

Evaluation of Behaviour and Education Support Teams

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Executive Summary

1 Background

Behaviour and Education Support Teams (BESTs) are multi-agency teams, which bring together a range of professionals, working to support schools, families and children (aged 5 to 18) who present or are at risk of developing emotional, behavioural and/or attendance problems. Teams include professionals from the fields of education, social care, health and other. The focus of BEST work is identification, prevention and early intervention, to promote emotional well-being, positive behaviour and school attendance.

In order to provide further evidence and understanding of the effectiveness of BESTs, the NFER was commissioned by the DfES to undertake a two-stage evaluation. The initial stage of research entailed telephone interviews with 20 BEST coordinators/BIP managers, with a focus on operational features and associated issues. This was followed by fieldwork visits to a sample of 12 case-study BESTs (selected from the original 20) during which other team members and school representatives (e.g. lead behaviour professionals) were interviewed. At this point, the evaluation sought to gather evidence of impact and factors which contributed towards the effectiveness of each BEST. In total 92 interviews were conducted for the second part of study. This report combines key findings from both stages of the evaluation.

2 Establishing the BEST

Coordinators in the first stage of the research were asked how useful they had found **DfES guidance** on the development and operation of BESTs, and how they had used it when setting up the team. The majority of respondents who had used the guidance reported that they had found it helpful. In particular, they noted that the guidance had been used to: inform the composition of the team, in terms of staff and agencies represented; relay the DfES vision of BESTs; consider different types of intervention; develop future work of the BEST; offer guidance on referrals; and provide help with the induction of new staff.

In the second stage of the research, coordinators were asked to report what they felt had been the **key factors in determining the approach** taken to developing the BEST. Four main factors were identified: research and guidance (e.g. conducting needs audits, referring to the DfES guidance); schools' preference (e.g. school expressing preferences for certain locations or agency involvement); building on existing work (e.g. expanding multi-agency teams already working in the area); and LEA/management decisions (e.g. the BIP management team deciding on staffing compositions).

3 Approaches to BEST

Nine out of 20 BESTs were **located** within schools (secondary, primary and pupil referral units). Eight were located within LEA premises (e.g. in an educational development centre, learning support centre and behaviour support office). Of the remaining teams, one was based in a youth centre, the other in commercial / business premises and, in one case, the team adopted a ‘peripatetic’ type approach whereby team members spent most of their time in schools, although they would periodically return to a central base.

The majority of **BEST coordinators** had a background in education, either working in varying roles within the LEA or as teachers. A small number of BEST coordinators came from Social Services, Educational Psychology, Health or Connexions.

The **numbers of staff** in each team ranged from 5 to 31. However, three-quarters of the teams in the sample had 12 or fewer members. Most BESTs comprised a blend of personnel from education, social care and health. A minority of teams had a stronger slant towards a particular sector e.g. more education staff or a focus on mental health. Teams commonly included education welfare officers, educational psychologists, social workers, and CAMHS workers. Less often, teams included staff from agencies such as Connexions, YOTs, the police and the voluntary sector. In most teams, staff were allocated work based on their specialisms, although in a minority of teams staff took on more generic roles as ‘BEST’ workers.

Staff were generally supervised by their parent agency or received **supervision** from both the BEST coordinator and their parent agency. In a small number of cases, staff on the team received supervision solely from the BEST coordinator.

BESTs in the initial stage of the research reported **working with between four to 29 schools**. However, approximately half of the BESTs were working with between four and eight schools. Two teams also worked with a Pupil Referral Unit (PRU) and Emotional and Behavioural Difficulties (EBD) centre. One team worked solely with primary schools.

The majority of BESTs focused on **early intervention work** and employed criteria which indicated children were ‘at risk’ e.g. early signs of attendance, behaviour, mental health issues, etc. Four of the 20 BESTs chose to work at the other end of the spectrum, accepting only the **more complex cases** e.g. where support had already been accessed and failed. One BEST operated two levels of referral, encompassing both early intervention cases and more complex cases.

Most teams reported work that was more heavily weighted towards individual cases, followed by group work and then school-focused interventions. One team was entirely family focused, hence BEST intervention was directed at supporting the families of children already receiving input from other agencies.

Hence, the **interventions offered** by BESTs ranged from individual pupil and family case work and group work with families and pupils, to whole-school interventions. Circle time sessions and parent support groups were amongst the most common forms of group work offered. Whole-school approaches focused mostly on behaviour management including guidance in devising behaviour policies and classroom management techniques. Other distinctive approaches included: outdoor pursuits activities, relaxation techniques, crime reduction sessions and a ‘psychology for young people’ course (a whole class lesson focusing on identifying and labelling feelings). In addition, several teams offered consultation or ‘surgery’ sessions to schools (and in one case to parents) during which team members were available to offer support and guidance on a range of issues including health problems and social, emotional and behavioural difficulties.

4 Impact

BESTs in the case-study sample used **a combination of quantitative and qualitative measures** to evaluate the impact of their interventions. At the individual pupil level, action planning and review meetings were common practice. Pre- and post-intervention questionnaires were also used to track individual progress in a number of BESTs. At the group level, session evaluations were used to gather responses from pupils and school staff. Additionally, the value of informal, verbal feedback was highlighted, as a supplement to more structured methods of evaluation.

BESTs were seen to have had positive impact on **children and young people** in the four main areas of attainment, attendance, behaviour and wellbeing. However, practitioners alluded to an educational ‘hierarchy of needs’, whereby impact at the level of pupil attainment relied upon effective intervention to improve attendance and behaviour which, in turn, required strong foundations in terms of child and family wellbeing.

Key impacts of BEST intervention on **parents** included improved access to services (both in terms of the needs of children and adults in the family), and more effective links between the home and school, particularly where this relationship had broken down. BEST intervention at the family level was also seen to impact positively on parenting skills, which could have consequent benefits for parent-child relations.

Perceived impact on **school staff** fell into four main areas: acquisition of skills and strategies for managing challenging behaviour and emotional difficulties; improved access to specialist support services; increased understanding of emotional and behavioural difficulties; and a general increase in capacity to support pupils. Notably, BEST practitioners gave greater emphasis to acquisition of skills and strategies, while school staff cited access to services as the biggest area of impact, suggesting a difference in the way each party perceived the role of BEST. Overall, it was also felt that impact of BEST intervention had been greater at primary than secondary level (which perhaps reflects the focus of work for BESTs in this sample).

The chief impact on **other services** was seen to be an easing of pressure on caseloads and referrals, by virtue of BESTs offering support at the ‘middle-ground’ or early intervention level. The ability of BEST to establish positive relationships with schools and families was also seen to provide a ‘*bridge in*’ to the client group for outside agencies.

Finally, a widely recognised positive impact on **BEST practitioners** was the professional development opportunity provided by working within the multi-agency team, through the exchange of varied skills and expertise. The BEST model was also seen to allow a more flexible approach to work with schools, children and families, although the challenges of adjustment to multi-agency working were also noted.

5 Effectiveness factors

Stage two of the research revealed a number of factors that appeared to be influential in the effectiveness of the BEST. Taking into account the factors that were most consistently cited by interviewees, six predominant themes emerged as being key to effectiveness of BESTs.

