialist Taskforce (APST) schools and comparison schools



Notes: event study plot of the change in years 7–10 pupils in the APST and comparison schools who reintegrated into mainstream schools. Outcomes are plotted in the year of observation, with 2021 as the base year. The pink dots represent the difference in the change in reintegration rates between the treatment and comparison schools, controlling for differences in pupil composition. The whiskers represent the confidence intervals for the difference. Source: evaluation team analysis.

3.3.2. Secondary analysis

Year 11 pupils

Our analysis (see Table 2) did not find evidence that being enrolled in a school with APST had an effect on any secondary outcomes for year 11 pupils.

We explored whether being enrolled in a school with APST made a difference to year 11 pupils' KS4 English or maths attainment or in whether they participated in education or training for at least 180 days at academic age 16 (i.e. sustained post-16 study) – more specifically, this represents being continuously enrolled in education or training for around six months. Table 2 includes the results of our analysis. Raw data on trends in the treatment and comparison groups may be found in Table 16 and Table 17 in Appendix B.

Following the introduction of APST, **year 11 pupils in treatment schools scored on average 0.3 points higher in KS4 English and 1.1 points higher in KS4 maths** than we estimated would have occurred if APST had not been introduced.[56] However, these are not statistically significant at the 10% level (p-value = 0.803 for KS4

[56] For reference, a change of six points is equivalent to a change of grade in a legacy (graded A*-G) GCSE (e.g. the difference between grade E and grade F). New GCSEs graded 9–1 have been put onto this scale, but the intervals between grades (in terms of points) vary. See **Appendix F**. The scale ranges from 0 (no achievement) to 67.5 for grade A* in an AS-level. A grade 1 pass in a GCSE is equivalent to 19 points.

English and p-value = 0.306 for KS4 maths). These are, therefore, low and statistically non-significant effects (ES = 0.02 for KS4 English and ES = 0.08 for KS4 Maths).

The statistical evidence also did not suggest that attending an APST school had an effect on Year 11 pupils' likelihood of participating in sustained post-16 study. Outcomes were almost exactly in line with our estimate of what would have happened in the absence of APST and were not statistically significant (p-value = 0.964).[57] There is, therefore, no statistically significant evidence of an effect on this outcome (ES = -0.001).

Table 2: Treatment effects for secondary outcomes of pupils in year 11

Outcome	KS4 English	KS4 Maths	Sustained post-16 study
Pupil year group	Year 11	Year 11	Year 11[58]
Estimated outcome for Alternative Provision Specialist Taskforce (APST) schools in the absence of the intervention	18.8	18.7	***
Estimated impact of APST	0.323	1.149	-0.001
P-value	0.803	0.306	0.964
Lower confidence interval	−2.215	−1.057	−0.031
Upper confidence interval	2.861	3.354	0.029
Number of pupils in the sample	79,940	79,940	89,740
Number of schools in the sample[59]	329	329	328
R^2	0.219	0.264	0.070
Effect size (standardised mean difference)	0.021	0.078	−0.001
Effect size lower confidence interval	−0.145	−0.071	−0.062
Effect size upper confidence interval	0.187	0.226	0.059

Source: evaluation team analysis. The expected outcome in the absence of treatment for the treated cohorts is shown instead of a baseline mean, as there are several pre-intervention cohorts.

Years 7–10 pupils

Our analysis (see Table 3) suggests there is evidence that being enrolled in a school with APST had an effect on school absence for years 7–10 pupils. There is no statistical evidence that APST is affecting other reintegration outcomes for years 7–9 or year 10 pupils.

For Cohort 1 only, we explored whether being enrolled in a school with APST made a difference to pupils' absence rates over the whole subsequent year.[60] Following the introduction of APST, the **absence rate among years 7–10 pupils enrolled in treatment schools across the subsequent year fell by 3.6 percentage points,** compared to our estimate of the absence rate that would have occurred if APST had not been

[57] Sustained post-16 study outcomes for those who attended in academic year 2022/23 (Cohort 2) will be explored as a secondary outcome in the extension evaluation of APST.

[58] At the time of writing, this outcome was not available for Cohort 2. Consequently, the treatment effect represents Cohort 1 only.

[59] The number of pupils available in the KS4 English and maths samples is smaller than those which appear in the sustained post-16 study sample because there were no data available for KS4 English and maths in 2020 or 2021.

[60] The absence rate is calculated as a percentage of the sessions attended by each pupil in each year (taking a value between 0% and 100%). Data for absence for those enrolled in 2022/23 (Cohort 2) were not available in time for the analysis in this report. These data will be explored in the extension evaluation.

introduced. This is significant at the 1% level (p value = 0.002), suggesting **a moderate positive impact of APST on attendance (ES = −0.13)**. This is equivalent to a pupil in full-time education attending for an additional 6.85 days in an academic year.[61]

For Cohorts 1 and 2, we also explored whether being enrolled in a school with APST made a difference to pupils' absence rates over the subsequent autumn and spring terms only.[62] Following the introduction of APST, the **absence rate among year 7–10 pupils enrolled in treatment schools over autumn and spring terms fell by 4 percentage points**, compared to our estimate of the absence rate that would have occurred if APST had not been introduced. This is significant at the 1% level (p-value = 0.002), again suggesting a moderate **positive impact of APST on attendance** (ES = −0.14). This suggests that the effect was sustained for Cohort 2 as well as Cohort 1. This increase is equivalent to attending for an additional 7.6 days in an academic year.[63] However, we sound a note of caution around the interpretation of estimates related to absence, given that we cannot control for any differences in the impact of the COVID-19 pandemic on absence between local areas.

Following the introduction of APST, **the reintegration rate for years 7–9 pupils from treatment schools increased by 0.7 percentage points**, compared to our estimate of the reintegration rate that would have occurred if APST had not been introduced. The high p-value (p = 0.815) means that there is no statistically significant evidence of an effect on this outcome (ES = 0.02).

Following the introduction of APST, **the reintegration rate for year 10 pupils from treatment schools fell by 2.4 percentage points,** compared to our estimate of the reintegration rate that would have occurred if APST had not been introduced. The outcome is not significant at the 5% or 10% levels (p = 0.117). This may be viewed as a harmful effect (ES = −0.06) (please see section 7.2 for interpretation) but is statistically non-significant.

[61] Assuming a full academic year of 190 days (380 sessions). A drop in absence rate of 3.6% means 3.6% more sessions were attended, i.e. 6.85 days more of attendance.

[62] We carried out this analysis to see whether the whole-year outcome for Cohort 1 was sustained for Cohort 2, given that the evaluation timelines excluded us carrying out a whole-year outcome for Cohort 2 (this will be covered in the extension evaluation).

[63] Assuming a full academic year of 190 days (380 sessions).

Table 3: Treatment effects for secondary outcomes, years 7–10 pupils

Outcome	Absence (two terms)	Absence (three terms)	Reintegration	Reintegration
Pupil year group	Year 7–10	Year 7–10[64]	Year 7–9	Y10
Estimated outcome for Alternative Provision Specialist Taskforce (APST) schools in the absence of the intervention	0.46	0.45	0.34	0.21
Estimated impact of APST	−0.040	−0.036	0.007	−0.024
P-value	0.002	0.002	0.815	0.117
Lower confidence interval	−0.059	−0.059	−0.054	−0.054
Upper confidence interval	−0.022	−0.013	0.068	0.006
Number of pupils in the sample	153,000	134,100	107,620	82,810
Number of schools in the sample	350	350	343	335
R^2	0.15	0.14	0.174	0.153
Effect size (standardised mean difference)	−0.142	−0.127	0.017	−0.056
Effect size lower confidence interval	−0.207	−0.209	−0.126	−0.126
Effect size upper confidence interval	−0.078	−0.209	0.160	0.014

Notes: the number of schools in the sample represents the total number of alternative provision schools with pupils of the appropriate age (depending on pupil year group) that were open between 2014 and 2023. Therefore, this number changes between outcomes which focus on different pupil year groups. Source: evaluation team analysis.

Years 7–11 pupils

Our analysis (see Table 4) shows that being enrolled in a school with APST had a small but statistically significant effect on two secondary outcomes for years 7–11 pupils: participation in education and total difficulties as measured by the SDQ. However, we do not have much confidence in the findings derived from the SDQ due to high levels of missing data and the weaker evaluation design for that outcome.

We used a composite measure to explore **participation in education for years 7–11 for Cohort 1 only**.[65] This drew upon sustained post-16 study (for year 11) and absence below a specified threshold[66] (for years 7–10). Following the introduction of APST, an additional 2.3% of pupils enrolled in treatment schools were considered as participating in education than our estimate of the participation rates that would have occurred if APST had not been introduced. This is statistically significant at the 10% level but not the 5% level ($p = 0.065$). There is, therefore, **some evidence of a low impact of APST on participation in education** (ES = 0.05). This is largely driven by a decrease in absence among pupils in years 7–10 at treatment schools, as explored above.

We compared endline SDQ scores among pupils in treatment schools with those among pupils in comparison schools, controlling for both baseline SDQ scores and pupil characteristics.[67] The overall SDQ scale (excluding the prosocial subscale) ranges from 0 to 40, with higher scores indicating a greater level of difficulty. **Pupils**

[64] For Cohort 1 only.

[65] As whole-year absence for Cohort 2 was unavailable for this evaluation but will be included as a secondary outcome in the extension evaluation of APST.

[66] This was set in the SAP at 22% as the percentage of pupils in years 7 to 10 with an absence rate below 22%, which was similar to the percentage of year 11 pupils in sustained post-16 education.

[67] Both the total difficulties SDQ score and the externalising problems subscore indicate the levels of difficulties faced by the pupil, with higher scores indicating greater levels of difficulty being faced by a pupil. An endline score that is lower than the baseline score indicates that a pupil is experiencing less difficulty after the intervention than before.

who returned SDQs from treatment schools had endline SDQ total scores that were 0.7 points lower than those from pupils who returned SDQs from comparison schools. This indicates that pupils in treatment schools may have had fewer difficulties with emotions, behaviours and relationships after being enrolled at the APST school than before. This outcome was statistically significant at the 10% level and close to significance at the 5% level (p = 0.051). **This provides some support for there being a moderate impact of APST on pupils' emotional and behavioural difficulties** (ES = −0.11)**.**

However, we do not have much confidence in this finding. First, we were not able to test pre-treatment differences in SDQ scores between treatment and comparison schools; therefore, the differences we observed may have been present before APST and may simply be the product of unobserved factors. Second, the very high levels of missing SDQ data are a cause for concern, with 80–85% of pupils not included in the analysis (only 20% of pupils in treatment schools and 15% of pupils in comparison schools returned at least two SDQs and could be included in the analysis). This may introduce bias, which threatens the validity of the findings.

Pupils from treatment schools who returned SDQs had externalising problem subscores that were 0.1 points higher than those in the comparison schools (i.e. indicating a higher level of difficulties in treatment schools compared to comparison schools). This was not statistically significant (p = 0.682). This is, therefore, a low and statistically non-significant effect (ES = 0.03). As with the SDQ total difficulties score, the very high levels of attrition mean that we do not have much confidence in this finding.

Table 4: Treatment effects for secondary outcomes, years 7–11 pupils

Outcome	SDQ: total score	SDQ: externalising problems score	Participation in education
Pupil year group	Years 7–11	Years 7–11	Years 7–11
Estimated outcome for Alternative Provision Specialist Taskforce (APST) schools in the absence of the intervention	15.9	8.9	0.322
Estimated impact of APST	−0.698	0.099	0.023
P-value	0.051	0.682	0.065
Lower confidence interval	−1.398	−0.388	−0.001
Upper confidence interval	0.002	0.586	0.047
Number of pupils in the sample	1,810	1,810	219,260
Number of schools in the sample	41.0	41.0	351
R^2	0.240	0.257	0.08
Effect size (Hedge's G)	−0.112	0.026	0.046
Effect size lower confidence interval	−0.224	−0.062	−0.003
Effect size upper confidence interval	0.000	0.094	0.025

Source: evaluation team analysis.

3.3.3. Analysis in the presence of non-compliance

As set out in Table 32, all schools were considered by the DfE to be compliant soon after implementation. As such, this analysis was not conducted, as there would be no variation between the main analysis (presented above) and the compliance analysis.

3.3.4. Subgroup analyses

Our subgroup analyses found that APST had a differential impact on reintegration for years 7–10, with fewer girls reintegrated compared to boys and fewer non-White students reintegrated compared to White students. There were no statistically significant differential impacts for initial post-16 study for year 11.

In line with the SAP, we carried out exploratory subgroup analyses for the following groups (categories of subgroups are included in brackets):

- Cohort (Cohort 1 – enrolled in the 2021/22 academic year and Cohort 2 – enrolled in the 2022/23 academic year)
- Gender (male and female)
- Ethnic group (White vs non-White)
- Ever been looked after or in need (yes or no)

None of the treatment effects on initial post-16 study for the various subgroups of year 11 pupils show any statistically significant differences (see

Table 5**).** The estimate for the 2023 cohort was 2.3 percentage points lower than for the 2022 cohort, but this was not a statistically significant difference (p = 0.245).

However, treatment effects on integration into mainstream schools for the various subgroups of years 7–10 pupils show small, statistically significant differences for two subgroups (see Table 6).

There was a statistically significant subgroup effect for non-White pupils. Compared to White pupils, 4.3% fewer non-White pupils were reintegrated following the introduction of APST. This was statistically significant at the 5% level (p = 0.004).

In addition, there was a statistically significant subgroup effect for girls. Compared to boys, an additional 3% of girls were reintegrated following the introduction of APST. This was statistically significant at the 10% level (p = 0.08).

As the evaluation was not powered to calculate subgroup effects, we consider these results to be exploratory.

Table 5: Difference-in-differences estimates of the effect of the Alternative Provision Specialist Taskforce on enrolment for the Year 11 primary outcome (initial post-16 study) for subgroups

Sub-group analysis	Estimate of relative effect	P-Value	Lower Confidence Interval	Upper Confidence Interval
Females compared to males	−0.003	0.887	−0.042	0.037
Non-White pupils compared to White pupils	0.008	0.759	−0.044	0.060
Social-care-experienced pupils compared to other pupils	0.019	0.404	−0.026	0.065
The 2023 cohort compared to the 2022 cohort	−0.026	0.250	−0.070	0.018

Source: evaluation team analysis.

Table 6: Difference-in-differences estimates of the effect of the Alternative Provision Specialist Taskforce on the years 7–10 primary outcome (integration into mainstream schools) for subgroups

Sub-group analysis	Estimate of relative effect	P-Value	Lower Confidence Interval	Upper Confidence Interval
Females compared to males	0.030	0.080	−0.004	0.063
Non-White pupils compared to White pupils	−0.043	0.004	−0.072	−0.014
Social-care-experienced pupils compared to other pupils	0.002	0.937	−0.041	0.045
The 2023 cohort compared to the 2022 cohort	−0.011	0.597	−0.051	0.029

Source: evaluation team analysis.

3.3.5. Additional analyses and robustness checks

The robustness checks show that the primary outcome results from alternative specifications were consistent with the main findings.

We explored the robustness of the primary outcome results from four perspectives, as set out in the SAP.[68]

- **Check 1: difference in regression discontinuity (DRD) using a reduced comparison school set.** We re-estimated using a restricted set of comparison schools: those in the 18 non-participating local authorities with the highest volumes of serious violence based on the index used by the DfE to select areas for APST.[69] We refer to this as a DRD specification. We carried this out for both primary outcomes.
- **Check 2a and 2b: imputation.** We redid our main estimates, now imputing missing covariate values. We explored two approaches: mean imputation (where we also included a dummy variable to indicate those observations for which imputation had taken place) and multiple imputation. We refer to these as Check 2a and Check 2b. We carried this out only for the year 11 primary outcome.[70]
- **Check 3: allowing linear trend.** Check 3 (carried out for both primary outcomes) altered our main specification by allowing for a linear trend. The main specification rests on the assumption of parallel trends; that is, that the difference in mean outcomes between treatment and comparison schools remains stable over time. By including a linear trend and interacting this with treatment status, Check 3 allows for a linear change over time in this treatment–control difference to exist within the data.
- **Check 4: discounting pupils enrolled at more than one AP school each year.** Around 4% of pupils enrolled at AP schools in a given year are observed to have enrolments at more than one AP school. Check 4 excludes these pupils from the analysis.

The results in Table 7 indicate that **none of these alternative specifications provides any evidence of an impact of APST on the primary outcome for Year 11 pupils**. In other words, the results are consistent with our main findings. Similar checks were conducted for pupils in years 7–10, as shown in Table 8. The DRD

[68] Checks 1 and 4 are set out in 'robustness checks', Checks 2a and 2b are set out in 'missing data' and Check 3 is discussed in 'analysis'. All checks set out in the SAP were intended to be run for the primary outcomes only.

[69] Formally, we include local authorities within a cut-off of 0.2 index points below the lowest-ranked participating area (in this case, Ealing).

[70] Imputation checks were not required for the years 7–10 primary outcome, as missing covariate values was only an issue for year 11 pupils (see **Appendix B** on **Missing data analysis**).

result (Check 1) is not significant, which is consistent with the main finding. However, the inclusion of a linear trend (Check 3) suggests a small positive effect, significant at the 10% level but not the 5% level (p-value = 0.098). However, given that graphical plots of pre-treatment trends (see Figure 4) demonstrate no significant differences between treatment and comparison schools, **we caution against overinterpretation of this finding**.

We also carried out some additional exploratory robustness checks that were not detailed in the SAP which are detailed below (see Table 9 and 10 with further information in Appendix B):

- **Check 5: not using controls.** We ran specifications which do not control for differences in characteristics and previous trends in the treatment and comparison groups.
- **Check 6: excluding 2020 and 2021 from the pre-treatment period.** These represent two years of disruption from the COVID-19 pandemic.
- **Check 7: narrowing the pre-treatment window from 2014–2021 to 2018–2021.** There was a higher proportion of pupils in treatment schools with missing KS2 results in the period 2014–2017 than in control schools (see Table 16). By removing these years from the analysis, we account for this difference.

These checks do not overturn our main findings for the primary outcomes for years 7–10 or year 11 pupils.

Table 9 shows that the main result for year 11 pupils is robust to Check 5 (the exclusion of controls) and Check 7 (the narrowing of the pre-treatment window). In other words, **the results for Check 5 and Check 7 are consistent with our main findings for the year 11 primary outcome**. However, in contrast to the main result, **Check 6 (which assesses robustness to the exclusion of the pandemic years) reports a larger effect, which is significant at the 10% level (p = 0.059).** In considering how to reconcile this with the main finding, there are perhaps two points to bear in mind. First, statistical significance is a continuum rather than a dichotomy. The evidence from Check 6 is more suggestive of a positive impact of APST for year 11 pupils but does not contradict the main result since the difference between the main estimate and the Check 6 result is itself not statistically significant; the difference is ~0.008, with a standard error equal to ~0.2, indicating that there is consistency between the results. Second, the Check 6 result highlights the need to keep in mind the complex nature of the underlying administrative data and the fact that it is a reflection of multiple, potentially disruptive external influences. Overall, Check 6 is perhaps most useful as a reminder of the uncertainty which surrounds estimates. While Check 6 increases the possibility that APST had a positive effect on year 11 pupils, it is also the case that as the number of robustness checks increases, the chance of a spurious finding also increases. Therefore, **we advise against overinterpretation of this finding.**

For pupils in years 7–10, all additional robustness checks are consistent with the main results, **providing no suggestion of an impact** (see Table 10).

We did not carry out the two robustness checks specified in the SAP. As we had two primary outcomes, we intended to use the Benjamini-Hochberg procedure to control for a false discovery rate. However, as neither primary outcome showed evidence of impact, this was not necessary to run in our analysis. We also stated in the SAP that we intended to adjust for school size because comparison schools tended to be smaller than participating schools. However, this was an error: as we use school-level fixed effects, we should not have suggested school-level measures, as these are collinear with the school effect, meaning that size is implicitly controlled for without this test being used.

Table 7: Tests of robustness undertaken for the year 11 primary outcome (initial post-16 study)

	Main	Check 1	Check 2a	Check 2a	Check 3	Check 4
Method	DiD	DRD	DiD	DiD	DiD	DiD
Imputation	None	None	Mean-imputation	Multiple	None	None
Modifications from main	None	Reduced comparison school set	None	None	Includes linear trend	Excludes multiple enrolments
Impact estimate	0.020	0.023	0.010	0.008	0.005	0.026
P-value	0.148	0.176	0.474	0.579	0.832	0.058
Lower confidence interval	−0.007	−0.011	−0.018	−0.020	−0.047	−0.001
Upper confidence interval	0.047	0.057	0.038	0.036	0.038	0.053
Number of pupils in the sample	98,850	32,190	106,090	98,850	98,850	95460

Source: evaluation team analysis.
Note: DiD = Difference-in-differences; DRD = difference in regression discontinuity

Table 8: Tests of robustness for the years 7–10 primary outcome (reintegration into mainstream schools)

	Main	Check 1	Check 3	Check 4
Method	DiD	DRD	DiD	DiD
Imputation	None	None	None	None
Modifications from main	None	Reduced comparison schools	Includes linear trend	Excludes multiple enrolments
Impact estimate	−0.004	0.004	0.025	−0.006
P-value	0.843	0.866	0.098	0.798
Lower confidence interval	−0.047	−0.048	−0.005	−0.049
Upper confidence interval	0.038	0.057	0.055	0.038
Number of pupils in the sample	190,430	61,670	190,430	182,750

Source: evaluation team analysis.
Note: DiD = Difference-in-differences; DRD = difference in regression discontinuity

Table 9: Additional tests of robustness undertaken for the year 11 primary outcome (initial post-16 study)

Name	Main	Check 5	Check 6	Check 7
Modifications	**None**	No controls	Excludes 2020 and 2021	Excludes years prior to 2018
Impact estimate	**0.020**	0.018	0.028	0.007
P-value	**0.148**	0.159	0.059	0.634
Lower confidence interval	**−0.007**	−0.007	−0.001	−0.023
Upper confidence interval	**0.047**	0.043	0.056	0.037
Number of pupils in the sample	**98,850**	98,850	79,940	57,660

Source: evaluation team analysis.

Table 10: Additional tests of robustness for years 7–10 primary outcome (reintegration into mainstream schools)

Name	Main	Check 5	Check 6	Check 7
Modifications	**None**	No controls	Excludes 2020 and 2021	Excludes years prior to 2018
Impact estimate	**−0.004**	0.002	−0.006	0.002
P-value	**0.843**	0.948	0.791	0.932
Lower confidence interval	**−0.047**	−0.052	−0.053	−0.033
Upper confidence interval	**0.038**	0.055	0.040	0.036
Number of pupils in the sample	**190,430**	190,430	159,330	113,250

Source: evaluation team analysis.

4. IPE results

The IPE was designed to respond to 14 evaluation questions that included how APST was implemented and operated, the key facilitators and challenges experienced, the extent to which partnership working featured and the benefits and drawbacks this brought, and the perceived impacts and drawbacks of APST. The IPE aims to add richness and understanding to the impact results.

Table 11: Summary of the implementation and process evaluation findings

The Alternative Provision Specialist Taskforce (APST) was successfully implemented as planned. • **Schools experienced initial challenges in specialist recruitment, but these were mitigated over the first few months of the first year.** • **Schools experienced retention challenges in the second year related to uncertainty about future funding for APST.** • **The size and make-up of the specialist teams varied between schools, which reflected the different school sizes and operational models.** • **Across all schools, specialists were often seconded from local authorities, which was felt to bring benefits but could be challenging to manage.** • **Specialists were colocated in the schools and often had previous experience at the AP school, which was felt to bring benefits.** • **The project coordinator and senior leadership team lead were important roles in the implementation and smooth operation of APST.** • **Specialists worked directly with a total of 3,656 pupils across 22 AP schools; however, understanding this as a proportion of children on roll is difficult due to data limitations.**
APST operated in a highly tailored way to support pupils and families, with a strong focus on partnership and multi-agency working. • **The APST model was highly tailored to each school's context and needs.** • **Specialists delivered tailored support to individual pupils and families, which varied in focus, nature, format, timing and location.** • **Specialists worked hard to build trust with pupils and their families, which the pupils appreciated and helped with engagement.** • **There was a clear commitment among APST teams to understand pupils' needs and provide tailored support. Some schools reported more intentional tailoring to ethnicity- and gender-related needs.** • **Specialists frequently worked collaboratively with each other to provide joint support, advise each other and build relationships with the pupils and their families.** • **Specialists frequently worked with AP school staff to support the pupils. Integrating into the AP school was challenging at first, but it improved as time passed and relationships grew.** • **Specialists maintained connections to local agencies to support joint working: many reported that collaboration could be further improved.** • **Partnership working of all forms was felt to support the operation of APST and contribute to its successes.**
APST was unanimously praised by stakeholders as an intervention that provided much-needed support to AP pupils and their families directly and supported future systems change through AP schools and local partnerships. • **APST was felt to offer rapid, integrated and comprehensive support to the pupils and their families that was not previously available, which was based on assessment of needs and drew on external sources of support when needed.** • **Stakeholders thought that APST was helping to improve individual pupils' outcomes, especially around social and emotional well-being, pupil engagement, parental engagement and attendance.** • **APST was felt to provide AP schools and staff with additional capacity and skills that allowed AP school staff to support pupils holistically and safeguard pupils effectively.** • **APST was felt to have helped improve partnerships and coordination between AP schools and local agencies, but ongoing difficulties in engagement were attributed to significant capacity challenges in local agencies.** • **APST was felt to help raise the profile of AP schools and reconfigure external narratives about them.** • **No stakeholders identified unintended consequences as a result of APST. However, stakeholders were concerned about the implications of stopping APST support after the pilot ended and felt more APST support was needed in their schools.**

4.1. Findings: implementation and operation of APST

4.1.1. Recruiting specialists

Despite initial challenges in specialist recruitment, almost all teams were in place by February 2022. Schools experienced retention challenges in the second year related to uncertainty about future funding for APST.

The minimum requirement to achieve APST implementation was that each AP school had a taskforce made up of at least four types of specialists (selected from those listed in Box 2), a project coordinator and an SLT lead.

The recruitment of APST specialists was a challenge at the start of the programme. Between November 2021 and February 2022, nearly all APST schools identified the recruitment of suitable specialists as a key barrier to ensuring the taskforces were set up and ready to begin implementing the programme in line with the timelines provided by the DfE (see Box 5).

However, APST teams were in place in almost all schools by February 2022, and in all schools by June 2022.[71] Most schools did not start delivery until January 2022 at the earliest – rather than the planned date of November 2021 – because of recruitment delays.

Box 5: Why was recruitment to the Alternative Provision Specialist Taskforce (APST) challenging?

An **ambitious timeline for programme launch** meant that schools had only a few months to recruit or second specialists. Schools were informed that they could launch the APST in summer 2021, with a planned programme start in November 2021. Interviewees reflected that there was not enough time to decide on specialist types, make arrangements, and recruit and/or liaise with local agencies to arrange secondments.[72]

> *"The biggest challenge was recruitment at the beginning. Being given the funding at the same time as the start of the whole … programme, that's been very difficult, and it wasn't realistic. There's a lot of background work behind that; there should have been a four-month window beforehand [for putting] out the ad, interviewing, finding people."*
> *(Project coordinator from case study school)*

Reportedly, a **national shortage of mental health and speech and language therapist workers** made it particularly difficult for schools to successfully second these specialists from local agencies.[73] For some schools, **limited pre-existing relationships with local agencies** made it difficult to source specialists: schools did not know who the relevant agencies were and did not have contacts within them, while local agencies were not aware of APST and the role they were expected to play in the programme.[74]

There was considerable variation in the full-time equivalent (FTE) and headcount of specialists in each school, as well as the number of pupils per specialist. Across the two years covered by this evaluation, the average number of FTE specialists in each school was 4.5, and the average number of specialists was 6.6. There was a large range: from a school that had an average of 2.1 FTE specialists and 3.3 specialists by headcount to a school that had an average of 8.4 FTE specialists and 13.5 specialists by headcount. There

[71] See Table 32 in Appendix E.

[72] Four SLT interviews from APST schools, one strategic partner interview and one interview from a case study school. For survey results, see Figure 7 in Appendix E.

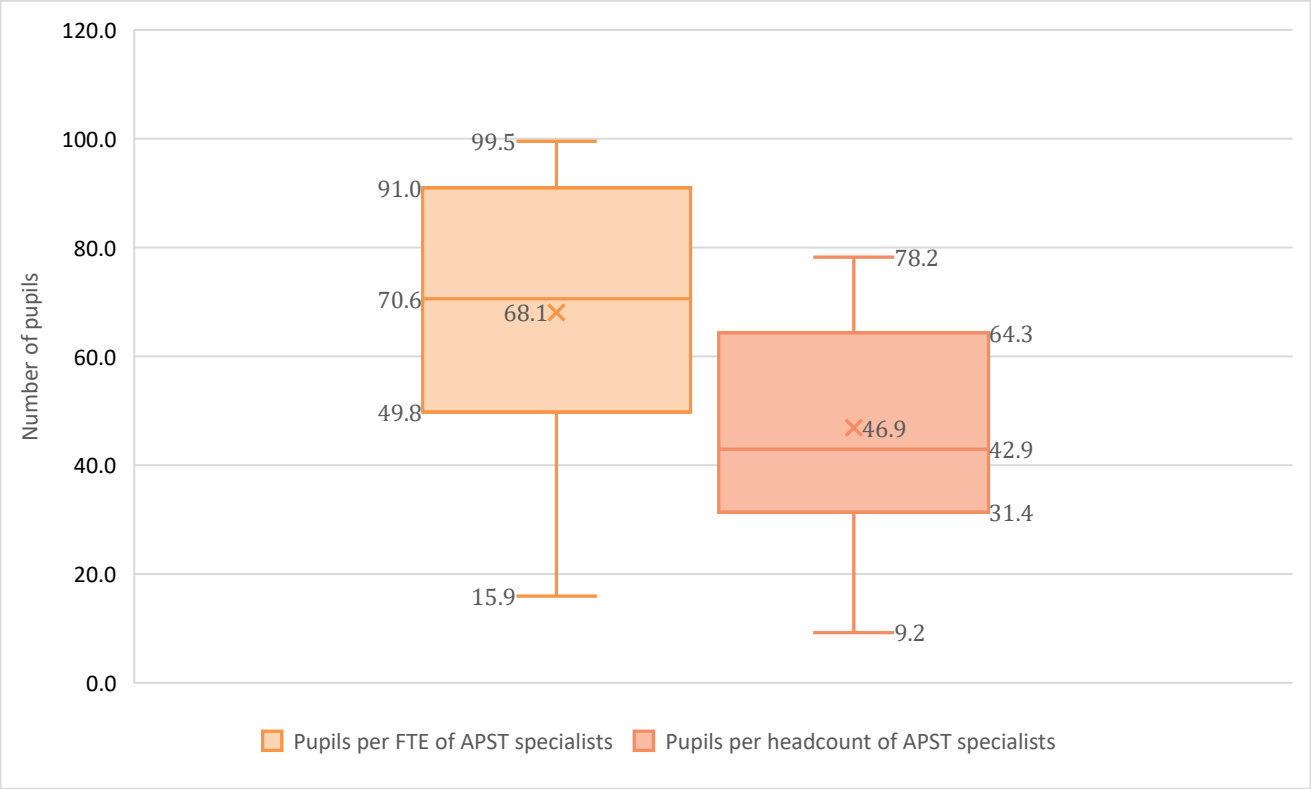
[73] One SLT interview from an APST school and three strategic partner interviews. For survey results, see in Appendix E.

[74] Three SLT interviews from APST schools.

was significant variation in the average number of pupils per FTE specialist, as shown in Figure 5. While on average, there were 68.1 pupils per FTE and 46.9 pupils per headcount of specialist, the range was also broad: from 15.9 to 99.5 pupils per FTE and from 9.2 to 78.8 pupils per headcount of specialist.[75]

These variations reflect the wide range in the number of pupils on roll in AP schools, which may indicate differing AP school sizes and levels of pupil mobility. There was considerable variation in the number of KS3 and KS4 pupils cumulatively on roll at the AP schools over the two years, ranging from 59 to 716 pupils.[76] This may reflect that the 22 AP schools had different pupil capacities but also may show different levels of pupil mobility. For example, some AP schools may have had a high number of pupils who were dual-rolled and attending the AP school on a short-term placement, with a high number of pupils entering and leaving the AP. This would result in a higher number of AP pupils cumulatively on roll. More information about the number of pupils who worked with APST specialists is discussed in section 4.2.

Figure 5: Ranges, median and mean of pupils per full-time equivalent (FTE) and per headcount of specialists in each of the 22 Alternative Provision Specialist Taskforce (APST) schools



SOURCE: evaluation team analysis of metrics reported by DfE on the number of KS3 and KS4 pupils on roll cumulatively over the two years of APST, average number of FTE specialists in each AP school over the two years and average headcount of specialists in each AP school over the two years.
NOTE: the box shows the interquartile range, with the upper and lower bounds of the box representing the 75th and 25th percentiles, respectively. The central line indicates the median, and the mean is plotted within the box. The tails of the graph show the minimum and maximum values. These data do not include any specialists who were considered part of APST but were not funded by the DfE or did not feature in the metrics provided to the DfE.

Reflecting the recruitment challenges and delays for some schools in setting up APST, there were lower numbers of specialists in the first year of APST than in the second year. In the first year of APST, the 22

[75] Evaluation team analysis of metrics reported by the DfE on the number of KS3 and KS4 pupils on roll cumulatively over the two years of APST, the average number of FTE specialists in each AP school over the two years and the average headcount of specialists in each AP school over the two years. These data do not include any specialists who were considered part of APST but were not funded by the DfE or did not feature in the metrics provided to the DfE.

[76] The DfE asked schools to report the cumulative number of KS3 and KS4 pupils that (a) were on roll and (b) had worked with specialists every half term. This evaluation draws upon these data, along with other data reported by schools about the number and FTE of specialists at the school.

schools had on average four FTE APST specialists and 5.7 specialists by headcount. In the second year of APST, the 22 schools had an average of five FTE APST specialists and 7.5 specialists by headcount.[77]

In the second year of the programme (September 2022 onwards), retaining APST specialists emerged as a challenge, largely due to the time-limited funding. Fixed-term contracts and uncertainty about the future of APST meant that specialists started to look for new positions from September 2022.[78] While the announcement of the extension of the pilot in January 2023 was felt to help mitigate the immediate challenge, stakeholders reflected that the challenge of a lack of stability for specialists remained while the programme was time-limited.[79]

> *"What's challenging is not the school but more structural things, like funding and programme continuity. We need to remember as professionals to think about our long-term career and how it will work for us to be here; how are we invested in? There needs to be a bit more focus and understanding on how to support us in the uncertainty." (Specialist from case study school)*

4.1.2. Characteristics of the APST teams

The size of the specialist teams varied between schools, reflecting different school sizes and operational models. Specialists were often seconded from local authorities, which brought benefits but could be challenging to manage. Specialists were colocated in the schools and often had previous experience at the AP school, which brought benefits.

Mental health workers,[80] family support workers and SALTs were the most common specialists recruited. From the summer term of 2022 onwards, mental health workers were present in at least 17/22 schools, family support workers were present in at least 16/22 schools and SALTs were present in at least 16/22 schools. Youth workers, youth justice workers and post-16 workers were each present in at least 13/22 schools. The least common specialists across schools were social workers (6/22 schools) and educational psychologists (7/22 schools); these roles were added later to the list of core specialists included by the DfE.[81]

Specialists were often seconded from local authorities or subcontracted, rather than being directly hired by the school. All but one SLT reported that they had used secondment or service level agreements to hire staff.[82] In April 2022, roughly equal numbers of specialists reported being employed by local authorities (or other agencies) or being employed directly by schools.[83] **The secondment of specialists was felt to bring**

[77] Based on metrics provided by AP schools to the DfE. These data do not include any specialists who were considered part of APST but were not funded by the DfE or did not feature in the metrics provided to the DfE.

[78] In all three surveys, SLTs were asked, "Since launching the APST, have any APST specialists left their posts or handed in their notice to leave their posts?" In March 2022, 10/22 SLTs reported that one or more specialists had; in October 2022, 13/19 SLTs reported that one or more specialist had; and in March–April 2023, 17/21 SLT reported that one or more specialists had. Interviews and case studies explained that this was related to perceived uncertainty of future funding: two strategic partner interviews and interviewees from three case study schools.

[79] Two strategic partner interviews and interviewees from three case study schools.

[80] We have counted both mental health therapists and counsellors together.

[81] Based on DfE metrics.

[82] SLTs were asked in a survey in April 2022: "Which of the following arrangements have been used to secure the services of APST specialists at your school? Select all that apply." N = 22. 21/22 had used secondment or service level agreements, 12/22 had used open recruitment, 5/22 had used recruitment agencies and 2/22 used other arrangements.

[83] Specialists were asked in a survey in April 2022: "Which statement best describes the contractual arrangement between you and the AP school?" N = 92. 37/92 reported being employed by the local authority or another agency and 40/92 reported being directly hired by the school or academy.

several benefits. Seconded specialists brought connections to local agencies[84] and were able to access and share relevant information about pupils.[85]

> *"[Specialists] have got other records as well, which we wouldn't have access to …. Our CAMHS person has access to the health records of the children, which is invaluable because we otherwise wouldn't be aware of that unless the children or the parents would tell us. So, being able to access different databases due to having different specialists is invaluable in order to have [that] information about health records, suicide [attempts], for instance, or offending." (SLT lead from case study school)*

Secondment also helped to ensure specialists received adequate support, as many (including SALTs and youth justice, social and family workers) received supervision in line with their specialist practice models.[86] Interviewees reflected that this supervision was important to ensure specialists received the professional support needed to best support pupils and were updated on the latest practice and legislation for their specialism.[87] Secondment also ensured specialists were able to maintain professional training.[88]

However, secondment could lead to challenges for some. Some stakeholders reflected that specialists could face conflicting priorities from the home local agency and school senior staff and may have additional administrative burdens, such as the need to update two different information systems.[89]

Over half of specialists worked – or were seconded – part-time.[90] Some stakeholders reported that working part-time or working in a team with many part-time specialists could exacerbate challenges around capacity and made it more difficult to work in partnership with each other and the AP school staff and to attend CoP events.[91]

> *"Staff working days within the team are varied. This has impacted [their attendance at] some of the vital meetings arranged. This has impacted [me], as the coordinator, as I have then picked up meetings in between other responsibilities." (Open text survey response from Specialist)*

A significant minority of specialists had previous experience at the AP school. 35% of specialists reported that they had previously worked at the school in another paid role before APST.[92] Interviewees reflected that having staff with previous relationships with the school and each other was helpful at the start of the programme when specialists were building trust with AP staff, pupils and families.[93] **Around half of AP schools also included specialists who were in the school already as part of their APST.[94]** This was encouraged by the DfE.

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[84] Five SLT interviews from APST schools, two strategic partner interviews and three interviews from two case study schools.

[85] Five SLT interviews from APST schools, two strategic partner interviews and eight interviews from six case study schools.

[86] Four case study schools.

[87] Three strategic partner interviews.

[88] Two interviews from one case study school.

[89] Two SLT interviews from APST schools, one strategic partner interview and one interview from one case study school.

[90] Specialists were asked in all three surveys "Which statement best describes your employment situation at the AP school?". In April–May 2022, 49/92 (53%) reported working part-time; in October 2022, 71/114 (62%) reported working part-time; and in March–April 2023, 59/100 (59%) reported working part-time. Part-time was defined as less than 35 hours per week. See Figure 12 in Appendix E.

[91] Four strategic partner interviews, five case study schools, one observation of a CoP and cited by six specialists in open-text responses in a survey in March 2023 when asked to describe challenges to part-time working.

[92] Specialists were asked in a survey in March 2023: "Before you started working as an APST specialist, which statement best describes your experience with this AP school?" n = 100, 56/100 reported that they did not work at the AP school previously, 35/100 reported that they did and 9/100 reported another situation.

[93] One SLT interview from APST schools and five interviews from four case study schools.

[94] In a survey in March 2023, SLTs were asked "Are there any other roles within your AP school that are not paid for by the DfE APST funding but that you consider to be part of the taskforce?" N = 21. 12/21 reported one or more roles.

Throughout the pilot, **APST specialists in each school were colocated with each other and based in an office or space within the school**.[95] A few stakeholders reported challenges achieving colocation (see Box 6). **Specialists reported that being colocated with other specialists helped them to support pupils and families.**[96] Colocation enabled a constant exchange of information between specialists, which facilitated rapid joint decision-making, the swift provision of support and good safeguarding practice.[97] Colocation also allowed specialists to support each other and to learn more about each other's roles and agencies.[98]

> *"Actually, just being in that room, having a special room for the taskforce, it's invaluable. Having that instant information sharing and just working physically close to each other, it helps a lot. Colocation is extremely valuable. Overhearing each other and being able to know stuff as and when [it happens] and just share that with each other is brilliant." (Specialist from case study school)*

Being located within the school helped specialists build relationships with AP staff. APST specialists were able to better understand the school context (including challenges that staff faced) and were easily accessible to AP staff, which helped information sharing.[99]

> *"I think staff feel a lot more comfortable knowing that there is an actual person from this agency embedded in the school, so they can always use that person as a point of reference. If they've got any queries, rather than waiting three to five working days, they can get a response on the day in real time." (SLT interviewee from an APST school)*

Being located within the school also helped specialists build trust with pupils and families.[100] Because specialists were based in the school, pupils got to know them and may have known friends or peers who were working with the specialists before being asked to engage in support themselves.[101]

> *"The fact that professionals know the young people here and are actually within the school … makes a difference because even if the young person [doesn't] know the adult that well, they have seen the adult in the school, … and they are less frightened when they need to talk to them." (AP school staff from a case study school)*

[95] See Figure 13 in Appendix E. Six SLT interviews from APST schools confirmed colocation.

[96] In a survey in March 2023, specialists responded to the statement: "Colocation with the other APST specialists in my AP school improves my ability to support pupils and their families." N = 100. 65/100 reported this was completely true, 25/100 that it was somewhat true, 1/100 that it was not at all true and 4/100 that they did not know or this was not applicable. This was also discussed in interviews and case studies: Nine SLT interviews from APST schools, two strategic partner interviews and 11 interviews from five case study schools.

[97] Six SLT interviews from APST schools and six interviews from three case study schools.

[98] Two SLT interviews from APST schools.

[99] Three SLT interviews from APST schools and nine interviews from five case study schools.

[100] One SLT interview from APST schools and five interviews from three case study schools.