5.1 The multi-agency nature of BESTs

Fundamental to the concept of BEST was the multi-agency composition of teams, including representation from the three main statutory services of education, (mental) health and social care. Several of the BESTs in the case-study sample had extended this brief to include, for example, professionals from youth or play work backgrounds. The inclusion of staff with varying professional backgrounds and specialisms was seen as a key factor in effectiveness of BESTs, with key benefits of this multi-agency approach being: the ability to take a **holistic approach** to the educational, health and social needs of children and families; the collaborative **pooling of skills** and **exchange of expertise** around casework and interventions; and the opportunities for **professional development** this presented.

5.2 The location of BESTs

Suitable accommodation from the outset was seen to be a critical factor in the effective development and operation of BESTs. The benefits of having a distinct base or centre from which to operate (be that school-based or otherwise) included facilitating team cohesion in the early stages of operation, and enabling the BEST to establish its identity, with schools, other local services, and indeed internally. School-site locations were seen to have the key benefits of establishing close working relationships with school staff and facilitating access to the service for staff, pupils and parents. However, challenges were experienced by some BESTs in terms of the ability to maintain an objective and independent standpoint. LEA or community-based premises were seen to overcome this latter difficulty, and to benefit from being located close to other local authority/community services. Workspace and facilities were often more satisfactory than those available in schools. However, off-site locations had the disadvantage of greater geographical distance from schools, which could in turn lead to a sense of ‘operational’ distance, and difficulties in establishing relationships with schools.

5.3 Accessibility to schools and families

Linked to location, the **accessibility** of BESTs to schools and families was seen as a critical factor in their effectiveness (identified particularly strongly by school staff in the case-study areas). Whether physically based on site, or spending significant amounts of time in school, it was felt that the BEST approach had increased the ease of access to services for schools and families. Referrals to services both within and outside of the BEST were seen to be quicker and less bureaucratic than in the past, and the approach of meeting with children and families in school or in their homes was felt to make for a more convenient and ‘comfortable’ service.

5.4 Communication with schools

Clear, frequent and open communication between schools and BESTs was regarded as essential for effective working. Strategies highlighted as facilitating this level of communication included **regular planning and review** meetings and a **specified key contact** in school, providing a link to the BEST for referrals and ongoing liaison. Regarding the setting-up of BESTs, it was felt that an **initial launch** to schools was beneficial in establishing the role and remit of teams, enabling smoother BEST-school relationships as the work of the team developed.

5.5 Communication and multi-agency thinking within BESTs

The factors key to effectiveness, identified most frequently by BEST practitioners, were communication within the team and, associated with this, a willingness to ‘think multi-agency’. Effective communication was achieved by

regular meetings (on both a formal and informal basis), and a willingness of team members to **share information and ideas**. Linked to this was practitioners' openness to a truly multi-agency ethos, seeing themselves as part of a unified team, with a **lack of hierarchy** or 'preciousness' about roles. This required a readiness to blur professional boundaries at times, stepping outside the margins of traditional roles and specialisms.

5.6 A holistic and family-focused approach

In terms of BEST interventions, the factor identified as critical to the effectiveness of the teams' work was the holistic approach to children's needs, including attention to issues at a parental level. This type of work was primarily carried out by practitioners holding social worker or family worker roles within teams. Having identified key issues, other members of the BEST, such as mental or medical health practitioners, were invariably brought into the case as appropriate. Addressing the health, domestic and social welfare concerns of children and families was seen to provide the foundation on which work to improve attendance, behaviour and attainment could be built. Where the work of BESTs included this family-level intervention, they were seen to also provide a crucial link between home and school, enabling both parties to become aware of and better understand the 'whole picture' of the child's circumstances.

On the separate issue of **cost effectiveness**, interviewees were not able to present measurable evidence and instead offered their more personal perspectives. BESTs were regarded as value for money based on the impacts produced so far, the long term gains for society (e.g. a reduction in offending, better employment prospects for young people) and the advantages of a multi-agency approach (e.g. streamlined referral systems). As dedicated funding for BESTs comes to an end, cost effectiveness may be a factor that requires more precise quantification. A positive assessment could help demonstrate to partners the advantages of BEST, which in turn would inform funding decisions at a local level and may also help to pinpoint effective practice.

6 The future of BESTs

At the time of the research the future funding for BESTs was unclear. It is now understood that funding will be available until 2008, although it will be left to the discretion of the LA as to how they use this money (i.e. it is no longer ring fenced for BESTs). With the end of dedicated funding for BESTs in 2006, interviewees were asked to speculate about the future of BEST. It was suggested that schools may consider **buying in** the services of the team. However, school staff felt that current budget constraints made this an unlikely scenario (even though they were very much in favour of BEST input).

Another option raised by interviewees would be for schools to carry on the type of work offered by BESTs themselves. In some areas, attempts had been made to **transfer knowledge and skills to school staff** and interviewees felt that some activities could be continued by schools (e.g. attendance work, staff training). However, it was acknowledged that specialist services or more family-oriented work presented a greater challenge. School interviewees were keen to point out that they would lack the time, resources and expertise to undertake BEST-type interventions. Equally, schools appeared keen to retain the objectivity of a multi-agency team that was not employed directly by the school.

The degree to which BESTs had **informed and contributed to the multi-agency debate locally** was seen to vary. Some interviewees reported that BESTs were already considered as a model of good practice in their local authorities and were being factored into the developments around Children's Services. Others, though, felt that BESTs had been overlooked and further attention needed to be paid to their working practices and successes. As a working example of multi-agency intervention, BESTs provide a valuable source of information and expertise regarding multi-agency practices. Thus, promotion of BESTs as examples of multi-agency operational activity could be beneficial for those seeking to develop or improve similar practices.

7 Conclusion and recommendations

The evaluation clearly pointed to the value-added contribution of BESTs (e.g. pooling of skills, streamlined referrals systems and holistic support). At the same time, multi-agency teams are, by definition, complex structures to set up and operate. Evidence from those closely involved suggests that considerable groundwork had already been undertaken to ensure that the necessary foundations are in place for the teams to function effectively. Local authorities will need to consider how this initial development work can be built upon, in order to reap the benefits of the resources invested in BESTs so far. Furthermore, with the end of dedicated funding in 2006, local areas will also need to consider how the working practices, impacts and ethos of BESTs can be perpetuated, for the benefit of children, families and schools.

1 Background

Behaviour and Education Support Teams (BESTs) are multi-agency teams, which bring together a range of professionals, working to support schools, families and children (aged 5 to 18) who present or are at risk of developing emotional, behavioural and/or attendance problems. Teams include professionals from the fields of education, social care and health.

The focus of BEST work is identification, prevention and early intervention, to promote emotional well-being, positive behaviour and school attendance. Each BEST is expected to work towards a set of nationally-defined goals, adapted to address their local circumstances. Interventions are targeted at three levels:

- whole school, e.g. classroom management, bullying policies, extra-curricular activities
- small group, e.g. nurture groups, transition groups, emotional and social learning programmes
- individual/family, e.g. counselling, cognitive behavioural therapy, mentoring.