[101] Two SLT interviews from APST schools and eight interviews from five case study schools.

Box 6: Challenges in achieving colocation

Some Alternative Provision Specialist Taskforce (APST) teams reported that a **lack of suitable physical space** in the school made colocation and working with children difficult.[102] In one case study school, there was limited space for private, one-to-one engagement with parents or pupils.[103] In another case study school, dilapidation and lack of space meant that rooms were not felt to be suitable for therapeutic work and were not pleasant spaces to be in.[104]

"We have an issue with space and rooms. I think this is an issue in all schools, and it's something that schools are going on and on about. It's an issue. Because it's great to have all these [specialists] here, but there's just no space for them to do … the one-to-ones." (Specialist from case study school)

Being based in a multisite school could make colocation more difficult. Several APST schools were based over more than one physical site and a few were based across more than three sites. **In these schools, specialists could face particular challenges around capacity and partnership working. Needing to travel** between different school sites reduced the time available for working with pupils, meant that specialists spent less time with each other[105] and sometimes required adapting to a slightly different ethos on different sites.[106]

4.1.3. Project coordination and leadership

The project coordinator and SLT lead were important roles that helped the APSTs to be set up and operate smoothly. SLTs from across the 22 schools kept in touch with each other.

The APST project coordinator's role was important in facilitating the implementation and operation of the APST.[107] All APST schools had a designated SLT lead and project coordinator in post.[108] Most project coordinators had worked at the AP school prior to taking on the role, and many continued in other roles alongside.[109] Project coordinators coordinated between specialists and ensured the smooth running of the taskforces. In one school, they were described as a 'lynch pin'.[110]

"You definitely need a senior leader who's overall responsible for APST, and you can make decisions on the spot as and when needed. But you also need a project manager. I tried to do it without a project manager for the first probably eight months, nine months, and it was just impossible. The paperwork, the meetings, the liaising, the making sure the specialists were doing what they're supposed to be doing [were] all coordinated. It is incredibly time-consuming." (SLT from a case study school)

Having a supportive, collaborative and involved SLT was reported to be a key facilitator to the smooth set-up and running of APSTs.[111] SLTs played an important role in establishing a shared understanding of

[102] Five interviews from two case study schools. In a survey in March 2023, open text responses (n = 38) about challenges included five responses discussing lack of space in general, and four responses discussing lack of confidential space for counselling.

[103] Four interviews from one case study school.

[104] Three interviews from one case study school.

[105] Four SLT interviews from APST schools.

[106] When specialists and SLTs were asked in a survey in March 2023 about challenges experienced in implementation and operation (n = 21 SLTs and n = 38 specialists), 3/21 open text responses from SLTs mentioned multiple-sites, and 3/38 open text responses mentioned the schools splitting across multiple sites and long travel times between them. Also mentioned by two case study schools, one SLT interview and one observation of CoP.

[107] When SLTs were asked in a survey in March 2023 about facilitators experienced in implementation and operation (n = 19), five mentioned project coordinators. Also mentioned by two strategic partner interviews and five interviews from four case study schools.

[108] As confirmed by the DfE.

[109] Of the 25 project coordinators who responded to the survey in March 2023, 20/25 reported holding a previous role at the school, and 14/25 reported that they held another role at the AP school.

[110] One interview from one case study school.

[111] Three strategic partner interviews, 12 interviews from seven case study schools and one SLT interview from an APST school.

APSTs across the school and among staff. When SLTs were less involved or were seen as less supportive, schools reported that this could be a challenge.[112]

> *"The head is seriously on board with [APST] in the school. I think it would be a different case if the head wasn't that on board on this thinking, a therapeutic approach and attitude to understanding children in their networks and contexts and [their] own [circumstances]." (Project coordinator from a case study school)*

> *"I think [management] is good; we are not micromanaged. We are all within a framework, but it's quite flexible within that. We are at the point of maturity that we all need to have our flexibility to work in the way we want to under those frameworks." (Specialist from a case study school)*

The majority of SLT leads were in contact with their counterparts in other APST schools. Most SLTs reported that these interactions were helpful in providing information, resources or ideas that they used or intended to use in their AP schools, and they provided them with support and reassurance. Some SLTs felt that the interactions helped their AP schools to develop their activities and gave them a better understanding of training and resources. However, interactions were felt to be particularly helpful in the early stages of implementing APST and less useful as the programme progressed, as challenges became increasingly specific to each school.[113]

> *"[Meetings with other SLT leads focused on] dealing with those logistical problems …: somebody might have come up with their experience [and say], 'We've done this; this is how we got over that hurdle'. So [conversation] was very much problem sharing and problem solving [and about] the actual day-to-day running …. And because [the meetings] were right at the outset and we were all doing those initial steps and had those problems, it was very, very useful because [other SLTs] were all having the same problems that we were and possibly getting rid of them." (SLT interviewee from an APST school)*

4.2. Findings: support provided by specialists and ways of working

4.2.1. The reach of APST: the number of pupils that specialists worked with

Specialists worked directly with a total of 3,656 pupils across 22 AP schools; however, understanding this as a proportion of children on roll is difficult due to data limitations.

In the first two years of APST across all AP schools, specialists worked with a total of 3,656 pupils. On average, 62% of all KS3 and KS4 pupils on roll at each school received specialist support; however, this represents a significant range between schools, from 30% to 100% of pupils.[114] As shown in Figure 9, the proportion of pupils who received specialist support in schools tended to align with the ratios of pupils per specialist. Where there was a lower ratio of pupils to specialists in a school, a higher proportion of pupils received specialist support in that school, which may be expected, as there were proportionately more specialists available to provide support in these schools. The range also reflects the fact that APST schools were able to decide the extent to which APST support would be universal (received by all pupils) or targeted (received by just a few pupils).

Data that draws on the number of pupils on roll at the AP schools operating APSTs should be interpreted carefully. First, information about the number of KS3 and KS4 pupils on roll were reported cumulatively by AP schools: a high number may therefore represent a large school, a school with high levels of pupil mobility

[112] One strategic partner interview.

[113] Two case study schools and three SLT interviews from APST schools.

[114] Evaluation team analysis of DfE metrics reported by the DfE on the number of KS3 and KS4 pupils on roll cumulatively over the two years of APST and the number of pupils that specialists worked with cumulatively over the two years of APST.

(i.e. high numbers of pupils moving and out of the school) or a school with a high number of dual-rolled pupils. Second, APST specialists may have worked with pupils in KS1 and KS2, as well as KS3 and KS4, but data on the number of KS1 and KS2 pupils on roll were not available. Third, schools may have taken different approaches to counting the total number of pupils with whom the specialists worked: the data do not provide insight into how intensive the engagement with these pupils was. Fourth, data were not quality assured: the DfE queried any obvious anomalies but did not otherwise interrogate the data. Finally, the percentage of pupils who declined or disengaged is not known.[115]

4.2.2. Referrals to APST: how pupils were identified for support

Schools felt APST referral processes worked well. Schools assessed pupils for support upon arrival, and referrals were most frequently made by specialists and school staff.

It was common practice for **schools to assess pupils when they arrived** to see if they should be referred to the APST.[116] In the majority of APST schools, **specialists and school staff** could make referrals to APSTs, and in practice, referrals were most frequently made by AP school staff, followed by taskforce members. In almost half of APST schools, referrals could also be made by **pupils' families**, **external professionals** and the **pupils** themselves. Referrals by local stakeholders were less common, and referrals by pupils and their families were the least common.[117]

Most specialists and SLTs felt that referral processes in their AP schools worked effectively.[118] One case study school reported early challenges, such as AP school staff underutilising the referral process, not providing sufficient information on referral forms, making inappropriate referrals or making too many referrals. These challenges improved over time as AP school staff reportedly understood more about what the taskforce offered and as the taskforce refined its referral processes.[119]

4.2.3. What APSTs involved: how specialists worked with pupils and families

The APST model was highly tailored to each school's context and needs. Specialists delivered tailored support, which varied in focus, nature, format, timing and location, to individual pupils and families. Specialists worked hard to build trust with pupils and families, which pupils appreciated; this helped with engagement.

The APST intervention was designed to allow schools and taskforces to choose how specialists worked with pupils. This meant that the implementation and operation of APSTs were tailored to a high degree in each of the 22 schools, as shown in

Figure 6.

[115] Some data are available from DfE metrics about the number of pupils who stopped working with specialists before the taskforce thought they were ready (cumulatively 224 pupils, an average of 10 students per school) and the number of pupils who refused to work with specialists altogether (cumulatively 209 students who refused altogether, an average of 10 students per school). Evaluation team analysis of DfE metrics.

[116] Specialists were asked in March-April 2023, "In your AP school, in practice, are pupils assessed at induction (i.e. when they first enter the school) to determine if they should be referred to APST support?" n = 100. 48/100 reported that their school assessed all pupils when they joined the school to consider whether they should be referred to APST support, and 12/100 reported that their school did not assess pupils at induction at all.

[117] See Figure 10 in Appendix E.

[118] See Figure 11 in Appendix E.

[119] One case study school.

The activities that specialists reported spending most of their time on were delivering support to pupils, engaging with pupils and staff, and liaising with other APST specialists. Record-keeping and administration were also frequently cited within the top five activities.[120]

Figure 6: The variety of settings and modes through which support was delivered by specialists

To whom	When
Pupils (one-to-one work, group work) Pupils and parents together Parents (one-to-one work, group work)	School hours After school Holidays
By whom	**Where**
Individual specialists Multiple specialists (delivering joint work) Specialists and school staff Specialists and external professionals	In school In pupils' homes In community settings (e.g. sports sessions in local gyms or playing fields) Over the phone

Source: evaluation team synthesis of information collected from case study schools, SLT interviews, observations and the review of programme documentation.

The nature of one-to-one support provided was wide-ranging, from providing expert support and interventions (such as counselling, offering speech and language therapy, and supporting pupils' education, health and care needs assessments) to offering more general support in all aspects of the lives of pupils and their families (such as taking pupils to college interviews and CAMHS appointments, buying uniforms and providing food) and acting as advocates to secure pupils the support they needed. For example, in one school, the post-16 worker liaised with parents and pupils to ensure there was transport for all pupils to be able to attend interviews at colleges.[121] Several interviewees described the variety of activities that specialists undertook to support pupils and their families and explained their value:

> *"I'd say getting those young people into their exams, … taking young people to CAMHS, … our foodbank on Fridays [has been the added value]. Making sure the family next week has something to eat [is] just massively helpful for some of these families. Getting them shoes or uniform as well, taking [pupils] to college interviews. Those are the things [pupils] need to have, but they may not have a parent who is reliable to take them. So, we do that with the APST team." (SLT interviewee from an APST school)*

> *"I have six sessions with each child who [is] referred to me. The start is more about getting rapport with the child; it can be quite daunting for children, [so they are] not sharing things. … I do creative learning sessions with them as well if they want to. For instance, … I use a lot of mindfulness techniques [and] hypnotherapy. … I try and adapt the techniques for each child. Even though it's therapy, it's more about adapting it to their needs. A typical week is seeing my referrals. But if there's a child who wants to speak to me on a one-off basis on one of the sites, they can. I tend to go into classrooms as well in the mornings. I try and be visible for them, to know I'm around; it makes it easier for them to approach me. And that's why we sometimes get self-referrals as well because [pupils] see me and know they can talk to me." (Specialist interviewee from a case study school)*

APST specialists worked hard to build trust with pupils and families over the two years of the programme. Pupils consulted in case study schools described trusted relationships with APST specialists. While many reported feeling respected and valued at their AP schools, pupils reported that APST specialists had **more**

[120] For survey results, see Figure 14 in Appendix E.

[121] One SLT interview from an APST school.

time to support them individually than other members of staff. Pupils described APST specialists as **people whom they could talk to** and reported that they **trusted APST specialists** to listen to them, support them and to 'see the positives' about them. [122]

"It's okay to talk to teachers one-on-one, but they have a lot of things on their mind and other things to worry about, whereas the [APST team] have more time for us. … I think it's very helpful. We don't really get that kind of support in the school. I mean, we get behaviour support, but not like that kind of support. … Because with schools, it's all about 'be good, go to lessons, do work'. [With APST], we can express how we feel, why we're not going to school, going to lessons, doing work. We can express ourselves." (Pupil attending a workshop)

"If [youth mentor] sees you need some time out, you can speak to her; she's understanding, and she listens to you. I feel like I can talk to her about anything and everything. She doesn't tell anyone. … I like seeing [her]. She makes me feel comfortable. … She's not forceful; you gradually start to trust her." (Pupil attending a workshop)

"There's a general air of young people trusting adults more. There's a difference between teachers and professionals. In the past, pupils didn't have much respect for social workers and external professionals. … Pupils now feel they can speak with adults. They now tell us a lot and trust that we'll do the right things with that info." (Specialist from a case study school)

Some pupils reported that **they had not previously had any support similar to APST since beginning secondary school**.

"I feel like if I'd had this support at [my previous school], I'd have not gotten kicked out." (Pupil attending a workshop)

Some pupils described **how APST specialists had helped them**. Examples included listening to and talking through issues faced, helping with applications to college, supporting them to emotionally regulate during conflict, providing advice about specific situations that could cause pupils harm, helping pupils understand their strengths and helping their families receive support.

"[The specialist helped me understand] what I can do and what I can't. We did a sheet. I was good at fixing cars. But … I find it tricky if people say long words. I can't understand it." (Pupil attending a workshop)

"It helped me with my anger. … It helps me [learn] how to react to certain things. [Specialist] helped get support for me and my family that was needed, and she helped me get through things. She didn't point out the bad, … she's kind of helped me resolve things through coping mechanisms." (Pupil attending a workshop)

Interviewees reported that specialists needed **particular characteristics** to be able to engage with pupils, families, other specialists and AP schools, such as good communication skills,[123] flexibility, a willingness to try new approaches[124] and resilience.[125]

Interviewees from all case study schools reflected that the **focus of the APST team on building trust and relationships** with pupils and families not only facilitated engagement but was also supportive of pupils' well-being.[126]

[122] In five case study schools, we observed discussions – facilitated by AP school staff members – with pupils at the school about their opinions on and experiences of APST support. There are some limitations to these data: we did not capture the number of pupils attending each workshop, this was not intended to be a representative sample of young people, sessions were facilitated by AP school staff members, which may mean pupils were more likely to speak positively about the AP school, and as sessions were voluntary, it is possible that pupils who attended may be more likely to have positive views of APST. Please see **Appendix B** for more information.

[123] Two strategic personnel.

[124] Three strategic personnel and one interview from a case study school.

[125] One strategic personnel.

[126] Nine interviews from seven case study schools and seven SLT interviews from APST schools.

"So, for instance, the first example coming to mind [is that a pupil] had access to [counsellor] at the school and was able to disclose [what had] been happening at home, which wasn't something we've known before, so we were able to provide additional support based on that and put safeguarding in place for [them]. And, obviously, there's a lot of trust there going on that's been built over a long time with this young person, so it's great to see this level of trust that he was able to disclose things to a professional. What I'm hearing is that young people are able to build those strong relationships with the [APST specialists], which then really helps to pick up on … unmet needs." (SLT lead from a case study school)

"I think the quality of relationships that taskforce members are able to build with students and the continuity and consistency of sessions can help. That's the most positive outcome that I could say, so if they have that trust, if there's a trusted adult in these children's lives who they can have a good relationship with and who is consistently there for them." (Local stakeholder connected to a case study school)

4.2.4. APST and diversity: how specialists took account of pupils' gender and ethnicity

Across all schools, there was a clear commitment to understanding pupils' needs and providing tailored support. Schools with more ethnically diverse populations reported more intentional tailoring to ethnicity-related needs. Some schools considered gender and ethnicity when allocating specialists and established girls' groups to address gender-specific needs.

AP schools differed considerably from each other in terms of the characteristics of their pupils because they are frequently small, have high levels of pupil churn and include pupils from different geographic areas. Accordingly, **APST schools were likely to have different levels of ethnic diversity** among their populations.[127]

APSTs were not established with the explicit goal of addressing disproportionality in school exclusions or involvement in violence.[128] DfE guidance on APSTs specified that taskforces should support the complex needs of pupils in AP settings by providing tailored support.[129] Across all schools, there was a clear commitment to understanding individual pupils' multiple and complex needs and responding with a tailored approach.

Schools with less ethnically diverse cohorts delivered individually tailored, needs-led approaches not specific to ethnicity. In these schools, there was less focus on the ethnicity-related challenges experienced by pupils and less emphasis on specific strategies for identifying and responding to potential needs or issues relating to pupils' ethnicities.[130]

"Everyone is treated the same, and I've not come across barriers, but this is mainly owing to the lack of ethnic diversity. Young people of different [ethnicities] haven't seen any barriers; they're treated the same, and I work with them the same. … We have a diverse staff team, which is brilliant." (Specialist from a case study school)

In schools with greater ethnic diversity, support was more intentionally tailored to the needs and experiences relating to pupils' ethnicities.[131] In two case study schools, there was an awareness – pre-dating the APST – of pupils' specific cultural needs and challenges.[132] Specialists in these more diverse schools

[127] While data were available about the ethnicity of pupils who worked with APST specialists, no data were available about the ethnicity of pupils on roll at the APST schools. This statement is based on evaluation team's assessment of data collected via interviews and case studies.

[128] Three strategic partner interviews.

[129] DfE grant letter to schools.

[130] One case study school and four SLT interviews from APST schools.

[131] Three strategic partner interviews.

[132] Two SLT interviews from APST schools

leveraged the cultural competence of their APST teams to inform the planning and delivery of activities.[133] Examples included delivering a workshop to parents on colourism,[134] adapting speech and language therapy visual resources to better reflect the demographics of the student population[135] and arranging for pupils in a school to meet with successful Black professionals to discuss careers.[136] Some APST specialists explained that they aimed to embed a commitment to changing narratives and expectations in the context of structural racism in their direct work and interactions with pupils, particularly for Black boys.[137]

> *"I speak to a lot of my young people about history, what happened to their community before, their cultural history, diaspora, so it's kind of talking through those sorts of things that can help them. And lived experience. To make them able to see that they too can aspire to be businessmen, for instance. It's often that they internalise a bad picture about themselves. So, sometimes I just try to take them out to speak to different working people." (Specialist from a case study school)*

> *"I'm aware of [the] overrepresentation of boys in the school and how young black boys are perceived in the community. I know they will have a harder time. I'm keen to just let the young black boys I support know that being at an AP doesn't define who they are. Many of them think they won't be taken seriously because they're in a PRU [pupil referral unit]." (Specialist from case study school).*

Some schools established girls' groups to address gender-specific needs,[138] including raising girls' awareness of the risks around sexual exploitation and violence, promoting strategies for navigating them and providing positive enrichment activities to build girls' self-esteem and confidence (for example, through boxing at two case study schools).[139] Such groups were often established in response to reported increases in the proportion of girls attending some AP schools and to a reported belief that girls attending AP may have particular vulnerabilities (such as child sexual abuse and exploitation and intimate partner violence) that needed addressing in different ways.[140] Some pupils spoke positively about their experiences of the girls' groups in their schools:

> *"I think the boys in the school get a lot of attention because [there are] so many of them. So, it's great we get that [girls' group]. … [There are] no expectations or rules. We can just speak. … It's different when you speak girl to girl because you feel they understand you more than the male teachers." (Pupil attending a workshop)*

> *"I also go to the exploitation group with some other girls. We learn about sexual exploitation, serious youth violence, honey-trapping, county lines. It's been helpful to know what's right and wrong." (Pupil attending a workshop)*

Some APST schools considered gender and ethnicity when allocating specialists to pupils. Allocating a specialist of the same gender as a pupil could be appropriate where support requires tackling sensitive issues, such as self-image or sex and relationships.[141] Allocating specialists of a different gender to a pupil was also considered: one school explained that allocating female specialists to boys in the school provided

[133] Five case study schools.

[134] One interview from one case study school.

[135] One interview from one case study school.

[136] One interview from one case study school.

[137] Seven interviews from three case study schools.

[138] Four case study schools.

[139] Two case study schools.

[140] Four SLT interviews from APST schools and two strategic partner interviews.

[141] Three case study schools.

them with positive female role models and helped to undermine harmful gender stereotypes in the context of concerns about misogyny within their cohort.[142]

> *"To a certain extent, if we know that a young person works better with a male, I'm not saying they shouldn't work with [a] female because it's important to build exposure to different practitioners, but allocating a man first can help to build that bridge." (Specialist from a case study school)*

> *"There's a Black male [specialist], which was quite intentional because it's kind of changed the narrative for the children. The kids who have a bit of a reputation in school as sort of gang members, it's really great for them to be able to see a Black male [specialist], and it just makes them see another role." (Project coordinator from a case study school)*

Having diversity of ethnicity and gender in schools' APST taskforces was thought to be helpful in building relationships with families and pupils and engaging them in support.[143] Specialists sharing a culture or language with pupils' families could also help to ensure that they were able to communicate clearly about pupils' needs and explain the benefits of the support available.[144]

> *"When you match [the therapists] to the children, kids who were saying, 'I'm not having therapy' are asking us, 'Can we see the therapist?' because they relate to what those people look like. We try to match not just the need of the kid with the title, but also the need of the kid with the person as well. The taskforce is far more representative of our children than our teaching staff is." (SLT lead from a case study school)*

> *"Considerations of diversity and inclusion do figure in how I work. In some cultures, you don't speak to therapists. For some children, it takes more time. I want to get across to pupils an understanding that there's no shame in getting help; it doesn't mean you're crazy. And that's about breaking down those cultural barriers. A lot of kids with English as [a] second language struggle to understand the therapeutic offer the school provides. Once you can get parents to understand, it's usually easier for the child to understand. As such, I want to communicate to parents that there's nothing wrong with their child." (Specialist from a case study school)*

4.2.5. Partnership working: how specialists worked together

Specialists frequently worked together, which helped them to support pupils and families. Through ongoing communication, specialists worked collaboratively to provide joint support, advise each other and build relationships with pupils and families.

APST was established with the expectation that specialists would work together to support pupils holistically. **Specialists reported that they worked together frequently – every day or multiple days a week – to support pupils and families**.[145] Interviewees reported that specialists in their teams worked together well, describing this as seamless, flexible and organic.[146]

[142] One SLT interview from APST schools.

[143] Four case study schools and one SLT interview from APST schools.

[144] Two case study schools.

[145] See Figure 15 in Appendix E.

[146] Four interviews from one case study schools, five SLT interviews from APST schools and four strategic partner interviews.

Specialists reported that working together helped them to support pupils and their families and increased their knowledge and skills.[147] Very few suggestions for ways in which partnership working could be improved were made.[148]

In many schools, working together involved **regular formal and informal communication**. Most taskforces held regular case review meetings,[149] and in some taskforces, specialists undertook joint assessments of pupils.[150] Through these mechanisms, specialists provided each other with advice, drawing on their professional expertise; shared information about the pupils and families they were working with; and worked to upskill each other.[151] Several specialists might work with one pupil, supported by group case discussion and advice-giving.[152]

> *"For instance, there's a young person at the moment [who] I'm reintegrating to mainstream school, … he's had support from five out of the six specialists here. So, actually, when we have meetings about that young person, that's completely a joint work …. He's been referred to a SALT, as his first language isn't English, so there [was] confusion about whether he [could] engage with the curriculum because of underlying SALT needs or because of English not being [his] first language. The YOT has done work with him, too. He's had counselling on site as well due to a number of issues with his family, which have led to him being arrested, and he's now actually been taken away from home." (Case study school staff interviewee)*

> *"As an APST team, it's great that we can just share things and ask around [about] who knows what. [There are] a lot of things I wouldn't know about youth offending, but I was able to pick up so much. Also, with SALTs, we've had a training, which was very helpful to … know a bit more about what sort of issues children might have. Also, with the substance misuse worker, he's done a session, which was really helpful, … on what types of different drugs students may [take]. I've learnt a lot." (Specialist from a case study school)*

> *"The benefits I found [are] that, … as the only counsellor [at] the site, it's great to be able to speak to various people on the taskforce and discuss cases. The benefits are immense. I mean, you can't do the work just alone. You need that support and networking to give the best to that child. It's really important for me to have all that information on the child because otherwise I'm not going to be able to do as well in my role as I could if those missing pieces were filled in by other specialists." (Specialist from a case study school)*

Other examples of collaborative working between specialists included SALTs advising specialists on how to update their resources to enhance pupil comprehension and engagement,[153] family support workers collaborating with post-16 transition specialists to advise on pupils' next steps[154] and SALTs having joint discussions with pupils and specialists when there was a concern about a pupil's ability to understand and communicate.[155]

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[147] See Figure 16 and Figure 17 in Appendix E.

[148] See Figure 21 and Figure 17 in Appendix E. Open text comments left to explain this answer tended to reflect that collaboration was generally good but improvement was always possible (8/15 open text comments), with very few citing challenges to partnership working – which centred around challenges of capacity (4/15 open text comments), which included working offsite, being pulled into the running of the school day and working part-time.

[149] Five case study schools, six SLT interviews from APST schools and one strategic partner interview.

[150] Two interviews at two case study schools and two SLT interviews from APST schools.

[151] Three interviews at two case study schools and four SLT interviews from APST schools.

[152] One SLT interview from APST schools and two interviews from one case study school.

[153] Two interviews at two case study schools.

[154] One SLT interview from APST schools.

[155] One interview from one case study school.

Specialists also jointly delivered interventions to groups within the schools. For example, in one case study school, the youth justice and youth worker specialists delivered boxing classes to pupils to increase physical activity, build confidence and provide a constructive activity outside of school.[156]

Specialists acted as relationship brokers. One form of partnership working involved a specialist who had a good relationship with a pupil 'preparing the ground' for another specialist to also provide support to the pupil.[157] Youth workers and SALT workers were said to be particularly well-placed to undertake this initial foundational work.[158] This support was often used when preparing a pupil to access mental health support.[159]

> *"For instance, [the youth justice worker] asked if [the SALT worker] could help them to explain to a young person about final warnings for antisocial behaviour. So, this lad really struggles with his understanding. So [the SALT worker] did join that meeting, but actually ahead of time, they made this resource to support [the young person] because otherwise, he just wouldn't be able to retain and access the information. So, afterwards, he could just use it, and his teachers, too, could go through that with him. It was a really successful meeting and a good example of working together. It also enabled the young person to express his thoughts." (Specialist from a case study school)*

Specialists also liaised with their counterparts in other schools to learn together, share experiences and discuss solutions. By March 2023, most specialists had attended at least one of the APST CoP meetings.[160] Those who attended reported that they had provided them with support and reassurance, given them information or resources for their practice, given them a better understanding of the available training and resources, and helped their school develop its activities.[161] Interviewees explained that CoP provided them with the opportunity to learn about new skills from each other, hear others' perspectives and practice, share experiences and frustrations, and discuss solutions to shared problems.[162] Around half of specialists reported keeping in touch with specialists working in other schools outside of CoP, usually around once a term, and found this helpful.[163]

4.2.6. Integration of APST: how specialists worked with AP staff

Specialists frequently worked with AP school staff and felt this helped them to support pupils and families. Integrating into the AP school was challenging at first but improved as time passed and relationships grew.

APST was established with the expectation that specialists would work together with AP school staff to support pupils and families. **Specialists worked frequently and closely (every day or multiple days a week)**

[156] One interview from one case study school.

[157] Three SLT interviews from APST schools and 11 interviews from five case study schools.

[158] Three SLT interviews from APST schools and one interview from one case study school.

[159] One interview from one case study school.

[160] CoP were online meetings providing support for each specialist group. They were organised by the DfE and strategic partners. In a survey in March 2023, specialists were asked, "Since you started working as an APST specialist, have you attended any of the virtual community of practice (CoP) meetings convened by the DfE?" (n = 100). 67/100 had attended a CoP at least once by March–April 2023, 18/100 were not aware of CoP and 15/100 had not attended The remaining one-third of specialists had not attended any CoP: some were not aware of the CoP meetings (18/100), and others were aware but had not attended (15/100).

[161] See Figure 18 in Appendix E. Also by four interviews from three case study schools.

[162] Three interviews from two case study schools and four strategic partner interviews.

[163] See Figure 19 in Appendix E.

with AP school staff.[164] Interviewees reported that collaboration was strong and that APST teams were integrated into the schools, often being seen as one team with the AP school staff.[165]

> *"The APST team has actually been integrated into the school. So, they are seen as staff members. When we're having [a] dialogue, I'm having a dialogue with a colleague. It's not a professional [who] pops in once a week or once a fortnight and goes off. It's a common purpose in terms of achieving the [school's] aims." (SLT interviewee from an APST school)*

Specialists felt that working with AP school staff helped them to support pupils and families and that it was easy to work with AP staff.[166] SLT leads reflected that it was completely or somewhat true that working with other AP school staff helped APST specialists to support pupils and families.[167]

AP school staff and APST specialists shared information about individual pupils and coordinated contact to ensure that support was joined up and useful. In several schools, APST team members attended regular school meetings, where they took opportunities to share and gain information.[168]

> *"I attend every day after school day [for] a quarter of an hour debrief with schoolteachers. It's been very useful for me, as we go through case by case there, and I get to feed back as well." (Specialist from a case study school)*

In several schools, AP school staff and APST specialists worked together to support specific pupils and families with attendance, safeguarding and other types of support. Examples included a member of an SLT, an APST family support worker and a therapist undertaking joint home visits with the family's social worker to improve the pupil's attendance;[169] an APST attendance improvement officer working with teachers to improve attendance;[170] pastoral support, attendance and outreach teams joining APST taskforce meetings to share information; coordinated home visits and phone contact with the family of a pupil;[171] and frequent liaison between the specialists and the safeguarding team.[172]

Some specialists reported initial challenges with integrating into the AP schools, but this improved over time.[173] Early in the programme, some specialists and SLTs felt there was a lack of understanding among AP school staff about the aim of the taskforce and the skills and roles of the specialists.[174] As a result, some specialists felt that at the beginning, AP staff were sometimes unwilling to engage in all elements of support, saw specialists as an 'extra pair of hands' and asked them to carry out tasks that were unrelated to their jobs, or thought they were there to check up on them.[175] As time passed and relationships between the AP

[164] See Figure 15 in Appendix E.

[165] Eight SLT interviews from APST schools.

[166] See Figure 16 and Figure 21 in Appendix E.

[167] See Figure 20 in Appendix E.

[168] Six case study schools and eight SLT interviews from APST schools.

[169] One interview from one case study school and one SLT interviews from an APST school.

[170] One interview from one case study school.

[171] One interview from one case study school.

[172] One SLT interview from an APST school.

[173] Two SLT interviews from APST schools, one strategic partner interview, two case study schools and one CoP observation.

[174] In a survey in April 2022, when asked about challenges experienced, 4/20 open text responses from SLTs and 14/91 open text responses from specialists explained that lack of understanding among AP staff about APST was a challenge. In a survey in April 2023, 14 open text comments from specialists about the challenges reported in partnership working indicated that AP staff not having enough understanding of APST/specialist roles (7/14) and difficulties in coordinating with AP schools and staff (7/14) were challenges.

[175] Three case study schools, one observation of CoP and three strategic partner interviews.

school and APST specialists grew, this challenge lessened. Stakeholders reflected that providing a thorough induction for APST specialists[176] and ensuring ongoing communication about the role and offer of APST, including through training and assemblies,[177] were helpful in improving integration. While SLTs and specialists were keen to develop collaboration with AP school staff even further,[178] by October 2022, most specialists reported that integrating with AP school staff was not challenging at all.[179]

> *"It's a very small provision, so it's almost a bit cliquey. To build relationships takes time because they're so used to how they've worked for a long time. I think that was a massive challenge for everyone. Five of us coming in here and saying, 'This is how we work', and it's all rocking the boat a little bit. But I think that barrier was overcome really quickly because we realised we're all aiming for the same things." (Specialist from a case study school)*

> *"[At the start], [APST specialists] went through their roles in a detailed manner – this helped me to better understand their roles, which was helpful, as I was initially intrigued as to how APST would work. Having [an] assembly also helped pre-empt or prevent questions on why specialists were taking [students] away from class and meant that staff were not in the dark about what was going on." (Case study school staff interviewee)*

Box 7: Pre-existing school culture affected the implementation of the Alternative Provision Specialist Taskforce (APST)

Interviewees explained that when schools already had a wider range of non-teaching staff (such as mentors, counsellors or speech and language therapists) focused on holistic support and a school culture that encompassed more holistic support to pupils, APST was able to hit the ground running quickly because there was already a culture that was conducive to its aims and ways of working.[180]

Interviewees reported that when schools had not, historically, focused on outcomes beyond education and APST represented a more paradigmatic shift in culture and practice, it took longer for APST to spread understanding of its approaches and become embedded within the school.[181]

> *"I think the first thing that makes it easier to work with the alternative provision (AP) is the open-mindedness of the AP, being open and being very receptive to different ideas, especially at the initial stages, like 'We need a SALT'. And the trust from them towards us. [We're] saying that we know this information, so they trust it. That's really shaped how we work, this mutual respect and listening to each other: 'You know your information, and we know ours; let's put it together.'" (Local stakeholder connected to a case study school)*

4.2.7. External relationships: how specialists worked with local agencies

Specialists maintained connections with local agencies to support joint working. However, many reported that collaboration could be further improved.

APST was established with the expectation that specialists would work with local stakeholders – especially those related to their specialism or from which they were seconded – to support pupils and families and build or improve connections between the school and local services. **Specialists worked with local**

[176] Five SLT interviews from APST schools and one case study school.

[177] Five interviews from four case study schools and seven SLT interviews from APST schools.

[178] See Figure 17 in Appendix E.

[179] In a survey in October 2022, specialists were asked how true it was that the following was a challenge: "Getting integrated into the AP school and building relationships with AP school staff." N = 112. 64/112 reported that this was not challenging at all, 34/112 that this was somewhat challenging, 9/112 that it was very challenging and 5/112 that they did not know or it was not applicable.

[180] Three case study schools and two SLT interviews from APST schools.

[181] Two case study schools.

stakeholders at least once a week.[182] This often involved specialists maintaining their links with home agencies and acting to 'join up' the school and the local agency through their work.[183]

Working with local agencies helped specialists support pupils and their families and facilitated access to relevant information.[184] **However, both SLTs and specialists reported that there was scope for greater collaboration**[185] **and better connections with local stakeholders**.[186] It appeared that these challenges predated the implementation of APST.[187] While some positive relationships with some agencies were reported by AP schools,[188] many described poor relationships with some or all agencies.[189]

> *"It depends on the AP and their relationship with their local authority. Some of them have beautiful relationships with their local authorities; they [even] have steering groups. But then, in other cases, there really isn't very good partnership working." (Strategic partner interviewee)*

4.3. Findings: the added value of APST

4.3.1. How APST added value for pupils and their families

APST provided pupils and families with additional support that was more rapid, integrated and comprehensive. Stakeholders reported that APST increased pupils' access to specialist needs assessment and diagnoses, provided specialist interventions in-house, supported them outside of school hours and improved referrals externally when needed. Stakeholders felt that APST was helping to improve pupils' outcomes. Stakeholders were concerned about the implications of not continuing APST after the end of the pilot. Some stakeholders felt that more specialist time was needed to meet pupils' needs.

APST provided pupils and families with additional support that was more rapid, integrated and comprehensive

Specialists and SLT reported overwhelmingly that **pupils and families were regularly able to receive more rapid, integrated and comprehensive support than was possible before APST.**[190] Two-thirds of specialists reported that the support provided to pupils was the biggest success of APST,[191] and interviewees thought that APST had allowed them to offer additional and more timely support.[192] A range of stakeholders reported that this more rapid, timely and comprehensive support was a result of specialists working together to understand and address the complex and multiple needs of the pupils.[193]

> *"You might need to fix this and that [to support pupils], so it's having that holistic approach for each of the children because they've each got complex, multifactorial problems that it's not just the youth worker's job to fix; they need the*

[182] See Figure 15 in Appendix E.

[183] Two case study schools.

[184] See Figure 16 and Figure 22 in Appendix E.

[185] See Figure 22 in Appendix E.

[186] See Figure 21 in Appendix E.

[187] Three interviews from two case study schools.

[188] Two interviews from one case study school.

[189] Four case study schools, two SLT interviews from APST schools and three strategic partner interviews.

[190] See Figure 23 and **Error! Reference source not found.**Figure 24 in Appendix E.

[191] In a survey in March 2023, specialists were asked: "Overall, what, if any, do you feel have been the most significant successes of APST in your AP school so far?" n = 92. 56/92 responses reported successes from the support provided to the pupils. In this category, mostly mentioned were the robust and holistic support for pupils (18/56), timely and speedy interventions/support (14/56), mental health and therapy support (12/56) and assessment to identify pupils' needs (8/56).

[192] Four case study schools and four strategic partner interviews.

[193] Six interviews from three case study schools, three SLT interviews from APST schools and three strategic partner interviews.

help of the family support worker, the SALT worker. So, I think that [the] team working [in] collaboration has been absolutely crucial." (SLT interviewee from an APST school)

"And it's about the collaborative effort of professionals involved in the taskforce, which is particularly helpful because any of these specialists alone would not be this successful in offering this comprehensive support." (Local stakeholder connected to a case study school)

SLTs in schools that did *not* have APST also reflected on the potential benefits that they felt having specialists embedded in their schools could bring. These SLTs – from AP schools that did not operate APST but took part in the impact evaluation as comparators – reported that their **pupils had increasingly complex needs** (including high levels of social, emotional and mental health needs; SEN and disabilities; and experience of local authority care) and were vulnerable to involvement in violence and exploitation.[194] SLTs in AP schools that did not operate APST told us that **having specialists embedded in their schools would help** to ensure better and more timely and appropriate support for pupils. For example, interviewees mentioned that having an educational psychologist would help to ensure timely and high-quality assessment of pupil needs and the provision of appropriate support,[195] that having a social worker would allow access to wider intelligence about pupils and better link the school with external services,[196] and that more access to occupational therapy in-house (including mental health and speech and language therapeutic interventions) would avoid the need for referrals to outside services, increase engagement and allow pupils to engage in the academic offer.[197]

"If money were no object, I would employ an educational psychologist in the team, three days a week or full time … If we could get an [educational psychologist] where we know the assessment is sound, and we can make sure we are referring them to the right services – if money really were no object, you would have one of everybody that could deliver therapeutic services." (SLT interviewee from a comparison school)

"A social worker as well would be great because it's again about access to [that] wider intelligence that we don't have access to as a school. So, there'd be a real benefit to have those professionals actively being here, but all the while accessing their own records so they don't need to duplicate work and records but can access everything." (SLT interviewee from a comparison school)

However, some stakeholders felt that more specialist time was needed to meet the needs of the pupils in their AP schools

Perhaps unsurprisingly, when commenting on the value that support from APST specialists brought to pupils and families, several specialists and SLTs reported that **the level of demand and need for support was greater than what the specialists could supply** and that more specialist time was required to meet the needs of pupils.[198] In at least one school, there were waiting lists of pupils requiring support from an APST specialist.[199]

[194] As reported by many SLTs in this study, including interviewees from three case study schools, four SLT interviews from APST schools and one SLT interview from a comparison AP school.

[195] Five SLT interviews from comparison AP schools.

[196] Four SLT interviews from comparison AP schools.

[197] Five SLT interviews from comparison AP schools.

[198] Nine interviews from three case study schools.

[199] One case study school.

"We just don't have enough people and funding to deal with everything. I've just never seen this high level of need, and it still feels [like] we don't do enough. Sometimes I don't even know where to start with some cases; the level of need is so high. We would just need more people, more funding." (SLT lead from a case study school)

"I usually have a bit of a waiting list, as well as the therapists. So, having more youth workers and therapists would make a massive difference because there could be no waiting lists internally." (Specialist from a case study school)

APST increased pupils' access to specialist needs assessments and diagnoses

APST specialists – especially SALTs, mental health workers, educational psychologists and social workers – **undertook assessments** and, where needed, **provided diagnoses or referrals for diagnoses** for pupils identified as having SEN. They also undertook assessments of pupils' needs and **supported processes around EHCPs**. This was often in the context of significant delays for diagnoses and/or education, health and care assessments in the local area, which they reported was due to a lack of local and school capacity. Receiving these diagnoses and, when appropriate, EHCPs meant pupils and families could receive more appropriate support and, as a result, be better able to engage in education.[200]

"Then [pupils] get a diagnosis, which then really helps them to understand themselves, and it really liberates them to have that diagnosis. Then they can feel a lot more comfortable and just so much better knowing that about themselves. They still might have … two years until their GCSEs, so they can crack on. There's no price to put on that, really. So, that's, I think, the biggest win; it can really liberate kids. … It's almost like you got your secondary education back. There's still time for them to get on with other support they deserve, now they have their diagnoses." (SLT lead from a case study school)

"The mental health support that we've been able to provide has just been absolutely outstanding in terms of it being instantaneous. There's no way that some of our children would have seen CAMHS workers had it not been for the APST … I know for [a] fact that our children are getting diagnosed quicker than previously, and other schools are waiting for ages, and we're not." (SLT lead from a case study school)

APST provided specialist interventions in-house and improved referrals to external services

Specialists and staff at AP schools reflected that APST meant **more support could be delivered in school** without the need for external referrals.[201] In some schools, this helped pupils avoid long waiting lists for services, such as mental health support and speech and language therapy.[202]

"They have someone on site to talk to, a counsellor, a youth worker, a SALT worker. Otherwise, there's just long waiting lists, and they'd need to go through [the] lengthy process of being able to talk to someone. This way, they can tap into our knowledge without having to go to a local agency who [doesn't] know that child that well, [hasn't] built that rapport; they're not familiar with their circumstances or family relations. So, specialists can be accessed here from all the school sites, and that's immensely helpful." (Specialist from a case study school)

Interviewees refleted that when referrals were made to external services, they were of **better quality** and **more likely to be accepted in good time**.[203] This was because specialists had the expertise to include the required level of detail in referral forms and use the 'right' language, and they knew the appropriate people or departments to which to send referrals.[204]

[200] Four interviews from four case study schools and one strategic partner interview.

[201] Nine interviews from six case study schools.

[202] Four interviews from two case study schools and two SLT interviews from APST schools.

[203] Six case study schools, one SLT interview from APST schools and one strategic partner interview.

[204] Three interviews from two case study schools.

"The quality of our referrals is much better because, obviously, we are working with those agencies [that] might be involved in assessment later. When we fill in our data, it's much more detailed, and maybe that ticks the boxes better, I don't know." (SLT lead from a case study school)

"[Using Signs of Safety[205] in referrals to social services] helps mirror social service methods and reduces chances of referrals getting rejected. It helps put things in a language easily understood by social care, allowing key vulnerabilities to be passed on. … Social care colleagues get frustrated when bombarded by schools with information they may not find relevant. So, I help filter requests for support that go through to social services. This allows information to get fed through a lot quicker." (Specialist from a case study school)

In a few cases, interviewees explained that **APST specialists helped to engage families and pupils with external services** by supporting introductions to social services or mental health workers and working to smooth transitions.[206] As families and pupils trusted APST specialists, this helped them to trust and engage with external services as well.

"Sometimes, when changing social workers three to four times, our students tend to have more of a relationship with our staff than with … their social worker. And sometimes, that can be a powerful bridge, a helpful link." (SLT interviewee from an APST school)

APST provided support for pupils and families beyond school hours and outside of term time

Specialists and SLTs reported that **APST helped to safeguard pupils in times of vulnerability**. Reportedly, pupils were more vulnerable to exploitation and involvement in violence outside of school hours or during school holidays. Interviewees told us that APST staff, who were contracted to work at times when other school staff were not, enabled the provision of support to pupils at high-risk times. This was viewed by some as a strength of APST[207] and was felt to help with safeguarding.[208]

"We didn't have nearly as much … safeguarding capacity before this model. I know it's not an aim of the project, but for me as a senior leader to know that we've got the capacity to see these children is amazing, really. … And we're able to see those children a lot more than before, going out to provide support for them." (SLT interviewee from an APST school)

"My team consists of six practitioners, and they are all on what we call 52-week contracts. So they're not term-time only. … [During] holidays, we are all on [the] grounds to offer holiday activities, doorstep visits, welfare calls." (SLT interviewee from an APST school)

This included specialists having contact with pupils during school holidays[209] and working outside of school hours, for example, transporting pupils to interviews, contacting young people over weekends to remind them about school and checking in with vulnerable families during weekends.[210]

A few specialists reported that **schools could be reluctant to facilitate their work outside of school grounds and hours**. This was felt to stem from a perceived lack of understanding among SLTs about the value of this

[205] Signs of Safety is an approach used in child protection practice in some of the local authorities where APT was implemented. See: https://www.signsofsafety.net/what-is-sofs/ (accessed 11 July 2024)

[206] One interview from one case study school and one SLT interview from an APST school.

[207] Three SLT interviews from APST schools and four case study schools.

[208] Two SLT interviews from APST schools and one interview from one case study school.

[209] In a survey in October 2022, SLTs were asked: "Did the APST specialists at your AP school provide any support to students and their families over the 2022 summer holidays?" 19/19 indicated that there had been summer support provided.

[210] Of the respondents, 13 provided additional information about what support was provided outside of term time beyond summer support. Support was often additionally provided by the parenting/family support worker who stayed in touch with families (6/13), the post-16 transition worker (3/13), the social worker (2/13), the youth worker (2/13) and the mental health worker (1/13).

work and from differing norms in education and other disciplines about the appropriate location and time for working with pupils. These specialists reflected that more freedom to support pupils in different locations and at different times would help them to support pupils better.[211]

> *"For me to work in that trauma-informed way, I'd like to work a bit more outside [of] the school environment. … if [a pupil] feels that her triggers are the school, then how I would want to work is [by] taking her out to build her trust and [a] therapeutic safe space outside [of school]. But in the school, it's a bit restricted; we can't take them out. … The most I can do is to do a home visit after school hours, but that's only if I was able to do a risk assessment and there's another member of staff who can come as well. But then there's the question, again, if that member of staff [would] impact the child, and would they feel comfortable talking about their problems in front of someone who doesn't know them. So, for safeguarding reasons, we need two people doing home visits, but that might not be the best for some of the young people." (Specialist from a case study school)*

Stakeholders felt that APST was helping to improve the outcomes of pupils at their schools

Many SLTs and specialists reported that **they thought APST was improving the outcomes of pupils at their schools.** It is important to remember that these are perceptions held by SLTs and specialists who engaged in data collection, rather than being evidence of impact. These findings should be considered alongside impact evaluation findings on whether being enrolled in an APST school made a difference in pupils' outcomes (see section 0).

Many SLTs and specialists thought that APST had **improved social and emotional health and well-being among pupils**, describing better behaviour, more self-understanding, higher confidence and improved social skills.[212] While we explored this in the impact evaluation, very high levels of missing data meant it was not possible for us to reach robust conclusions (see section 3.3.2).

Many also felt that APST helped **improve parental engagement with the school**, with parents and carers more likely to attend school events, share information and engage with professional support.[213] Many also reported perceived **improvements in pupil engagement** with schools thanks to APST, with pupils being more able to take part in learning and trusting schools more.[214] Relatedly, several stakeholders reported that APST had helped to **improve attendance at their schools.**[215] This supports the counterfactual impact evaluation findings that APST led to a reduction in absence for pupils enrolled in schools operating APST (see section 3.3.2).

> *"Parents often don't trust the system; they … feel their kids have been kicked out for no reason; they don't like social care. … Past bad [experiences] with teachers and professionals really made these parents not want to work with professionals. But we noticed that the AP taskforce workers have really helped [smooth] relations with parents. Parents are often a lot more comfortable speaking to the taskforce members rather than us teachers and staff." (SLT from a case study school)*

[211] Three interviews from two case study schools.

[212] See Figure 25 in Appendix E. Also mentioned in one SLT interview from an APST school and 10 interviews from three case study schools.

[213] See Figure 26 in Appendix E. Also mentioned in five SLT interviews from APST schools and six interviews from three case study schools.

[214] See Figure 27 in Appendix E. Also mentioned in three SLT interviews from APST schools and three interviews from two case study schools.

[215] See Figure 28 in Appendix E. Also mentioned in seven SLT interviews from APST schools and one interview from two case study schools.

Several stakeholders also perceived that APST was helping some pupils **successfully reintegrate into mainstream schools,**[216] but also reported that reintegration was not realistic or helpful for all pupils, especially those in KS4.[217]

> *"This AP does reintegrate, but it's challenging to do so because all the pupils are in KS4. We've got a permanent exclusion student who joined on Friday. Getting [them] into another school will be impossible, and on top of that, [they were] excluded for drugs, which is very undesirable for headteachers. If we feel a pupil is able to access [mainstream] education, we do everything we can to get them in. But often, pupils have had multiple managed moves that have failed. So, by KS4, the pupils we get are those who can't. It's not a main priority because we know it's not realistic. Also, some pupils have told us they don't want to go back, even in cases where the school thinks they should." (Case study school staff interviewee)*

> *We have one [pupil] who's in year 5 who's transitioning back to [their] mainstream school. That wouldn't happen without the work of [specialist] and the family team working with parents who [have substance dependence needs]. … [The specialists are] having really challenging and difficult conversations, but they're there, and they've got the time to do that. … The time and the support they can offer [mean] things are just different. (SLT interviewee)*

Several stakeholders described perceived successes relating to **academic attainment**[218] and **the reduction of involvement in violence,**[219] but others reflected that these effects needed more time to materialise or remained a challenge for pupils in their schools.[220]

> *"What is less clear is improvement in outcomes, as in educational outcomes. But I think that will come with time." (SLT interviewee from an APST school)*

Stakeholders expressed concerns that not continuing APST after the end of the pilot would introduce challenges

In the second year of APST operation, stakeholders in APST schools expressed a desire to continue operating APST after the funded pilot ended because of the perceived benefits that it brought for their pupils. However, some stakeholders were concerned that their schools would not be able to afford to continue APST after the initial DfE pilot funding period and flagged that not continuing support could have negative effects for pupils.[221] However, as discussed in section 1.6, all APST schools continued to offer APST in the third year.

> *"It started as a pilot. It's now been extended. I'm just anxious. You know what happens at the end of the day. The DfE talks about sustainability, with school budgets being so tight, I don't know how any APST can sustain it once that funding goes from the DfE. That's my worry. I know it's two years down the line, and I shouldn't worry about it, but cause you do three-year budget plans, that's my worry. What happens then? How do you sustain it beyond that?" (SLT interviewee from an APST school)*

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[216] See Figure 29 in Appendix E.

[217] Five SLT interviews from APST schools and two interviews from two case study schools. As demonstrated by preliminary analysis to inform the SAP for this study (Appendix A, table 13), pupils in years 10 and 11 are less likely to be reintegrated into mainstream school than younger pupils. See: https://youthendowmentfund.org.uk/funding/who-we-fund/alternative-provision-specialist-taskforces-apst-department-for-education/ (last accessed 11 July 2024).

[218] See Figure 30 in Appendix E.

[219] See Figure 31 in Appendix E.

[220] For attainment: two SLT interviews from APST schools and one interview from one case study school; for youth violence, five SLT interviews from APST schools.

[221] Four SLT interviews from APST schools, one strategic personnel interview, one interview at one case study school, mentioned by three schools at formative feedback provided in September 2022 and by two open text responses in a survey in March 2023.

4.3.2. How APST added value to the AP schools

APST provided AP schools and staff with informed perspectives from new disciplines and brought new ideas into AP schools. Stakeholders reported that APST provided schools with additional capacity and skills to support pupils holistically and to safeguard pupils more effectively. APST supported a shift towards trauma-informed and trauma-aware culture and practice in some schools.

APST provided AP schools and staff with informed perspectives from new disciplines and brought new ideas into AP schools

Most specialists reported that they had **opportunities to share their knowledge and skills** with other members of the AP school staff.[222] All SLTs surveyed reported that working with the taskforces had helped other members of AP staff to support pupils and their families[223] – and the majority of SLTs and specialists felt that by March 2023, it had also increased the knowledge and skills of AP school staff[224] by providing informed perspectives from disciplines outside of education.[225]

SALT workers, in particular, supported AP staff in communicating with and engaging pupils.[226] Examples included providing advice on techniques to use when teaching, how to engage specific pupils with SALT needs and changes to the physical environment needed to support pupils.[227] In many AP schools, the suggestions made by SALT workers or the training provided were felt to make a real difference to the skills and resources of the AP schools and staff in engaging with pupils.

> *"… just little things, like … things to reduce communication barriers in classrooms. So, putting [up signs] for things. Or digital clocks – we realised from my assessment that most [pupils] can't use analogue clocks, but they were the only ones which we've had around in the school. So, kids were getting frustrated because they weren't able to tell when break time was. But as soon as we put digital clocks in there, that anxiety was gone. … Signs on doors and stuff as well [help,] so when kids start, if they don't know how to ask where they're meant to be, they can at least see on the doors." (Specialist from a case study school)*

Beyond SALTs, interviewees reflected that **specialists provided advice and guidance on a range of subjects.** They supported the identification of pupils who may be at risk of exploitation, advised on accessing local grants, provided insight into understanding anxiety and neurodiversity, provided advice about teaching sensitive topics, explained how social care thresholds worked, provided training on implementing therapeutic models and shared information which helped AP staff to understand the challenges specific pupils faced and how they could be supported.[228]

> *"For example, the family support worker has been encouraging and working with teachers to help them look for 'red flags' to identify girls in the PRU who may be in troubled, violent relationships. Next term, she aims to help the teachers learn more about positive reinforcements of children's behaviours." (Specialist from a case study school)*

[222] In a survey in March 2023, specialists were asked, "Based on your experience since the last survey in October 2022, how true do you think the following statements are?" 55/100 reported it was completely true that "I feel I have opportunities to share knowledge and skills with members of AP school staff who are not part of APST," and 35/100 felt it was somewhat true. Only 4/100 felt it was not at all true, and 3/100 did not know.

[223] See Figure 20 in Appendix E.

[224] See Figure 23 and **Error! Reference source not found.**Figure 24 in Appendix E.

[225] Five SLT interviews from APST schools and three interviews from three case study schools.

[226] One interview from four case studies and two observations of CoP.

[227] Seven interviews from two case studies.

[228] Four SLT interviews from APST schools and two interviews from two case study schools.

"[The SALT] has done a training, for example, across all the staff on DLD [developmental language disorder]: what does it mean and strategies for how to deal with it. I've learnt so much from [them], and I mean I'm a qualified teacher, but the resources [they] brought in [have] been very, very useful to all of us." (AP school staff from a case study school)

Specialists shared this learning through **delivering formal training** to AP staff and through **informal conversations** with AP school staff.

"While [SALT workers] were doing the speech and language assessments on the young people, they were then offering SALT training and mentoring at the end of the day once the kids had left. So, it was like a bespoke supervision and training opportunity for my staff." (SLT interviewee from an APST school)

"Since the APST team shares knowledge with the rest of the staff, they've done a bit of … staff training. They've done some staff training as well around [continual professional development] and how we should be operating in terms of our student profile. One of the [members] of the APST team is doing a presentation to the rest on how the different thresholds are met around social care." (SLT interviewee from an APST school)

APST provided schools with additional capacity and skills to support pupils holistically

Interviewees felt that at a time when AP schools were being asked to deliver holistic support to meet a range of needs as well as deliver academic teaching,[229] **APST was an important tool that their AP schools could use to address the wide range of pupil needs and promote holistic well-being and development.**[230] APST provided additional capability and capacity to support children holistically by having dedicated members of staff with the right skills.[231]

"Schools are everything now; we're not just educators anymore. We have to provide so many holistic support packages for children, and we just haven't got the capacity to do it. … That's been what the taskforce has given to us and given to us speedily. … It's the immediacy of identifying the needs, seeing the needs and then addressing [the needs]." (SLT interviewee from an APST school)

At times, APST was felt to **alleviate pressure felt by school staff and SLTs** to provide this kind of holistic support themselves, many of whom felt they did not have the relevant skills to do this, lacked time or felt it was not their role.[232]

"You carry an awful lot of weight as the head teacher. You have kids that will keep you up at night, thinking about 'Have I done it right? Maybe I wasn't tenacious enough about that'. When you've got a social worker around the corner, you can go and talk to her, and she'll say, 'Don't worry about that' or 'I'll do that'. There's a huge amount of risk; you're talking about life and death, and I didn't do that in my teacher training." (SLT interviewee from an APST school)

APST provided schools with additional capacity and skills to safeguard pupils

Interviewees felt that partnership working with APST specialists and AP staff improved schools' safeguarding practices.[233] **APST was felt to bring additional capacity for safeguarding**: there were more members of staff who had the time, mandate and skills to listen to and support pupils and take on safeguarding responsibilities. In some schools, APST took on key safeguarding roles, which eased the workloads of SLTs

[229] Statutory guidance states that APs should aim to achieve not only 'good academic attainment on par with mainstream schools', but also 'improved pupil motivation and self-confidence, attendance and engagement with education', and to ensure that 'the specific personal, social and academic needs of pupils are properly identified and met in order to help them to overcome any barriers to attainment'. Cited by nine SLT interviews from APST schools.

[230] Nine SLT interviews from APST schools and two case study schools.

[231] Seven SLT interviews from APST schools and eight interviews from four case study schools.

[232] Four SLT interviews from APST schools and six interviews from four case study schools.

[233] Five SLT interviews from APST schools and three interviews from two case study schools.

and teachers.[234] **APST reportedly provided additional capabilities for safeguarding** because many specialists brought relevant expertise and provided training to build the AP staff's expertise.[235]

> *"One of the things that came up with social workers was about how empowered the designated safeguard leads have felt in the schools, having a social worker on site. There's this vision for the DfE to enable schools to be much more of a presence for safeguarding. And perhaps people would naturally think that's the case. But if you look at the local safeguarding arrangements, the synergy is not always that clear and straightforward. Teachers often say it's not that easy for them to be able to play that role as safeguards." (Strategic partner interviewee)*

APST helped ensure better and more timely information sharing with local agencies. Some local agency representatives reported that APST had helped to bridge the gaps between local agencies and, therefore, improve local safeguarding.[236] This was because specialists could easily access and share information with and from other specialists, knew families and pupils well, and were able to provide swift and timely updates. In one example, an APST specialist was able to provide a new social worker with a chronology of a pupil's experience, which helped the social worker get a better picture of the harm experienced by the pupil and be better able to advocate for them in court.[237]

> *"I would say with regards to the connection between [local authority] services, YOT, Children's Social Care and all these services, having someone in the school has definitely helped [in] bridging some gaps. Because we're all dealing with lots of information and lots of vulnerable young people, it's really difficult to navigate all that. We're dealing with the most exploited [children] or children who have the highest risk of exploitation. So, having someone at [this school] helps a lot because it makes it easier to follow up on the cases and work in partnership to share various information, so there's consistency in who knows what. It makes safeguarding a whole lot more effective." (Local stakeholder connected to a case study school)*

APST contributed to a shift towards trauma-informed and trauma-aware culture and practice in some schools

APST was frequently described by interviewees as **bringing or enhancing a trauma-aware or trauma-informed approach to supporting pupils in schools**.[238] Specialists brought a commitment to understanding and responding to the impact of trauma on young people's lives and promoting pupils' physical, psychological and emotional safety. This commitment included an emphasis on holding all pupils in positive regard and understanding behaviours as, often, a visible symptom of significant unmet needs and trauma, requiring a strengths-based and therapeutic response.

> *"We've come a long way in the last three years, from pretty poor practice if I'm honest. … What I think existed in September 2020 was a punitive, behaviourist approach. … There wasn't a supportive culture. I think that APST has helped us to inform a trauma-informed approach to understand young people's needs much better. … I am confident now in saying that we have real expertise in the staff, which didn't exist before. … It has helped to change our culture as an organisation, has helped us to be trauma-informed. You don't hear raised voices or see children being restrained. It's been a three-year journey, but [we are] really shifting to having this be a nurturing space where children are happy." (SLT interviewee from an APST school)*

[234] One SLT interview from APST schools and two interviews from two case study schools.

[235] Four SLT interviews from APST schools.

[236] Two interviews from two case study schools.

[237] One SLT interview from APST schools.

[238] 11 SLT interviews from APST schools, five case study schools and four strategic partner interviews.

Interviewees explained that this was due to **specific training provided by APST specialists** on being trauma-aware or trauma-informed,[239] and it was through **ongoing sharing of information and knowledge** about pupils' needs and how to address them, thanks to the culture of collaborative working between the specialists and the teachers.[240] Sharing knowledge and information and receiving training helped AP school staff be more aware of pupils' needs, the context behind the child and how this affected their day-to-day behaviours.

> *"I would say that having the [APST] team here has definitely made this space more therapeutic. We think about the child in relation to and within the system they are in, rather than in an isolated way. If you don't think like that, you only see that there's this really rude child, and [that] just makes things worse cause you're just going to tell them off. So, all the support that is going on here has opened people up more to see the bigger picture, to see what's happening at home, to see what's happening with the parents as well, to have that broader understanding of circumstances." (Specialist from a case study school)*

Schools reported **different starting points in relation to awareness and the use of trauma-informed approaches**. In some AP schools, APST was introduced in an environment that was already considered by stakeholders to be trauma-aware. In these settings, APST provided additional resources to support existing practice.[241] In other settings, APST was the first time that this way of working had been considered.[242] The extent to which trauma-informed thinking and practice were implemented during the first two years of APST varied: some felt that this was an ongoing process and not yet achieved; [243] others felt that progress was already evident.[244]

> *"Lots of the improvements across the school have been in the SALT team and the CAMHS team delivering training to our staff to build their skills, and also their resilience, their ability to want to deal with it. We were already trauma-informed to certain extent, but I think it's expanded massively in that teachers are now thinking, 'What can I do to change, to help the situation?' rather than looking at the CAMHS to fix the child. It's not the child that needs to be fixed; it's your approach. So, I think the mentality of the staff has changed right across the board – whether it be a teacher, or a teaching assistant, or a behaviour staff – to having a trauma-informed, child-centred approach." (SLT interviewee from an APST school)*

4.3.3. How APST contributed to AP schools' local partnerships

Stakeholders reported that partnerships and coordination between the AP school and local agencies were better than before APST – but that there were ongoing difficulties in engagement. Stakeholders attributed this to significant capacity challenges among local agencies, which hindered their ability to engage. Some felt that APST was helping to raise the profile of AP schools and reconfigure external narratives about them.

APST led to some improvements in information sharing and cooperation between AP schools and local agencies

Many SLTs and specialists reported that **partnerships and coordination between AP schools and local agencies were better than before APST**.[245] Similarly, interviewees described some improvement over time

[239] Two SLT interviews from APST schools and one interview from one case study school.

[240] Two SLT interviews from APST schools and one interview from one case study school.

[241] Three SLT interviews from APST schools and four interviews from three case study schools.

[242] One SLT interview from an APST school and two case study schools.

[243] Two SLT interviews from APST schools and two interviews from one case study school.

[244] Three SLT interviews from APST schools and three interviews from one case study school.

[245] See Figure 23 and Figure 32 in Appendix E.

in terms of the schools' relationships with at least some local agencies.[246] This was often credited to the connections and networks that APST specialists brought and maintained, as well as to the work carried out by SLTs to second and then support the specialists.[247]

> *"[Before APST], I didn't have a direct link with the head teacher at all. … But APST has brought a good relationship with the head teacher about; now […] I've got that link with [the APST lead and AP head]. APST really fostered that relationship, and now, if we have any problem with the PRU, we'll look into it together and see how we could keep things going. … We call each other or pick [each other's] brains about things. So, there's that positive relationship of being available for each other. … Getting involved in this project has helped a lot with fostering and facilitating the relationship of our agency with the AP." (Local stakeholder connected to a case study school)*

> *"I think the taskforce here has strengthened our relationship with those agencies where we have a person seconded. … [Having our] substance misuse person has made the relationship stronger with the home agency. I can't say [that] with children's social care, the taskforce has made a big difference. But I would say that where we've got [a] seconded member of staff from that organisation, then those relationships have strengthened, and we kind of got our foot in the door; we're kind of connected to them and they to us." (SLT interviewee from an APST school)*

Interviewees reported that as a result of APST, **some local agencies were more aware that AP schools could be places in which to provide preventative or early intervention**.[248] In one school, the SLT reported that local agencies had started to use the AP school as an 'early help hub', where agencies provided early intervention support for vulnerable pupils.[249] Examples included a substance misuse service doing some work in the school and a workshop held in the school for parents of pupils at risk of exploitation.[250]

Despite some improvements, APST could not address the capacity challenges that local services faced, which were perceived to impede their ability to engage

No school reported that relationships with all local agencies had improved. A few schools reported **no improvement in the relationships** with several local agencies.[251] Survey respondents and interviewees reported **ongoing significant challenges** engaging with specific local services, and few reported that their schools had an integrated way of working with the local agencies.[252]

This was attributed to a **perceived lack of capacity among local agencies, which were considered overstretched**, meaning that they were hard to contact and that pupils referred to local agencies did not receive support or were placed on long waiting lists.[253] These challenges were also experienced by AP schools that did not operate APST: SLTs reflected that it was difficult to get timely support across agencies,[254]

[246] Seven SLT interviews from APST schools, four interviews from three case study schools and two strategic partner interviews.

[247] Three case study schools.

[248] Five SLT interviews from APST schools and two interviews from one case study school.

[249] One SLT interview from an APST school.

[250] One SLT interview from an APST school.

[251] Two SLT interviews from APST schools.

[252] As discussed above, Figure 21 shows that when considering their experiences of working with other specialists, AP school staff and local stakeholders, specialists found it harder to work with local stakeholders than they did with other specialists and AP school staff. Figure 22 shows that specialists tended to think that more collaboration with local stakeholders was possible. This was echoed by four SLT interviews from APST schools, five interviews from three case study schools and two strategic partner interviews.

[253] Four SLT interviews from APST schools, five interviews from three case study schools and two strategic partner interviews.

[254] Five SLT interviews from comparison AP schools.

that information sharing was limited by a lack of capacity[255] and that, in particular, CAMHS had long waiting lists for support.[256]

> *"I think, again, CAMHS is a systemic thing, where they are underfunded and overstretched, and their RAG [red, amber, green] ratings don't match up with what our RAG rating would look like. Not to say that it's been a push-and-pull relationship; it's just that they literally can't. There's a lot that they can't do because they just don't have the resources" (SLT interviewee from an APST school)*

> *"We have regular meetings with YOT, so that's great. But with all other services that are brought in for us, we just have too many issues and too many things to deal with to go out of our way and try and involve even more local agencies; we can't go to build other links, as we just don't have the capacity for that. We're just so much over capacity; we can't create further links. We try and do the best we can with the specialists … we have, but then, for instance, with children's social care, who should be the main collaborator, it's impossible to get access to them, and we can't hold every responsibility." (SLT lead at a case study school)*

While this view was not widely expressed, a few stakeholders reported concerns that an unintended consequence of APST could be that, given the resource pressures, **external agencies might deprioritise pupils and families who were supported by APST** because they thought that their support was not needed or would be better allocated to other pupils who did not have APST support.[257] However, the evaluation did not come across any cases or evidence that local agencies had declined to support pupils or families on the grounds that they were already receiving APST support.

> *"I guess because resources are so stretched in the city, if local agencies see that the AP taskforce is able to pick up a student's case, then they kind of tick a box on the referral form and are happy to not do anything on their side and just close the case since the kid is getting support from us." (SLT lead from a case study school)*

APST may help to raise the profile and reconfigure external narratives about AP

Several SLTs in APST schools spoke about the poor reputation of AP schools among external stakeholders. A number of case study schools and SLT interviewees from APST schools felt that **APST had raised their APs' profiles with agencies and mainstream schools** because of the perceived prestige of being part of a funded government pilot and because of the increased visibility of the work that AP schools did.[258]

> *"I think APST has made a difference when it comes to having more strategic discussions with local agencies on what's happening in our school. I think it just provided a pipeline [for] how we communicate. We've always had quite established relationships with the local agencies, to be fair. But the APST has given a significance to us. There are school meetings I go to, and … APST kind of raised our profile. Other schools are obviously aware of us, … especially as their permanently excluded students would come to us. So, they are quite interested in us, and they see our value." (SLT interviewee from an APST school)*

> *"Being part of the programme as APST, I think it's really important because it's something bigger, backed by the DfE and being funded from higher up, so it's kind of more official." (SLT lead from a case study school)*

Some expressed a hope that **APST might contribute to a reconfiguration of negative perceptions of AP**, portraying APs as well-organised, well-resourced centres of highly specialised expertise and support, serving

[255] Three SLT interviews from comparison AP schools.

[256] Eight SLT interviews from comparison AP schools.

[257] Two SLT interviews from APST schools, six interviews from two case study schools. This was also mentioned by schools at a formative feedback session in September 2022.

[258] Five SLT interviews from APST schools and seven interviews from four case study schools.

the needs of some of the most vulnerable children in the country.[259] While there was no evidence of significant and widespread changes in the perceptions of AP, interviewees provided examples where **APST had helped to reframe the narrative about AP pupils:** moving away from pupils who behaved badly and towards pupils who needed support.[260]

> *"Generally, the attitude to [AP schools] before the taskforce was that the kind of children who got into this school are the naughty, problematic children. … I think the taskforce being here has sped up the reframing of that narrative to understand children more in the context of what else they have going on in their lives, and it helps to change the view on these children." (Local stakeholder connected to an APST)*

> *"I think that alternative provision was treated as an afterthought. … [APST] gives us the opportunity to share the good things that are happening and change the narrative. … It's allowed me to have different kinds of conversations about the future of alternative provision." (SLT lead from a case study school)*

4.3.4. Negative unintended consequences

No stakeholders identified unintended consequences as a result of APST.

No stakeholders identified unintended negative outcomes as a result of APST.[261] A few stakeholders flagged that there was a risk that local stakeholders may not provide usual levels of support to pupils when APST was involved.[262]

> *"The APST at [this AP school] seems so efficient that children's social care [is] seeing the school as being able to hold cases better than themselves, so they are closing the cases. And then all the burden is on [this school], getting the kid into school, increasing their engagement and attendance. And it's difficult because the local authority just closes the cases. They understand how great [this school's] support is, so they just close the cases." (External stakeholder from a case study school)*

A very small number of stakeholders flagged that the way in which APST operated could lead to potential risks, including that AP staff might become de-skilled by a reliance on specialists, that APST might put pressure on local agencies' capacity and that students may be slower to transfer out of AP because of needs being identified.[263] There is no indication that these risks had materialised.

[259] Two case study schools.

[260] Two interviews from two case study schools.

[261] In a survey in March 2023, specialists and SLTs were asked: "Are there any potential negative effects that you think the APST programme might have had or might have on your pupils' outcomes, on your AP school or on other local stakeholders?" In open-text responses, 9/10 SLTs and 38/56 specialists did not report any negative effects of APST. Of the remainder, 3/56 specialists reported not being sure, 8/56 specialists reported challenges related to the operation of APST and 6/56 specialists reported potential risks of APST.

[262] Two SLT interviews from APST schools, five interviews from three case study schools and one open text response to a survey in March 2023.

[263] Three open text responses to a survey in March 2023.

5. Findings: cost analysis

This section describes the costs of delivering APST. It does not aim to monetise the direct or indirect benefits of APST.[264] All funding reported here was provided by the DfE.

Table 12 includes total costs to the schools and the DfE and average costs.

The **total cost** of APST delivery over the two years at the AP school level was £10,426,055.60. When the costs to the DfE for managing APST are taken into account, the total cost of APST was £11,499,055.60.

When including only costs incurred by schools, the average cost of APST per school was £473,911.62, the average cost per KS3 and KS4 pupil on roll was £1,552.19 and the average cost per pupil who worked with specialists was £2,852.77.

Including DfE costs, the average cost per school rises to £522,684.35, the average cost per KS3 and KS4 pupil on roll was £1,711.93 and the average cost per pupil who worked with a specialist was £3,145.26.

Table 12: Total costs of the Alternative Provision Specialist Taskforce (APST)

Total costs of APST		Cost[i]
Set-up costs to schools[ii]		£547,043.60
Recurring costs to schools[iii]		£9,879,011.99
Total cost to schools[iv]		£10,426,055.60
Administration and support costs to the Department for Education (DfE)[v]		£1,073,000.00
Total cost to the DfE and schools[vi]		£11,499,055.60
Average costs of APST	**Cost to schools[iv]**	**Total cost to the DfE and schools[vi]**
Average cost per school	£473,911.62	£522,684.35
Average cost per Key Stage (KS) 3 and KS4 pupil [vii]	£1,552.19	£1,711.93
Average cost per pupil who worked with a specialist [viii]	£2,851.77	£3,145.26

[i] All costs from April 2022, except "Administration and support costs to the DfE," are GDP deflated to 2021/22 costs. The GDP deflator was taken from HM Treasury at 93.742 for 2022/23 to a base rate at 2021/22 (https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-september-2023-quarterly-national-accounts)

[ii] One-off costs necessary at the start of a programme, as defined by the Youth Endowment Fund (YEF) cost reporting guidance. This includes all costs incurred before and in December 2021 and all building and facilities costs incurred at any time.

[iii] Costs that would be required each time the programme is implemented, as defined by YEF cost reporting guidance. This includes all staff costs, material and equipment costs, and miscellaneous costs incurred in January 2022 and after.

[iv] Costs across all 22 schools and over the two academic years of delivery.

[v] DfE costs were not broken down into years, so these costs have not been GDP deflated to 2021/22 costs.

[vi] The total costs are based on data shared by the DfE in October 2023. The DfE has since received claims for an additional £29,452.62, covering years 1 and 2 of APST (primarily backdated pay awards and delayed invoices). These costs are not included in this analysis.

[vii] All KS3 and KS4 pupils on roll, according to DfE metrics.

[viii] All pupils who received support from a specialist, according to DfE metrics.

[264] The cost analysis was undertaken in line with YEF cost reporting guidance. Last accessed on 21 March 2024: https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf

Table 13 looks only at costs to schools and disaggregates the **type** of costs (staff costs, buildings and facilities costs, etc.) and the **timing** of the costs (prerequisite, set up, etc.). It shows that the largest driver of costs was staff costs, which include both project oversight (i.e. headteachers and SLTs) and specialists' salaries. Staff costs accounted for 95% of the total cost of the intervention incurred by the schools, and specialists' salaries accounted for the majority of the staff costs. Further details on the categorisation of costs and assumptions in the calculations are noted in Appendix B.

Table 13: Staff, building and facilities, materials and equipment, and miscellaneous cost categories by prerequisite, set-up and recurring costs

	Prerequisite costs[i]	Set-up costs[ii]	Recurring costs with a GDP deflator applied from April 2022[iii]	Total Set-up and recurring (with a GDP deflator applied) combined
Staff costs[iv]	£0	£384,091.82	£9,496,689.25	**£9,880,781.07**
Buildings and facilities	£0	£102,985.86	£0	**£102,985.86**
Materials and equipment	£0	£31,559.25	£136,349.81	**£167,909.06**
Miscellaneous [v]	£0	£28,406.67	£245,972.93	**£274,379.60**
Total	£0	£547,043.60	£9,879,011.99	**£10,426,055.60**

[i] Prerequisite costs include costs for anything that would be expected to be in place before the start of the programme. In APST, all costs incurred and invoiced by schools would be required funding if the programme were replicated, meaning there are no prerequisite costs.

[ii] One-off costs necessary at the start of a programme, as defined by the Youth Endowment Fund (YEF) cost reporting guidance. This includes all costs incurred before and in December 2021 and all building and facilities costs incurred at any time.

[iii] Costs that would be required each time the programme is implemented, as defined by YEF cost reporting guidance. This includes all staff costs, material and equipment costs, and miscellaneous costs incurred in January 2022 and after.

[iv] Some schools reported in surveys that DfE funds did not cover all staff costs related to APST. See below for a full discussion.

[iv] Miscellaneous costs included any other costs, mostly consisting of travel and subsistence, equipment for use in interventions, training costs and the cost of schools undertaking an end-of-year audit in line with grant requirements.

In October 2022 and March 2023, most SLTs reported that their schools had not incurred any additional costs in delivering APST – beyond those that were provided in DfE funding.[265] However, just under half of SLTs at each time point reported that their schools had incurred additional costs when delivering APST that

[265] In two surveys in October 2022 and March 2023, SLTs were asked: "Reflecting on your experience since [November 2021/October 2022], have there been any costs incurred in delivering APST at your AP school that are not covered by the funding you receive from the DfE?" (n = 19 in October 2022 and n = 21 in March 2023). 10/19 in October 2022 and 11/21 in March 2023 of head teachers and SLT members reported that there were no costs incurred in delivering APST that had not been covered by the funding received from the DfE.

were not covered by funding from the DfE.[266] Five responses from October 2022 and 10 responses from March 2023 provided details on these additional costs.[267]

Across both timepoints, 10 responses reported **additional staff time,** including additional SLT or leadership time spent supporting APST (four responses) or spent securing matched funding (three responses), maternity leave cover (one response), time spent embedding APST (one response) and extra costs to ensure salaries matched local high salary levels (one response). Four responses reported **additional non-staff costs**. Examples included the purchase of a vehicle (two responses), additional facility refurbishment (one response) and miscellaneous costs (one response).[268]

Based on the information available, it is not clear how much these reported additional costs were, whether these reported additional costs were actually eligible to be included in the funding from the DfE or the extent to which the additional costs were essential for the delivery of APST as described in the schools' grant agreement with the DfE. For this reason, while there is a possibility that the total costs outlined above underestimate the costs to schools, **the information about possible additional costs is not sufficiently detailed to be factored into the cost evaluation calculations.**

[266] 6/19 in October 2022 and 10/21 in March 2023 of head teachers and SLT members reported that there were additional costs incurred in delivering APST that had not been covered by the funding received from the DfE.

[267] In both surveys, SLTs who indicated that there were additional costs incurred were asked to indicate in an open-text response approximately how much this cost was and what this cost was used for. 16 SLTs provided open-text responses of which 15 included further information about what the cost was used for.

[268] The SLTs were asked to reflect on additional costs since the previous survey to avoid the repetition of the same additional cost at two time points. However, as it is possible that that the same SLTs reported the same additional costs at two time points, the analysis reflects the number of responses rather than the number of respondents.

6. Conclusion

6.1. Key conclusions

Key conclusions
APST had no impact on year 7-10 children being reintegrated into mainstream school and had a low impact on year 11 children progressing to post-16 study. These results have a high security rating.
APST had a moderate impact on year 7-10 children's attendance. Children in APST schools were in school for seven additional days the following academic year compared to their expected attendance if APST had not been available. This is a secondary outcome which should be interpreted with more caution.
APST had a low (but highly uncertain) impact on KS4 English and KS4 maths, had no impact on sustained post-16 study or year 7-9 reintegration into mainstream school, and led to a small reduction in year 10 reintegration. These are secondary outcomes which should be interpreted with more caution. There were high levels of missing SDQ data, so we cannot ascertain the impact on children's social and emotional difficulties.
APST was successfully implemented in all 22 AP schools. The delivery model was highly tailored, with the nature, focus, format, timing and location of specialist support varying.
APST leaders and professionals reported very positive perceptions of APST, reporting that children were able to receive rapid, integrated and comprehensive support and improved safeguarding. Stakeholders perceived that APST was improving children's social and emotional well-being, parental and pupil engagement, and attendance.

6.2. Interpretation of results

The impact evaluation did not suggest that APST had a statistically significant effect on the primary outcomes of the study: on reintegration into mainstream school (for years 7–10) and post-16 study (for year 11), one year after being enrolled at a school with APST. On the secondary outcomes explored, we also found no evidence that being enrolled at a school with APST had a statistically significant effect on KS4 attainment in English or maths (for Year 11) or on reintegration for pupils in years 7–9 or year 10 when measured separately. Our results suggest that being enrolled at a school with APST had a moderate effect on attendance (for years 7–10): the equivalent of around seven days of additional school attendance across one school year. Due to high rates of missing data, we were unable to reach conclusions about whether enrolment at a school with APST made a difference to pupils' reported social and emotional difficulties. The results also suggest a positive impact on participation in education for years 7–11.

In contrast, the findings emerging from the IPE are largely positive: they speak to successful implementation and operation and perceived improvements in pupils' outcomes. Our IPE found that APST was successfully delivered in all 22 schools, with initial delays in delivery largely mitigated over time. The stakeholders that we consulted – SLTs, APST specialists, staff working in AP schools and staff working with local agencies – almost unanimously praised APST as an intervention that provided 'transformational' support to children and families with high levels of need who had previously not received anything like this. APST was felt to provide pupils and families with timely, holistic and tailored assessments and support that they were able to engage in. APST was thought to improve the safeguarding of pupils and families, help ensure their urgent needs were addressed and support the development of trusted relationships with adults through both direct work and the efforts to improve the practice of AP school staff and local stakeholders. Key features of APST that were felt to help (see causal mechanisms in Appendix G) were that APST support was colocated, included multiple specialists, and took a multidisciplinary and flexible approach which allowed support to be highly tailored and adapted to meet a wide range of intersecting short-term and long-term needs. As a result, stakeholders perceived that APST support was having positive effects on the pupils

and families that they worked with. In particular, they reported improvements in mental health, school engagement, parental involvement and attendance. They also described instances when APST had supported children to reintegrate, attain better, transition to post-16 settings or be supported at times of risk of involvement in violence.

This section of the report aims to address the disconnect between the findings from the impact and IPE strands of the evaluation. There are challenges in doing this. The timelines of our evaluation (see Appendix C) – with process evaluation data collection being completed before the impact analysis – precluded us from being able to explore the impact evaluation findings with stakeholders directly. However, from the considerable data collected and our understanding of the delivery context, we can consider possible conclusions and update our understanding of the theory of change behind APST. This section may be read alongside the updated theory of change (see Figure 34 in Appendix G).

In interpreting all findings, we must acknowledge that evaluating APST in the AP school setting is complex and challenging. This makes it especially important to consider findings from the primary outcome analysis thoughtfully and alongside the secondary outcome analyses and the in-depth IPE findings.

There is a high level of diversity and need among the pupil population at AP schools, and the flexibility of APST introduces additional complexity to impact evaluation. Good practice in impact evaluation requires the selection of a limited number of primary outcomes which are considered the most important to achieve, are relevant to the whole population and can be measured using available data. We learnt in the IPE that pupils enrolled at AP schools have a wide range of needs, characteristics and reasons for requiring AP and that APST was a highly flexible intervention that supported a wide range of outcomes. As a result, understanding what a good outcome from APST is for pupils at AP schools is complex: we can expect greater variation in terms of what outcomes are appropriate, what the achievement of these outcomes involves and what the pathway to achieving them looks like than in a mainstream school or with a less flexible intervention. Measuring these outcomes well is, therefore, also complex.

Limited data availability and the analysis of pre-intervention differences in outcomes between APST schools and comparison schools also affected decisions about primary outcomes. In the evaluation design, we were largely limited to outcomes available in administrative data sets to support as robust a quasi-experimental design as was possible. Our choice of primary outcomes was therefore based both on the theory of change (what APST was intended to bring about) and on pragmatic concerns (what could be feasibly measured). These were informed by a preliminary analysis carried out and reported in the SAP. Some potential primary outcomes were initially considered but were ruled out due to limitations. Attendance – which was an initial proposed primary outcome for years 7–10 – was not selected as the primary outcome because of the COVID-19 disruption immediately prior to the start of the intervention, which led to both missing data and uncertainty over the uneven impact on absence between APST and non-APST schools. Social and emotional well-being – also proposed as a primary outcome for years 7–11 – as measured by the SDQ, could not be selected as such because of the higher risk of attrition and missing data and the less robust design used. These limitations informed the decision to select reintegration as the primary outcome for years 7–10 and post-16 outcomes for year 11.

We additionally note that our evaluation set out to measure the effect of being enrolled in a school with APST – not the effect of receiving particular interventions. Because APST was intended to bring about wider system changes, it was hypothesised that the outcomes for all children enrolled would be improved. The

impact estimates capture the mean impact of APST within a school, averaged across all pupils enrolled at the school. The impact evaluation does not distinguish between, for example, those who were enrolled in the AP school but did not receive direct intervention from a specialist and those who received direct support from one or more specialists. It also does not distinguish between the types of support received and cannot isolate the effect of one particular specialism type. It is possible that for the subset of pupils who engaged with APST, the impacts would have been greater. However, given the flexibility of APST implementation and the need to choose an evaluation design that was as robust as possible, it is not possible to explore whether this was the case.

Nonetheless, it is important to note that both primary outcomes were still chosen as relevant and appropriate and that our evaluation was designed to respond to this complexity. While our choice of primary outcomes was constrained, both reintegration for years 7–10 pupils and post-16 study for year 11 pupils were considered to be outcomes upon which APST was intended to have an impact within the timescales provided. Recognising this complexity, we chose a quasi-experimental approach that controls for both observable and unobservable differences between pupils at APST schools and those in comparison AP schools. This choice was informed by preliminary research that showed pre-treatment differences in outcomes between APST schools and other AP schools to be relatively stable. This stability is the key assumption underpinning our methodology. We carried out multiple robustness checks to check the sensitivity of our results to alternative modelling choices.