Additionally, BESTs have a role in liaising with other local services (e.g. Youth Offending Teams (YOTs), Connexions, specialist medical or mental health services) where children have existing agency involvement or require referral for more specialist input.

At the time of the research, BESTs were operating in 87 LEAs across England. They were introduced in three phases, as part of the Behaviour Improvement Programme (BIP). Phase one BESTs were launched in March 2002. These BESTs were situated in 34 LEAs that had received funding through the Street Crime initiative, based on their levels of crime and truancy. The second phase of BESTs started in March 2003 when the BIP was extended to 26 Excellence in Cities (EiC) areas. Phase three was launched in April 2004 as BIP coverage extended to a further 26 Excellence Clusters. A fourth phase commenced in April 2005, although this group of BESTs were not included in the research.

LEAs may establish several BESTs within the area. The 60 LEAs involved in phases one and two are currently operating 140 teams. Each BEST works in partnership with a cluster of primary schools and one or two secondary schools (with a clear focus on primary schools). BESTs are strategically placed in targeted schools or in the community.

In order to provide further evidence and understanding of the effectiveness of BESTs, the NFER was commissioned by the DfES to undertake a two-stage

evaluation. The initial stage of research entailed telephone interviews with 20 BEST coordinators/BIP managers, with a focus on operational features and associated issues. This was followed by fieldwork visits to a sample of 12 BESTs during which other team members and school representatives (e.g. lead behaviour professionals (LBPs)) were interviewed. At this stage, the evaluation sought to gather evidence of impact and factors which contributed towards the effectiveness of each BEST. This report combines key findings from both stages of the evaluation.

1.1 Aims of the evaluation

The purpose of stage one data collection was to investigate the operational issues associated with BESTs, from the perspectives of 20 BEST coordinators. The two main aims underpinning this initial stage of the evaluation were:

- 1. To audit and report on the range of BEST operational models, including composition, organisational structures and processes.**
- 2. To investigate developmental and sustainability issues for BESTs.**

The second stage of the research continued to address the above aims by seeking the views of other commentators including members of the BEST team and school personnel. In addition, the impact and effectiveness of BESTs were examined in order to address aims 3 and 4 of the research:

- 3. To evaluate the impact of BESTs, including consideration of how different approaches to BEST may influence this impact.**
- 4. To evaluate the effectiveness of BESTs, including consideration of how different approaches to BEST may influence this effectiveness.**

See Appendix 1 for the research questions linked to each aim.

1.2 The sample and methodology

This section provides information on the samples involved in the two stages of the research and also describes the methodology employed.

1.2.1 Stage one: the operational audit

For stage one, a sample of 20 BESTs was selected. This selection was based on achieving a representative mix of LEA types (corresponding to the balance of LEA types across all 87 BEST areas). In terms of when the BESTs were first established, it was originally the intention to include 15 BESTs from

phases one and two and five from phase three. However, it proved difficult to involve phase three BESTs, because those contacted had either not yet fully established a team or had no plans to set up a team, instead devolving funding to schools. Hence, replacement BESTs were identified from earlier phases. Table 1.1 below shows the composition of the final sample.

Table 1.1 Stage one sample: type of LEA and phase of implementation

	Phase of BEST			TOTALS
	One	Two	Three	
London	5	-	-	5
Metropolitan	3	5	2	10
New city	1	3	-	4
New regional	-	1	-	1
TOTALS	9	9	2	20

Source: NFER stage one BEST telephone interviews

The 20 BESTs were contacted and a telephone interview arranged with either the BEST coordinator or (if appropriate) another individual with an overview of the BEST. The telephone interview sample comprised 16 BEST coordinators, three BIP managers and one EiC partnership coordinator.

It was intended that data collected during stage one interviews would enable the research to build up a picture of each BEST in terms of its approach and main operational features (e.g. location, staffing arrangements, type of interventions, referral systems). To supplement information provided during interviews, coordinators were also asked to forward any documents which described the workings of their BESTs.

In addition to obtaining factual details on the running of each BEST, coordinators were also invited to comment on the key issues that they had encountered during the initial development period of BESTs (e.g. any recruitment difficulties, effectiveness of team working, etc). They were then asked to speculate about the future of BESTs and how they saw the team developing in their area.

1.2.2 Stage two: impact and effectiveness evaluation

Using the information provided by 20 coordinators on the main operational features of each BEST, 12 areas were selected for further participation in stage two of the evaluation. The intention was to achieve a sample which represented a range of approaches in terms of variables such as team size, staffing composition and location. Appendix 2 contains tables which summarise the key features of each stage two BEST.

During visits to the 12 case-study areas, researchers requested to interview up to four team members, the BEST coordinator and two school personnel. Typically, the school staff identified for involvement were those that had most contact with the BEST team through their role as the lead behaviour professional. Given the greater emphasis on primary-level intervention amongst BESTs, it was decided to aim for a ratio of 3: 1 primary to secondary school interviewees across the sample. For interviews with BEST practitioners attempts were made to achieve a mix of personnel from social welfare, education and health backgrounds. The coordinator was interviewed for a second time in order to seek their views specifically on impact and effectiveness, having previously discussed only operational issues.

It should be noted that it was not possible, given the time constraints and budget, to interview every type of professional represented on the team. This has obvious implications for reporting impact and other aspects of the team's work, as interviewees tended to comment on the impact of their particular contribution. The findings presented here are therefore based largely on the qualitative impressions of a selective interviewee sample.

In total, 92 interviews were completed for stage two of the evaluation. Including BEST coordinators, 66 members of BEST teams contributed to the research. Meanwhile, 26 school representatives (including primary and secondary) were interviewed to ascertain their views about the BEST team. It should be noted that in one area it was not possible to obtain the views of school staff.

Table 1.2 gives a more detailed breakdown by interviewee type.

Table 1.2 Stage two interviewee sample

EDUCATION	
Educational psychologists	3
Education welfare officer	2
Learning support teacher	2
Mentor	1
Behaviour support	2
Transition worker	2
LBP	2
Subtotal	14
SOCIAL WORK/WELL BEING	
Parenting coordinator	1
Counsellor	2
Social worker	8
Positive activities for young people worker	2
Family support worker	5

Youth worker	3
Play therapist	1
Police	2
Subtotal	24
HEALTH	
CAMHS worker	6
Clinical psychologist	1
Speech and language therapist	1
Systemic therapists	2
Nurse	2
Health advisor/worker	4
Subtotal	16
OTHER	
Coordinator	12
Primary school representatives	19
Secondary school representatives	6
TOTAL	92

Source: NFER stage two BEST case-study sample

The types of areas explored during stage two interviews included:

- how impact is measured
- impact on children and families, schools and team members
- elements of BEST which contributed to its effectiveness
- advantages and disadvantages of a multi-agency approach
- views on the sustainability and long term future of the BESTs.

1.3 About the report

This report collates findings from both phases of the evaluation. Chapters two and three draw largely on data collected during stage one (i.e. interviews with 20 BEST coordinators). Chapter two deals with the early implementation period of BESTs, whilst Chapter three provides an operational audit of different approaches.

Chapters four and five are concerned with the impact and effectiveness of BESTs and findings here are based on case-study interviews conducted in stage two, involving a smaller sub-sample of 12 BESTs (selected from the original stage one sample).