Bearing this complexity in mind, we offer a possible interpretation of the findings around how APST affected pupils' outcomes (Outcomes 1–4). In this, we draw on the primary outcome analysis informed by the secondary outcome analysis and IPE findings.

It is possible that the two primary outcomes were more distal than initially hypothesised and have a more complex pathway to success through other outcomes. The theory of change behind APST set out the hypothesis that the intervention could have an impact on reintegration and post-16 outcomes (among other secondary outcomes) in the academic year after which pupils were enrolled in the APST school. The absence of evidence of impact may suggest that more time is needed to bring about these impacts. This conclusion is supported by the IPE: while stakeholders consulted in the IPE were enthusiastic about the potential for APST to make a difference to reintegration and post-16 study, they considered that these would take longer to achieve than other outcomes. Previous research with AP schools suggests that for a child to successfully reintegrate into mainstream school, other steps need to be achieved first: being able to engage in the AP school support and learning, having the needs or circumstances which led to their involvement with AP being met and addressed by support, and – importantly – having the child and their family feel ready to reintegrate successfully.[269] Similarly, for a child in year 11 to progress to post-16 study, they need to have been able to attain a certain level in KS4 (which itself requires several steps) and make the decision to stay engaged in learning beyond compulsory age and in a new setting outside of the AP school. It may be that for these pupils, one year was not long enough to bring about these outcomes. Both outcomes also depend on actions by organisations outside of the AP school – such as engagement with a post-16 setting or with a mainstream school. While APST did intend to bring about changes in these organisations, delays in the

[269] Owen, C., Woods, K., & Stewart, A. (2021). A systematic literature review exploring the facilitators and barriers of reintegration to secondary mainstream schools through 'alternative provision.' *Emotional and Behavioural Difficulties*, *26*(3), 322–338. https://doi.org/10.1080/13632752.2021.1963119 Accessed on 11 July 2025

implementation of APST –meaning that it was delivered for less time than planned – and challenges in engaging with local agencies may have made this more difficult.

Additionally, the primary outcomes – especially reintegration into mainstream school – are particularly complex outcomes to use when measuring the success of APST. There were concerns discussed during co-design that reintegration, in particular, was not an outcome that would be appropriate for all children in AP schools, especially those in year 10. Nationally, reintegration rates vary considerably among pupils: those who are older (in KS4), are permanently excluded, receive free school meals, have SEN or are known to children's social care are less likely to reintegrate.[270] Previous research exploring the role of AP schools found that this variance reflects the fact that reintegration was not the desired or appropriate goal for all AP pupils: if it was considered disruptive to pupils' educational outcomes (usually, if in KS4), if the pupils/parents wanted to stay at the AP school and, relatedly, if the pupils had needs which could not be met in local mainstream schools but were being met at the AP school.[271] Our IPE suggests that APST was able to help ensure the enabling factors for successful reintegration – as identified in previous research – were in place: having a safe therapeutic environment in the AP, providing support for the child and family and ensuring thorough planning for reintegration between all organisations, the child and their family.[272] However, for pupils for whom reintegration was the right goal, the additional holistic support that APST brought to the AP school may have made staying in the AP school an even better option than would have been without APST. This is borne out in our secondary analysis: while results fell just below the conventional threshold for significance, there may have been a fall in the rate of reintegration for year 10 students (and for some other subgroups, too) attending an APST school. In addition, there is suggestive evidence from our exploratory subgroup analysis that APST had a differential impact on some students, with girls more likely than boys to reintegrate and non-White students less likely than White students to reintegrate. It should be noted that we were not able to explore ethnicity in more granular detail due to a lack of power (hence the broad categorisation of White and non-White subgroups), but this and other subgroup heterogeneity should be further confirmed prior to conclusions on disproportionality or resourcing decisions targeting certain subgroups. It is, therefore, possible that the lack of effect on the reintegration rates of pupils in years 7–10 may obscure more complex effects within the data.

It is possible that other – secondary and unmeasured – outcomes are more proximal and may, in the longer term, support the achievement of the primary outcomes. Stakeholders told us that they felt that APST was making the most difference to pupils' social and emotional mental health, well-being and skills; pupil and familial engagement; and attendance. These improvements were felt to address the common needs and challenges of AP pupils, including difficulties engaging in mainstream education, poor pupil and family experiences with education and engagement, low attendance, and challenges with social or

[270] FFT Datalab, Working paper: returning to state schools following permanent exclusion or alternative provision. Accessed on 11 July 2025.https://ffteducationdatalab.org.uk/wp-content/uploads/2021/06/working_paper_reintegration.pdf

[271] DfE (2018) Investigative research into alternative provision. Accessed on 11 July 2025. https://www.gov.uk/government/publications/investigative-research-into-alternative-provision

[272] Owen, C., Woods, K., & Stewart, A. (2021). A systematic literature review exploring the facilitators and barriers of reintegration to secondary mainstream schools through 'alternative provision.' *Emotional and Behavioural Difficulties*, *26*(3), 322–338. https://doi.org/10.1080/13632752.2021.1963119 Accessed on 11 July 2025.

emotional health or skills.[273] Findings from our IPE also offer explanations about how and why APST may have supported these outcomes (see causal mechanisms in Appendix G). Because specialists worked together and across disciplines to understand pupils' needs, to build relationships with pupils and families, and to provide rapid tailored support, pupils' immediate – and varied – needs were being met and supported. This support, in turn, supported better social and emotional well-being and health in different ways: for example, being better able to communicate with others after receiving SALT support, to regulate their emotions after receiving mental health support or to manage their relationships in the community with the help of a youth justice worker. As pupils and families were engaged with APST support, they became more engaged with the AP school, strengthened by the trusted relationships being built and work being carried out by the AP school to better meet pupils' needs. As pupils were better able to engage and had other needs met, there were fewer obstacles to their attendance at school. Achievement of better school engagement, better social and emotional well-being, and better health may therefore be considered as acting as stepping stones towards achieving the primary outcomes.

Indeed, the impact evaluation demonstrates that APST had a moderate and promising positive impact on attendance. Our impact analysis found that pupils who had been enrolled at APST schools had higher attendance rates in the next year than would have been the case without APST, equivalent to around seven additional days attended. Statistically, this is a moderate effect. It must be caveated by the fact that not all historic trends were parallel, thanks to COVID-19 and the lack of existing evidence, which makes benchmarking more challenging. However, it is notable for three reasons. First, this effect was observed for pupils who are more likely to experience high absence rates – and was maintained for the year after enrolment at AP. Children with AP experience are far more likely to be absent than those in mainstream schools, with 80% persistently absent (missing 10%+ of sessions) and 38% severely absent (missing 50%+ of sessions) compared to 24% and 4%, respectively, for children in state-funded secondary schools.[274] Children with previous AP experience who receive free school meals, have SEN, are known to children's social services or have previous suspensions are also more likely to be absent than their peers.[275] Second, this improvement was seen during a time period when national absence rates rose for all pupils.[276] Finally, this effect is within a context where high levels of absence are correlated with the risk of being involved in violence and where little is known about what can help to reduce absence. Children with poor attendance are less likely to achieve well in their GCSEs and are more vulnerable to involvement in violence.[277] However, little is known

[273] Ford T, Parker C, Salim J, Goodman R, Logan S, Henley W. The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Psychological Medicine*. 2018;48(4):629-641. doi:10.1017/S003329171700215X Accessed on 11 July 2025.

[274] For absence in AP schools, see https://explore-education-statistics.service.gov.uk/data-tables/permalink/7a9a4706-b38d-47fa-cb40-08dd51a78257. For absence in mainstream schools, see https://explore-education-statistics.service.gov.uk/data-tables/permalink/9b5e9362-13d6-4e4d-cb3f-08dd51a78257

[275] See
https://assets.publishing.service.gov.uk/media/6227a9b58fa8f526dcf89e17/Education_children_s_social_care_and_offending_descriptive_stats_FINAL.pdf,
https://assets.publishing.service.gov.uk/media/6464aae6e14070000cb6e087/Persistent_absence_for_unauthorised_other_reasons.pdf.
https://assets.childrenscommissioner.gov.uk/wpuploads/2023/11/CC-REPORT-_-Attendance-and-Attainment-_-Oct-23.pdf

[276] As summarised in https://commonslibrary.parliament.uk/research-briefings/cbp-9710

[277] See : https://commonslibrary.parliament.uk/research-briefings/cbp-9710
https://assets.publishing.service.gov.uk/media/6227a9b58fa8f526dcf89e17/Education_children_s_social_care_and_offending_descriptive_stats_FINAL.pdf
https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2024/who-is-affected/

about what works to support better attendance, with existing research considered to be of weak quality and of limited relevance.[278] As a result, this finding represents an important contribution to the evidence base.

The impact evaluation does not include robust findings on the impact of APST on social and emotional well-being and pupil and parental engagement. Measuring pupil and parental engagement in the impact evaluation went beyond the initial scope and data sources available**.** While we did carry out additional data collection to measure social and emotional difficulties, very high levels of missing data limited our ability to draw robust conclusions (see Appendix D for more information).

We have considered other possible interpretations of findings around pupil outcomes, which we consider to be less likely when exploring all the data together. The impact evaluation results alone may suggest that there was a failure of design or implementation of the intervention. However, this seems unlikely, given the overwhelming evidence from the IPE that APST was implemented as planned, albeit with minor delays in starting and some challenges throughout, and that it was felt to be successful by involved and affected stakeholders. It is also possible that APST did not have an impact in any way – and that the evidence from the IPE simply reflects the feedback of deeply embedded stakeholders who had a particular interest in narrating success from their efforts. We consider this to be unlikely: while it is true that many who took part in our data collection were heavily involved in APST, our experience is that stakeholders are not shy in speaking up when they think an intervention is not making a difference. Findings from the IPE were unusually positive from all groups of stakeholders consulted. Finally, it might be possible, from the IPE, to consider that APST did have an impact but that the impact was too small to be seen in our impact evaluation analysis. However, this seems unlikely, given the robust design we used and the large sample size.

We also offer some conclusions relating to the extent to which APST was affecting AP schools and local agencies (Outcomes 5–9). As well as providing direct support to improve pupils' outcomes, APST aimed to bring about longer-term systems change through improving relationships and partnership working across local agencies and AP schools and through enhancing the capabilities and capacities of AP schools (see the theory of change in Appendix G). This longer-term systems change was expected to lead to improved support being received by AP pupils and families from AP schools (outside of APST specialists) and further improvements in pupil outcomes as a result. Our impact evaluation set out to measure the effect of being enrolled in an AP school with APST, rather than the effect of receiving a certain amount of APST support. The process evaluation aimed to explore whether and how these goals were being achieved.

The IPE findings suggest that APST may be improving capabilities, capacity and practice in AP schools, which, in turn, is improving support provided to AP pupils. Stakeholders – including those working in AP schools before APST – felt that APST was helping to provide AP schools with more knowledge about pupils' needs and how to address them, more capacity to support safeguarding and other work, and a better understanding of how local stakeholders (who also supported these children) operated. This help came in the context of significant challenges experienced by AP schools. We saw examples of changes in practice in AP schools – particularly relating to children's speech and language and communication needs – that were felt to help support pupils. Stakeholders thought these efforts were leading to better support for AP pupils and families from AP schools.

[278] Based on the EEF's 2022 REA: https://educationendowmentfoundation.org.uk/education-evidence/evidence-reviews/attendance-interventions-rapid-evidence-assessment.

The IPE findings suggest that APST is making progress towards improving how AP schools work with local agencies and other schools – but that more improvement is needed. Local stakeholder capacity constraints reportedly made it more challenging for specialists to build good relationships with key local agencies and to work closely together. However, we saw emerging indications that local agencies and schools were more aware of AP schools, the role that they played and the needs and experiences of pupils in AP. Stakeholders felt that these developments were starting to lead to better support being provided to pupils and families.

Our evaluation of APST in its third year of operation will allow us to explore systems change further. We will explore whether and how AP schools and local organisations had developed capacity, capabilities and relationships further in the third year of operation, as well as whether and how these were affecting pupils enrolled in AP schools.

In summary, we must conclude that we do not find any evidence of an impact of APST on primary outcomes after two years of operation, despite the positive appraisal of the programme among specialists and SLTs working to deliver the programme, AP staff working in affected schools and staff working in local organisations.

However, the IPE and secondary outcome analyses suggest that other – more proximal – pupil outcomes may have been positively influenced by APST. These outcomes include attendance, parental and pupil engagement, and social and emotional well-being. This finding is largely based on qualitative data, rather than the impact analysis. However, we see a moderate impact on the attendance of school by pupils in years 7–10, which is especially promising given the contextual challenges relating to attendance in this group.

Finally, the IPE points to progress towards systems change among AP schools and local agencies. This change may support longer-term, better outcomes for pupils in AP schools. Our extension evaluation will continue to explore these effects on AP schools and local stakeholders in year 3.

6.3. Limitations and lessons learnt

6.3.1. Limitations

The APST programme was a highly differentiated model which operated differently in the 22 schools to provide tailored support for pupils with highly complex and individual needs – adding complexity to impact evaluations. There was a strong consensus, as set out in the theory of change, that APST was aiming to achieve common goals across all schools. However, all 22 AP schools had different starting points, local contexts, school contexts and cohorts of pupils and were encouraged to implement APST to respond to these needs and contexts. As a result, there was a considerable – and an intentional – difference in how AP schools implemented APST. AP is attended by many children for different reasons with different needs. As a result, identifying outcomes that are both most important (or most relevant) and can be measured reliably across the whole population is challenging. To mitigate these challenges, the evaluation team carried out a preliminary analysis to better understand the population before designing a quasi-experimental evaluation. We also carried out a detailed IPE based on a theory of change that was regularly updated to understand and support the impact findings.

Some important outcomes of APST either could not be measured adequately in this evaluation, were not included in the impact evaluation or could not be selected as primary outcomes. We explored social and emotional health and well-being and conduct and hyperactivity (externalising difficulties) in the counterfactual impact evaluation. However, findings are necessarily caveated because of high levels of

missing data. Just 20% of pupils from treatment schools and 15% of pupils from comparison schools could provide at least two SDQs and were included in the analysis (see Appendix D for more information). As a result, these findings must be taken with caution. In addition, outcomes around parental and pupil engagement are not measured by any outcome in the impact evaluation, and so promising indications of progress in the process evaluation cannot be substantiated by the counterfactual impact evaluation. Finally, while we include attendance as a secondary outcome, we were not able to identify this as a primary outcome for years 7–10 because of some uncertainty over the uneven impact of the COVID-19 pandemic at the local area level, in addition to missing data (due to school closures) in the two years prior to the start of APST.

Consultation with pupils, AP staff, local stakeholders and pupils/families in the process evaluation was limited. Interviews were conducted with AP staff, local stakeholders and pupils connected to six schools (as part of the case study data collection) but were more limited than data collection with APST specialists and SLTs. In addition, parents were not considered. The majority of the evidence collected was from SLTs and specialists, as they were most involved in the day-to-day implementation and operation of APST and most able to provide detailed responses to the evaluation questions. It is possible that a wider consultation might have surfaced different views on implementation and operation – including potentially less positive views. It is also possible that including the views of pupils and parents in more depth would have supported a deeper understanding of the causal pathways to help us further understand the impact evaluation findings.

Findings about how APST interacted with racial and ethnic disparities in the school system are limited. Schools taking part in APST were not required or asked to consider ethnicity-related needs in how they designed and delivered APST. In addition, only the ethnicity and gender data of pupils who received support from APST were collected by the DfE. In line with YEF guidance around race equity, this evaluation considers the extent to which APST considered ethnicity-related needs and looked at the impact of APST on White ethnicities and non-White ethnicities. However, these were underpowered, exploratory analyses, and we are limited in our ability to make further conclusions, for example, on whether there was ethnic disproportionality in referrals, if some ethnicities and genders were more or less able to access different specialists, or if there were differences between specific ethnicities in terms of APST impact.

It was not possible for us to interrogate and explore the impact evaluation findings with stakeholders directly. The IPE included research questions focusing on stakeholders' perceptions of APST impact, including how and why APST was thought to make – or not make – a difference to pupils and families, schools, and local areas. However, we did not carry out qualitative data collection after the impact evaluation analysis was carried out. As a result, while we have been able to explore causal mechanisms that are based on stakeholders' perceptions of APST's success, these could not be tested with stakeholders after the analysis from the impact evaluation was complete. It is possible that this would have provided additional insights on both the causal mechanisms and the conclusions above.

6.3.2. Lessons learnt

It is difficult to find an outcome variable for children in AP that is both measurable and sufficiently nuanced. Where possible, findings from this study suggest that outcomes such as pupils' engagement with

school[279], parental engagement with school and social skills/well-being should be included, where relevant, as they may be important proximal outcomes that help to support pupils in achieving other, more distal, outcomes. However, as they are not often included in administrative datasets, additional data collection may be required for measurement. The trade-off, therefore, is that more rigorous quasi-experimental evaluation designs (including DiD) may not be possible and that more efforts need to be made by all stakeholders to collect data (which, as explored below, can be challenging). These trade-offs should be considered carefully at the outset of future evaluations. We consider that outcomes that derive from nationally collected data – such as reintegration into mainstream school, post-16 study, attendance and attainment – are also important to include when relevant. Evaluators should recall that while these outcomes may be more easily measured and less prone to attrition, the achievement of these outcomes and the pathway through which they are reached may vary more when applied to heterogenous groups of children, such as AP pupils. Finally, we consider that future evaluations of interventions like APST could helpfully take a realist theory-based approach. Our findings indicate that APST may work in a complex way, supporting different pupils in different contexts to achieve different goals via different mechanisms. Realist evaluation could be used alongside counterfactual impact evaluation to further our understanding of pathways between specific contexts, mechanisms and specified outcomes. Realist evaluation approaches could also be used as a precursor to counterfactual impact evaluation, to help identify the most relevant outcomes for the populations involved and the causal pathways that they involve, to inform future counterfactual impact evaluation.

Further research is needed on how to best collect additional outcome data from children in AP schools or children with high levels of complex needs. Schools involved in the evaluation reported that administering SDQs and sharing data with the evaluation team added to schools' workloads beyond what was expected because of the high levels of pupil mobility in AP schools (meaning endline SDQs needed frequent administration) and the needs of the pupils (meaning that completing an SDQ required considerable time and staff resources). Schools worked very hard to provide us with these data, which were of good quality and included the information needed to match them to national datasets. However, the small number of pupils who submitted both a baseline and endline SDQ meant that we could not draw firm conclusions about these outcomes (and that we do not intend to measure these outcomes in the extension evaluation). In future, we suggest that YEF and funders consider using other versions of the SDQ, if appropriate, for example, considering teacher- or parent-report, and administering it online. We also suggest that future evaluation efforts with AP schools are preceded by a feasibility assessment to explore how the SDQ – and any other YEF measures – can be best adapted to and administered in the AP context, including what support schools would need to ensure successful administration. These measures should help to ensure that future efforts can be used more fruitfully than has been possible in this evaluation.

Future evaluators or providers of complex interventions for children in AP settings could consider more in-depth consultations with pupils and the inclusion of families' perspectives. While children's experiences were captured in the study design in a way that was meaningful and added value to the study, this remained at a high level, and the familial voices were not captured. Process evaluation findings suggest that further involvement would be appropriate to both capture a fuller range of experiences and to better understand

[279] For example, the School Connectedness measure could be used in future YEF evaluations to understand pupil engagement with schools. See https://youthendowmentfund.org.uk/outcomes/

the causal pathways towards impact. However, data collection methods should be carefully tailored to the needs and vulnerabilities to ensure that participation is safe and meaningful and does not represent an excessive burden. Working closely with AP schools to design tailored consultations will help future evaluators. Further guidance on how best to gather data from children and families involved in AP schools would support researchers.

Future evaluation of interventions in AP settings could consider more disaggregated subgroup analysis but will need to balance this against small sample sizes. APST was implemented in the context of significant ethnic disparities in school exclusions, AP attendance and involvement in violence. We explored relevant subgroups in this evaluation, including ethnicity, gender and involvement with children's social care. Future evaluations could consider further disaggregated ethnicity subgroup analysis, which could examine the effect of the intervention on the ethnicities that are most overrepresented in the criminal justice system and in school exclusions or AP enrolment, but precise impact estimates for these small groups will likely remain limited by statistical power.

6.4. Future research and publications

The **lessons learnt in the section above** give some indication of future research considerations for studies focusing on children attending AP.

In summer 2026, a further publication exploring the implementation of APST in its third year of operation and the longer-term impacts of APST will be published. That report will follow on from this report. We believe that findings from this study will support the development of further understanding about the effect of APST on its third cohort of students, the effect of APST after a longer period of time (two years) and the causal mechanisms at play.

Appendix A: Ethics and data protection

Ethics

We have received full ethical approval from the RAND Europe Human Subjects Protection Committee (2021-N0387-MOD-01) and from University of Westminster Business School College's Research and Knowledge Exchange Ethics Committee (ETH2122-2778) for all aspects of the study.

The participation of the **22 schools implementing APST in the evaluation** was secured through the grant funding agreement that schools entered into with the DfE, which included a commitment to take part in an independent evaluation of the programme.

The participation of the **21 schools who agreed to administer the Strengths and Difficulties Questionnaire (SDQs) to their pupils as a comparison group for the study** was secured through a signed memorandum of understanding with the evaluation team about their participation in the study.

All pupils in Key Stage 3 and 4 in the participating 43 schools were asked to complete SDQ surveys by their schools to inform this study. All pupils and their parents/guardians were provided with a project information sheet and withdrawal form (Appendix H).

All **stakeholders involved in process evaluation data collection activities** (surveys and interviews) were also provided with a participant information sheet and to confirm (verbally, in interviews, and by proceeding, in surveys) that they were happy to take part in the data collection activity (see Appendix H).

Data protection

The evaluation was conducted in compliance with UK GDPR and good practice in data protection.

For the impact evaluation, RAND Europe and the DfE were joint controllers of the personal data and special category data. The University of Westminster and FFT Education Datalab were data processors. For the process evaluation, RAND Europe were the sole data controllers of the process evaluation data. Further information about the stipulated roles and responsibilities may be found in the privacy notices (Appendix H).

For the impact and process evaluation, the legal basis for RAND Europe to process personal data was legitimate interests.[280] The legal bases for RAND Europe to process pupils' special category data were for reasons of substantial public interest[281] and because it was necessary for archiving purposes (in the YEF data archive) in the public interest, scientific or historical research purposes.[282] The legal basis for the DfE to process pupils' personal data was that it was necessary for the performance of a task carried out in the

[280] Article 6 (1) (f) of UK GDPR

[281] Article 9 (2) (g) of UK GDPR

[282] Article 9 (2) (j) of UK GDPR

public interest.[283] The legal basis for the DfE to process special category data was for reasons of substantial public interest.[284]

All participants (including pupils, parents/guardians, and stakeholders who took part in interviews, surveys and case studies) were provided with fair processing privacy notices that explained the use, storage and secure handling of the data (Appendix H).

A Data Protection Impact Assessment (DPIA) and Legitimate Interests Assessment (LIA) were undertaken for the evaluation. Data sharing agreements with the DfE, the data processors, and with the schools involved in supplying data were set up, and data transfer logs, data destruction logs, and processes around data storage were put in place. More information on the measures followed may be found in the privacy notices embedded below.

Recruitment and consent documents

We developed recruitment and consent documents around the collection of SDQs:

- Memorandum of Understanding, shared with the 21 recruited comparison schools
- Privacy Notice, Project Information Sheet, and Withdrawal form shared with parents/guardians of pupils who were asked to take part in SDQ data collection

We developed recruitment and consent documents for stakeholders who took part in the IPE data collection. An example is attached for the stakeholders consulted in case studies, including:

- Privacy Notice


APST Y1 & 2 process PIS.pdf


APST Y1 & 2 Withdrawal form fo


APST Y1 & 2 PN for SDQ collection.pdf

- Project Information Sheet and Consent Form


APST Y1 & 2 PIS for SDQ collection.pdf


APST Y1 & 2 process PN.pdf

[283] Article 6 (1) (e) of UK GDPR

[284] Article 9 (2) (g) of UK GDPR

Appendix B: Methodology

A. Evaluation questions

We set out 22 evaluation questions (EQ) to operationalise our three research objectives. We designed these EQ in consultation with the DfE, the YEF and the Programme Board.

We tested and refined the theory of change and evaluation questions after the first year of delivery. As the APST was a DfE pilot, we planned an update of the theory of change after the first round of data collection and the first year of delivery, understanding that the intended activities, inputs, outputs and outcomes might shift as implementation and operation began. We also refined and updated the evaluation questions to ensure that useful data was collected and reported and that questions remained relevant.

Objective 1: Understanding delivery of APST and experiences of those involved (process evaluation)

Implementation and operation of the APST	
EQ1	To what extent were the APSTs implemented *as planned* in relation to (i) co-location of teams (ii) the inclusion of at least four different specialists (including transition coach, speech & language, mental health (including counsellors), youth offending, youth worker, family support, educational psychologists, social worker) (iii) having a project coordinator and (iv) having a designated SLT lead?
EQ2	How do APST specialists work with children and young people and families as part of APST on a day-to-day basis?
EQ3	What were the barriers and facilitators that affected implementation and operation of APST as planned? What, if any, adaptations were made to the implementation and operation of APST as planned?
EQ4	To what extent does implementation and operation of the APSTs differ between AP schools and why?
EQ5	To what extent do AP schools have plans to continue delivering elements of APST in the AP school after the end of the DfE-funded pilot? What are the barriers and facilitators to sustainability?
EQ6	To what extent do APSTs account for and respond to diversity in students' ethnicities and genders?
Partnership working	
EQ7	To what extent did APST specialists within the same schoolwork in partnership as a team? To what extent and how did APST specialists working in partnership within the same school make a difference? What were the barriers to partnership working between APST specialists within the same school? What adaptations were made? What were the facilitators to partnership working between APST specialists within the same school?
EQ8	To what extent did APST specialist teams and AP SLT leads from different AP schools communicate with each other?

	To what extent and how did this communication make a difference? What were the barriers to communication between different APST teams? What adaptations were made? What were the facilitators to communication between different APST teams?
EQ9	To what extent did APST specialist teams and AP staff (including the APST SLT lead) coordinate and work together? To what extent and how did this coordination and working together make a difference? What were the barriers to coordination and working together? What adaptations were made? What were the facilitators to coordination and working together?
EQ10	To what extent did APST specialist teams and local stakeholders effectively coordinate and work in partnership with each other? To what extent and how did coordinating and working in partnership make a difference? What were the barriers to coordinating and working in partnership? What adaptations were made? What were the facilitators to coordinating and working in partnership?
Perceived outcomes	
EQ11	To what extent and how was APST perceived by relevant stakeholders to contribute to the stated outcomes [that are being measured by the impact evaluation]?
EQ12	To what extent and how was the APST perceived by relevant stakeholders to contribute to parental and pupil engagement with the AP school and education?
EQ13	To what extent and how was APST perceived by relevant stakeholders to have the potential to reduce youth violence amongst CYP attending the AP during the length of the APST pilot?
EQ14	To what extent did the APSTs result in unintended consequences for all stakeholders during the length of the APST pilot?

Objective 2: Understanding the causal effect of attending a school operating APST on pupil outcomes (impact evaluation)

EQ15	What is the difference in reintegration of pupils in Years 7 to 10 in the 22 participating AP schools in comparison to those pupils in comparison schools receiving business as usual? What is the difference in reintegration of Key Stage 3 (Year 7 to Year 9) pupils in the 22 participating AP schools in comparison to those pupils in comparison schools receiving business as usual? What is the difference in reintegration of Year 10 pupils in the 22 participating AP schools in comparison to those pupils in comparison schools receiving business as usual?

EQ16	What is the difference in attendance of pupils in Years 7 to 10 measured by attendance at AP schools and state-funded schools of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual?
EQ17	What is the difference in post-16 outcomes measured by initial post-16 destinations of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual? What is the difference in post-16 outcomes measured by sustained post-16 destinations of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual?
EQ18	What is the difference in attainment, measured separately by Key Stage 4 Attainment, in English and Maths of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual?
EQ19	What is the difference in social and emotional outcomes measured by the total difficulties score on the Strengths and Difficulties Questionnaire (SDQ)) of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual
EQ20	What is the difference in conduct and hyperactivity symptoms, as measured by the externalising score (the sum of the conduct and hyperactivity sub-scales) of the SDQ, in pupils receiving APST in comparison to those pupils in comparison schools receiving business as usual?
EQ21	What is the difference in participation285 in state-funded education of pupils in schools receiving APST in comparison to those pupils in comparison schools receiving business as usual?

Objective 3: Understanding the cost associated with APST

EQ22	What are the costs of delivering APST in schools?

Impact evaluation methods

Design

The impact evaluation used a quasi-experimental design. For both primary outcomes and all secondary outcomes derived from the NPD datasets, a difference-in-differences methodology was used. This was informed by preliminary analysis of pre-treatment data as set out in the study protocol.[42] For the two secondary outcomes derived from the SDQ, a pre-post-test methodology comparing APST schools to a set of matched similar AP schools was used. Table 14 includes more information on the design and the outcomes explored.

[285] Pupils in Year 11 will be classified as participating if they are in a sustained post-16 destination; pupils in Years 7 to 10 will be classified as participating if they are absent for <22% of sessions).

Table 14: Design of the impact evaluation

Trial Design		**QED (Two group pre-/post-test using difference-in-difference methodology)**
Unit of analysis		**Pupil Treatment at level 2 (AP schools) with outcomes at level 1 (pupils)**
Primary outcome 1	Variable	**Initial post-16 study**
	Measure	Enrolment at a school or further education (FE) provider on 31st October in the year following Key Stage 4 (NPD linked to ILR)
	Cohort	Pupils aged 15 (Year 11)
Primary outcome 2	Variable	**Re-integration of pupils at a mainstream secondary school**
	Measure	Enrolled at a state-funded mainstream school continuously for at least 180 days in the following year and spent less than 180 days in alternative provision the following year (NPD)
	Cohort	Pupils aged 11-14 (Years 7 to 10)
Secondary outcome 1	Variable	**Key Stage 4 attainment**
	Measure	Key Stage 4 English score, Key Stage 4 maths score (NPD)
	Cohort	Pupils aged 15 (Year 11)
Secondary outcome 2	Variable	**Re-integration of pupils at a mainstream secondary school**
	Measure	Enrolled at a state-funded mainstream school continuously for at least 180 days in the following year and spent less than 180 days in alternative provision the following year (NPD)
	Cohort	Pupils aged 11-13 (Years 7 to 9)
Secondary outcome 3	Variable	**Absence**
	Measure	Absence rate at state-funded schools in the following year (NPD)
	Cohort	Pupils aged 11-14 (Years 7 to 10)

Secondary outcome 4	Variable	**Sustained post-16 study**
	Measure	Enrolled at a school, college or work-based learning provider for at least 180 days continuously in the following year (NPD linked to ILR)
	Cohort	Pupils aged 15 (Year 11)
Secondary outcome 5	Variable	**Participation in education**
	Measure	Composite measure of a) the percentage of 15 year olds enrolled at a school, college or work-based learning provider for at least 180 days continuously in the following year (NPD linked to ILR) and b) the percentage of 11-14 year olds with an attendance rate of 78% or higher in the following year (NPD)
	Cohort	Pupils aged 11-15 (Years 7 to 11)
Secondary outcome 6	Variable	**Strengths and Difficulties Questionnaire (SDQ) score**
	Measure	a) Total SDQ score and b) SDQ externalising problems sub-score at endline (SDQ)
	Baseline	a) Total SDQ score and b) SDQ externalising problems sub-score at baseline (SDQ)
	Cohort	Pupils aged 11-15 (Years 7 to 11)

Source: Evaluation team.

Participant selection

22 AP schools participated as treatment schools. These schools were selected by the Department for Education (DfE) before the start of the evaluation based on two measures of serious violence:

- Number of hospital admissions for assault with a sharp object (all ages) April to September 2020, measured at lower-tier local authority level
- Number of police-recorded serious violence offences in calendar year 2020, measured at community safety partnership level (CSP)[286]

The areas with the 22 highest scores were selected to participate. In each area, the largest AP school was selected to participate in the programme. All selected schools subsequently participated.

All pupils who were enrolled in the 22 AP schools were considered to be in the 'treatment' group. As APST was designed to be a whole-school intervention, we assumed an intention-to-treat (ITT) design. All pupils observed to be enrolled in Year 7-11 at one of the 22 treatment schools at any points during the 2021/22 (Cohort 1) and 2022/23 (Cohort 2) academic years according to School Census were considered to be in the treatment group for all outcomes.[287] This included 3,370 young people in Cohort 1 and 3,780 young people in Cohort 2.

For all outcomes derived from the NPD or ILR (absence, post-16 study, reintegration, attainment, participation), we took all pupils enrolled in all 330 of the state-funded AP schools which did not offer APST to be comparison schools. All pupils observed to be enrolled in Year 7-11 at one of the 330 comparison schools at any points during the 2021/22 (Cohort 1) and 2022/23 (Cohort 2) academic years according to School Census were considered to be in the comparison group for these outcomes. This included 25,000 pupils in Cohort 1 and 27,310 pupils in Cohort 2. As not all of these AP schools cover all five year groups in our evaluation (Year 7-11), the number of schools included in our analysis varies depending on which year group an outcome relates to.[288]

For all outcomes derived from the SDQ (total difficulties, externalising problems), we recruited 21 AP schools to be comparison schools. We identified these schools through nearest neighbour matching[289] and approached them to take part.

All 22 participating and 21 SDQ comparison AP schools agreed, as a condition of joining the evaluation, to administer SDQs to all pupils enrolled in Years 7-11 at any points between January 2022 and August 2022 (cohort 1) and 2022/23 (cohort 2) academic years.[290] Schools were asked to administer a baseline to all

[286] CSPs are largely (but not exactly) coterminous with lower-tier local authorities. For those that were coterminous, percentile scores were calculated for each measure and summed by DfE. Those that were not coterminous (which were, in general, areas with low levels of serious violence) were dropped from the sample.

[287] We refer to pupils enrolled in academic year 2021/22 as Cohort 1 and those enrolled in academic year 2022/23 as Cohort 2. Some pupils appear in both Cohort 1 & 2.

[288] For example, there were 307 schools with Year 11 cohorts in total over the period studied (2014 to 2023).

[289] See Appendix C of the Study Protocol for more information on the matching process at https://youthendowmentfund.org.uk/wp-content/uploads/2023/04/APST-Evaluation-Protocol-2023.pdf

pupils in October 2021 if they were on roll or when they joined a treatment or comparison school for the first time between October 2021 and the end of the academic year 2022/23. Schools were asked to administer an endline SDQ to all pupils whenever they left a treatment or comparison AP school from February 2022 until the end of the academic year 2022/23 or at the end of 2022/23 if they were still enrolled.

Outcome measures

We define two primary outcomes and seven secondary outcomes, all defined with reference to year groups. The primary outcomes are:

- Enrolment in initial post-16 study for pupils who attended an AP school in Year 11
- Re-integration in a mainstream school for pupils who attended an AP school in Years 7 to 10

We chose to have two primary outcomes because there was no single measure available in the administrative (NPD) data that would cover the post-treatment period for all relevant year groups. Our choice of primary outcomes was also guided by data quality: as described below, concerns about the effects of the Covid-19 pandemic on absence data, in particular the unavailability of absence data for one pre-treatment cohort (2018/19) and uneven impacts at regional level, meant that this was not selected as a primary outcome.

All but two outcome measures were sourced from the National Pupil Database (NPD), with the two post-16 measures supplemented with linked data from the Individualised Learner Record (ILR). The remaining two outcome measures were derived from the Strength and Difficulties Questionnaire (SDQ), obtained via primary data collection from the treatment and SDQ comparison group schools.

Primary outcome

For pupils in Year 11, the primary outcome is *enrolment in initial post-16 study*. This measures whether a pupil was enrolled in state-funded education in England on 31st October in the academic year after Year 11.

For pupils in Years 7 to 10, the primary outcome is *re-integration at a mainstream secondary school.* This means being enrolled at a state-funded mainstream school continuously for at least 180 days in the year following attending an AP school, without any concurrent enrolments in the AP sector, and spending less than 180 days enrolled at an AP school in total in the year following attending an AP school.

Primary Outcome 1: Initial Post-16 study

Measure: Enrolment at a school or further education (FE) provider on 31st October in the year following Key Stage 4

Population: All pupils observed in School Census on roll at AP schools in England for 1 day or more in Year 11. Pupils observed at multiple AP schools are allocated to the first participating school at which they are observed, else the first non-participating school at which they are observed.

Years available: 2014 to 2023

Definition of the measure: Using School Census for pupils in schools and Individualised Learner Record (ILR) for pupils in further education (including work-based learning), we identified pupils who on the 31 October were a) enrolled at a school or b) enrolled on one or more learning aims in ILR.

Rationale: APST was intended to support pupils to achieve better outcomes in school in order to lead to fewer pupils becoming NEET when leaving APST (one of the longer-term impacts of APST identified in the ToC). This was selected as a primary outcome in consultation with DfE and YEF.

Primary Outcome 2: Re-Integration

Measure: Enrolled at a state-funded mainstream school continuously for at least 180 days in the following year and spent less than 180 days in alternative provision the following year

Population: All pupils observed in School Census on roll at AP schools in England for 1 day or more in Years 7 to 10. For each year pupils observed at multiple AP schools are allocated to the first participating AP school at which they are observed, else the first non-participating school at which they are observed. No adjustment is made for pupils observed in multiple years. Re-integration for all pupils in Years 7 to 10 (aged 11-14) will be a primary outcome. We will also analyse re-integration of a) KS3 pupils (age 11-13) and b) Year 10 (age 14) pupils separately as secondary outcomes.

Years available: 2014 to 2023

Definition of the measure: For each pupil observed attending an AP school in year y, we scanned School Census and the local authority alternative provision census in year y + 1 and all subsequent years. Using the leaving date at each school, and adjusting for changes in school identifiers, we calculated the number of days between the start of y +1 and the leaving date for each enrolment spell at each school (in days). We also counted the total number of days spent in alternative provision (both AP schools and local authority AP). Here we combined all schools attended. Pupils observed as spending at least 180 days continuously enrolled at mainstream schools and less than 180 days in total in alternative provision were considered to have been re-integrated. [291]

Rationale: An increase in re-integration of pupils into mainstream schools – when appropriate - is an outcome identified in the ToC (OC12). While reintegration is an outcome included in the ToC, our understanding is that it is not always considered appropriate for all pupils, especially those in Year 10. However, given that it is one of the stated aims of AP and that there were limited alternative feasible outcomes (such as attendance) available, this was selected as a primary outcome in discussion with YEF and DfE. Secondary outcomes – exploring reintegration for pupils in Year 7-9 and Year 10 – allow us to investigate the suitability of this outcome for different age groups.

Secondary outcomes

Table 15 shows the secondary outcomes that were measured in this evaluation, including which cohorts and year groups were included.

Table 15: Secondary outcomes of the evaluation, including relevant Year groups and cohorts

Outcome	Year Groups included	Cohort 1 (2021/22)	Cohort 2 (2022/23)

[291] There are no official measures of re-integration used within the education system at present, therefore we created one for the purposes of this evaluation. We chose 180 days (in effect 6 months) as a suitable benchmark for two reasons. Firstly, it was felt from discussions with the Department for Education that this gave a reasonable indication of placement stability. Secondly, we could observe such a duration in administrative datasets that would be available within the project timescales.

Post-16 Study	Year 11	Y	
Re-integration	Years 7 to 9	Y	Y
Re-integration	Year 10	Y	Y
Absence (whole year)	Years 7-10	Y	
Absence (2 terms)	Years 7-10	Y	Y
KS4 Attainment	Year 11	Y	Y
SDQ	Years 7-11	Y	Y
Participation	Years 7-11	Y	

Note: Data for Cohort 2 was not always available within the timelines of this evaluation. The extension evaluation of APST will include Cohort 2 data when it is not available in this evaluation. Source: Evaluation team.

Secondary Outcome 1: Attainment

Measures: Key Stage 4 score English score, Key Stage 4 maths score

Population: All pupils observed in School Census on roll at AP schools in England for 1 day or more at academic age 15 (Year 11). Pupils observed at multiple AP schools are allocated to the first participating school at which they are observed, else the first non-participating school at which they are observed.

Years available: 2014 to 2019, 2022, 2023 (not available for 2020 and 2021 due to the pandemic)

Definition of the measure: Grades were converted into points as set out in Appendix F.

English: Highest grade in GCSE English language or other general qualifications in literacy or communication

Maths: Highest grade in GCSE maths or other general qualifications in numeracy

Rationale: Increased attainment is an outcome identified in the ToC. English and maths were selected because they are compulsory (meaning that outcomes can be observed for all pupils), marked externally and quality assured by awarding bodies, and attainment in the subjects are associated with successful transition to post-16 study, consistent with the longer-term aim of APST to reduce propensity to be not in education, employment or training post-16.

Secondary Outcome 2: Reintegration for Year 7-9

Please see section on **Primary Outcome 2: Re-Integration**

Secondary Outcome 3: Reintegration for Year 10

Please see section on **Primary Outcome 2: Re-Integration**

Secondary Outcome 4: Absence

Measure: Rate of absence in the following year

Years available: 2014 to 2019, 2021 to 2023. Due to the COVID-19 pandemic resulting in schools being closed to the majority of pupils in state schools in the 2019/20 academic year, there is no endline absence data for the 2018/19 cohort. Data for the 2019/20 and 2020/21 cohorts is also partially affected by school closures due to COVID-19.

Population: All pupils observed in School Census on roll at AP schools in England for 1 day or more in Years 7 to 10. For each year pupils observed at multiple AP schools are allocated to the first participating school at which they are observed, else the first non-participating school at which they are observed. No adjustment is made for pupils observed in multiple years.

Definition of the measure: For each pupil observed attending an AP school in year y, we scanned absence data for year y + 1. We summed the following:

- Sessions absent due to authorised absence (a)
- Sessions absent due to unauthorised absence (b)
- Total possible sessions of attendance (c)

The absence rate for a pupil is (a + b)/c.

The attendance rate for a pupil is 1- ((a + b)/c).

Due to lags in absence data for year y + 1 being made available, we also used a measure of absence based on the Autumn and Spring terms only, in order to deliver findings for Cohort 2 within the timelines of this evaluation.