The final chapter discusses the future of BESTs in terms of the sustainability of their work and also their influence on multi-agency developments generally. This chapter integrates data from both phases of the research, compiling the views of 20 coordinators from stage one, as well as the wider range of opinions collected during the fieldwork programme.

The report ends by extrapolating some of the key findings from the research, from which a number of recommendations are made.

2 Establishing the BEST

This section of the report covers the initial implementation period of BESTs. Stage one of the evaluation sought the views of 20 coordinators on how useful they found the DfES guidance during the early days of BEST. They were also asked to comment on the types of support received from different sources e.g. LEA, other BESTs, etc. Data from stage two is also incorporated into this section as coordinators from the sub-sample of 12 BESTs were asked about the key factors which had influenced how they chose to develop their teams.

2.1 Views on the usefulness of DfES guidance

Coordinators were asked how useful they had found DfES guidance on the development and operation of BESTs, and how they had used it when setting up the team. The majority of respondents who had used the guidance reported that they had found it helpful. In particular, they noted that the guidance had been used to:

- inform the composition of the team, in terms of staff and agencies represented
- relay the DfES vision of BESTs
- consider different types of intervention
- develop future work of the BEST
- offer guidance on referrals
- help with the induction of new staff.

2.2 Variation from the guidance

Although a number of the interviewees were either not in post at the time of initial team set up, or were not able to recall the usefulness of the guidance, around half of those interviewed indicated that, when devising their approach for BEST, they had followed the guidance quite closely. Others explained that they had tailored the make up of the BEST to meet local need. Two interviewees felt they had not followed the guidance. In one case, this was because they already had a multi-disciplinary team and therefore built on that model, rather than developing a new BEST team. In the other LEA, they had developed their own model in order to provide ‘*additionality*’. Their work focused on supporting the families of pupils experiencing difficulties, as it was felt that other services in the LEA were already providing sufficient support directly to the pupil.

When interviewees were asked to compare their own approach to BEST with what the guidance recommended, most reported that there were either no

major differences or that they were unsure how their team differed from the guidance. This response may have been because they did not fully recollect the specific recommendations made. Where interviewees did highlight perceived variations from the guidance, the following differences in approach were cited:

- the work of the BEST focused mainly on the family
- the team chose to work at primary school level only
- the work of BEST focused less on delivering staff training in schools and more on work with pupils
- a smaller range of agencies was represented
- Lead Behaviour Professionals (LBPs) were used to coordinate the team rather than specific BEST coordinators
- there was one large team rather than several small teams
- funding for staff was devolved to partner agencies
- there were longer periods of intervention than recommended (however no timescale is actually recommended in the guidance)
- the team included an educational psychologist (no different from the guidance)
- the work of the BEST focused mainly on mental health issues (which does not actually differ from the guidance).

Where interviewees commented on the reasons behind these differences, these were often related to the local circumstances e.g. to avoid duplicating the work of existing local services or a need for support around mental health issues.

2.3 Types of support received during development

Interviewees were asked to indicate what, if any, support was received from the DfES (including **BEST consultants**), **account managers**, the **LEA**, peer support from **other BESTs** and from **EiC**.

All but one of the interviewees indicated that they had received support from **DfES consultants**. Where no support was said to have been received, the BEST had recently re-located to another site and the interviewee had only just taken over as coordinator. The support mentioned from other BESTs entailed visits to the team, as well as providing guidance and general information on multi-agency working and team development. DfES consultants were felt to have a clear vision of the purpose of the BEST, thus providing coordinators with ideas and a general steer. The other main form of support provided by the DfES, as identified by interviewees, was training opportunities. These training events were felt to be particularly useful in terms of networking with other BESTs. In several cases, however, interviewees made specific reference to Young Minds training, indicating that this had not been particularly useful, as it failed to meet the needs of participants.

All but two of the interviewees noted that **account managers** had provided support, usually in the form of visits and guidance for the BIP manager or finance officer. However, many of the BEST coordinators had little contact with account managers directly.

There was a mixed response from interviewees when asked how supportive their **own LEAs** had been when the BEST was established. Around half of interviewees indicated that they had received little or no support, with the other half of respondents feeling very well supported. Where LEAs were found to be supportive of the BEST, interviewees described how other services had readily seconded staff to the team and how heads of service had been members of BEST steering groups. In addition, it was found that support had been particularly well received from those LEAs with integrated Children's Services. In some cases, support from the LEAs was not felt to be necessary although, in one particular case, an interviewee reported feeling isolated as BEST coordinator.

Most interviewees also mentioned receiving support from **other BESTs** both in their locality as well as those in other regions. In particular, interviewees reported meeting with other BESTs at DfES training events as well as making visits to other teams in order to observe their ways of working. A small number of coordinators noted that they did not receive support from other BESTs. In two cases, this was because the teams were phase one BESTs and in the other case no reasons were provided, although the interviewee thought that this would have been useful.

A small number of interviewees indicated that they had strong working links with **EiC** staff (for example, the manager of the BIP was also manager of EiC), who were involved in providing operational and strategic support to the BEST. Typically these were interviewees from phase two BESTs who received funding via the EiC. In other cases, interviewees referred to more general links with EiC, for example, a representative from EiC sat on the BEST steering group or the EiC team were located within the same office as BEST.

2.4 Key factors influencing the approach to developing the BEST

In stage two of the research, coordinators were invited to report what they felt had been the key factor(s) in determining the approach taken to developing the BEST. Four main factors were identified, these were:

- research and guidance
- school preference
- building on existing work

- LEA/management decisions.

Research and guidance was an influential factor in determining the approach to the BEST in several of the areas. In relation to research, three of the coordinators reported that during the initial set-up period they had undertaken behaviour audits or general audits of need with schools. This was firstly to identify what types of behavioural issues the schools faced and secondly to determine how a BEST could support those needs, either by incorporating certain agencies into the team or by offering the schools particular types of interventions. In one case, a coordinator carried out his/her own research into the use of multi-agency strategies for managing behaviour in schools. The findings were then used to determine the approach to BEST in the authority.

In relation to guidance, coordinators reported that DfES guidance for BESTs had influenced their overall approach, for example, the agencies that were represented on the team. Some interviewees also noted that the Behaviour Improvement Programme (BIP) outcomes, specifically those in relation to reducing teacher stress, improving attendance and behaviour and reducing exclusions had been key in determining which agencies were involved and the range of interventions offered by the team. In one case, it was reported that advice and guidance from other teams and colleagues had informed the development of BESTs (for example, family support workers had been incorporated into a BEST model as a result of the consultation with other teams).

Several interviewees noted that their approach was also guided by the underlying principles of BEST, namely, early intervention and multi-agency working. Thus, the early intervention remit of BESTs resulted in teams offering interventions which were preventative and the focus on multi-agency working resulted in teams taking more of a holistic approach to their work.

In some of the areas, **schools** were reported to have been key in contributing to the approach of BEST, and in some cases, were identified by coordinators as having significant influence over the way in which the team was set up (for example, determining the team's location and the agencies represented). In some cases, this was seen as a positive factor (e.g. it had resulted in improved communication and had ensured referrals that were more appropriate). In others, schools involvement in relation to the BEST was felt to be more problematic, where for example, schools were felt to be dictating the work of the BEST.

In some cases, the key factor influencing the approach to BEST was the presence of **existing multi-agency teams** or work already happening within the authority. Where multi-agency teams were already in place the intention was to build on this foundation, rather than creating a completely new team. Similarly, where several agencies were already operating in an authority, the

BEST endeavored to provide a further layer of support rather than duplicating ongoing work.

Finally, the influence of BIP management was identified as a key factor influencing the approach to BEST. In these cases, staffing and cluster compositions were decided solely by the BIP management team.

3 Approaches to BEST

This third chapter provides an operational audit of the approaches adopted by 20 BESTs. It is largely descriptive and highlights the differences between BESTs according to variables such as location, staffing, the number of schools worked with and the types of interventions offered. Issues associated with these key operational features are discussed later in Chapter 5 on ‘effectiveness factors’.

3.1 Location of the BEST

Six of the 20 BESTs were located within schools. Five of these were based in secondary schools and one in a primary school. Of the remaining BESTs, eleven were located within LEA premises (for example, in an educational development centre, learning support centre or behaviour support office) and three were based in pupil referrals units). Of the remaining teams, one was housed in a youth centre, the other in commercial / business premises and in one case, the team adopted a ‘peripatetic’ type approach whereby team members spent most of their time in schools, although they would periodically return to a central base.

Interviewees mentioned a range of factors which had influenced the location of the BEST. The most common reason for the chosen location (cited by nine interviewees) was simply that there was space available. Other reasons for choice of location included:

School-based

- headteachers of the schools working with the BEST requested that the team be located within a school (3)
- the location was a BIP school/area (3)
- the schools were extended (2)
- the team wanted to be seen as part of the school’s resources (1).

Non school-based

- the need to be located centrally with other services (5)
- the building was accessible to parents, agencies and the wider community (3)
- a central location at the LEA was thought to help with long-term sustainability (1)
- the need for a central base whilst working in schools (1).

3.2 BEST coordinators

The majority of BEST coordinators had a background in education, either working in varying roles within the LEA or as teachers. A small number of BEST coordinators came from Social Services, Educational Psychology, Health or Connexions. The main responsibilities of the BEST coordinator were to manage the day-to-day running of the team as well as coordinating work at a strategic level. Some coordinators were also responsible for organising training and carrying out supervision. Coordinators, in the main, were line managed by BIP managers, with a small number managed by: a head of pupils' services, head of education partnerships, principal educational psychologist, inclusion manager and an EiC director.

3.3 BEST staff and agencies represented

Most BESTs comprised a blend of personnel from education, social care and health, although a minority had a stronger slant towards a particular sector, e.g. more education staff or a focus on mental health. It was common that teams included staff from Education Welfare, Educational Psychology, Social Services, and CAMHS. Less often, teams included staff from agencies such as Connexions, the police, YOTs and the voluntary sector. The numbers of staff in each team ranged from five to 31. However, three-quarters of the teams in the sample had 12 or fewer members. BESTs generally included at least one administration assistant, although in a small number of cases staff shared their administration support with other services or with school staff. Table 3.1 lists the types of staff working in BESTs. Staff have been categorised under three broad headings in terms of the general area of work – education, social work/wellbeing and health.

Table 3.1 BEST staffing

Examples of staffing		
Education services	Social and other services	Health services
Educational psychologist	Parenting coordinator	CAMHS worker
Education social worker	Counsellor	Clinical psychologist
Education welfare officer	Social worker	Speech and language therapist
Learning support teacher	Positive activities for young people worker (Connexions)	Nurse
Mentor	Family support worker	Health advisor
Reintegration officer	Youth worker	Occupational therapist
Transition worker	Police	Play therapist

Source: NFER stage one BEST telephone interviews

Staff were employed in a number of ways, although most were full time with fixed-term contracts. Generally, BEST staff were funded through BIP, although a small number of interviewees mentioned staff funded through other sources:

- a police officer funded by a safer schools project
- a team leader funded by the Behaviour Support Service
- education core staff funded by the LEA
- play therapists and an emotional literacy worker funded by Children's Fund
- Positive Activities for Young People (PAYP) workers funded by Connexions
- learning mentors funded by EiC.

When asked how and why the range of professionals were selected there was a variety of responses. Some interviewees noted that they selected particular professionals in line with the recommendations outlined in the DfES guidance. Other coordinators carried out an audit of needs and selected professionals in order to address that need. In other cases, schools requested particular types of professional support.

There were mixed approaches in terms of the supervision of staff. Most often, staff were either supervised by their parent agency or teams received supervision from both the BEST coordinator and their parent agency. In a minority of cases, staff on the team received supervision solely from the BEST coordinator.

Lastly, in terms of the staff roles within the team, in most instances staff were allocated work based on their specialisms or previous parent service role. However, in a minority of teams, staff seemed to take on a more generic role as 'BEST workers'.

3.4 Training

Training and development needs of staff working within the BEST were identified either by themselves or by their line manager during supervisions, appraisals or performance management reviews. To a lesser extent, training needs were identified through team development or planning meetings, skills audits or on a needs-led basis.

The types of training undertaken by staff were wide ranging, perhaps reflecting the multi-disciplinary nature of the teams. The most common training activities referenced were:

- child protection
- solution-focused training

- circle time
- learning mentor training
- team building
- Every Child Matters
- counselling courses
- Webster-Stratton (approach to behaviour management and parenting)
- CAMHS training
- play therapy.

Interviews with coordinators in stage two of the research enquired how the 12 BESTs evaluated the impact of any training. Informal evaluation methods included the use of team days and supervision sessions to feed back on training. In one BEST, monitoring was undertaken by the coordinator to see whether training was later being put into practice. There were also some examples of formal evaluations, with forms completed after training sessions. One coordinator mentioned that the evaluation of training and its impact was an area they were currently reviewing as they wished to determine whether training actually improved performance. For example, staff were about to undergo training in Webster-Stratton and the coordinator suggested they could produce performance reports on subsequent group work sessions.

Several interviewees referred to the usefulness of team-building sessions when the BEST was first established and how such activity/away days had helped build team relationships. In some cases however, teams were not able to undertake as much of this type of training as they would have liked because they felt a pressure to have BESTs fully operational and working within schools as soon as possible.

In terms of sharing staff knowledge and expertise within the team, this was felt to be mostly achieved through weekly team meetings. It was also felt that staff knowledge was shared during day-to-day working. It was noted that staff with particular expertise, for example in circle time, would often share their knowledge by working with or providing training to other staff.

3.5 Number and type of schools worked with

The number of schools that the BESTs were working with ranged from four to 29. However, approximately half of the teams were working with between four and eight schools. Typically, and as specified in the guidance, teams focused their work on a cluster of primary schools and a smaller number of secondary schools (usually one or two). In two cases, teams were also working with a PRU and an EBD centre and in one case, the team only worked with primary schools.