Rationale: Improvement in attendance at schools is an outcome of APST identified in the ToC (OC10). Concerns about the quality of attendance data in NPD have led us to include this outcome as a secondary outcome (not a primary outcome). COVID-19 had an uneven effect on absence, with London appearing to suffer less impact compared to other regions[292]. In addition, absence data in NPD suffers from missingness: not all pupils appeared in the absence data for the following year. Table 17 of this appendix shows that in most cohorts, around 9-10% of pupils have missing absence data in the following year. This will include those who emigrate or move to home education, for example.

Secondary Outcome 5: Sustained Post-16 study

Measure: Sustained participation in education or training for at least 180 days at academic age 16 (Year 12)

Population: All pupils observed in School Census on roll at AP schools in England for 1 day or more at academic age 15 (Year 11). Pupils observed at multiple AP schools are allocated to the first participating school at which they are observed, else the first non-participating school at which they are observed.

Years available: 2014 to 2023

Definition of the measure: Using School Census for pupils in schools and ILR for pupils in further education (including work-based learning), we calculated the maximum number of days pupils were continuously a)

[292] https://ffteducationdatalab.org.uk/2021/10/what-does-secondary-school-absence-look-like-this-year/

attending schools or b) enrolled on ILR learning aims up to the end of July in the year in which they were aged 16. We adjusted for attrition by excluding any pupils who are not observed in any of the data sources at age 16.

Rationale: APST was intended to support pupils to achieve better outcomes in school in order to lead to fewer pupils becoming NEET when leaving APST (one of the longer-term impacts of APST identified in the ToC). This outcome complements Primary Outcome 1 (initial post-16 study) by seeking to understand whether involvement in post-16 study in the year after Year 11 was sustained.

Secondary Outcome 6: Participation in state-funded education

Measure: A composite indicator based on a) absence for pupils in Years 7 to 10 and b) post-16 participation pupils in Years 11

Years available: 2014 to 2019, 2021-2023. There is no endline absence data for the 2019 cohort. Data for the 2020 cohort is affected by school closures due to COVID-19.

Population: All pupils observed in School Census on roll at AP schools in England for 1 day or more at academic age 11 to 15 (Years 7 to 11). For each year pupils observed at multiple AP schools are allocated to the first participating school at which they are observed, else the first non-participating school at which they are observed. No adjustment is made for pupils observed in multiple years.

Definition of the measure: A binary measure of participation in education in the following year. For Year 11 pupils we used the sustained post-16 participation measure described above. For Year 7 to Year 10 pupils, we defined participation has having an absence rate lower than 22%. This threshold was selected as the proportion of Year 7 to Year 10 pupils with this level of absence equalled the proportion of Year 11 pupils in sustained post-16 participation in the most recent year for which data was available during our preliminary analysis.

Rationale: This is an attempt at producing a measure from administrative data that is applicable to all pupils within the scope of the APST programme. Both attendance and post-16 participation are identified within the ToC. However, this is a speculative measure and has lower precedence than the other proposed outcomes.

Secondary outcome 7: Social and emotional wellbeing & conduct and hyperactivity

Measure: a) SDQ total score, excluding the prosocial sub-scale and b) SDQ externalising problems sub-scale score.

Population for baseline: All pupils in Years 7 to 11 in the 22 schools participating in APST and in 21 comparison schools during the 2021/22 and 2022/23 academic year were eligible to take the baseline SDQ when joining the school for the first time. This includes all pupils on roll at the start of the academic year 2021/22 and subsequent joiners.

Population for endline: All pupils in Years 7 to 11 in the 22 schools participating in APST and in 21 comparison AP schools during the 2021/22 and 2022/23 academic year were eligible to take the endline SDQ when leaving the school at any point from February 2021 onwards. This included all pupils on roll in Years 7 to 11 at the end of the academic year 2022/23.

Years available: 2021/22 and 2022/23

Definition of the measure: For both baseline and endline SDQ we calculated a) total difficulties score across all SDQ sub-scales (except the prosocial sub-scale) and b) the externalising problems score (as measured by the conduct and hyperactivity subscales).

Rationale: As outlined in the ToC, APST aims to (a) improve pupils' social and emotional wellbeing and (b) reduce children's involvement in violence, in which conduct and hyperactivity is correlated with offending[293]. The SDQ is a core measure recommended by the YEF, as it supports the measurement of broader cognitive and behavioural outcomes as well as offending outcomes. The SDQ has been validated for a UK population and have shown good validity and reliability.[294]

Sample size

For outcomes derived from the NPD/ILR, the entire population is included in the sample. Analysis includes all pupils enrolled at all state-funded alternative provision schools during 2021/22 and 2022/23, drawing on analysis of historic trends before the intervention period. Table 16 shows information on the number of 15-year-old (Year 11) pupils at treatment and comparison schools and the mean outcome measures achieved, over the 10 years included in the analytical dataset (including both pre- and during-intervention periods). Table 17 shows similar data on numbers of 11-14 year olds (Year 7-10) pupils. We empirically observed minimum detectable effect size (MDES) using the observed standard errors from placebo tests on pre-treatment data carried out during preliminary analysis.[295]

For outcomes derived from the SDQ, a sample of the population was used. This is because data was not available administratively and needed to be collected by the evaluation team. For these outcomes, MDES was calculated using the PowerUpR[296] package in R on the basis of both known information (i.e. how many settings were participating) and assumed information (i.e. how many pupils would be enrolled in the setting). [297]

It is important to note that, unlike mainstream schools, the population of pupils at AP schools changes over the course of the year, with numbers attending increasing from Autumn to Summer.[298] In addition, there is significant churn of pupils. Not all pupils who join an AP school will remain enrolled there. For example, 7,462 pupils reached the end of Key Stage 4 at an AP school in 2019. However, almost 12,000 other pupils in the same age cohort experienced an AP school at some point during their school career.[299]

[293] van Domburgh, L., Doreleijers, T. A., Geluk, C., & Vermeiren, R. (2011). Correlates of self-reported offending in children with a first police contact from distinct socio-demographic and ethnic groups. Child and adolescent psychiatry and mental health, 5(1), 22.

[294] https://res.cloudinary.com/yef/images/v1623145467/cdn/18.-YEF-SDQ-guidance/18.-YEF-SDQ-guidance.pdf

[295] Please see the SAP for more information on how the MDES was observed.

[296] https://cran.r-project.org/web/packages/PowerUpR/PowerUpR.pdf

[297] Please see the SAP for more information on how the MDES was observed.

[298] https://ffteducationdatalab.org.uk/2024/06/why-are-alternative-provision-schools-so-full-an-update/

[299] https://ffteducationdatalab.org.uk/wp-content/uploads/2021/07/working_paper_ap_quality_v4.pdf

Table 16: Descriptive statistics, Year 11 pupils, schools and outcomes by treatment status

	Number of pupils		Number of schools		Pupils with KS2 results		Pupils in initial post-16 study		KS4 English average score		KS4 maths average score	
Year	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison
2014	1370	9080	19	262	1160	8470	600	4560	16.07	18.34	16.43	18.08
2015	1500	9750	20	266	1180	9140	590	4800	15.14	18.34	15.98	17.60
2016	1420	10020	20	265	1190	9370	550	4770	15.54	17.93	15.14	17.22
2017	1500	9960	21	267	1280	9400	580	4700	16.25	17.96	16.45	18.61
2018	1510	9650	22	270	1330	9200	660	4610	18.23	18.86	17.99	19.18
2019	1480	9640	22	274	1330	9150	640	4600	17.28	19.09	18.53	19.52
2020	1410	9270	22	271	1300	8830	710	4810	*	*	*	*
2021	1270	8140	22	267	1160	7630	590	3930	*	*	*	*
2022	1140	8180	22	268	1050	7580	500	3610	18.73	20.96	18.45	19.96
2023	1230	8590	22	264	1130	7980	520	3910	18.91	20.00	18.95	19.92
Total	13820	92260	22	307	12110	86730	5940	44290	16.94	18.87	17.18	18.71

Source: Evaluation team analysis. Notes: KS4 data not available in 2020 and 2021 due to the Covid-19 pandemic. There were 307 schools with Year 11 cohorts in total over the period studied (2014-23).

Table 17: Descriptive statistics: Year 7 to 10 pupils, schools and outcomes by treatment status

	Number of pupils		Number of schools		Re-integrated pupils		Pupils with missing absence outcomes		2-term absence, following year		3-term absence, following year	
Year	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison
2014	2510	15500	19	288	30%	27%	12%	13%	27%	28%	28%	28%
2015	2550	16400	20	289	27%	26%	11%	12%	30%	29%	31%	29%
2016	2550	17250	20	286	24%	24%	8%	8%	30%	31%	31%	32%
2017	2690	17740	21	286	22%	24%	9%	9%	33%	33%	33%	33%
2018	2830	18120	22	288	24%	23%	9%	10%	35%	33%	35%	34%
2019	2670	18180	22	292	21%	23%	100%	100%	*	*	*	*
2020	2030	13440	22	285	21%	21%	7%	9%	40%	41%	40%	41%
2021	1930	13710	22	292	22%	23%	7%	9%	37%	40%	38%	41%
2022	2230	16850	22	284	27%	27%	8%	9%	39%	43%	40%	44%
2023	2550	18720	22	281	29%	28%	10%	9%	40%	45%	NYA	NYA
Total	24530	165910	22	331	25%	25%	19%	20%	28%	29%	34%	35%

Source: Evaluation team analysis. Notes: * Absence data not available in 2020 due to the Covid-19 pandemic. NYA: Not yet available. There were 331 schools with Year 7-10 cohorts in total over the period studied (2014 to 2023).

Statistical analysis

For outcomes derived from NPD/ILR

Since DiD relies on outcomes trending in parallel in the pre-treatment period, we produce event study plots to show this. These plot the β_t coefficients estimated from the regression

$$y_{ist} = \sum_{t \neq 2021} \alpha_t \cdot year_t + \sum_{t \neq 2021} \beta_t \cdot year_t \cdot T_s$$

where y_{ist} represents an outcome for pupil i in setting s at time t, $year_t$ is a dummy variable indicating that the outcome relates to year t and T_s indicates that pupil i is in a treatment setting. The β_t coefficients show whether the difference in mean outcomes for the treatment and non-treatment schools appears stable over the pre-treatment period (and whether there is a noticeable change post-treatment).

For the impact estimates, we calculate the average treatment effect on the treated (ATET) using a standard two-way fixed effects regression as shown in Equation 1. In line with the theory of change, we assumed that all pupils on roll at the AP school were in the treatment group: i.e., that 'treatment' is defined at the school level and as APST being operated within a school. This is in line with the theory of change, which hypothesised that being at a school with APST operating would lead to the intended benefits. We do not calculate the effect of taking part in specific APST interventions. Therefore, the estimated ATET captures the impact of intention to treat pupils.

Equation 1: Main Difference-in-difference specification used in analysis of outcomes derived from NPD/ILR[300]

$$y_{ist} = \beta . X_{i0} + \mu_s + \phi_t + \gamma . POST_t . T_s$$

In Equation 1, y_{ist} represents an outcome for pupil i in setting s at time t. Here, μ_s is the setting fixed effect, ϕ_t is a time effect, $POST_t$ indicates that t falls after the introduction of the treatment and T_s indicates that pupil i is in a treatment setting. X_{i0} is a set of covariates summarising pupils' educational and social care histories prior to enrolment in the AP sector (the 0 in the subscript is to emphasise that all such controls pre-date enrolment). The covariates adjust for differences in pupil composition between treatment and comparison schools described above.

Since treatment is at the setting level, we cluster the standard errors at this level, following the guidance of Abadie et al (2023)[301].The coefficient of interest is γ, which provides the estimate of ATET.

For primary outcomes, we test the robustness of our main specification in two ways. First, we test it by using a difference-in-regression-discontinuity (DRD) design.[302] Rather than using all AP schools in the comparison set, we restrict the comparison group to schools in areas with higher levels of serious violence (SV).[303] As explained in the SAP, we select the subset of schools that are within areas for which the serious violence score

[300] This equation notation has been edited since the Study Protocol to reflect that treatment is defined at the school level, which was not clear in its previous iteration.

[301] Athey, Abadie, Imbens and Wooldridge (2023) "When Should You Adjust Standard Errors for Clustering?" The Quarterly Journal of Economics, Volume 138, Issue 1, Pages 1–35.

[302] See Grembi, V., Nannicini, T. and Troiano, U., 2016. Do fiscal rules matter?. *American Economic Journal: Applied Economics*, pp.1-30 for an early example of this approach

[303] Using the same area-level SV measures that were used to select the 22 areas for the intervention.

is reasonably close to the cut-off used to confer APST eligibility (see footnote 28). This provides another means of reducing differences between participating and non-participating schools. Assuming schools close to the cut-off are relatively similar on average, this approach can be interpreted as a difference-in-regression-discontinuity (DRD) estimator, offering a stronger basis for the identification of causal effects.

Secondly, we test it by using an alternative DiD specification in which a linear trend in pre-treatment outcomes (L_t) is explicitly modelled and allowed to vary with treatment status (see Equation 2). Rather than relying on the assumption that mean outcomes in treated and comparison group schools follow parallel paths, this generalisation allows the two groups to follow their own paths but assumes that these trends would continue in the absence of the treatment. We had intended to use this with primary outcomes where the parallel trends in pre-treatment differences did not hold but ultimately included it as a robustness check (Check 3) in any event.

Equation 2: Alternative Difference-in-difference specification used in robustness test of primary outcomes[304]

$$y_{ist} = \beta.X_{i0} + \mu_s + \phi_t + \delta.L_t + \delta^T.L_t.T_s + \gamma.POST_t.T_s$$

For outcomes derived from SDQ

For these outcomes, impacts are estimated as shown in Equation 3: by regressing the endline measure on a treatment dummy and baseline characteristics, where these now include the baseline SDQ measure. The estimated coefficient from regressing the endline measure on the treatment dummy alone is equivalent to calculating the treatment-comparison difference in mean SDQ. By including also baseline characteristics in the regression, variation due to compositional differences between the two groups is controlled for.

Particularly important in this regard is baseline SDQ since this is most likely to be correlated with endline SDQ (for example, it may capture otherwise-unobserved pupil characteristics that exert an ongoing influence on SDQ). By including baseline characteristics and SDQ in the regression, the intention is to reduce the influence of those characteristics such that the estimated treatment coefficient is more likely to isolate the impact of being in an APST school. However, the results from this methodology are less secure than the DiD methodology as they may simply reflect unobserved differences between both groups.

Equation 3: Specification used to assess impact in outcomes derived from SDQ[305]

$$y_{is} = \beta.X_{i0} + \gamma.T_s$$

In Equation 3, y_{is} represents the post-intervention outcome for pupil i in setting s. Here, the t subscript is dropped since only post intervention outcomes are used as a dependent variable. X_{i0} is a pupil's baseline SDQ score and a set of covariates summarising pupils' educational and social care histories prior to treatment (the 0 in the subscript is to emphasise that the control pre-dates the treatment). T_s indicates that pupil i is in a treatment setting.

[304] This equation notation has been edited since the Study Protocol to include school-level fixed effects, which was not clear in its previous iteration. We have also clarified that this equation and robustness check would only be used on the primary outcomes, which was not clear in the Study Plan.

[305] This equation has been added as it was omitted in error from the Study Protocol.

Participant characteristics and how they were controlled for

Participant characteristics

There were differences between the characteristics of pupils enrolled at treatment and those enrolled at comparison schools. These differences vary over time and are summarised in Table 18 (for Year 11) and Table 19 (for Year 7-10). Compared to pupils enrolled in comparison schools, pupils enrolled in treatment schools in Year 7-10 and 11 were:

- **More likely have been permanently excluded prior to enrolment** (37% for Year 7-10 in treatment, compared to 27% for Year 7-10 in comparison; 39% for Year 11 in treatment, compared to 26% for Year 11 in comparison).
- **More likely to live in economically disadvantaged areas**, as indicated by the higher mean IDACI score (0.36 for Year 7-10 in treatment, compared to 0.27 for Year 7-10 in comparison; 0.36 for Year 11 in treatment, compared to 0.26 for Year 11 in comparison).
- **Less likely to have Education, Health and Care (EHC) plans prior to enrolment than those in treatment schools** (4.6% for Year 7-10 in treatment, compared to 8.7% for Year 7-10 in comparison; 4.7% for Year 11 in treatment, compared to 8.3% for Year 11 in comparison). However, pupils enrolled in Year 7-10 were more likely to have been identified as having SEN prior to enrolment than pupils in comparison schools (82% for treatment; 72% for comparison).

Pupils enrolled in treatment schools in Year 11 were also **more likely to have ever been eligible for free school meals** (83% for treatment; 71% for comparison), and **less likely to have also been enrolled at a mainstream school during Year 11** (43% for treatment; 57% for comparison). Over the 10-year dataset, pupils enrolled in treatment schools in Year 11 were less likely to have Key Stage 2 (KS2) results than pupils attending comparison schools: however, in recent years, the percentage of pupils with KS2 results at treatment schools was very similar to comparison schools. This might indicate a change over time in pupil composition at treatment schools: for example, treatment schools may have become less likely to enrol Year 11 pupils who had recently arrived from overseas. Pupils without KS2 results are not included in our calculations of treatment effects.

There were similar proportions of pupils in Years 7-10 and Year 11 with **experience of Children's Social Care** in both treatment and comparison schools. There were similar proportions of pupils in Years 7-10 **eligible for free school meals** in both treatment and comparison schools.

There are some differences between treatment and comparison schools in the outcomes achieved before APST. Table 18 and Table 19 show this variation in evaluation over the 10-year period observed**.** Key Stage 4 attainment outcomes achieved by pupils at treatment schools tend to be lower than those achieved by Year 11 pupils in comparison schools, by 1-2 points in English and maths.[306] In contrast, rates of re-integration for Year 7-10 pupils were broadly similar between treatment and comparison schools over the period observed, with 25% of pupils observed to be re-integrated across both treatment and comparison schools. Similarly, rates of 2-term and 3-term absence were also broadly similar between treatment and comparison

[306] Equivalent to between a sixth and a third of a grade in a GCSE graded A*-G.

schools, although absence was slightly lower among pupils from treatment schools than those from comparison schools for the two cohorts immediately prior to the introduction of APST.[307]

[307] Absence data was not collected in the 2019/20 academic year due to the Covid-19 pandemic. Consequently, absence outcome data is not available for the pupils who were enrolled in 2019

Table 18: Characteristics of Year 11 pupils

	% female		ever in need or in care prior to enrolment		Permanently excluded prior to enrolment		Also attends mainstream during Y11		EHC plan by end of Year 10		Ever SEN by end of Year 10		Ever elgible for free school meals		KS2 standardised score		IDACI score of home LSOA		Mean age first enrolled in AP		Number of pupils	
Year	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison
2014	33%	40%	42%	45%	32%	23%	47%	56%	5.2%	7.6%	89%	86%	84%	70%	-0.59	-0.60	0.44	0.29	15.29	15.30	1160	8470
2015	33%	40%	46%	47%	36%	22%	47%	58%	5.1%	7.8%	92%	87%	84%	70%	-0.54	-0.58	0.44	0.29	15.10	15.16	1180	9140
2016	33%	39%	50%	52%	36%	23%	39%	59%	3.4%	7.7%	89%	87%	84%	72%	-0.54	-0.60	0.45	0.30	14.93	15.00	1190	9370
2017	30%	38%	50%	53%	39%	24%	41%	58%	3.9%	6.6%	88%	86%	84%	72%	-0.52	-0.53	0.36	0.27	14.86	14.93	1280	9400
2018	29%	37%	51%	54%	43%	28%	41%	56%	4.5%	6.5%	89%	85%	84%	72%	-0.48	-0.48	0.35	0.27	14.80	14.84	1330	9200
2019	32%	37%	53%	56%	42%	30%	39%	53%	3.0%	7.0%	85%	83%	84%	70%	-0.51	-0.48	0.35	0.27	14.65	14.79	1330	9150
2020	30%	37%	56%	58%	43%	33%	39%	54%	6.2%	7.7%	87%	84%	82%	71%	-0.50	-0.45	0.35	0.26	14.50	14.70	1300	8830
2021	33%	38%	62%	61%	43%	31%	41%	53%	4.3%	8.7%	85%	82%	83%	72%	-0.49	-0.49	0.30	0.23	14.54	14.66	1160	7630
2022	34%	41%	61%	60%	40%	27%	46%	59%	6.7%	13.3%	85%	81%	85%	71%	-0.52	-0.46	0.29	0.23	14.56	14.75	1050	7580
2023	34%	42%	61%	58%	35%	23%	48%	62%	5.3%	12.2%	81%	79%	81%	71%	-0.50	-0.46	0.29	0.23	14.70	14.85	1130	7980
All Years	**32%**	**39%**	**53%**	**54%**	**39%**	**26%**	**43%**	**57%**	**4.7%**	**8.3%**	**87%**	**84%**	**83%**	**71%**	**-0.52**	**-0.52**	**0.36**	**0.26**	**14.79**	**14.90**	**12110**	**86730**

Source: Evaluation team analysis.

Table 19: Characteristics of Year 7-10 pupils

	% female		% ever in need or in care prior to enrolment		Permanently excluded prior to enrolment		Also attends mainstream		EHC plan by end prior to enrolment		Ever SEN prior to enrolment		Ever elgible for free school meals		Mean age at end of year		IDACI score of home LSOA		Mean age first enrolled in AP		Number of pupils	
Year	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison
2014	28%	34%	40%	45%	31%	22%	77%	79%	4.4%	8.3%	81%	72%	86%	84%	14.09	14.12	0.44	0.30	13.81	13.78	2510	15500
2015	26%	33%	44%	48%	31%	23%	78%	80%	4.3%	8.5%	82%	72%	86%	84%	14.06	14.09	0.44	0.30	13.63	13.61	2550	16400
2016	25%	32%	46%	50%	36%	25%	74%	79%	4.3%	7.7%	83%	73%	85%	83%	14.09	14.07	0.45	0.30	13.52	13.51	2550	17250
2017	25%	32%	48%	52%	40%	27%	72%	78%	4.1%	6.6%	83%	72%	83%	81%	14.10	14.07	0.35	0.27	13.46	13.45	2690	17740
2018	26%	31%	48%	54%	40%	30%	71%	75%	3.5%	6.5%	82%	72%	81%	80%	14.13	14.08	0.35	0.27	13.49	13.42	2830	18120
2019	26%	32%	52%	55%	39%	31%	70%	75%	4.5%	7.5%	82%	72%	81%	79%	14.11	14.10	0.35	0.27	13.41	13.39	2670	18180
2020	27%	31%	57%	58%	41%	33%	64%	67%	4.9%	9.7%	82%	73%	82%	81%	14.24	14.18	0.35	0.28	13.38	13.30	2030	13440
2021	30%	33%	55%	58%	39%	29%	66%	71%	4.7%	10.4%	82%	72%	79%	77%	14.25	14.13	0.30	0.24	13.43	13.37	1930	13710
2022	31%	36%	52%	53%	35%	26%	79%	80%	5.8%	12.0%	82%	71%	73%	74%	14.16	14.07	0.29	0.23	13.58	13.46	2230	16850
2023	35%	39%	51%	53%	36%	30%	78%	78%	5.5%	10.8%	80%	71%	72%	71%	14.11	14.07	0.29	0.23	13.57	13.49	2550	18720
Total	28%	33%	49%	52%	37%	27%	73%	77%	4.6%	8.7%	82%	72%	81%	79%	14.13	14.09	0.36	0.27	13.53	13.48	24530	165910

Source: Evaluation team analysis.

Controls

As there are differences between pupils in treatment and comparison schools and as composition of APST schools changes over time, **we adjust for differences in pupil composition using a range of pupil-level control variables** (listed in Table 20 and represented by X_{i0} in equation (2)).

We included variables in the regression used to estimate impacts that control for previous outcomes and characteristics. The difference-in-differences framework further controls for unobserved differences between the two groups. This relies on compositional differences being stable over time; an assumption we assume to hold. Some reassurance regarding the stability of the relationship between treatment and comparison schools is possible by inspecting pre-intervention differences in outcomes between the two groups. Credibility of the difference in differences estimator rests on being able to show stability of this relationship over time as this provides a basis for believing that it would be likely to continue, had the intervention not occurred (the parallel trends assumption). In this case, **any subsequent disruption to the relationship can be attributed to the programme**.

Due to the COVID-19 pandemic, standardised Key Stage 2 score (ks2_avz) was not available for the cohorts that reached the end of Key Stage 2 (age 10) in 2020 and 2021. For this reason, we do not use this variable when these two cohorts are included in the population being studied.[308] Previous absence (abs_pre1) was used with attendance as an outcome but not for other outcomes and months enrolled in AP in the previous year (months_ap_pre1) was used with re-integration as an outcome but not for other outcomes.

[308] This affects analysis of the following outcomes: re-integration, absence, participation

Table 20: Controls used for each outcome analysed

		Outcome				
Control	**Description**	**Attainment**	**Post-16**	**Attendance**	**Reintegration**	**SDQ**
female	pupil is female	Y	Y	Y	Y	Y
social_care	pupil has ever been in need or looked after	Y	Y	Y	Y	Y
also_mainstream	pupil also attended a mainstream school in the year in question	Y	Y	Y	Y	Y
first_ap_age_gp	academic age pupil first enrolled at an AP school	Y	Y	Y	Y	Y
prior_sen	highest SEN category before joining current AP school	Y	Y	Y	Y	Y
prior_perm_ex	pupil had been permanently excluded prior to joining current school	Y	Y	Y	Y	Y
prior_suspensions	number of suspensions prior to joining current AP school	Y	Y	Y	Y	Y
prior_fsm_percent	% of terms aged 5-15 observed as eligible for free school meals in School Census	Y	Y	Y	Y	Y
prior_sen_percent	% of terms aged 5-15 observed recorded as SEN in School Census	Y	Y	Y	Y	Y
prior_idaci	IDACI score of home postcode	Y	Y	Y	Y	Y
ethcode	Ethnic background	Y	Y	Y	Y	Y
ks2_avz	Mean standardised KS2 score in English and maths	Y	Y	N	N	N
abs_pre1	Absence rate in previous year	N	N	Y	N	N
months_ap_pre1	Months enrolled at an AP school in previous year	N	N	N	Y	N

Note: The outcome 'participation in education' is not included as this is a composite measure formed from other outcomes listed.

Subgroup analysis

We produced sub-group analyses for the primary outcomes using our main specification. We interacted the treatment effect with the following variables:

Pupils from different cohorts (Cohort 1 vs Cohort 2)

Pupils of different genders (male/ female)

Pupils of different ethnicities (any White ethnicities vs non-White ethnicities)

Pupils who have experienced Children's Social Care Services[309] (either looked after or in need (yes/ no))

The sub-group analyses are considered exploratory, as the SAP indicated that the statistical power of these sub-group analyses would be lower than full sample impact estimates. Consequently, we only proposed to use the broad groupings listed above rather than more narrow groupings or intersections.

Analysis in the presence of non-compliance

As set out in the SAP, schools were considered to meeting the minimum level of service and hence complying with treatment if:

- The school had at least 4 specialists in place from the core list of specialists
- Specialists were co-located for at least 3 days a week or equivalent
- The school had a SLT lead
- The school had a project coordinator. [310]

To determine whether these conditions were met, we examined information provided by DfE on the deployment of specialists in 22 participating AP schools over the two years.

Missing data analysis

As set out in the SAP, we did not impute missing outcome data for our main estimates. This is because imputation relies on missingness being explained by observed characteristics and so cannot capture the effect of unobserved factors associated with being in the treatment group. Such unobserved factors could relate to pupil characteristics that are unmeasured in the available data or the characteristics of local areas or schools. While this applies also to imputation of covariates, it is likely to influence results more substantially in the case of outcome variables.

No outcome data for attainment, re-integration and post-16 study was considered missing. Instead, we assumed that missing outcomes reflected pupils who did not achieve qualifications (attainment), join a state-funded mainstream school (reintegration), or engage in sustained post-16 education (post-16 study). This risks some degree of bias due to emigration (including to other parts of the UK). However, this is indistinguishable in the data from remaining in England and disengaging from education. We assume that

[309] https://ffteducationdatalab.org.uk/2021/06/the-overlap-between-social-care-special-educational-needs-and-alternative-provision-part-one/

[310] These criteria were described by DfE at the ToC workshop on 15 August 2022 and form the basis of EQ1.

pupils who are not observed to be enrolled at a school or FE provider in the October following Year 11 were not enrolled. It is possible, but unknown from the data at hand, that some might be in education in other countries of the UK or abroad. Similarly, we assume that pupils without an observed entry in GCSE English (or maths) or a regulated 'stepping stone'[311] qualification in literacy (or numeracy) were not entered.

Some data for absence was missing. Post-treatment absence data was missing in cases where pupils leave the state-funded school system (e.g., move into home education, independent AP or emigrate). As shown in Table 17 of this appendix, this typically affects 9-10% of each cohort. As the scale of the missing data was small (less than 10%) and affected both treatment and comparison groups similarly, we did not make any adjustments.

We had high levels of missing data for SDQs. As set out in Appendix D, only 15% of pupils on comparison schools and 20% of pupils in treatment schools provided two or more SDQs and so could be included in analysis. The different rate of completion in treatment and comparison schools suggests that this is not missing at random. Given the scale of missingness, it was not considered appropriate to impute for missing data.

Some pupils had missing Key Stage 2 (KS2) data. This is one of the key covariates for which we control in our estimates of the impact of APST on Year 11 outcomes. Table 16 of this appendix shows that, prior to 2019, over 10% of pupils in APST schools had missing Key Stage 2 data, a higher rate than in comparison schools.

To test the sensitivity of our results to missing KS2 data, we use imputation. In most cases, we use a basic imputation procedure whereby we set missing values to the mean and use a dummy variable to indicate where a value is imputed. However, we also produce a version of our main results (i.e. those presented in Table 1) in which we use multiple imputation (MI).[312] The intention behind this is to incorporate an appropriate level of additional uncertainty into the standard error.

We present the results of testing the sensitivity of our estimates to the imputation of missing data in the section on robustness checks below.

Additional analyses and robustness checks

In order to test the robustness of our findings to different design choices, we ran a series of alternative specifications for the two primary outcomes.

The main alternative specifications, as specified in the Study Protocol, are reported in section 3.3.5. These are: altering the set of comparison schools (Check 1), imputing missing data for covariates (Check 2), varying the difference in differences specification to include a linear trend (Check 3), and removing pupils with enrolments at more than one AP school in a given year (Check 4).

In addition, we ran three other exploratory robustness checks, which were not specified in the Study Protocol, which are:

[311] The final (22nd) APST school joined the programme at a later date

[312] In this case, we impute standardized Key Stage 2 scores where they are missing on the basis of the remaining covariates. 10 separate imputations are pooled.

- **Check 5: Not using controls.** We ran specifications which do not control for differences in characteristics and previous trends in the treatment and comparison groups. More information on the previous trends, characteristics, and controls used in the main specification may be found in previous sections of this appendix.
- **Check 6: Excluding 2020 and 2021 from the pre-treatment period.** These represent two years of disruption from the COVID-19 pandemic.
- **Check 7: Narrowing the pre-treatment window from 2014-2021 to 2018-2021.** There was a higher proportion of pupils in treatment schools with missing Key Stage 2 results in the period 2014 to 2017 than in control schools (see Table 16). By removing these years from the analysis, we account for this difference.

We did not carry out two robustness checks specified in the SAP. As we had two primary outcomes, we intended to use the Benjamini-Hochberg procedure to control for a false discovery rate. However, as neither primary outcome showed evidence of impact, this was not necessary to run in our analysis. We also stated in the SAP that we intended to adjust for school size, because comparison schools tended to be smaller than participating schools. However, this was an error: as we use school-level fixed effects, we should not have suggested school-level measures, as these are collinear with the school effect meaning that size is implicitly controlled for, without this test being used.

Estimation of effect sizes (standardised mean differences)

For all outcomes derived from NPD/ILR, the effect size (ES) for each outcome is calculated in Equation 4. The difference-in-differences estimate (γ) is divided by the AP population standard deviation (σ_{pre}) in the outcome for all pre-treatment years (i.e., years unaffected by the treatment) in the dataset combined. In other words, it is a standardised mean difference. As the true population standard deviation is known for these outcomes, Hedges' g is not used to calculate effect sizes. These standard deviations are presented in Table 21. The lower and upper confidence intervals (lci/uci) for each treatment effect was also divided by the population standard deviation to calculate confidence intervals for the effect size.

Table 21: Pre-treatment standard deviations in outcome variables

Outcome	Cohort	SD
Initial post 16 destinations	Year 11	0.50
Sustained post-16 study	Year 11	0.50
KS4 English	Year 11	15.3
KS4 maths	Year 11	14.8
Re-integration	Years 7-10	0.43
Absence (3 terms)	Years 7-10	0.28
Absence (2 terms)	Years 7-10	0.28
Participation	Years 7-11	0.50

Equation 4: Effect size for all outcomes derived from NPD/ILR

$$\mathrm{ES} = \frac{\gamma}{\sigma_{pre}}$$

For SDQ outcomes, population standard deviations are not available[313]. Consequently, we use Hedges' g, in which estimated effects are divided by the pooled and weighted standard deviation of baseline SDQ scores of pupils in treatment and comparison schools. This is shown in Equation 5: where s_T^2 and s_C^2 are the variances in SDQ outcomes in participating and comparison schools respectively and n_T and n_C represent the number of pupils in participating and comparison schools respectively. The lower and upper confidence intervals for each treatment effect are divided by the denominator $\sqrt{\frac{(n_T-1)s_T^2+(n_C-1)s_C^2}{n_T+n_C-2}}$ and then multiplied by the correction factor[314] $\left(1-\frac{3}{4(n_T+n_C)-9}\right)\left(1-\frac{3}{4(n_T+n_C)-9}\right)$, both shown in Equation 5.

[313] At present, there is no national collection of SDQ data for pupils in AP schools nor, to the best of our knowledge, any random sample from which a population standard deviation has been estimated

[314] The exact form of the correction involves the gamma function which becomes unwieldy with large samples. The correction used here is an approximation, see https://en.wikipedia.org/wiki/Effect_size.

Equation 5: Effect size for all outcomes derived from SDQ

$$\mathrm{ES} = \left(1 - \frac{3}{4(\mathrm{n_T} + n_C) - 9}\right) \cdot \frac{\gamma}{\sqrt{\frac{(n_T - 1)s_T^2 + (n_C - 1)s_C^2}{n_T + n_C - 2}}}$$

YEF uses the following thresholds for interpreting effect sizes[315]:

- ES below 0 : Harmful
- ES between 0 and 0.1: Low (small or no effects)
- ES between 0.1 and 0.25: Moderate
- ES 0.25 or above: High

Extension evaluation

We plan to extend the above evaluation to:

- Include a third treatment cohort (Cohort 3, those on roll in the 2023/24 academic year). This will cover both primary outcomes (initial post-16 study and re-integration) and all secondary outcomes derived from NPD. This will not cover the two secondary outcomes derived from SDQ.
- Explore some outcomes that were only available for Cohort 1 in this analysis for Cohort 2 (including sustained post-16 destinations and whole-year absence)
- Explore some outcomes two years after enrolment (including post-16 participation for Year 10, attainment for Year 10, reintegration for Years 7-9, and absence for Years 7-9)

We again plan to use the difference-in-differences methodology specified in this report. Further information on the analyses planned may be found in the Study Protocol.

Process evaluation methods

Online surveys

We conducted three rounds of surveys over the evaluation. In each round, two surveys were conducted: one for SLT and one for specialists and project coordinators. The surveys asked respondents about how APST delivers support, partnership working, and views on the outcomes of APST. Survey questions were developed by RAND with input from DfE and YEF. The surveys were created and distributed through the SmartSurvey online survey platform.

[315] https://youthendowmentfund.org.uk/wp-content/uploads/2021/06/YEF-Toolkit-technical-guide-December-21.pdf

Table 22 provides the number of completed responses received to online surveys, compared to the number of individuals who were sent the survey by the evaluation team. The average response rates, across the three timepoints, were 54% for Specialists and project coordinators and 62% for SLT.

Table 22: Number of completed responses received to online surveys.

Stakeholder group	Round 1 (April-May 2022)	Round 2 (September-November 2022)	Round 3 (March-April 2023)
Total number of complete responses received from SLT (/total number who were sent the survey)	22/32, 69%	19/32, 59%	21 /32, 66%
Total number of complete responses received from Specialists and project coordinators(/total number who were sent the survey)	92/169, 54%	114/216, 53%	100/204, 49%
Total number of complete responses received	114	133	121

Interviews with SLT, DfE, and strategic partners

We carried out 59 interviews with SLT in APST schools, SLT in comparison schools, DfE, and strategic partners[316] over three rounds.

The aim of the interviews with SLT in APST schools and strategic partners was to understand experiences of implementation, operation, partnership working and perceived outcome. The aim of interviews with SLT in comparison schools was to understand 'business as usual' in AP schools.

All interviews were semi-structured. Interview topic guides were developed by RAND Europe, drawing on input from YEF and DfE. All interviews were recorded, with either detailed notes or full transcriptions made for use in analysis.

Table 23: Overview of Interviews

Data source	Timing	Participants	Sampling approach
Interviews with SLT at the 22 participating AP schools	November 2021-February 2022 (Round 1) May 2023-July 2023 (Round 2)	18 interviews (Round 1) 14 interviews (Round 2)	We invited all SLT of APST schools to take part in these interviews.
Interviews with SLT from the comparison schools	May - June 2023	10 interviews	Purposive sampling to ensure a range of geographic regions. We also sampled to achieve a range of type of school and size of school.
Interviews with strategic partners and DfE	February-April 2022 (Round 1) October 2022 (Round 2) September-October 2023 (Round 3)	6 interviews (Round 1) 6 interviews (Round 2) 5 interviews (Round 3)	Purposive sampling: we aimed to speak to individuals representing different teams and organisations.

[316] Including interviewees from the DfE policy, delivery and analysis team working on APST and from the strategic partners working with DfE on delivery and support.

Case studies

We carried out set of three case studies at three timepoints throughout the evaluation. The purpose of the case studies was to understand the implementation, operation, partnership working and perceived outcomes in more depth for schools and local areas.

In Round 1 (summer 2022), up to five virtual interviews with APST specialists and one interview with a SLT lead were carried out in each of three case study AP schools. This was in response to delays in implementation of APST. The same schools who took part in case studies in Round 1 were invited to participate in Round 2 in order to build on our understanding.[317]

For each case study in Rounds 2 and 3 (winter 2022 and summer 2023), a two-day researcher visit was conducted in each school. Each visit involved:

- Interviews with APST specialists and SLT leads
- Interviews with other AP staff and relevant local stakeholders
- Review of relevant documentation and data
- Observed meetings of the APST specialist taskforce where practicable.
- Where possible, observation of workshops or conversations facilitated by AP staff with AP pupils about their experience of APST.[318]

Information about the data collection carried out in each school can be found in Table 24.

We used purposive sampling to select schools to take part in case study, aiming to ensure a diversity in geographical region, type of school, and size of school. We consulted with the DfE and YEF to select the schools. All interviews were recorded, with either detailed notes or full transcriptions made for use in analysis.

[317] One school was not able to continue in Round 2, meaning a second school was selected.

[318] We worked with staff at each school to consider whether and how pupil voice might be captured in the school. This was possible in 5 of the 6 schools visited in Rounds 2 and 3.

Table 24: Overview of data collection undertaken in case study schools.

Round	School	Date case study conducted	Interviews with APST Specialists	Interviews with SLT/ Project coordinators	Interviews with other AP staff	Interviews with local stakeholders	Total number of interviews	Observation of APST team meeting	Observation of pupil voice workshop	Review of documents
Round 1	School 1	June-July 2022	3	1	NA	NA	4	NA	NA	NA
Round 1	School 2	June-July 2022	5	1	NA	NA	6	NA	NA	NA
Round 1	School 3	June-July 2022	4	1	NA	NA	5	NA	NA	NA
Round 2	School 4	November-December 2022	5	2	1	2	10	1	2	2
Round 2	School 3	November-December 2022	3	2	1	0	6	1	0	11
Round 2	School 2	November-December 2022	9	2	2	0	13	1	2	3
Round 3	School 5	May-June 2023	3	3	2	2	10	2	2	5
Round 3	School 6	May-June 2023	7	6	0	1	14	0	2	3
Round 3	School 7	May-June 2023	5	2	2	1	10	1	1	0
Total conducted			**44**	**20**	**8**	**6**	**78**	**6**	**9**	**24**

Data and documentation

The following were reviewed to develop understanding of the implementation and operation of APST:

- **Metrics data** provided by the DfE delivery team that were collected from APST schools. These metrics included data for each school gathered half-termly about the number of pupils on roll, the number of pupils supported, the characteristics of pupils supported, the mode of delivery provided, the number and the activities of the specialists at each school.[319]
- **Other documentation provided by DfE**. This included grant documentation, updates from the DfE, slides from Communities of Practice events.
- **Data from the Teams Shared Resources Hub**. This was operated by DfE as a channel through which APST schools could communicate.

Observations

Nine Community of Practice events (online or in person meetings of APST SLT or Specialists) and seven Programme Board meetings were observed.

Data analysis

The evaluation questions and the theory of change were used to design an evaluation framework. This was used to develop data collection tools (ensuring that all questions were designed as contributing to particular evaluation questions) and the coding framework (used across all data collected).

We carried out data analysis after every data collection round to inform formative feedback. Analysis of interviews was carried out using a coding framework based on the evaluation framework, using NVivo and Excel. In-case analysis was carried out for each case study thematically, using a coding framework based on the evaluation framework. Short write-ups of each case organised by evaluation questions were produced. Survey analysis was carried out using Excel: descriptive statistics were generated for closed-text questions and thematic analysis was carried out for open-text questions. Information from observation notes, relevant documents, the Teams Hub, and the DfE metrics was extracted using Excel.

We remained conscious of the risk of bias affecting our evaluation, particularly given the embedded nature and role that formative feedback played. We drew upon independent quality assurance reviewers at RAND Europe to review data collection tools and formative feedback findings, drawing upon the wider RAND Europe quality assurance standards and guidance.

[319] The DfE metrics were provided to DfE by schools without a formal quality assurance mechanism. The DfE queried any obvious anomalies but did not otherwise interrogate results.

Cost analysis methods

Cost categories used

We aligned cost categories used by the DfE and YEF in this evaluation. Table 25 outlines the cost types used by DfE in mapping these costs, set against the cost categories required in the YEF guidance.[320]

Table 25: Categories of cost used in the evaluation.