3.6 Referral procedures and criteria

In the majority of cases, the **procedure for referral** to the BEST involved completing a referral form which outlined, for example: the presenting problems such as attendance, peer relationships, vulnerabilities and family and/or environmental difficulties; the level of concern; and previous support accessed. Referrals were generally accepted via the school only and usually by a named professional, which was felt to 'streamline' the referral system: 'It makes it easier for us because we could potentially be inundated if every single member of staff had free access to refer to us'. Named professionals included SENCOs, LBPs, learning mentors, counsellors, headteachers and heads of year. A small number of BESTs accepted referrals from parents, either directly or via the school, and in the majority of cases, parental consent was required for a child to be referred to the BEST. Further, in some teams, referrals were also accepted directly from other agencies, although such referrals would usually be directed through the school. Following completion of the referral form, cases were typically presented at a multi-agency meeting (involving parents, the school and representatives from appropriate agencies). Here, an assessment would be made and an intervention plan devised (which could include allocating a key worker, setting a review date and referral to the relevant agency for support). In one team, a home visit was also made following referral, in order to build up a picture of the case history and to identify any problems within the home.

A small number of BESTs had not yet developed, or were in the process of developing, their **referral criteria/thresholds**. Among those with an established criteria, two criteria levels could be identified. In 11 of the BESTs, a broad 'at risk' criteria was used which, as specified in the guidance, covered children showing early indications of attendance, behaviour, emotional wellbeing, mental health or exclusion issues (e.g. children receiving support from a learning mentor, those who lack confidence or have low self-esteem). In such cases, the purpose of the referral was for early intervention and prevention work. Alternatively, four BESTs had developed their referral criteria based on case complexity (i.e. where problems were already established and other support had been accessed and had been unsuccessful). Examples included pupils with one or more fixed-term exclusions and pupils continuing to experience behavioural problems, despite additional support. One BEST operated two levels of referral, encompassing both early intervention cases and more complex cases.

As with the referral procedures, several BESTs had not yet developed, or were in the process of developing, their criteria for **case closure or further referral**. (Although in two teams, interventions were not time limited.) Most commonly, however, a formal review meeting was set at the initial referral meeting, for cases to be re-evaluated and a decision made regarding closure or further referral. Typically, the review meetings were scheduled for six to eight

weeks following referral to the team. At this point, the procedure adopted involved assessing the progress of the individual case (at a multi-agency meeting) and, where all parties were agreed that the support provided had been successful and improvements had been made, the case would be closed. Where problems were felt to be persisting, the team would make the decision to extend its support for an additional period (again of usually six to eight weeks) or, alternatively, the case would be referred on to further support (i.e. specialist support from CAMHS or Social Services). In one case, a maximum 'two-term intervention' period was set, at which point, pupils who had not engaged during this time would be referred on accordingly.

3.7 Balance of individual/group/school work

Across the BESTs, the balance of individual, group and school-focused work varied. However, the majority of teams identified that work was more heavily weighted towards individual cases (including pupil- and family-focused interventions) followed by group work and then school-focused interventions. This was sometimes attributed to the demand from schools for immediate support for individual pupils:

Historically, some of these young people will have needed support prior to BEST and hadn't been able to access it. So we probably won't see the true balance for a number of years to come, because we are still dealing with a backlog of issues.

Coordinator

In this way, the focus on individual work was felt to be inevitable during the early stages of BESTs. Furthermore, interviewees noted that the teams needed time to develop their relationship with schools and, as such, some were yet to establish themselves in a position from which they could begin to offer whole-school support: 'Now we are in schools, and have established good relationships, we are in a better position to look at the whole school, which we couldn't do at the beginning'. As noted earlier, however, in one BEST area work was specifically focused on supporting the families of pupils experiencing difficulties to ensure 'additionality' and not duplicate support already being accessed. In several cases, interviewees highlighted strategies to maintain the balance of individual, group, and school-focused work and ensure that the teams' workload remained manageable. These included individual support being targeted through group work, and the allocation of a referral entitlement to schools for individual and/or group work (e.g. three to four group sessions per week and up to six referrals) which could not be exceeded.

3.8 Interventions offered

As described above, interventions offered by BESTs ranged from individual pupil case work and group work with families and pupils, to whole-school

interventions. Further details of the range and types of interventions available within each category are provided in Table 3.2. The most common approach towards individual work was pupil and family therapy and in-school support (e.g. learning support). A range of group work was available such as circle time sessions and parent support groups. Whole-school approaches focused mostly on behaviour management, including guidance in devising behaviour policies and classroom management techniques. Other distinctive approaches included: outdoor pursuits activities; relaxation techniques; crime reduction sessions; and a 'psychology for young people' course (a whole class lesson focusing on identifying and labelling feelings). In addition, several teams offered consultation or 'surgery' sessions to schools (and in one case parents), during which team members were available to offer support and guidance on a range of issues including health problems and social, emotional and behavioral difficulties.

Table 3.2 BEST interventions: an audit

PUPIL INTERVENTIONS		
	Individual level	Group level
BEHAVIOUR	<ul style="list-style-type: none"> • Restorative justice/conflict resolution • Behaviour/learning support, including in-class support and individual work on behaviour management strategies (e.g. anger management, target setting) • Reintegration support 	<ul style="list-style-type: none"> • Peer mediation • Anti-bullying • Motivational reward schemes • Crime awareness project • Concentration and listening skills • Conflict resolution • Behaviour/anger management
ATTENDANCE	<ul style="list-style-type: none"> • Attendance casework, including home visits • Truancy sweeps 	<ul style="list-style-type: none"> • Attendance workshops
ATTAINMENT	<ul style="list-style-type: none"> • Special educational needs assessment • Diagnosis of learning/developmental disorders • First day cover for exclusions • Learning support in class • Supplementary lessons • Alternative provision (e.g. ASDAN accredited work) 	
WELLBEING	<ul style="list-style-type: none"> • Initial assessments of pupil circumstances • Therapeutic intervention/clinical psychology (cognitive behavioural therapy, behaviour management, person-centred counselling) • Counselling • Self-esteem and confidence building activities/strategies • Social skills development • Youth work activities • Identifying and supporting health and welfare issues (e.g. drug and alcohol issues, homelessness, risk behaviour, anxiety and depression) • Transition support • Facilitating referrals to other agencies • Mentoring • Pastoral Support Plan development • Relationship building between pupil and teachers • Play therapy 	<ul style="list-style-type: none"> • PHSE input (e.g. bullying, theft, anti-racism) • Transition work • Self-esteem/confidence building (e.g. emotional literacy, nurture groups) • Health and welfare (e.g. 'healthy choices' programme, personal safety, healthy living, risk behaviour, stress management) • Mental health awareness (e.g. 'psychology for growing people' programme) • Social skills (e.g. friendship groups, circle time, team building) • Lunchtime club • Youth work (e.g. outdoor pursuits, environmental projects) • Communication skills • Play therapy • Peer mentoring

FAMILY INTERVENTIONS			
PARENT/FAMILY	Individual level		Group level
	<ul style="list-style-type: none"> • Family work, including initial assessment of needs and support/advice to address social welfare and/or health issues • Family therapy (e.g. solution focused, system family therapy) • In school drop-in consultation/advice on various issues • Signposting/facilitating referrals 		<ul style="list-style-type: none"> • Parenting courses e.g. Webster-Stratton, (various foci including teenagers, young children, minor illnesses)
SCHOOL INTERVENTIONS			
SCHOOL STAFF	Individual level		Group level
	<ul style="list-style-type: none"> • Consultation and advice on a range of issues (e.g. behaviour management strategies, pupil health or emotional issues) • Modelling classroom/teaching strategies • Pupil and classroom practice observations, with advice/suggestions • Relationship building between pupil and teachers • Emotional support 		<ul style="list-style-type: none"> • Training on pupil-focused strategies: <ul style="list-style-type: none"> ○ nurture groups ○ pupil mental health ○ pupil support ○ circle time ○ conflict resolution and restorative justice ○ play and appropriate language ○ teaching styles for specific needs e.g. Aspergers, ADHD ○ managing anger ○ motivating pupils ○ teacher-pupil communication strategies ○ behaviour management training ○ labelling feelings ○ language development education • Training on parent-focused strategies: <ul style="list-style-type: none"> ○ domestic violence awareness • Training on staff-focused strategies: <ul style="list-style-type: none"> ○ peer support ○ staff wellbeing ○ school behaviour policy ○ self-esteem /confidence building sessions (for lunchtime organisers)
WHOLE SCHOOL	<ul style="list-style-type: none"> • Attendance projects/strategies • Behaviour audits • Development of behaviour policies/systems • Anti-bullying strategy development 	<ul style="list-style-type: none"> • Development of playground management systems/lunchtime policies • Healthy lifestyles programmes • Development of strategies to prevent crime in school 	

3.9 Information management

In each of the BEST areas, teams maintained a record/log of all individual cases as they were referred, which was updated on a regular basis. In some teams, specific BEST databases were established for managing case information (including, for example, the date of referral, case history, supporting agencies, key worker details, intervention details, and date of closure/further referral). However, in others, interviewees pointed to paper-based filing systems for recording information. Where highlighted, interviewees noted that the information held within the BEST databases was not available to other services or agencies, although, in one case, it was felt that information was being increasingly shared across other services. Information was generally managed at two main levels: individual case files (which included the referral form and sections for background information, correspondence, assessment and interventions) and schools' files (including, for example, information on attendance and behaviour policies and OfSTED reports). In addition, files specifically for recording group work were also reported to be in use.

A small number of BESTs had not yet developed, or were in the process of developing, their confidentiality procedures. In these cases, interviewees noted that staff members were adhering to existing confidentiality protocols within their parent organisations until the time when overarching procedures could be established and agreed by all parties. Of those with established procedures, the most common approach was for teams to adopt (and in some cases adapt) existing authority-wide protocols for sharing information between services. Teams had also devised their own policies for issues specific to the BEST (e.g. home visits, risk assessment and transportation policies). In another case, it was reported that 'national guidelines' for sharing information had been consulted and a working document devised accordingly.

In addition, many teams referred to specific protocols for obtaining informed consent from parents prior to referral to the BEST. As such, the development of a consent form was a common feature across teams with established confidentiality protocols. In several cases, this was accompanied by an information pack (including details of the role of the BEST, Child Protection procedures, agencies with which information would be shared and the level of information to be shared), to ensure that parents were fully informed.

3.10 Links with other agencies

Coordinators were asked how the interventions/strategies provided through the BEST linked with other services and ongoing behaviour work, and what measures were taken to avoid duplication of work with other services. Multi-agency meetings/networks were the most commonly reported mechanism on both counts. BEST coordinators noted the importance of their involvement in

multi-agency forums such as BIP steering groups, CAMHS commissioning groups, behaviour and attendance networks and children in need meetings.

In some BEST areas, protocols had been drawn up, setting out the circumstances under which different services/teams would take the lead on a particular case. Clear referral systems were also mentioned as a strategy to avoid duplication of work. The need for ongoing communication and coordination between services was highlighted. In cases where BEST staff were line-managed by their parent agency, this provided a useful channel of communication. The location of some BESTs also offered opportunities to maintain interagency links, as in the following example:

One of the strengths is that because they are based at the primary behaviour support service, they actually have a direct link to that. Also, having an educational psychologist within the team, who will spend the other half of their time within the educational psychology team, means that we should have very good links with what else is going on.

Coordinator

Clear definition of roles was also seen to be crucial to effective interagency links and avoidance of overlap in provision, both in terms of the interventions offered and the target client group. Managers highlighted the need for the BEST to offer something ‘different and additional’ to what was already in place. For example, one BIP manager described how the BEST came into action when all other in-school resources had failed to make progress.

3.11 Partnership with schools

Coordinators were asked how the BEST operated and managed its work in partnership with schools. In virtually all cases, regular meetings/reviews with school staff were described. Most commonly, the member of school staff linking with the BEST would be the LBP, although liaison with headteachers, pastoral staff and strategy groups was also noted. The frequency of these meetings varied from weekly to termly. In some cases, members of the BEST were allocated to specific schools, with a responsibility to maintain communication between the BEST and the school. Coordinators also noted that BEST staff would liaise with school staff at multi-agency meetings. Some examples of BEST-school partnership arrangements are given in the box below.

BEST-school partnership arrangements: some examples

- Each member of the team has a designated school. They visit the school regularly and build up strong links. If the school should need access to someone else from the team, that link person will feed back to the BEST. They will also discuss the types of interventions the school would like to see provided by the BEST. Additionally, the BEST coordinator meets with individual heads on a regular basis to talk about progress.
- Various members of school staff attend multi-agency meetings (e.g. LBP, SENCO, head of LSU) where BEST members are also present. The BEST team leader attends year group support meetings in secondary schools. There are termly site meetings with every primary school.
- Six-weekly reviews are carried out with schools to see whether the aims of an action plan are being met and how the group work sessions have gone. The BEST coordinator meets with the LBP and the headteacher to discuss the school's strategies for the year. BEST staff look at how they can support these around behaviour and attendance. The BEST coordinator is also involved with the strategy group in each school.
- A Service Level Agreement is in place covering group work in schools. This sets out the requirements for a successful group intervention in schools.

3.12 Summary of approaches

In order to summarise the range of BEST models represented by the sample of 20 BESTs, Table 3.3 below highlights the common and distinctive approaches.

Table 3.3 Overview of approaches to BEST

Location
<ul style="list-style-type: none"> • School location: secondary, primary and pupil referral units (6). • LEA premises: e.g. educational development centre, learning support centre and behaviour support office, PRU (11). • Youth centre (1), commercial / business premises (1), 'peripatetic' approach whereby team members spent most of their time in schools, periodically returning to a central base (1).
BEST coordinators
<ul style="list-style-type: none"> • The majority had a background in education. • A small number came from Social Services, Educational Psychology, Health or Connexions.