DfE data cost categories[321]	What is included in this category	Relevant YEF cost categories[322]
Project oversight[323]	Any leadership or administrative costs such as the project manager, Headteacher, other administrative staff (such as data or finance office staff). It is entirely staff cost related and collected at the AP level.	Staff costs
Specialists	Any costs associated with the salary or service costs of staff providing interventions to children.	Staff costs
Capital building	Any costs specifically for building work to create or update workspaces for the taskforce to use.	Building and facilities cost
Equipment	Any costs that cover equipment for the taskforce, such as mobile phones, laptops, and office furniture.	Materials and equipment
Other	Any other cost, and this mostly consisted of travel and subsistence, equipment for use in interventions, training costs, and the cost of schools undertaking an end of year audit in line with grant requirements[324]. Other also includes "Overhead".	Miscellaneous

We categorised all costs received into pre-requisite, set-up and recurring costs based on our understanding of the timelines of the APST implementation. We disaggregated each of the four cost categories (see Table 26) into three cost types using YEF guidance, our knowledge of the APST delivery and discussions with the DfE.

Table 26: Three cost types used in the YEF guidance and which costs are included.

Cost type	YEF Definition of cost type[325]	Which costs are included in cost type for this evaluation
Pre-requisite	"This should list what's expected to already be in place before a programme is implemented. These are things programme funders wouldn't be expected to pay for. This could include things like access to laptops/tablets for 2hrs	No pre-requisite costs were included in this cost evaluation.[326]

[320] There were two categories suggested in the YEF guidance that we did not use: Programme procurement costs and Incentives for taking part

[321] As provided by DfE.

[322] Youth Endowment Fund. Cost reporting guidance: Our approach to reporting the cost of delivering interventions. https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf

[323] Because this was a pilot, APST Specialists and SLT were asked to provide metrics on their APST performance to DfE and asked to engage with the RAND Europe evaluation team (for example, collecting Strength and Difficulty Questionnaires and taking part in surveys and interviews). These are not activities which, if the pilot was adopted elsewhere, would be required as part of APST. It was not possible within these staff costs to separate out any time spent on these activities. However, we expect that time spent on these activities were small.

[324] Because this was a pilot funded by the DfE, audit was required. We note that audit costs may not be required if APST was funded by another funder.

[325] Youth Endowment Fund. Cost reporting guidance: Our approach to reporting the cost of delivering interventions. https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf

[326] This is a deviation from the proposed cost analysis plan set out in the SAP. It was previously determined that any project oversight and specialist costs from before November 2021 would constitute pre-requisite costs. However, upon discussion with DfE and YEF, this was refined: on the understanding that all costs incurred and invoiced by schools would be required funding if the programme was replicated, and so would not constitute pre-requisite costs.

	a week, access to sports hall for 1hr a fortnight. Costs wouldn't necessarily be calculated for these as it's assumed these wouldn't need to be paid for."	
Set up	"These are the one-off costs necessary at the start of a programme. This would include training costs, materials and equipment purchased before implementation begins. In some cases, some resources may be considered a prerequisite for some and a start-up cost for others. Evaluators should use their judgment as to whether delivered in similar context others would be expected to be compensated for the costs of buying new equipment or whether most would already have these."	Any costs incurred or invoiced by schools: • in all cost categories before and including December 2021[327] • in the Capital Building cost category after December 2021[328]
Recurring	"Costs that would be required each time the programme is implemented. For instance, this may include printouts, notebooks, and office materials, but may also include recurring fees to access programme manuals."	Any costs incurred or invoiced by schools in the Project Oversight, Specialist, Equipment and Other cost categories in and after January 2022.

Calculations carried out

We calculated four costs drawing on the data collected. With the data from DfE on costs incurred by the schools, we constructed a comprehensive picture of the cost incurred by the 22 participating AP schools of administering the APST programme.[329]

1. **The total cost of the intervention** (all 22 schools) over the two academic years of delivery.
2. **The average cost of the intervention per school** over the two academic years of delivery.
3. **The average cost per pupil** for the intervention over the two academic years of delivery **among the number of KS3 and KS4 pupils that schools reported were cumulatively on roll**.[330]
4. **The average cost per pupil** for the intervention over the two academic years of delivery **among the individual pupils that schools reported APST specialists worked with**.[331]

Following the YEF's cost guidance when calculating the full cost of delivery, **we adjusted costs to constant prices using GDP deflators**. YEF recommended using the year that the delivery began as the base year, in this instance, 2021. We categorised the years into financial years and used the GDP deflator from the HM Treasury to deflate 2022/23 costs to 2021/22.[332]

We captured additional costs reported by schools. To capture any costs that were not directly reimbursed by the fund from the DfE, we asked SLT in October 2022 and March-April 2023 whether there were any costs

[327] This is on the basis that, prior to January 2022, APST was in the process of set-up in all schools and operation did not begin until January 2022.

[328] This is a deviation from the proposed cost analysis plan set out in the SAP. It was previously determined that Building and facilities costs would constitute pre-requisite costs. However, upon discussion with DfE and YEF, this was refined: on the understanding that these were these were one-time payments to ensure space for APST operation.

[329] Our analysis is based on data shared by DfE in October 2023. The DfE has since received claims for an additional £29,452.62 covering years 1 and 2 of APST (primarily backdated pay awards and delayed invoices). These span 8 schools and include funds spent on specialist salary, equipment and other costs. These costs are not included in this analysis.

[330] The cumulative number of KS3 and KS4 students on official on-roll data was obtained from the Summer 2 2023 metrics given by DfE.

[331] The cumulative number of individual students that specialists worked with was obtained from the Summer 2 2023 metrics given by DfE.

[332] The total cost paid by DfE was £10,864,190.62 without applying the GDP deflator. The GDP deflator removes the effect of general inflation for the years following 2021, so that all costs are in 2021 GDP.

incurred by delivering APST at the AP school that were not covered by funding received from the DfE.[333] Those who indicated that there were additional costs were asked to provide an open-text response to describe approximately how much this cost was and what this cost was used for. We analysed responses to understand whether any costs were likely under-reported to DfE.

Finally, **we did not conduct any sensitivity analyses**; however, we documented uncertainty in the costings provided and all assumptions made in the final calculations. All assumptions are displayed below.

Assumptions and uncertainties

Table 27: List of assumptions on cost data

Category	Assumptions
GDP deflator	We have applied a GDP deflator to ensure all prices are at the base rate of the start of the intervention, which is 2021. The GDP deflator removes the effect of general inflation for the years following 2021. We separated prices into financial years and then deflated all prices in the 2022/23 financial year to 2021/22 prices. At the time of writing, the UK Government had not released a deflator for 2023/24 and so all prices beyond April 2022 until Summer 2023 were assumed to be 2022/23 and deflated as such.
Specialists	This cost category contains any costs associated with the salary or service costs of staff providing interventions to pupils. Since delivery of APST relies heavily on the use of practitioners, and since schools may be using practitioners for other purposes, our cost calculations should take into account these overlapping uses so as not to inflate incorrectly the costs of running the APST programme. However, the DfE confirmed that schools already account for practitioners used for other purposes and the invoicing will only include those hours worked directly for the APST programme. We understand that some staff time was taken in complying with DfE metrics and oversight requirements as well as taking part in the evaluation. It is not possible to estimate what proportion of staff time this entailed and how it might or might not have affected the staffing costs for APST Schools were told to only invoice for the hours worked on APST; therefore, we assume that specialists are not being used for non-APST purposes.

[333] In a survey in October 2022, SLT were asked "Reflecting on your experience since November 2021, have there been any costs incurred by delivering APST at your AP school that are not covered by the funding you receive from the DfE?" N=19. In a survey in March 2023, SLT were asked: "Reflecting on your experience since October 2022, have there been any costs incurred by delivering APST at your AP school that are not covered by the funding you receive from the DfE?"", N=21.

Materials and equipment	This cost category contains any equipment for the taskforce, such as mobile phones, laptops, and office furniture. For this category, the schools are given a definition that the equipment is only for the specialist for the program, i.e., 100% use for APST. We have therefore assumed that all use of equipment/materials are fully attributed to APST and not used outside the program. Indeed, the cost evaluation should consider benefits outside the programme: for example, if equipment or materials are purchased that will be used outside the programme, only a percentage of that equipment's cost should be attributed to the intervention. However, the DfE confirmed that schools would only be using the equipment specifically for APST programme activities and so there would be no benefits outside the programme to consider.
Average cost per pupil for the intervention using official on-roll data.	To carry out these calculations, we used the number of pupils officially on-roll in KS3 and KS4 according to DfE metrics. However, these numbers may be less accurate and useful given the fluid nature of the AP pupil population. In order to provide an alternative estimate, we also used the number of pupils that actively worked with specialists provided by DfE from metrics that schools provided.
Staff (wage) costs	The costs provided by the schools from the 'specialist' and 'project oversight' category are mostly salary costs. However, some are service based costs, which could include an administrative fee. As schools invoiced everything together without further breakdown, these cannot be separated.
Way in which funding was distributed	APST was funded by a grant made by the DfE to schools. It is possible (although the evaluation does not have any evidence that this was or was not the case) that schools may have been incentivised to spend the whole amount of the grant provided, and that costs may have been lower if APST funding had been distributed differently.

Appendix C: Timeline of the evaluation

Figure 7: Timeline for the evaluation of APST

Dates	Activity	Staff responsible / leading
July-September 2021	**Inception period**	**RAND Europe, University of Westminster, FFT Datalab, working with DfE and YEF**
October 2021-July 2023	**Process evaluation data collection and formative feedback period**	**RAND Europe**
October 2021-July 2023	Ongoing observation of cross-government Programme Board meetings and review of DfE metrics, documentation, and APST Teams Hub	RAND Europe
October 2021-June 2022	Round 1 of data collection, including interviews with SLT at APST schools, interviews with strategic personnel, survey with SLT and specialists, and case studies	RAND Europe
September 2022	Formative feedback presentation to DfE, cross government programme board, and APST schools on lessons learnt from Round 1	RAND Europe
September 2022 - December 2022	Round 2 of data collection, including interviews with SLT at APST schools, interviews with strategic personnel, survey with SLT and specialists, and case studies	RAND Europe
February 2023	Formative feedback presentation to DfE, cross government programme board, and APST schools on lessons learnt from Round 2	RAND Europe
March 2023-September 2023	Round 3 of data collection, including interviews with SLT at APST schools, interviews with SLT at comparison schools, interviews with strategic personnel, survey with SLT and specialists, and case studies	RAND Europe
October 2021-July 2023	**Impact evaluation data collection of SDQs**	**RAND Europe**
July 2023-December 2023	**Data collection and analysis of cost evaluation data**	**RAND Europe**

July 2023-March 2024	**Analysis and write-up of process and cost evaluation findings**	**RAND Europe**
December 2023	Delivery of 1st draft of process and cost evaluation finding report to YEF	RAND Europe, YEF, DfE
February 2024	Formative feedback presentation to DfE, cross government programme board, and APST schools on lessons learnt from Years 1 & 2 process evaluation	RAND Europe, YEF, DfE
March 2024	Delivery of 2nd draft of process and cost evaluation finding report to YEF	RAND Europe, YEF, DfE
March 2024-May 2025	**Impact evaluation data analysis and reporting**	**RAND Europe, University of Westminster, FFT Datalab**
January 2025	Delivery of 1st draft of process, impact, and cost evaluation finding report to YEF	Europe, YEF, DfE

Appendix D: Processing of SDQs

This appendix sets out the processes followed by the Evaluation Team to administer, receive, input, match, and analyse the Strength and Difficulties Questionnaires (SDQ).

In line with YEF guidance, a **self-report SDQ was used to measure two secondary outcomes of this study – social and emotional wellbeing** (measured by the total difficulties score) and conduct and hyperactivity symptoms (measured by the externalising score).[334] The Evaluation Team shared a baseline version and an endline version of the SDQ with schools for use. SDQs were administered to pupils in person, on paper, by members of staff at the AP schools. Each SDQ included information on the pupil's name, date of birth, and Unique Pupil Number to allow the linkage of the information to the pupil's National Pupil Database (NPD) record and the date of SDQ completion.

All 22 treatment and 21 recruited comparison schools were asked to administer the baseline SDQ to all secondary-aged pupils already on roll at the start of 2021/22 academic year and all pupils who subsequently joined the roll of the AP school until 15 June 2023. Schools were asked to administer the baseline SDQ at just one time point.

All 22 treatment and 21 recruited comparison schools were also asked to administer the endline SDQ[335] to all secondary-aged pupils on roll between 15 June 2023 and the end of the 2022/23 academic year and to all pupils who had left the AP school before this point. Schools were asked to administer the endline SDQ whenever a pupil left the setting.

Before administering the SDQ, all schools were asked to share a Project Information Sheet (PIS), Privacy Notice (PN), and Withdrawal Form with pupils and parents/guardians. This allowed pupils and parents/guardians to understand why they were being asked to undertake the SDQ. Pupils were able to refuse to take part in the SDQ collection. Pupils or parents/guardians were also able to withdraw from being included in the SDQ analysis by submitting the form to the school or to RAND Europe directly. Schools were provided with guidance by YEF and the Evaluation Team about how to administer the SDQ and share the data with RAND Europe. The Evaluation Team stayed in regular contact with the schools to issue reminders and support with questions.

The Evaluation Team collected SDQs from the schools at four timepoints over the two years of data collection, using a secure courier. At these four timepoints, RE manually inputted the information included in the SDQs into an Excel spreadsheet.

After all SDQs were received and inputted, RAND Europe transferred the SDQ dataset to the Department for Education who matched the SDQ records to the NPD. This included 8,200 sets of SDQ results from 42 AP schools (22 treatment schools, 20 comparison schools).[336] Matching involved allocating an NPD identifier (PMR) to each pupil based on their identifying data (name, date of birth, UPN).

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[334] For more information on the SDQ, please see YEF guidance. https://youthendowmentfund.org.uk/wp-content/uploads/2022/04/18.-YEF-SDQ-guidance-April-2022.pdf

[335] With the permission of Youth in Mind, the endline SDQ included an additional two questions about their experience at the school since attending (Q26-28).

[336] 1 comparison school withdrew before providing any SDQs.

During matching, 530 surveys were removed from the analysis dataset for various reasons (see Table 28). The remaining records related to 4,950 distinct pupils, including 3,240 from treatment schools and 1,710 from comparison schools.

Table 28: Surveys removed from analytical dataset by reason

Records without total SDQ score	90
Records unmatched to Pupil Matching Record (PMR) but with total score[337]	220
Records where the date of test was out of range	60
Records with PMR but without matching School Census records	160
Total records removed	**530**

Source: Evaluation team analysis.

Pupils were eligible to be included in analysis if they completed at least 2 SDQs, regardless of whether or not they were baseline or endline.[338] We defined the first completed as a baseline and the last completed as an endline.

Just 20% of pupils in treatment schools and 15% of pupils in comparison schools competed 2 or more SDQs and could be included in the analysis. Table 29 shows the number of SDQs received with the numbers on roll at the 22 treatment and the 21 comparison schools. 54% of pupils enrolled in APST schools and 41% of pupils in comparison schools completed at least 1 SDQ.

Table 29: Number of SDQs completed per pupil

	Number of SDQs completed		Total pupils on roll	Number of Schools
	1 or more	2 or more		
Treatment schools	3240	1210	5980	22
Comparison schools	1710	600	4140	21
APST	54%	20%	4320	22
Comparison	41%	15%	2790	21

Source: Evaluation team analysis.

[337] An ongoing challenge with SDQ collection was that schools did not always share information about pupils' name, date of birth or UPN, consistently or correctly risked the record not being matched. This meant that there was a risk that pupils' data could not be matched to their NPD record and used in the evaluation. However, by providing ongoing feedback to schools after each data collection round on data quality issues and issuing regular reminders, these issues were largely mitigated, with few records unmatched or unusable.

[338] Many schools did not use the baseline and endline SDQ templates shared by the Evaluation Team – meaning it was not possible to determine which SDQs were baseline or endline. As a result, the Evaluation Team decided to include any pupil for which 2 SDQs were received. This was likely exacerbated by the fact that the schools were asked to discard a previous version of the SDQ in early 2022 (after administration began) to use a new version, as requested by Youth In Mind.

There were no major differences in characteristics of pupils who completed the SDQ and pupils who did not. The characteristics of pupils who completed at least one SDQ are shown in Table 30. Completion rates among pupils at APST schools are similar regardless of gender, key stage, SEN, and previous experience of exclusion, social care, or free school meals. There is some slight variation among pupils in comparison schools: less disadvantaged pupils were less likely to have completed an SDQ than more disadvantaged pupils. Compared to comparison schools, pupils who completed at least 1 SDQs at treatment schools were slightly more likely to have been permanently excluded prior to joining their school but slightly less likely to have experienced Social Care.

We found that the difference between completing a baseline and endline was shorter among pupils in treatment schools than in comparison schools (Table 13). We measured the difference (in days) between the first and second SDQ provided. On average, pupils in APST schools completed the endline 235 days after the baseline compared with 312 days among pupils in the comparison schools. This is potentially relevant when making treatment-control comparisons of baseline-endline differences in measured SDQs: it is possible that results would have been different if the treatment and comparison groups had completed the endline surveys after the same period of time. Specifically, depending on how SDQ outcomes would be expected to evolve in the absence of APST, such comparisons may partly capture underlying change unrelated to the treatment.

Schools, especially comparison schools, reported considerable challenges around administering the SDQ to pupils. Many schools reported difficulties administering an endline SDQ to pupils before they left the AP setting: because pupils left swiftly, did not agree to complete the SDQ, or did not engage with the AP school when enrolled. Many schools reported that the considerable workload pressures on AP schools made finding the time to administer SDQ difficult. As a result, two comparison schools formally withdrew from the evaluation. Workload challenges may have been exacerbated by the ongoing issues with data quality and consistency noted by the Evaluation Team throughout the data collection period (including unclear templates being used and schools sharing incorrect or incomplete information about pupil details). These required ongoing liaison between schools and the Evaluation Team to resolve. Finally, staff leaving over the two years of data collection also created disruption – particularly in comparison schools – and may have led to fewer SDQs being administered in the second year of data collection.

Table 30: Characteristics of pupils completing at least 1 SDQ

		Number of pupils		Completion rate		% of completions	
Characteristic	Measure	APST	Comparison	APST	Comparison	APST	Comparisor
Boys	Pupils wih 1+ SDQ	2150	1120	54%	43%	66%	65%
	Total Pupils	3970	2620				
Girls	Pupils wih 1+ SDQ	1090	590	54%	39%	34%	35%
	Total Pupils	2020	1520				
Not excluded prior to joining AP	Pupils wih 1+ SDQ	2080	1190	52%	40%	64%	70%
	Total Pupils	3970	2940				
Excluded prior to joining AP	Pupils wih 1+ SDQ	1160	520	57%	43%	36%	30%
	Total Pupils	2020	1210				
Had not experienced social care prior to joining AP	Pupils wih 1+ SDQ	1560	670	54%	36%	48%	39%
	Total Pupils	2900	1850				
Had experienced social care prior to joining AP	Pupils wih 1+ SDQ	1690	1040	55%	45%	52%	61%
	Total Pupils	3090	2300				
Had not been identified as SEN prior to joining AP	Pupils wih 1+ SDQ	960	460	57%	37%	30%	27%
	Total Pupils	1670	1250				
Had been identified as SEN prior to joining AP	Pupils wih 1+ SDQ	2280	1240	54%	45%	70%	73%
	Total Pupils	4190	2730				
Had not been eligible for free school meals prior to j	Pupils wih 1+ SDQ	640	380	56%	36%	20%	22%
	Total Pupils	1140	1070				
Had been eligible for free school meals prior to joini	Pupils wih 1+ SDQ	2590	1320	55%	45%	80%	77%
	Total Pupils	4710	2910				
KS3 age at time of entering study sample	Pupils wih 1+ SDQ	1280	590	55%	42%	40%	35%
	Total Pupils	2330	1390				
KS4 age at time of entering study sample	Pupils wih 1+ SDQ	1960	1120	54%	41%	60%	65%
	Total Pupils	3650	2760				
All pupils	Pupils wih 1+ SDQ	3240	1710	54%	41%		
	Total Pupils	5980	4140				

Appendix E: Tables and figures

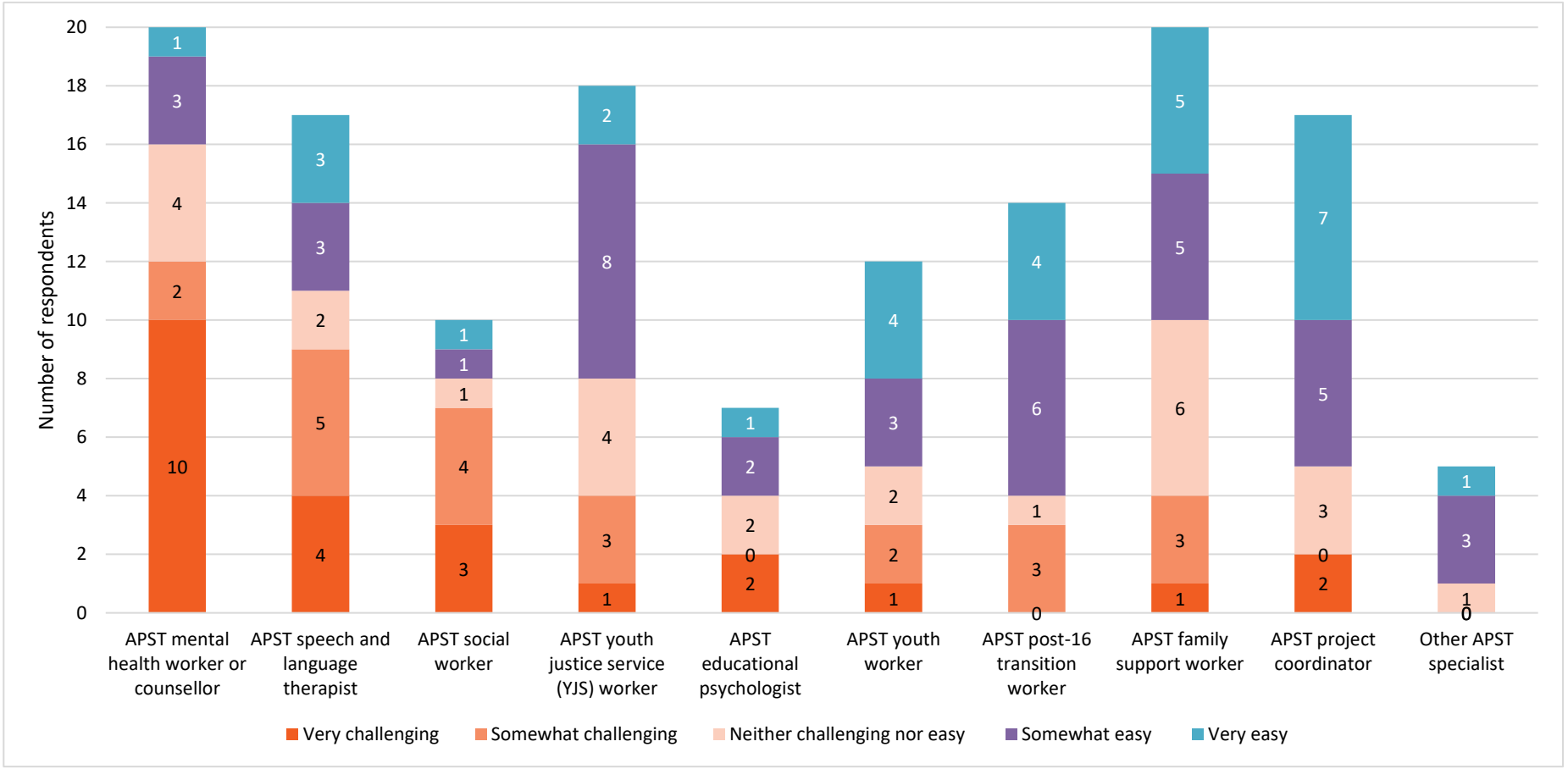
Table 31: Information about the AP schools involved in APST (as was the case in November 2021)

School name	School type	Whether APST is single or multi-site	DfE region	Local authority
Leicester Partnership School	Pupil referral unit	Single-site	East Midlands	Leicester
Sheffield Inclusion Centre	Pupil referral unit	Multi-site	Yorkshire and Humber	Sheffield
St Wilfrid's Academy, Doncaster	AP Free school	Single-site	Yorkshire and Humber	Doncaster
Unity Academy	Sponsored AP academy	Multi-site	East Midlands	Nottingham
Haringey Learning Partnership	Pupil referral unit	Multi-site	London	Haringey
London East Alternative Provision	Pupil referral unit	Multi-site	London	Tower Hamlets
New Regent's College (Hackney AP)	Pupil referral unit	Single-site	London	Hackney
Tunmarsh School	Pupil referral unit	Multi-site	London	Newham
Bradford Alternative Provision Academy Central	Converter AP academy	Multi-site	Yorkshire and Humber	Bradford
Everton Free School	AP Free school	Multi-site	North West	Liverpool
Manchester Secondary PRU	Pupil referral unit	Multi-site	North West	Manchester
The Clifton Centre	Pupil referral unit	Single-site	North West	Salford
The Stephen Longfellow Academy	AP Free school	Single-site	Yorkshire and Humber	Leeds
Brent River College	Pupil referral unit	Multi-site	London	Brent
Ealing AP	Pupil referral unit	Single-site	London	Ealing
Orchardside School	Pupil referral unit	Single-site	London	Enfield
Bristol Futures Academy (Snowdon Village)	AP Free school	Multi-site	South-west	City of Bristol
Evolve Academy	Converter AP academy	Multi-site	London	Lambeth
Saffron Valley Collegiate	Pupil referral unit	Multi-site	London	Croydon
Southwark Inclusive Learning Service (Sils)	Pupil referral unit	Multi-site	London	Southwark
City of Birmingham School	Pupil referral unit	Multi-site	West Midlands	Birmingham

Sandwell Community School	Pupil referral unit	Multi-site	West Midlands	Sandwell

Source: Evaluation team assessment based on information from the Department for Education get-info. Note: all data is as was the case in November 2021.

Figure 8: "How would you describe your experience of recruiting the following specialists to the APST?"



Source: SLT survey, April 2022, n=21.

Table 32: Whether or not there were four different types of specialists at each school in each term over the two years (anonymised)

	Year 1 (November 2021-August 2022)					Year 2 (September 2022-August 2023)					
School	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2	Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2
1	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
2	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
3	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
5	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
6	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
7	NO	NO	YES	YES	YES	YES	NO	NO	YES	YES	YES
8	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
9	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
10	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES	YES
11	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
12	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
13	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
14	NO	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO
15	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
16	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
17	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
18	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
19	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
20	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
21	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
22	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

Source: Evaluation team analysis of DfE Metrics. Note: We included 'YES' if the school had four or more specialists in post (with any FTE) from four or more specialisms. We included 'NO' if this was not met. The one school flagged as NO throughout had a 4th specialist that was funded by a source other than DfE. Autumn 2 signifies the second half of the autumn term.

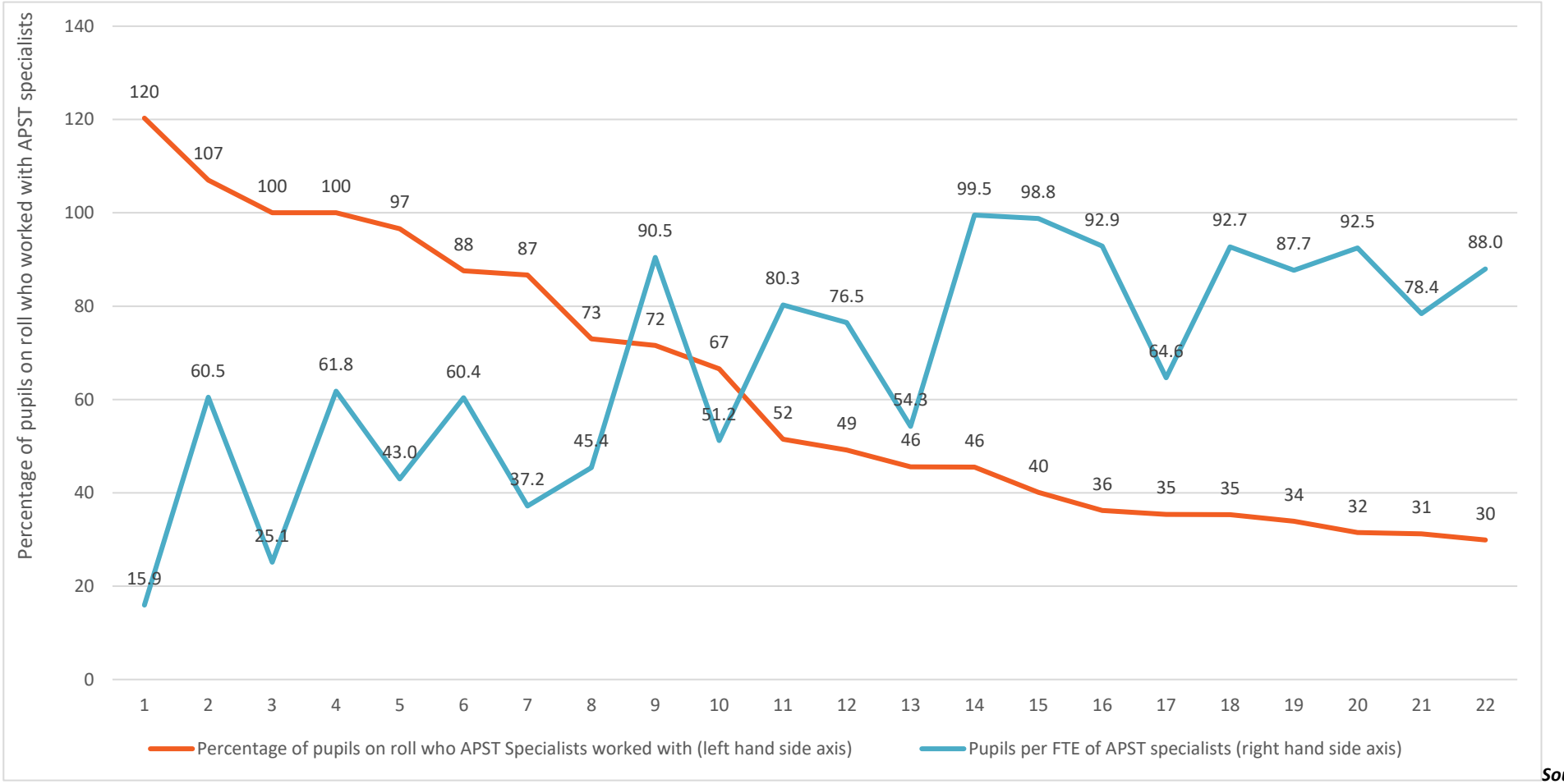
Table 33: Information about the number of pupils on roll and the FTE and number of APST Specialists per school (ordered by pupils per FTE descending and anonymised)

School number	Information on FTE				Information on Headcount			Information on ratio of pupils per Specialist	
	Number of KS3 and 4 pupils on roll over Year 1 and 2 (cumulatively)	Average FTE of APST Specialist in each term in Year 1	Average FTE in each term in Year 2	Average FTE in each term in Year 1 and 2 combined	Average headcount of APST specialists in each term in Year 1	Average headcount of APST specialists in each term in Year 2	Average headcount of APST specialists in each term in Year 1 and 2 combined	Pupils per FTE of APST specialists	Pupils per headcount of APST specialists
1	714	2.1	2.7	2.4	6.2	7.8	6.9	297.5	103.5
2	390	1.9	2.3	2.1	2.7	4.0	3.3	185.7	118.2
3	484	2.7	4.6	3.7	6.0	7.0	6.5	130.8	74.5
4	543	4.3	4.1	4.2	5.3	4.6	5.0	129.3	108.6
5	482	4.2	3.4	3.8	7.3	7.2	7.3	126.8	66.0
6	305	2.4	2.9	2.7	4.0	5.0	4.5	113.0	67.8
7	338	3.2	3.7	3.5	5.3	8.8	6.9	96.6	49.0
8	380	4.2	4.2	4.2	5.2	5.2	5.2	90.5	73.1
9	342	3.2	4.6	3.9	4.3	6.8	5.5	87.7	62.2
10	308	4.5	5.3	4.9	6.0	7.2	6.5	62.9	47.4
11	357	5.5	6.2	5.9	6.5	7.0	6.7	60.5	53.3
12	169	2.6	3.0	2.8	4.2	5.0	4.5	60.4	37.6
13	217	3.1	4.7	4.0	4.8	6.6	5.6	54.3	38.8
14	159	3.6	3.4	3.5	5.3	5.8	5.5	45.4	28.9

15	298	6.7	6.7	6.7	9.0	9.6	9.3	44.5	32.0
16	222	5.9	7.2	6.6	6.7	8.0	7.3	33.6	30.4
17	209	5.6	6.9	6.3	9.7	9.8	9.7	33.2	21.5
18	278	5.7	10.6	8.4	10.3	17.4	13.5	33.1	20.6
19	249	4.4	10.5	7.7	7.8	14.0	10.6	32.3	23.5
20	116	3.8	3.8	3.8	4.0	3.8	3.9	30.5	29.7
21	98	3.6	4.2	3.9	5.2	6.2	5.6	25.1	17.5
22	59	4.6	4.5	4.5	6.8	6.6	6.7	13.1	8.8

Source: Evaluation team analysis of DfE Metrics. Schools were asked to indicate the FTE and number of each specialist every half term – this table averages these responses for Year 1 (November 2021-August 2022) and Year 2 (September 2022-August 2023). Schools were asked to indicate the cumulative number of KS3 and 4 pupils on roll throughout Years 1 and 2. Thanks to the nature of AP schools, some caution is needed in reading these data. A lower number of pupils on roll may represent a smaller school or a school with less churn. NOTE: this table does not include any specialists who were not funded by DfE or who were not included in metrics provided by schools.

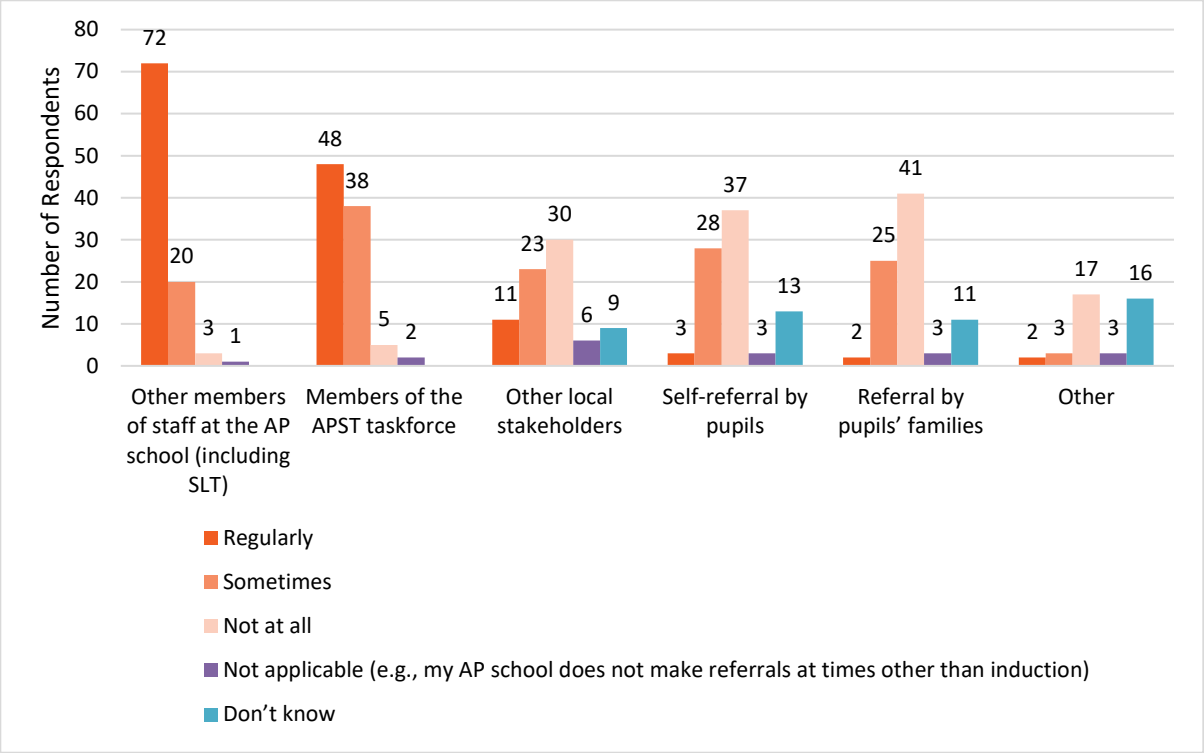
Figure 9: Proportion of individual pupils that specialists worked with over the two years of delivery compared to the culminative number of KS3 and KS4 pupils that have been on roll over the two years, by school (anonymised)



Source:

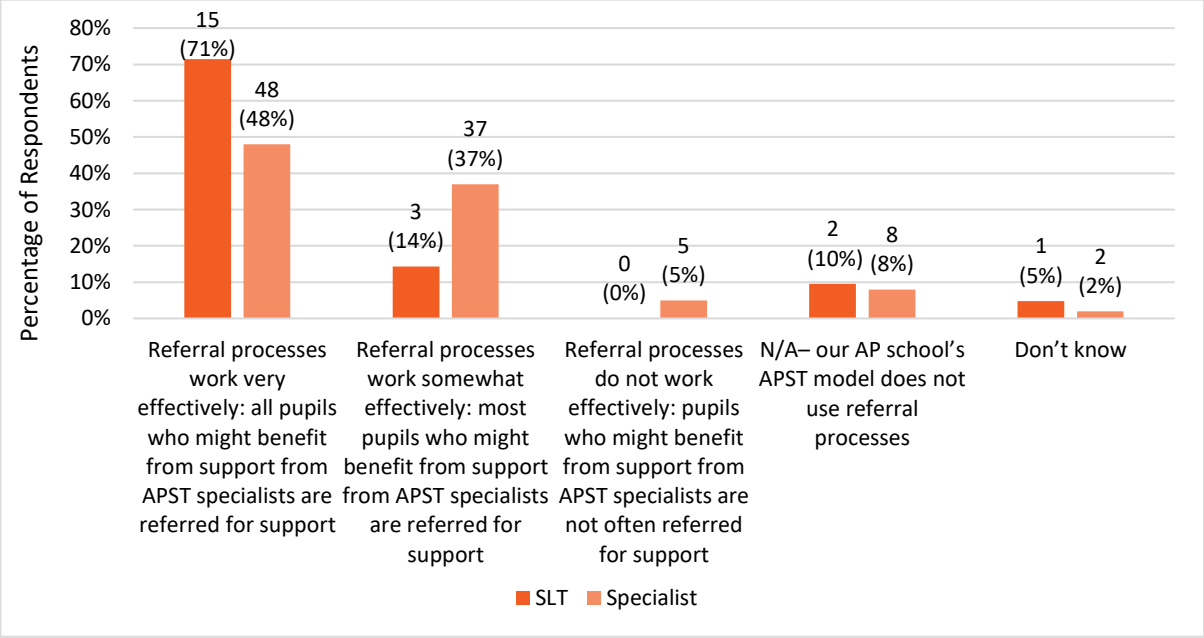
Evaluation team analysis of DfE Metrics reported by DfE on number of KS3 and 4 pupils on roll cumulatively over the two years of APST, number of pupils that Specialists worked with cumulatively over the two years of APST, average number of FTE Specialists in each AP school over the two years, average headcount of Specialists in each AP school over the two years. NOTE: Two schools reported that more pupils worked with Specialists than were on roll in KS3 and 4. This may reflect that specialists in these schools worked with pupils in KS1 and 2.

Figure 10: “Thinking about referrals made at times other than at induction, who, in practice, makes referrals of pupils for APST support?”



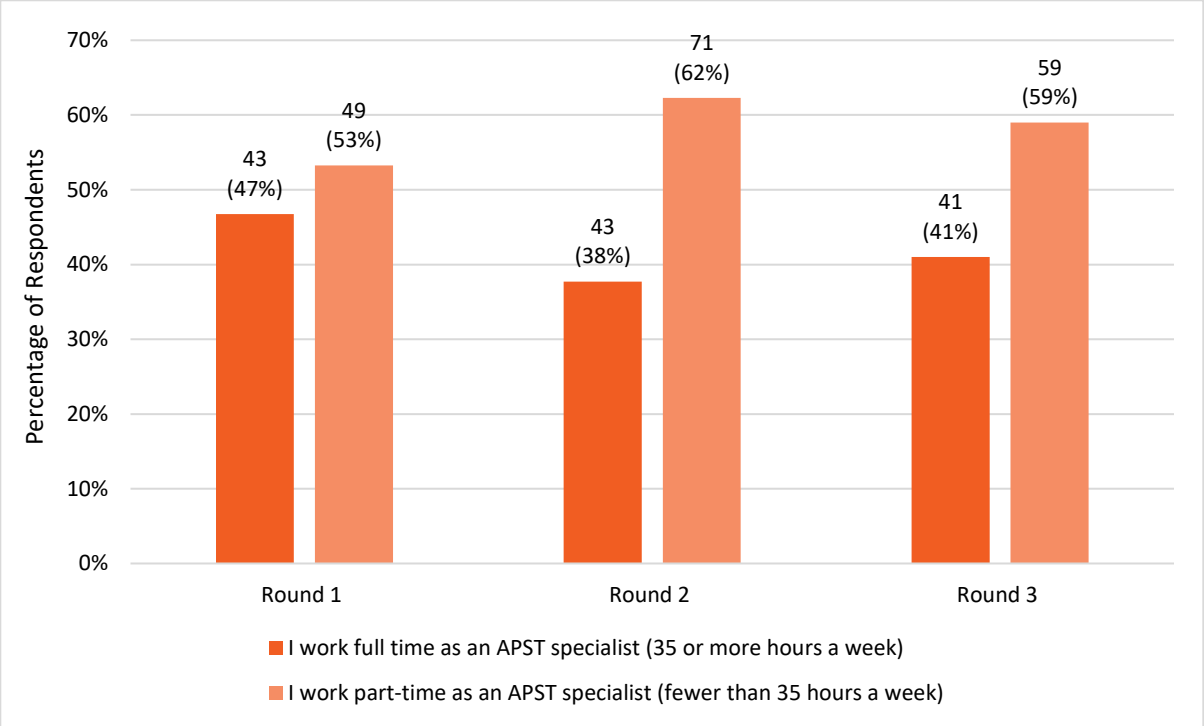
Source: Survey, March 2023, n=100.

Figure 11: “We would like to understand the processes that your AP school currently uses to refer pupils to support from APST specialists. Please indicate which statement most accurately reflects your experiences with your AP school's APST referral process:”



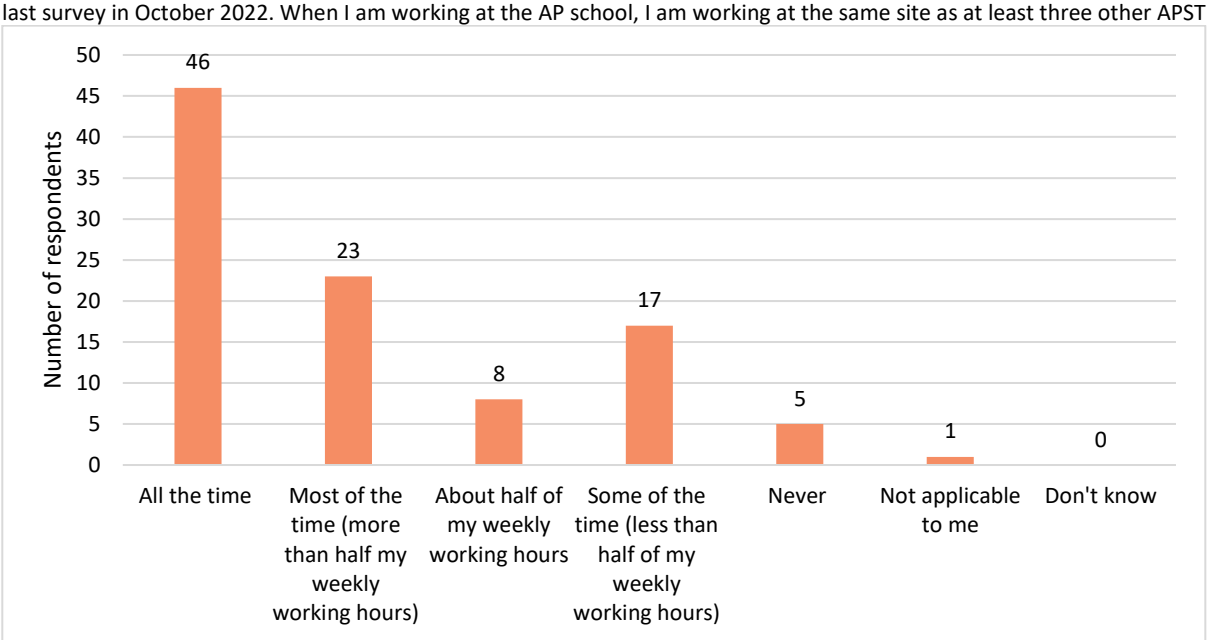
Source: Survey, March 2023, SLT n=21, Specialist n=100.

Figure 12: Responses from specialists throughout APST to “Which statement best describes your employment situation at the AP school?”



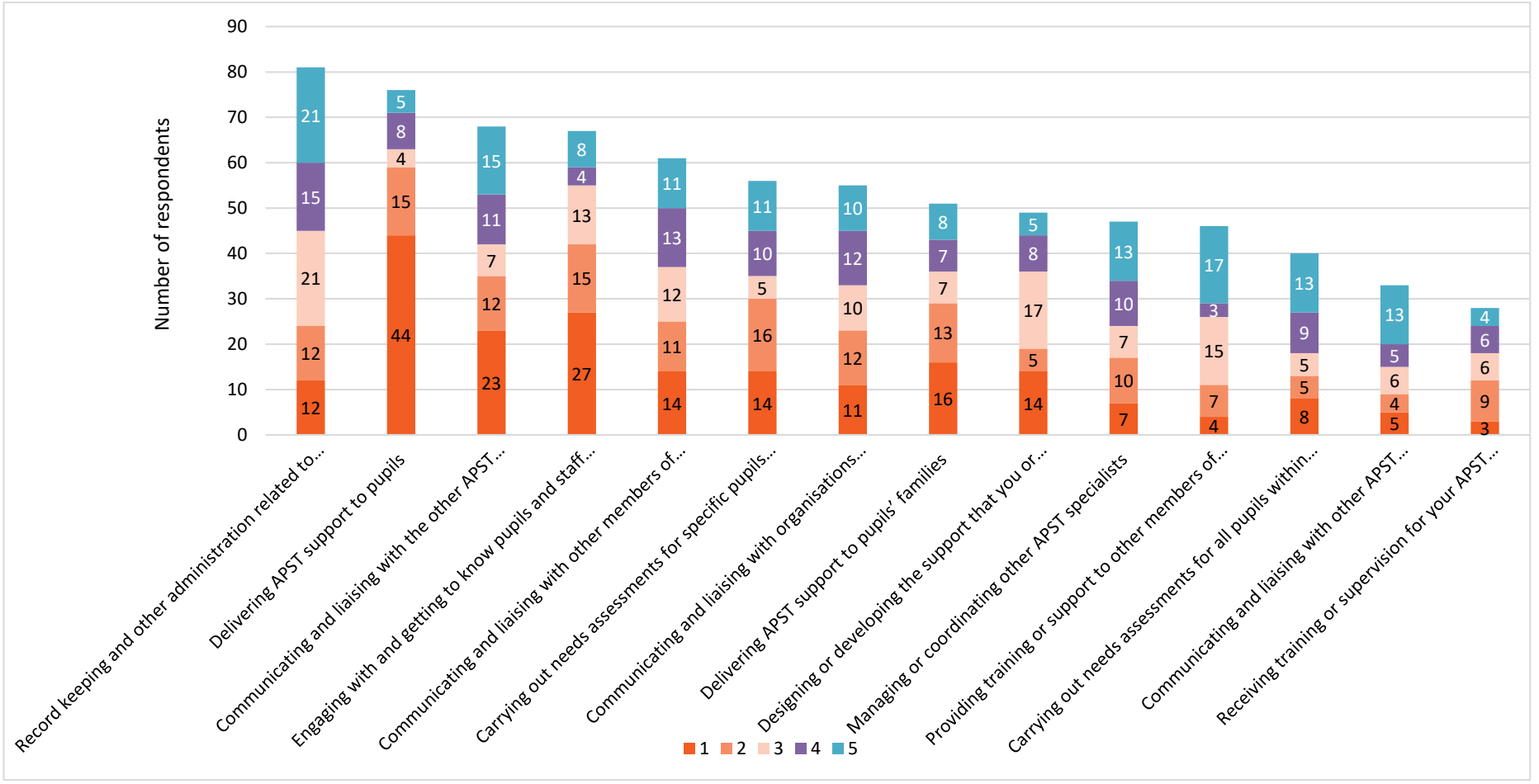
Source: Round 1, April-May 2022, n=92; Round 2, October 2022, n=114, Round 3, March 2023, n=100. Note: If you hold another paid role at the AP school as well as APST specialist, please only consider your APST duties here.

Figure 13: “Please indicate which of the following statements most accurately describes your experience working in the AP school since the last survey in October 2022. When I am working at the AP school, I am working at the same site as at least three other APST specialists…”.



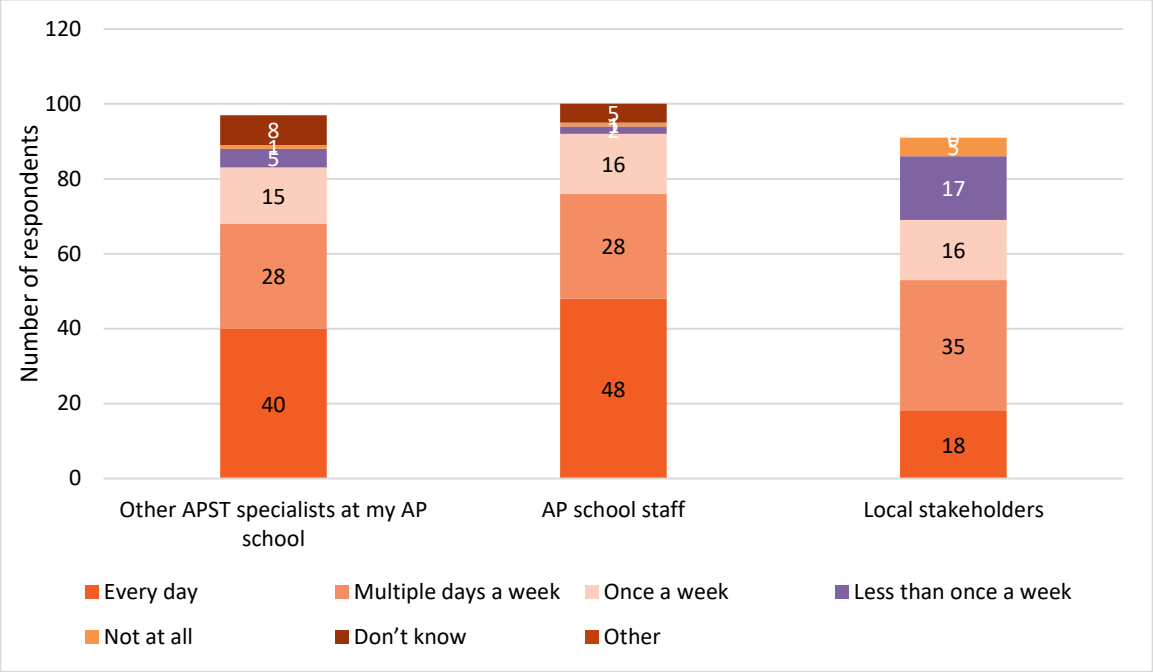
Source: Survey, March 2023, Specialists, n=100 By co-location, we mean working within the same site of your AP school as other APST specialists.”

Figure 14: “Thinking about your day-to-day activities since the last survey in October 2022, please indicate the top five activities that take up the biggest proportion of your working time as an APST specialist and rank them from 1 to 5.”



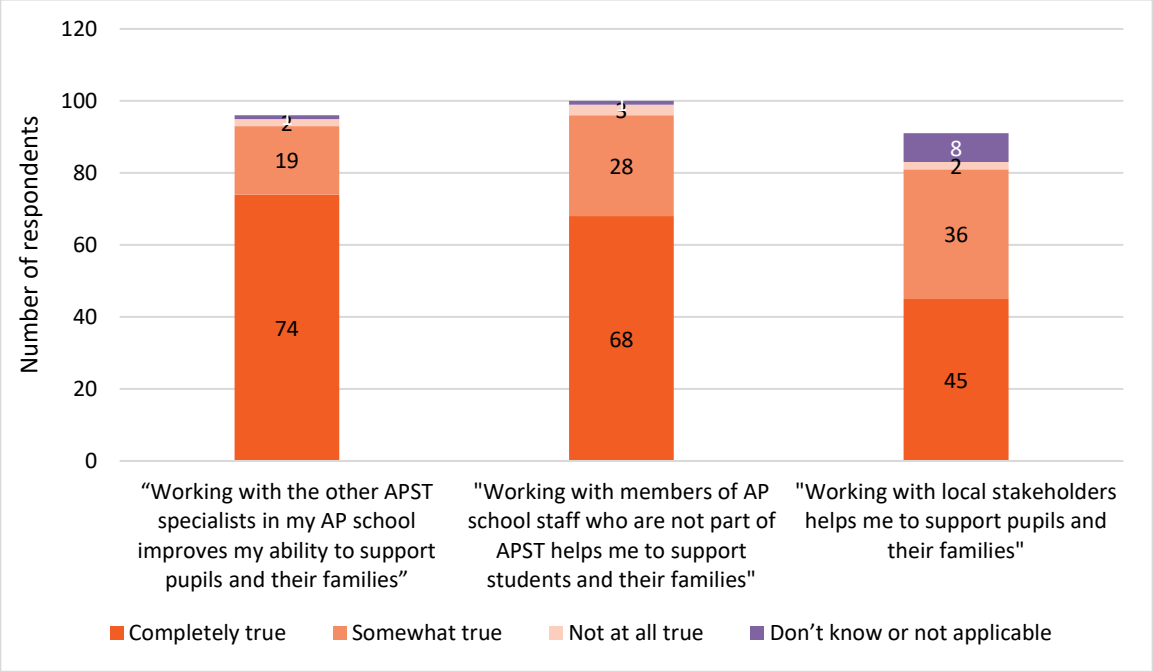
Source: Survey, March 2023, Specialists n=100 When ranking, please use 1 to indicate your most common activity, and 5 to indicate your fifth most common activity”. Ordered by most responses received.

Figure 15: How often APST Specialists reported working with each other, AP school staff, and local stakeholders.



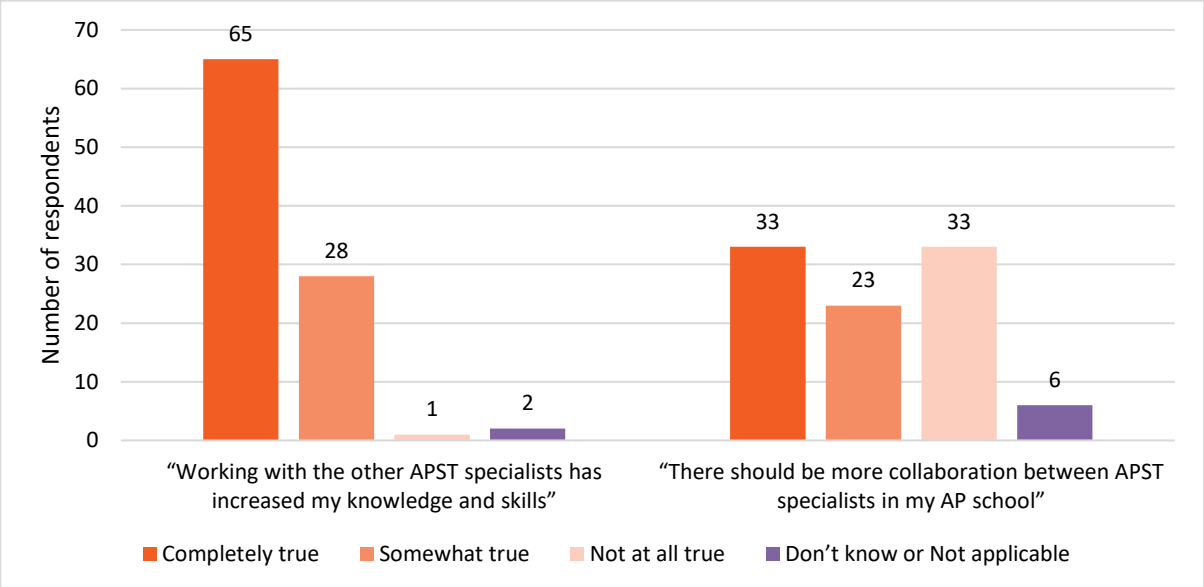
Source: Survey, March 2023, Specialists, n=100. Specialists were asked: "Since the last survey in October 2022, how often, if at all, have you worked with the other APST specialists in your AP school?", "Since the last survey in October 2022, how often, if at all, have you worked with members of staff at your AP school who are not part of the APST team?" and "how often, if at all, have you worked with local stakeholders?". Local stakeholders are taken to mean home local agency, other schools, the local authority, and other agencies and services operating in the local area. "Worked with" was taken to mean collaborating or sharing information with another APST specialist.

Figure 16: How helpful APST Specialists reported working with each other, AP school staff, and local stakeholders was.



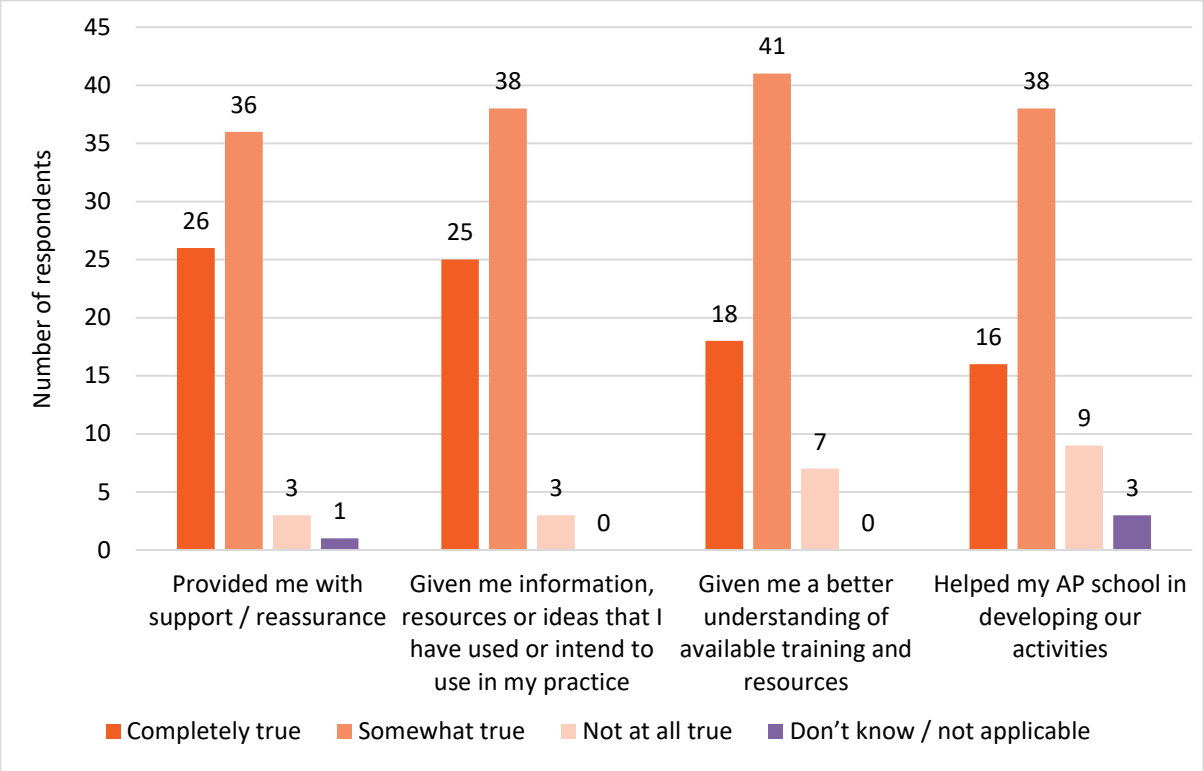
Source: Survey, March 2023, Specialists. Specialists were asked how true they believed the following statements were "Working with the other APST specialists in my AP school improves my ability to support pupils and their families" (n=96), ""Working with members of AP school staff who are not part of APST helps me to support students and their families" " (n=100), and "Working with local stakeholders helps me to support pupils and their families" (n=91).

Figure 17: Specialists' reflections on how far working with other APST specialists increased their knowledge and skills and the extent of further collaboration needed.



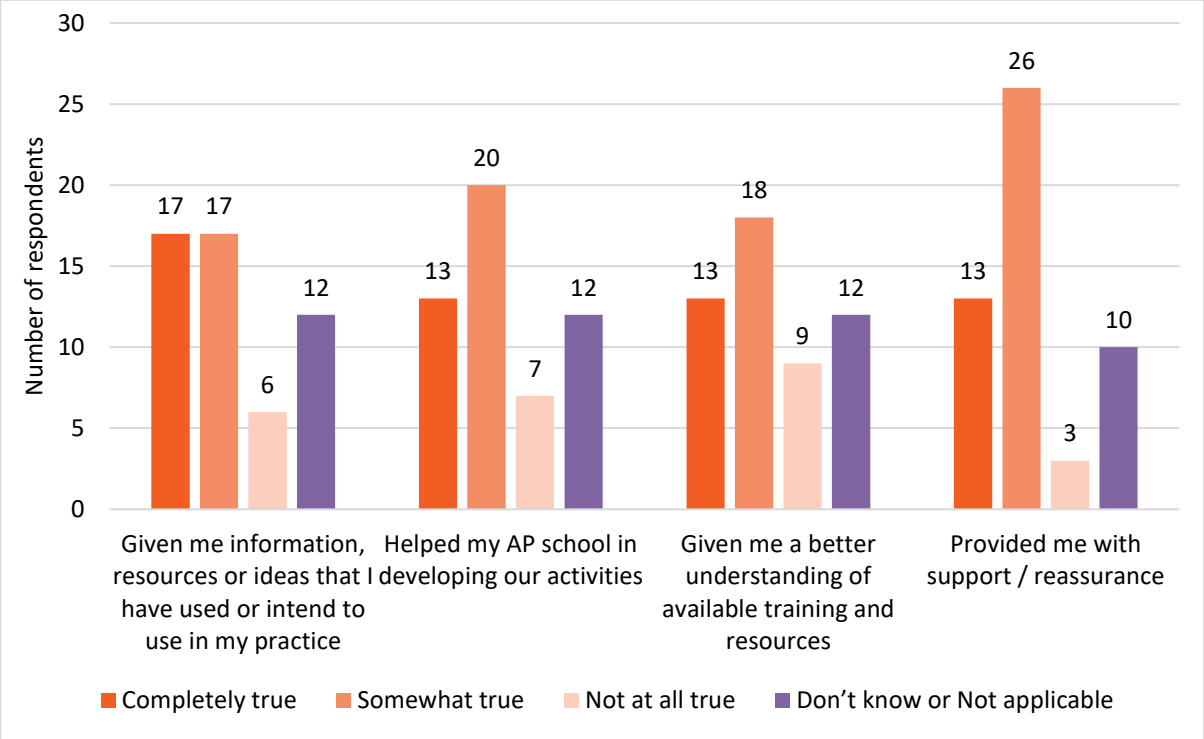
Source: Survey, March 2023, Specialists. Specialists were asked how true they believed the following statements were "Working with the other APST specialists has increased my knowledge and skills" (n=96) and "There should be more collaboration between APST specialists in my AP school" (n=95)

Figure 18: “Based on your experience attending a CoP meeting, how true, if at all, do you think the following statements are?".



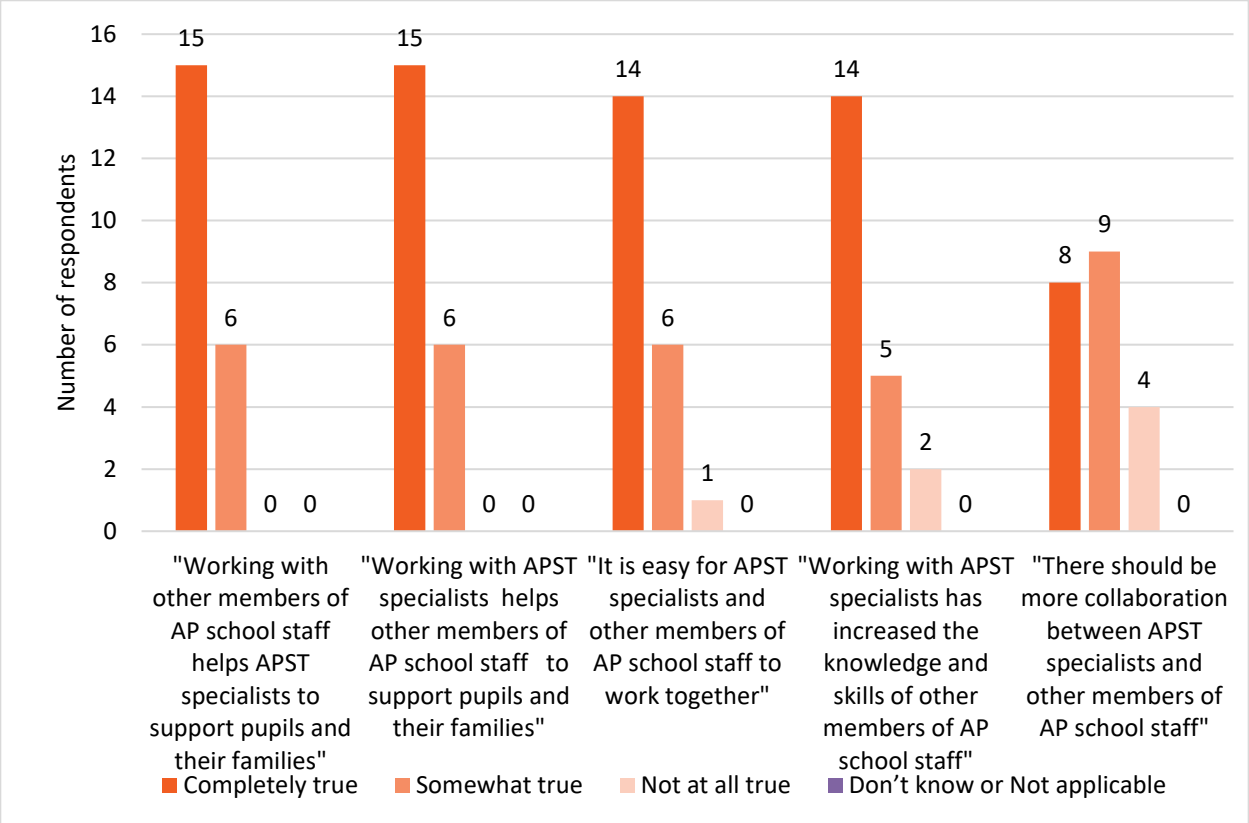
SOURCE: Survey, March 2023, Specialists, n=66

Figure 19: “Based on your experiences since the last survey in October 2022, how true do you think the following statements are? "Interacting with APST specialists at other AP schools taking part in APST outside of CoP has...”



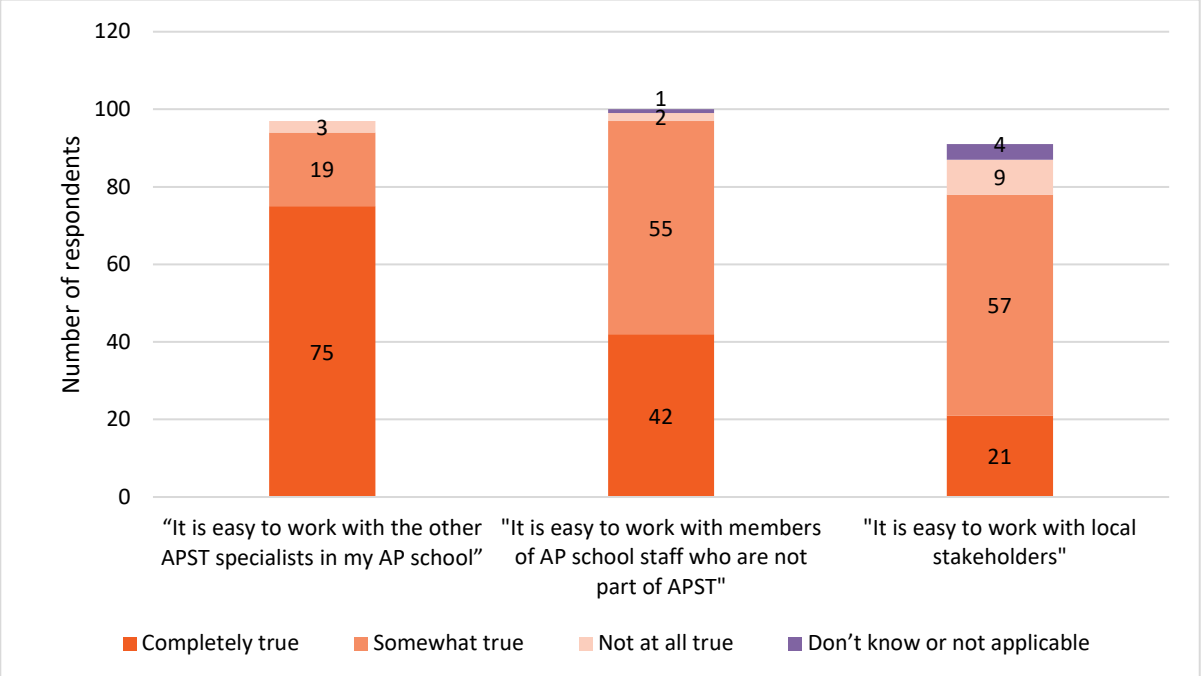
Source: Survey, March 2023, Specialists, n=52

Figure 20: SLT reflections on APST Specialists working with AP school staff.



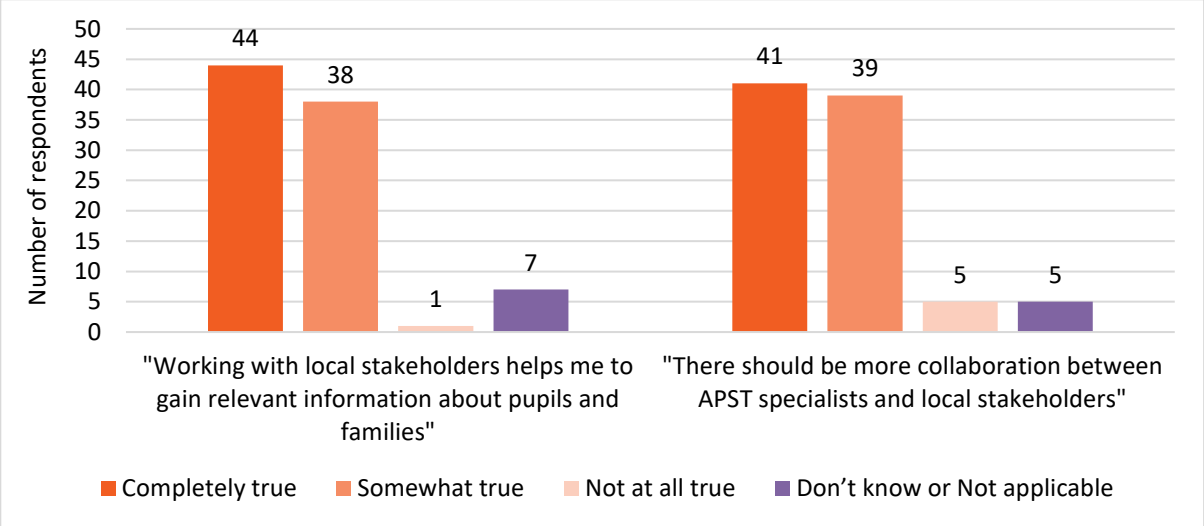
Source: Survey, March 2023, SLT, n=21. SLT were asked "Based on your experience so far, how true do you think the following statements are?"

Figure 21: How easy APST Specialists reported that it was to work with each other, AP school staff, and local stakeholders.



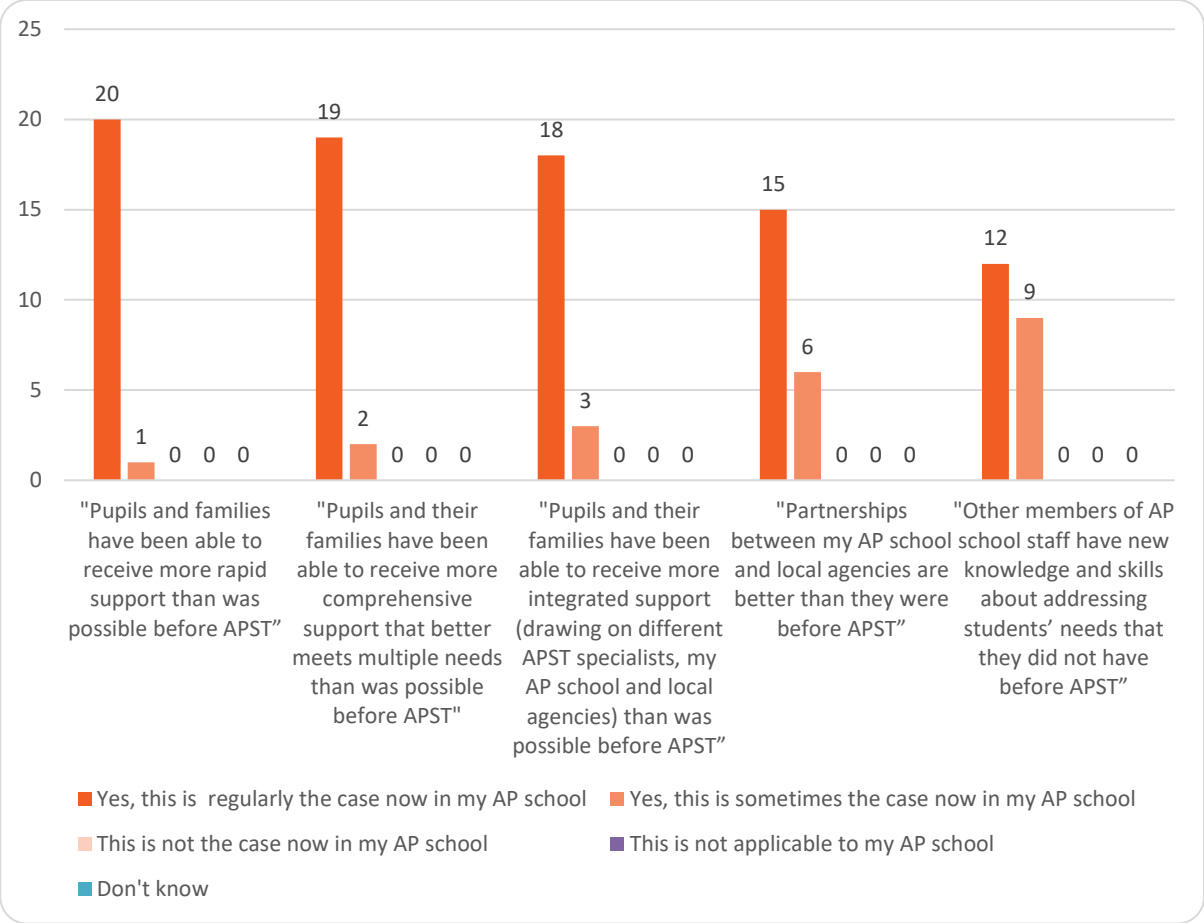
Source: Survey, March 2023, Specialists. Specialists were asked how true they believed the following statements were "It is easy to work with the other APST specialists in my AP school" (n=97), "It is easy to work with members of AP school staff who are not part of APST" (n=100), and "It is easy to work with local stakeholders" (n=91).

Figure 22: Specialists' reflections on whether working with local stakeholders supported information-gathering and extent of further collaboration needed.



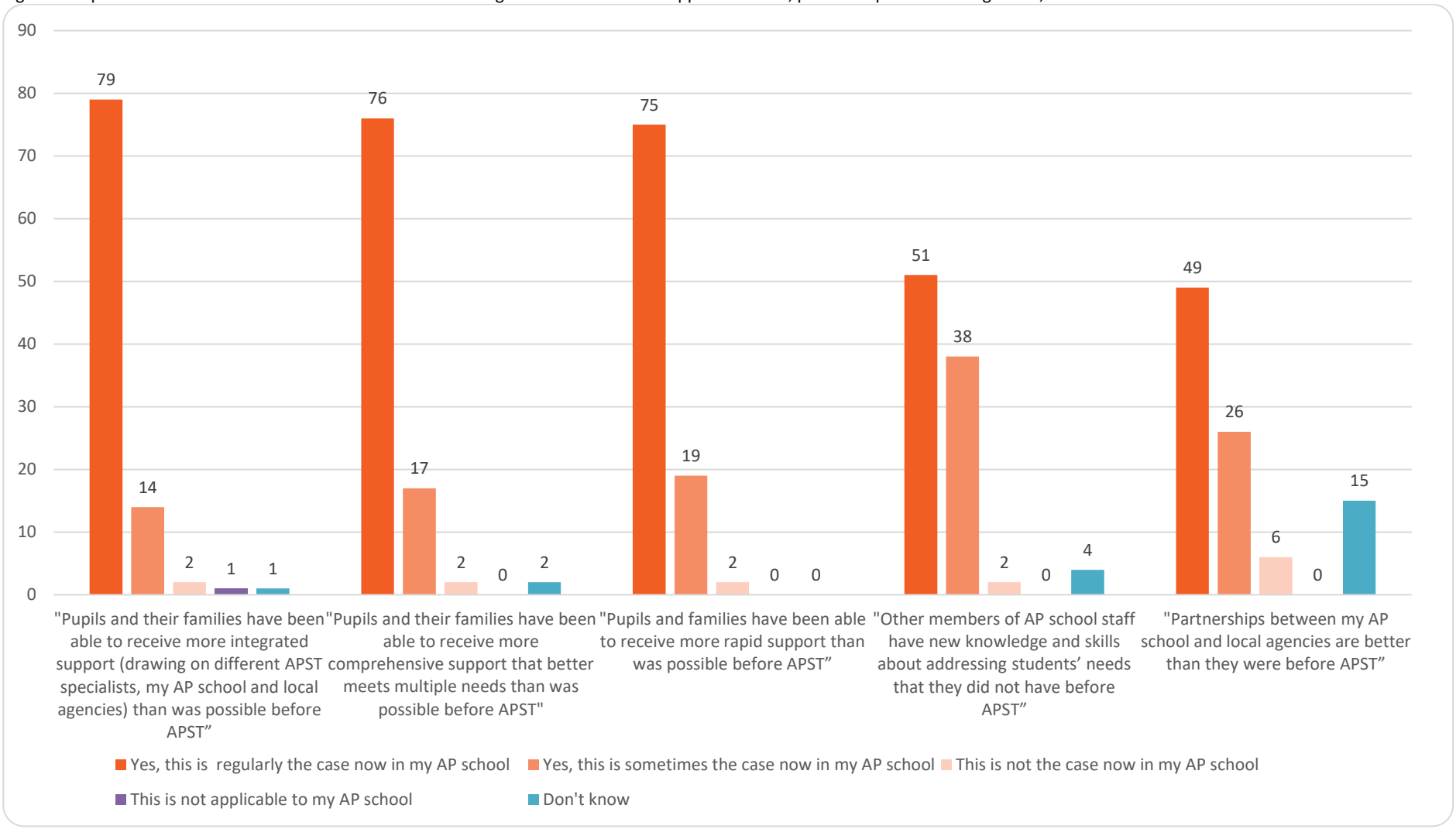
Source: Survey, March 2023, Specialists n=90. Specialists were asked "Based on your experience so far, how true do you think the following statements are?"

Figure 23: SLT reflections on the extent to which APST changed the nature of the support received, partnerships with local agencies, and skills of other members of AP school staff



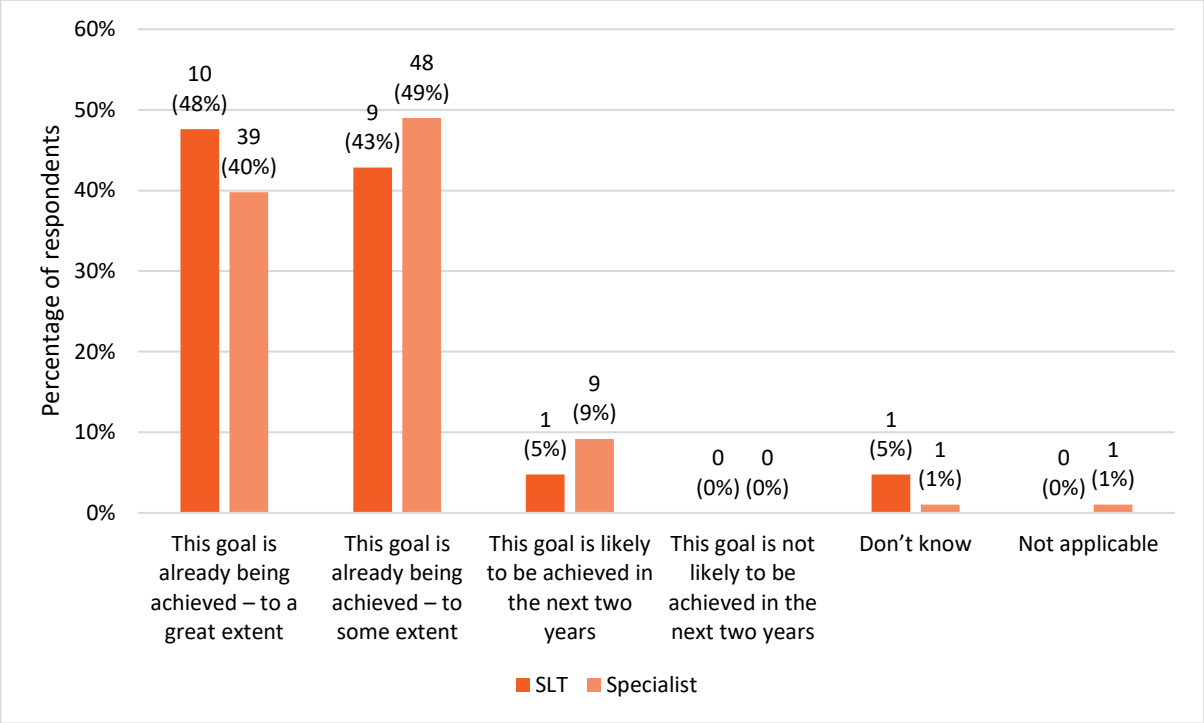
Source: Survey, March 2023, n=21. SLT were asked "To what extent, if at all, do the following statements reflect what is happening in your AP school at the time of responding to this survey?"

Figure 24: Specialist reflections on the extent to which APST changed the nature of the support received, partnerships with local agencies, and skills of other members of AP school staff



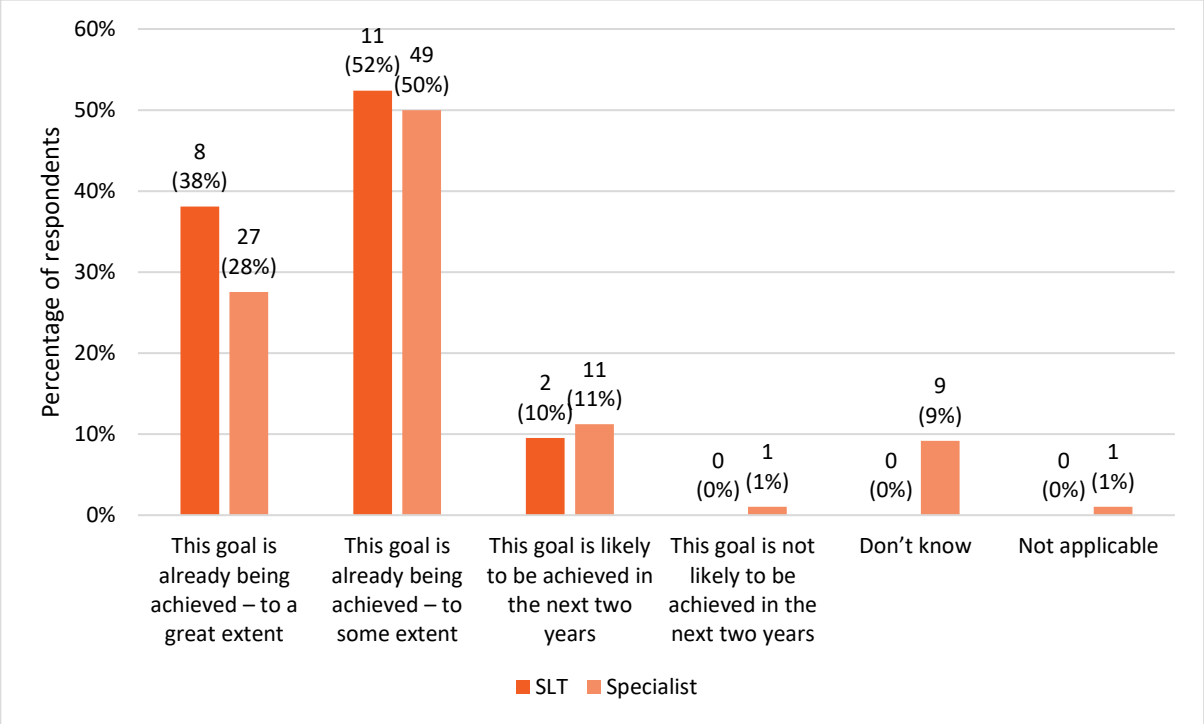
Source: Survey, March 2023, n=97. Specialists were asked "To what extent, if at all, do the following statements reflect what is happening in your AP school at the time of responding to this survey?"

Figure 25: “Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – improvement in social and emotional health and wellbeing?”



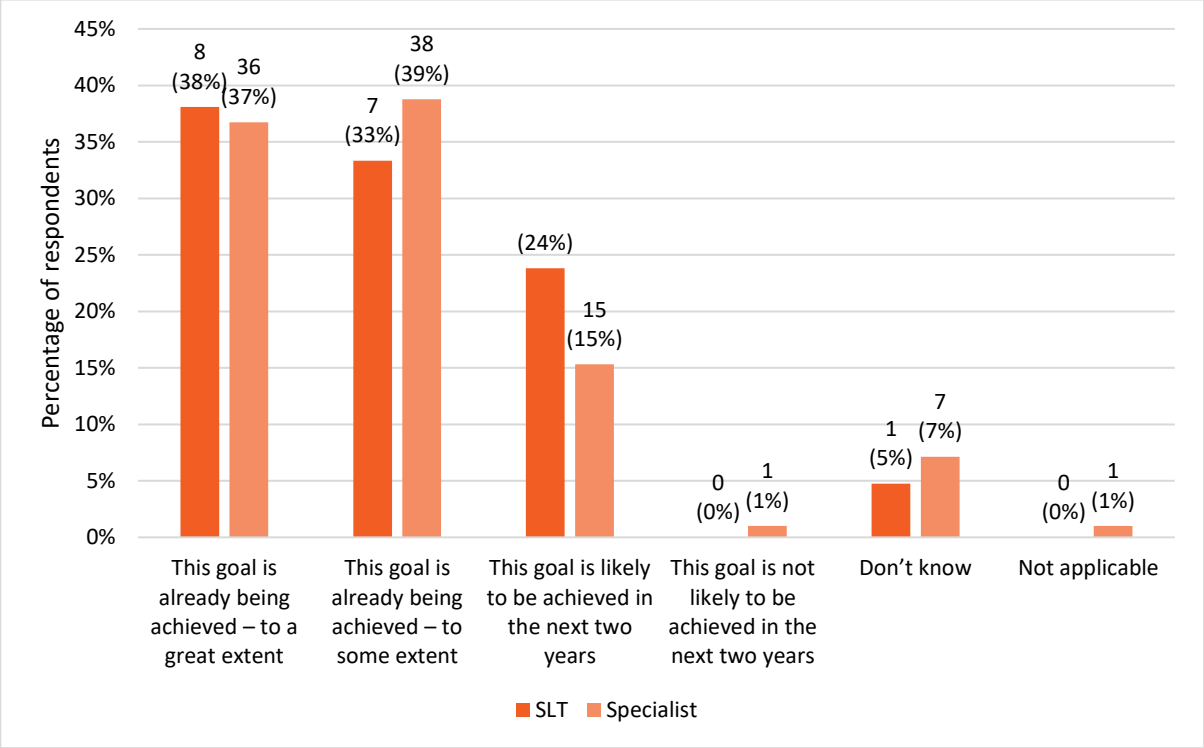
SOURCE: Survey, March 2023, SLT n=21, Specialists n=98.

Figure 26: “Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – improved parental engagement?”



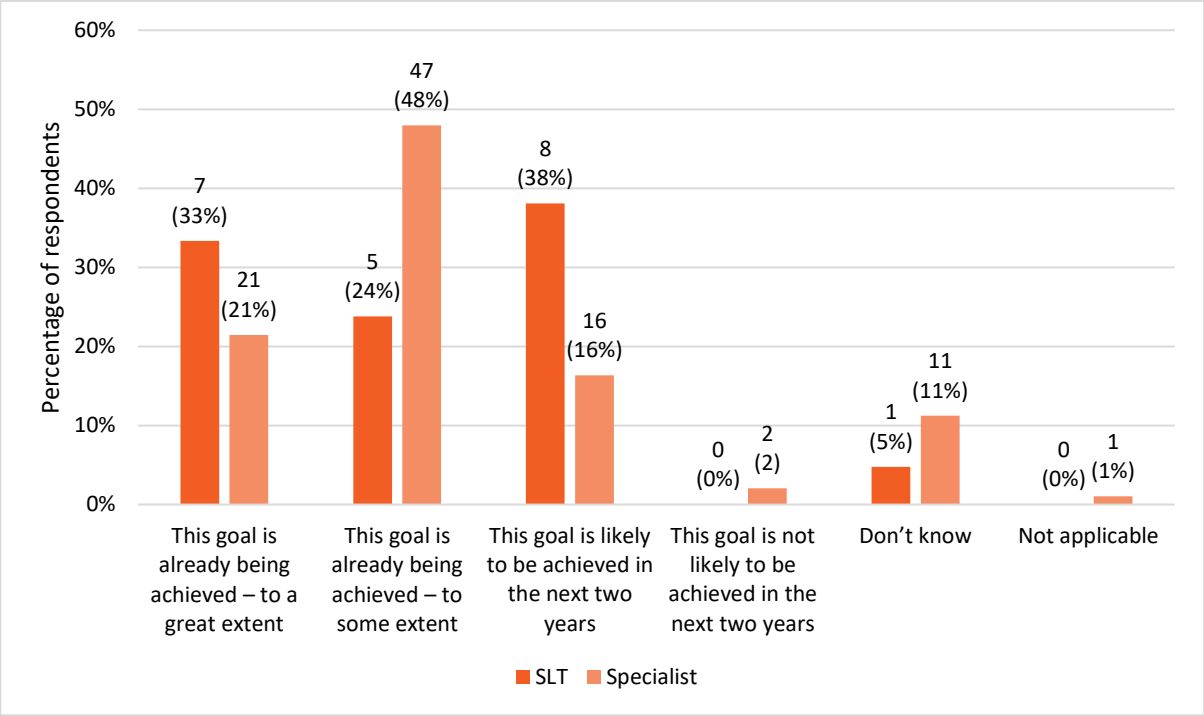
Source: Survey, March 2023, SLT n=21, Specialists n=98.

Figure 27: "Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – improved pupil engagement?"



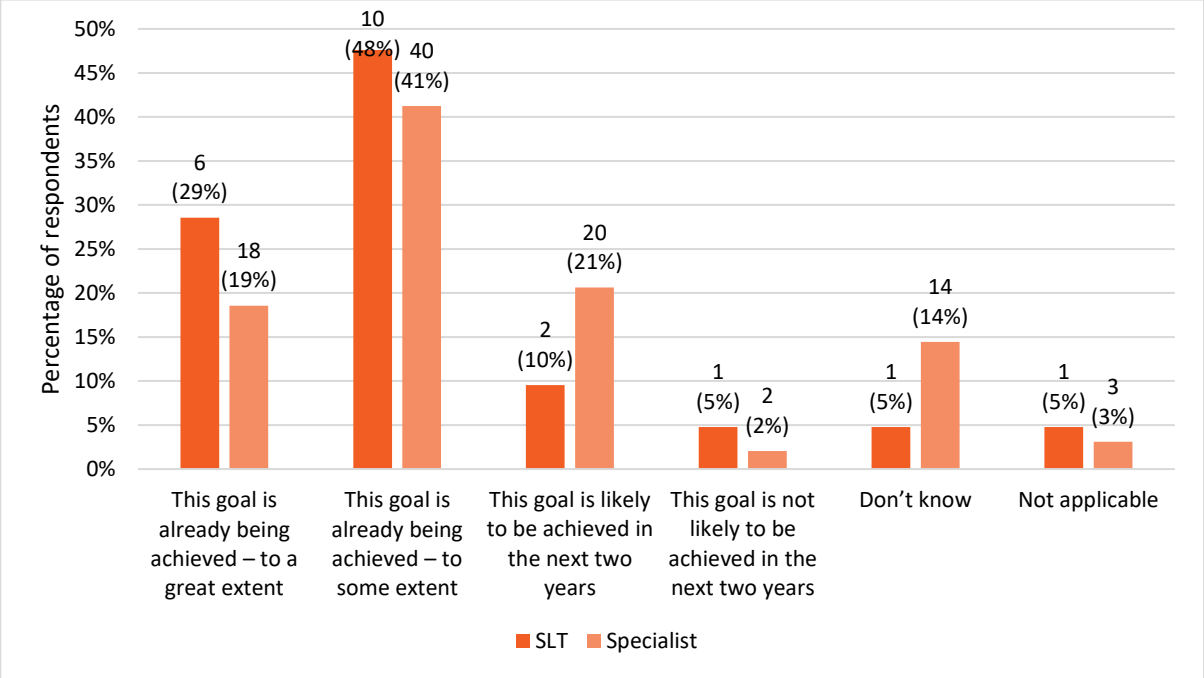
Source: Survey, March 2023, SLT n=21, Specialists n=98.

Figure 28: "Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – improved pupil attendance at school?"



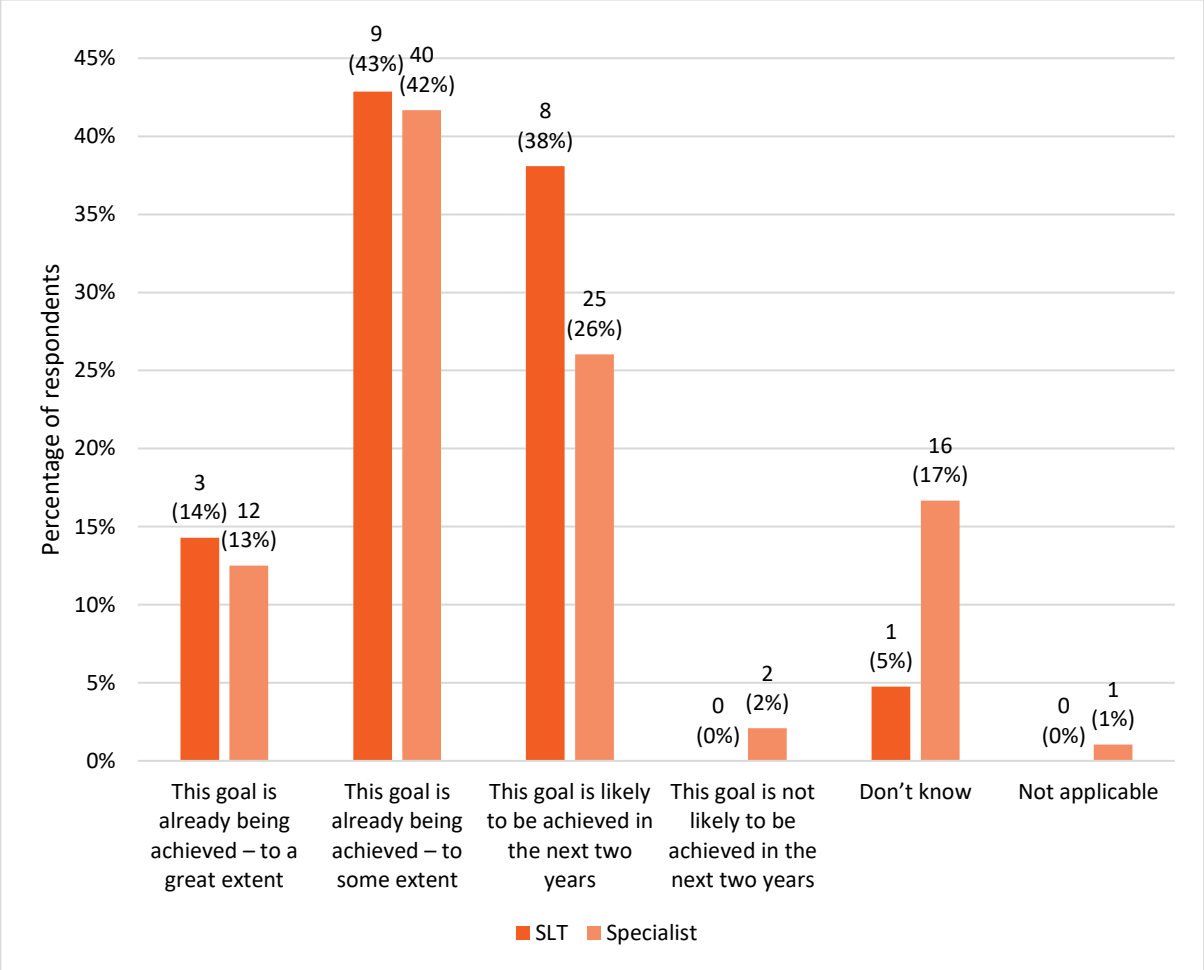
Source: Survey, March 2023, SLT n=21, Specialists n=98.

Figure 29: “Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – improved pupil reintegration into mainstream school or a post-16 setting?”



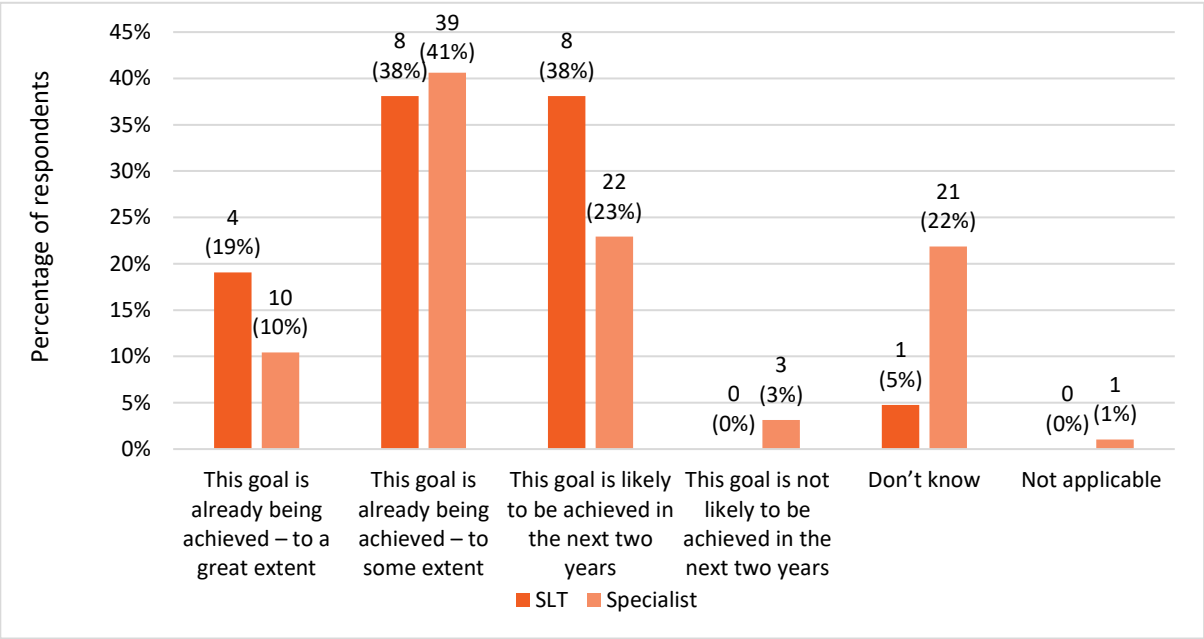
Source: Survey, March 2023, SLT n=21, Specialists n=97.

Figure 30: "Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – improved pupil academic attainment?"



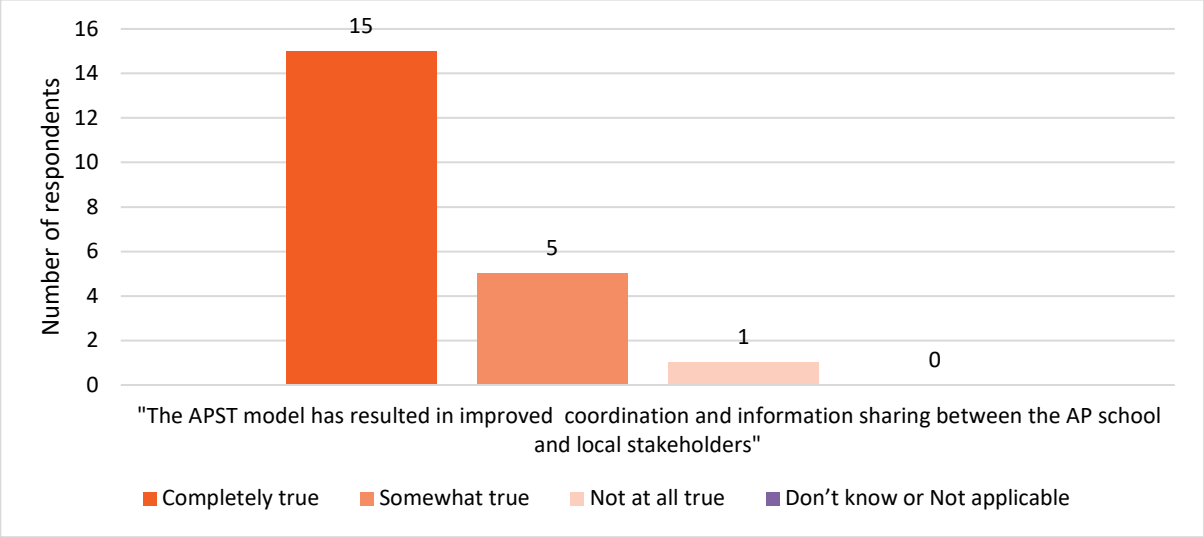
Source: Survey, March 2023, SLT n=21, Specialists, n=96.

Figure 31: "Based on your experience so far and thinking about pupils attending your AP school, to what extent do you think the following goals of ASPT have or will be achieved – reduced pupil involvement in youth violence?"



Source: Survey, March 2023, SLT n=21, Specialists n=96.

Figure 32: SLT reflections on how far APST has supported improvements in relationships between AP school and local stakeholders.



Source: Survey, March 2023, SLT, n=21

Appendix F: Points scores used in attainment measures

This appendix includes information on how grades achieved in different qualifications were converted to points, and used in the attainment outcome.

Table 34 Points scores used in attainment measures

Qualification	Grade	Points
GCE AS level	A	67.5
GCE AS level	B	60
GCE AS level	C	52.5
GCE AS level	D	45
GCE AS level	E	37.5
GCE AS level	X	0
GCE AS level	U	0
Basic Skill at Level 1	P	12.5
Basic Skill at Level 1	X	0
Basic Skill at Level 1	U	0
Basic Skill at Level 2	P	23
Basic Skill at Level 2	Q	0
Basic Skill at Level 2	U	0
Basic Skill at Level 2	X	0
Functional Skill at Entry Level	3	7
Functional Skill at Entry Level	2	6
Functional Skill at Entry Level	1	5
Functional Skill at Entry Level	X	0
Functional Skill at Entry Level	U	0
Functional Skill at Entry Level	F	0
Functional Skill at Level 1	P	12.5
Functional Skill at Level 1	Q	0
Functional Skill at Level 1	X	0
Functional Skill at Level 1	F	0
Functional Skill at Level 1	U	0
Functional Skill at Level 2	P	23

Functional Skill at Level 2	Q	0
Functional Skill at Level 2	U	0
Functional Skill at Level 2	F	0
Functional Skill at Level 2	X	0
GCSE Full Course	*	58
GCSE Full Course	A	52
GCSE Full Course	B	46
GCSE Full Course	C	40
GCSE Full Course	D	34
GCSE Full Course	E	28
GCSE Full Course	F	22
GCSE Full Course	G	16
GCSE Full Course	X	0
GCSE Full Course	Q	0
GCSE Full Course	U	0
ELQ D/M/P grading A	3D	1.85
ELQ D/M/P grading A	3M	1.75
ELQ Band A	3	3.5
ELQ Band A	2	3
ELQ Band A	1	2.5
ELQ Band A	X	0
ELQ Band B	3	7
ELQ Band B	2	6
ELQ Band B	1	5
ELQ Band B	U	0
ELQ Band B	Q	0
ELQ Band B	X	0
ELQ Band C	3	14
ELQ Band C	2	12
ELQ Band C	1	10
ELQ Band C	X	0

ELQ Band C	F	0
ELQ Band C	U	0
ELQ Band C	Q	0
ELQ Band D	3	28
ELQ Band D	2	24
ELQ Band D	1	20
Key Skill at Level 1	P	18.75
GCSE (9-1) Full Course	9	60
GCSE (9-1) Full Course	8	55
GCSE (9-1) Full Course	7	51
GCSE (9-1) Full Course	6	47
GCSE (9-1) Full Course	5	43
GCSE (9-1) Full Course	4	39
GCSE (9-1) Full Course	3	34
GCSE (9-1) Full Course	2	28
GCSE (9-1) Full Course	1	19
GCSE (9-1) Full Course	U	0
GCSE (9-1) Full Course	X	0
GCSE (9-1) Full Course	Q	0
Edexcel Certificates	*	58
Edexcel Certificates	A	52
Edexcel Certificates	B	46
Edexcel Certificates	C	40
Edexcel Certificates	D	34
Edexcel Certificates	E	28
Edexcel Certificates	F	22
Edexcel Certificates	G	16
Edexcel Certificates	X	0
Edexcel Certificates	U	0
Level1/2 certificates	*	58
Level1/2 certificates	A	52

Level1/2 certificates	B	46
Level1/2 certificates	C	40
Level1/2 certificates	D	34
Level1/2 certificates	E	28
Level1/2 certificates	F	22
Level1/2 certificates	G	16
Level1/2 certificates	X	0
Level1/2 certificates	Q	0
Level1/2 certificates	U	0
International GCSEs (interim)	X	58
International GCSEs (interim)	*	58
International GCSEs (interim)	U	58
International GCSEs (interim)	A	52
International GCSEs (interim)	B	46
International GCSEs (interim)	C	40
International GCSEs (interim)	D	34
International GCSEs (interim)	E	28
International GCSEs (interim)	F	22
International GCSEs (interim)	G	16
International GCSEs (interim)	Q	0
Graded Drama Music Lit Speech	7M	29.5
Graded Drama Music Lit Speech	6D	27
Graded Drama Music Lit Speech	5D	18
Graded Drama Music Lit Speech	4D	15
Graded Drama Music Lit Speech	2M	5.5
Graded Drama Music Lit Speech	3P	5
Grade 1 Drama Music Lit Speech	M	8
Grade 2 Drama Music Lit Speech	D	14
Grade 2 Drama Music Lit Speech	M	11
Grade 3 Drama Music Lit Speech	M	14
Grade 3 Drama Music Lit Speech	P	10

Grade 5 Drama Music Lit Speech	D	36
Grade 5 Drama Music Lit Speech	M	32
Grade 6 Drama Music Lit Speech	D	54
Grade 6 Drama Music Lit Speech	M	45
Grade 7 Drama Music Lit Speech	P	43
Grade 8 Drama Music Lit Speech	D	86
Cambridge International Certificate Level 1/Level 2	*	58
Cambridge International Certificate Level 1/Level 2	A	52
Cambridge International Certificate Level 1/Level 2	B	46
Cambridge International Certificate Level 1/Level 2	C	40
Cambridge International Certificate Level 1/Level 2	D	34
Cambridge International Certificate Level 1/Level 2	E	28
Cambridge International Certificate Level 1/Level 2	F	22
Cambridge International Certificate Level 1/Level 2	G	16
Cambridge International Certificate Level 1/Level 2	X	0
Cambridge International Certificate Level 1/Level 2	Q	0
Cambridge International Certificate Level 1/Level 2	U	0
Cambridge International Level 1/Level 2 (9-1) Certificate	7	51
Cambridge International Level 1/Level 2 (9-1) Certificate	6	47
Cambridge International Level 1/Level 2 (9-1) Certificate	5	43
Cambridge International Level 1/Level 2 (9-1) Certificate	4	39
Cambridge International Level 1/Level 2 (9-1) Certificate	3	34
Cambridge International Level 1/Level 2 (9-1) Certificate	2	28
Cambridge International Level 1/Level 2 (9-1) Certificate	1	19
Cambridge International Level 1/Level 2 (9-1) Certificate	X	0
Cambridge International Level 1/Level 2 (9-1) Certificate	U	0

Appendix G: Theory of Change

A. Theory of Change diagrams

We developed a theory of change for the APST intervention in the co-design period (summer 2021) and updated after the first year of delivery to reflect what had been learnt about the operation of APST (summer 2022). This is represented in Figure 33.

The theory of change acted as a framework for the evaluation: signposts what the evaluation should focus on, and communicates a shared understanding of the key elements of APST and what results are expected. The theory of change helps describe how the APST expected to contribute to a chain of results that produce the intended or actual outcomes.

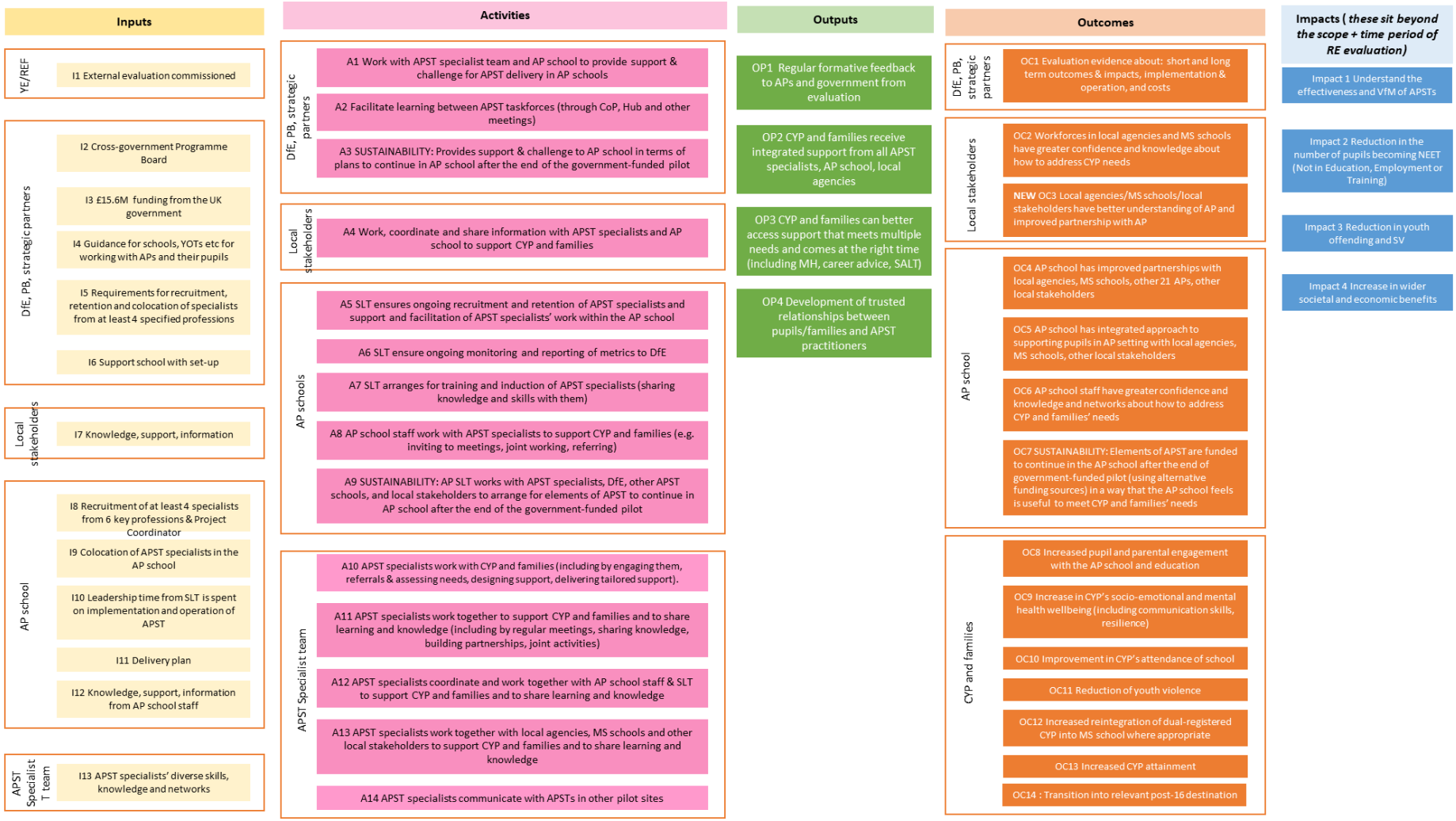
We then updated the theory of change following completion of the evaluation, to reflect what had been learnt from the findings. This included setting out causal pathways and refining the intended outputs and outcomes. The updated theory of change is represented in Figure 34, with changes indicated in red text and relevant causal mechanisms indicated in yellow. We present the causal mechanisms below.

The theory of change contains: [339]

- **Inputs (I):** the resources needed to operate APST.
- **Activities (A)**: the actions taken by different stakeholder groups to implement APST.
- **Outputs (OP)**: the direct result of APST, typically tangible and countable, referring to what has been done / produced.
- **Outcomes (OC)**: the intended results as a result of operating APST, typically explored as part of the evaluation.
- **Impacts (IM)**: the broader systemic changes that are expected in the long-term, beyond the scope of the evaluation.

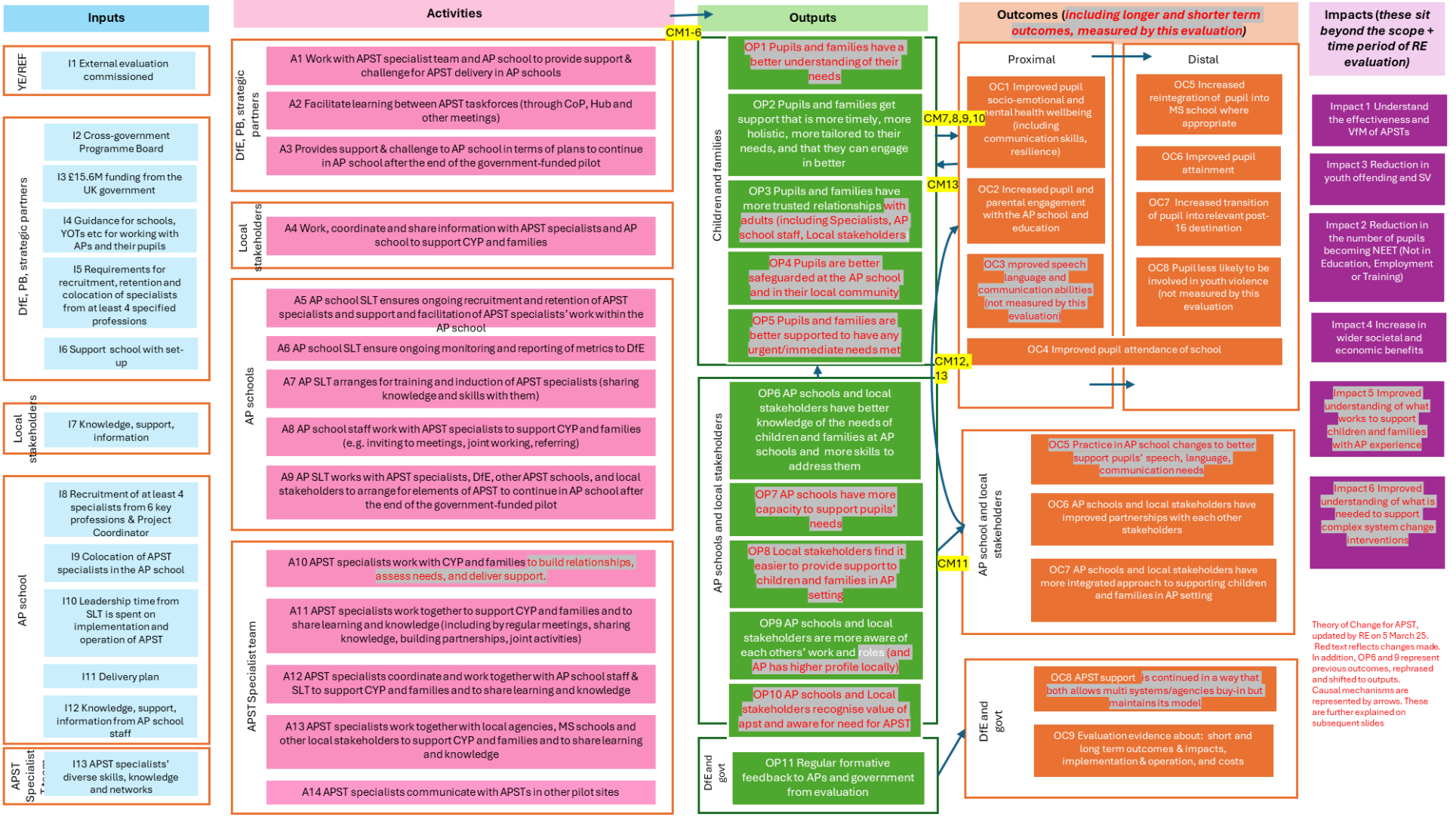
[339] Definitions taken from Chapter 13, 'Logic Models', in the RAND Performance Audit Handbook (2009): https://www.rand.org/pubs/technical_reports/TR788.html [last accessed 18 August 2023].

Figure 33: Initial Theory of Change developed in summer 2021-2022



Source: Developed by evaluation team, based on original ToC included in ITT issued by YEF in July 2021.

Figure 34: Updated Theory of Change, developed in spring 2025



Source: Developed by evaluation team, based on Figure 33.

Causal mechanisms

As part of our update of the theory of change, we developed causal mechanisms to support understanding of how activities, outputs, and outcomes supported each other.

Causal mechanisms (CM) explain how and why the outputs and outcomes in the theory of change are expected to result from the inputs and activities. The Evaluation Team identified possible causal mechanisms corresponding to the outcomes and outputs outlined in the theory of change for APST.

Causal pathways for this intervention are likely to be highly complex. The variety of support provided by APST, the way in which APST worked differently in schools, is tailored to each child, and the diversity of pupil needs mean that there are many potential mechanisms. Many mechanisms interact with each other and are therefore hard to distinguish. We also found that all causal mechanisms are highly influenced by the context in which APST was operating: including the needs and characteristics of pupils, the ways in which AP schools work and vary within local contexts, wider issues and challenges in the SEND system, and ongoing policy change affecting the AP sector.

As a result, we have identified high-level causal mechanisms which can support our understanding of how APST operates across all 22 schools and across the huge diversity of the AP population. We have not attempted to identify all possible causal mechanisms that may be in place for each APST Specialist, each APST school, or each APST pupil. Especially as our evaluation did not find evidence of impact across all outcomes, we note that other mechanisms may as yet be undescribed. All mechanisms should be understood as being affected by context.

Causal mechanisms: how inputs and activities led to the outputs

The following causal mechanisms explain **how the inputs and activities might lead to the outputs**:

CM 1. Because **APST is a flexible model with multiple specialists**, APST support can be highly tailored to each schools' contexts, needs, and pupil cohorts: meaning that support helps to fill the specific capability and capacity gaps of AP schools and local stakeholders, helping them to support pupils and families further.

CM 2. Because **APST has Specialists based in the AP school**, Specialists are able to build trusted relationships with children and families and with each other, which helps them to work jointly to assess needs comprehensively and provide tailored and flexible support that pupils and families can engage in. APST Specialists are also able to build relationships with and work improve the capacity and capabilities of the AP school and staff, benefit from AP school staff's expertise, and ultimately work in partnership with the AP school staff more successfully.

CM 3. Because **APST includes multiple Specialists with extensive expertise who work together,** Specialists can provide more holistic assessments of needs and support which better supports pupils who have complex and intersecting needs, and can upskill AP school staff and local stakeholders in multiple disciplines.

CM 4. Because **APST includes the support of a SLT lead and a Project Coordinator supporting the team,** Specialists are supported to work flexibly and holistically to provide tailored support, including working outside of school hours / times / in a way that is new to the school, if needed (e.g. enough space to be co-located, coordinated meetings, SLT backing for out-of-hours working). Specialists also have support needed to work in partnership and upskill AP school and local stakeholders (e.g. buy-in from staff, senior support).

CM 5. Because **APST involves secondment of Specialists from local agencies,** Specialists can continue to develop their professional skills (which allow them to provide better support), gain and share information about the children at the AP school (supporting better needs assessment, safeguarding, and tailored support), raise awareness of AP schools amongst local stakeholders and vice versa, and generally support partnership working.

CM 6. Because **APST is backed by DfE funding and support,** APST teams are able to learn from each other, there is better access to stakeholders in other spaces (e.g. youth justice, health), and more "buy-in" from a range of stakeholders, which facilitates working.

Causal mechanisms: how outcomes may be linked to inputs, activities, outputs, and other outcomes

The following causal mechanisms explain **how the inputs, activities and outputs might be linked to the outcomes**:

CM 7. Because **APST support is rapid**, pupils and families get more timely support at the point of need, meaning that they are more likely to engage, support is more likely to be useful for their current needs, and outcomes are more likely to be achieved.

CM 8. Because **APST support begins with assessment of needs**, Specialists are more able to provide tailored support to address these needs and support children and families into other support, with local stakeholders, as needed. Children and families are more able to engage in the support because it is tailored to their needs and more likely to be signposted to other support that they require form local stakeholders. As a result, they are supported to achieve their outcomes in the shorter and longer-term.

CM 9. Because **Specialists build trusted relationships with children and families**, Specialists are better able to assess children and families' needs, provide more tailored support, and introduce children and families to other support (either from other Specialists or local stakeholders). As a result, children and families are more likely to have a good understanding of their own needs and more able to engage in both the tailored support provided, which helps them to achieve their outcomes in the shorter and longer-term.

CM 10. Because **APST support is flexible** (in location, time, level of intensity, and including both ad hoc and formal interventions), Specialists are able to 'meet children where they are' and provide the support that is needed at that time point (even if unrelated to educational outcomes). Because children and families are supported with these most urgent needs met, this supports trusted relationships being built and means that they are more able to engage in future support, which helps them to achieve their outcomes in a sustainable way.

CM 11. Because **APST leads to greater knowledge amongst AP school**, practice in the whole AP school can change to better support children (for example, around speech language and communication needs), helping them to achieve their outcomes. For example, APST supported better awareness in the AP school of children's speech language and communication needs, meaning practice changed to better help communication between children and AP school staff. As a result, children attending the AP school were more able to engage in learning and communication with staff, were happier at school, and therefore more able to achieve other outcomes.

CM 12. Because **APST leads to greater knowledge about children's needs and about AP schools in the local stakeholders**, there is more partnership working between local stakeholders and AP schools and more integrated support, which supports the quality of support that pupils and families receive, and ultimately supports achievement of their outcomes.

CM 13. Because **APST is perceived to help children improve their outcomes**, this leads to more engagement and buy-in from children, families, AP schools and local stakeholders, which

ultimately reinforces the provision of support, the trusted relationship, cements partnerships, and ultimately supports the achievement of outcomes.

Appendix H: About the project team

The evaluation was conducted by RAND Europe, FFT and University of Westminster.[340]

RAND Europe acted as Consortium Lead, including leading the process evaluation, cost evaluation, primary data collection for the impact evaluation, reporting, and liaison with stakeholders. Dr Emma Disley, Research Group Director, led the evaluation. Natalie Picken, Senior Analyst, managed the evaluation and acted as lead researcher for the process evaluation. Dr Elle Wadsworth acted as lead researcher for the cost evaluation. Research expertise and support across all three strands of the project was provided by Kankan Zhang, Ana Fitzsimons, Iris Leussink, Judith Ajebon, James Merewood, Sarah Angell, Karen Cooper, Simon Larmour, Lydia Lymperis, Tamara Strabel, and Lili Xu. Elena Rosa Speciani and Lucy Strang acted as advisors and quality assurance reviewers.

FFT Datalab and the University of Westminster were co-leads for the impact evaluation: Dave Thomson, Chief Statistician at FFT Datalab, and Professor Richard Dorsett, Professor of Economic Evaluation at the University of Westminster.

Appendix I: YEF Security Rating

Rating	**Design**	**MDES** Outcome: Threshold*	**Attrition**	**Initial score**		**Adjustments**		**Final score**
5	Randomised design	Offending: <=0.1 SDQ tot: <= 0.3 Other: <= 0.2	0-10%	4				
4	Design for comparison that considers some type of selection on unobservable characteristics (e.g. RDD, Diff-in-Diffs, Matched Diff-in-Diffs)	Offending: 0.11 – 0.19 SDQ tot: 0.31 – 0.39 Other: 0.21 – 0.29	11-20%			*Zero adjustments required for threats to internal validity* (see below)		4
3	Design for comparison that considers selection on all relevant observable confounders (e.g. Matching or Regression Analysis with variables descriptive of the selection mechanism)	Offending: 0.2 – 0.29 SDQ tot: 0.4 – 0.49 Other: 0.3 – 0.39	21-30%					
2	Design for comparison that considers selection only on some relevant confounders	Offending: 0.3 – 0.39	31-40%					

[340] RAND Europe led the Consortium and the formative aspect of the evaluation, the process evaluation, the cost evaluation, and the primary data collection to inform the impact evaluation. FFT and University of Westminster led on the quasi-experimental impact evaluation, including establishing the counterfactual, linking datasets, and all outcome analyses.

		SDQ tot: 0.5 – 0.59 Other: 0.4 – 0.49						
1	Design for comparison that does not consider selection on any relevant confounders	Offending: 0.4 – 0.49 SDQ tot: 0.6 – 0.69 Other: 0.5 – 0.59	41-50%					
0	No comparator	Offending: >= 0.5 SDQ tot: >= 0.7 Other: >= 0.6	>50%					

Threats to validity

Threat		**Threat assessment**
1	Confounding	Low/Moderate
2	Concurrent interventions	Low
3	Experimental effects and contamination	Low
4	Implementation fidelity and compliance	Low
5	Attrition adjustments	Low
6	Measurement of outcomes	Low
7	Selective reporting and data availability	Low