BEST staff and agencies represented
<ul style="list-style-type: none"> • Teams ranged from five to 31 members of staff. Three-quarters of teams had 12 or fewer members. • Most BESTs comprised a blend of personnel from education, social care and health. A minority of teams had a stronger slant towards a particular sector e.g. more education staff or a focus on mental health. • Teams commonly included education welfare officers, educational psychologists, social workers, and CAMHS workers. • Less often, teams included staff from agencies such as Connexions, YOTs, the police and the voluntary sector. • In most teams, staff were allocated work based on their specialisms (or prior experience) although in a minority of teams staff took on more generic roles as 'BEST' workers. • Staff were generally supervised by their parent agency or received supervision from both the BEST coordinator and their parent agency. • In a small number of cases, staff on the team received supervision solely from the BEST coordinator.
Number and type of schools worked with
<ul style="list-style-type: none"> • Ranged from four to 29 schools. Approximately half of the BESTs worked with between four and eight schools. • Two teams worked with a PRU and EBD centre. • One team worked solely with primary schools.
Referral criteria
<ul style="list-style-type: none"> • The majority employed criteria which indicated children were 'at risk' e.g. early signs of attendance, behaviour, mental health issues, etc. • Four BESTs only accepted more complex cases e.g. where support had already been accessed and failed. • One BEST operated two levels of referral, encompassing both early intervention cases and more complex cases.
Balance of individual/group/school work
<ul style="list-style-type: none"> • Most were heavily weighted towards individual cases, followed by group work and then school-focused interventions. • One team was entirely family-focused.
Interventions offered
<ul style="list-style-type: none"> • Interventions ranged from individual pupil case work and group work with families and pupils, to whole-school interventions. • Circle time sessions and parent support groups were amongst the most common • Whole-school approaches focused mostly on behaviour management including guidance in devising behaviour policies and classroom management techniques. • Distinctive approaches included: outdoor pursuits activities, relaxation techniques, crime reduction sessions and a 'psychology for growing people' course.

Source: NFER stage one telephone interviews

4 Impact of BESTs

Having presented the key operational features of 20 BESTs, this chapter now turns to the question of impact and Chapter 5 considers effectiveness. The second stage of the research homed in on a smaller sub-sample of 12 BESTs to determine the different types of impact associated with BEST intervention and also which particular approaches and practices were proving to be effective. In order to set the scene for this next section of the report, it is necessary to describe briefly the nature of the 12 BESTs from which the findings are drawn. Appendix 2 also contains detailed summaries of the BESTs.

The stage two sample can be described as follows.

Type of LEA: The sample comprised BESTs located in five metropolitan LEAs, three new city, three London and one new regional LEA.

When established: Half the BESTs were phase one teams (established in 2002) and half were phase two (established in 2003).

Location: Three teams were located in school premises, one in a PRU, seven in off-site locations and one team took a more ‘peripatetic’ approach whereby team members spent most of their time in schools, although they would periodically return to a central base.

Staffing: Staff with a mental health focus (e.g. clinical psychologists, counselors) were represented in eleven of the BESTs. Nine teams employed staff with a social wellbeing background (e.g. social work, family workers). Similarly, nine teams included education staff (e.g. behaviour support workers, transitions workers, educational welfare staff). Lastly, five of the 12 teams included health professionals (e.g. nurses, speech and language therapists).

Distinctive features: The many different elements of a BEST (e.g. staffing, number of schools, location, etc) will inevitably lead to a degree of variation across areas. However amongst some of the teams, there were aspects of their operation which were more distinctive and are worth drawing attention to.

For example:

- One team had a stronger slant towards mental health issues.
- Most BESTs were classified as early intervention approaches, although the stage two sample also included an example of a team which provided more specialist input with complex cases (e.g. where all school intervention had failed).
- Parents, rather than children, were the focus of intervention in one team. Work here was based on offering support to the parents of children

receiving input from other services. The purpose was to avoid duplicating work and instead offer an additional layer of support.

- The balance of individual, group and whole-school work varied significantly, from a team where just 10 per cent of the work involved individual cases to a team where this figure rose to 65 per cent.
- Uniquely, one team had invested heavily in promoting its ‘brand’ identity and work to recipient schools.
- One team made the decision to focus only on primary-aged children.
- In two teams, all staff were seconded to the BEST from their parent agencies.
- Staff in one team were still managed by their parent agencies, and the role of ‘BEST coordinator’ did not formally exist.

This chapter therefore draws on data collected from these 12 case-study BESTs. It considers the impact of BESTs in five areas: **children, parents, schools and school staff, other agencies** and **BEST practitioners**. BEST practitioners commented on all five aspects, while school staff interviewed were asked about the first three only. Appendix 3 summarises, in table format, the main impacts that were identified by interviewees. Before turning to a discussion of impacts, section 4.1 briefly describes the methods used by BESTs to measure the impact of their work.

4.1 Measuring impact

BEST practitioners were asked to describe how they measured the impact of their interventions, specifically on pupil behaviour, attendance, attainment and wellbeing. The methods described could be loosely classified into quantitative and qualitative measures, as summarised in Table 4.1.

Table 4.1 Measures of impact used by BEST practitioners

Quantitative	Qualitative
<ul style="list-style-type: none"> • Pre-and post-intervention questionnaires • Attendance figures • Exclusion data (number and length) • Number of behaviour incidents • Attainment levels (SATs results) 	<ul style="list-style-type: none"> • Pre-and post-intervention questionnaires • Action planning and review meetings • Practitioner case notes and observations • Pupil and school staff evaluations • Headteacher surveys • Informal feedback from pupils, parents and school staff

Source: NFER stage two BEST case study sample

At the level of individual pupil intervention, a common practice (qualitative in nature) was that of **action planning and review meetings**, often attended by BEST practitioners, school staff and parents. At an initial meeting, issues and concerns were identified, targets for the intervention were set, and these were then reviewed at intervals, aiding decisions on continuation, re-referral or closure of the case. One BEST was using schools' existing Pastoral Support Plan meetings as the forum for review of BEST intervention, though more generally, specific BEST meetings were held.

As a more quantitative measure, **pre- and post-intervention questionnaires** were also used by a number of BESTs. These typically comprised a series of questions on different aspects of a young person's emotional, behavioural and educational circumstances. Ratings on these dimensions would be completed by the pupil, parent(s) and/or teacher at the beginning of an intervention, and then repeated at the end of, and in some cases at intervals during, the intervention, giving a quantifiable measure of progress over time. The standardised Strengths and Difficulties Questionnaire (SDQ)¹ was cited by practitioners in five of the 12 case-study teams. Other teams were using similar tools either developed within the BEST, or adapted from other sources.

Reflecting the multi-agency nature of BESTs, approaches to measuring impact at the individual level varied between practitioners within teams. Very few of the case-study BESTs were using a uniform evaluation tool for *all* interventions. Generally (though not exclusively), mental health practitioners and educational psychologists tended to employ more formal evaluation methods, often brought with them from their parent service, while those with a social work or more general behaviour support background took a more informal approach. It was also recognised that certain types of work carried out by BESTs were more difficult to measure in a quantifiable way. For example, while changes in attendance were relatively easy to demonstrate, impact on a young person's emotional wellbeing or on parent-child relations were more difficult to evidence, beyond the subjective perceptions of those involved. In this respect, practitioners referred to their own ongoing **case notes** and **observations** and **evaluative reports** from school staff as a measure of impact over time.

Tracking progress: monitoring diaries

In one BEST, monitoring diaries were used with secondary-aged pupils who had been referred for behavioural reasons. A number of agreed targets were set for behaviour in class. At the end of each lesson, both the pupil and the teacher gave a rating out of five for how well they thought the pupil had done in each aspect. The diary was checked daily by a member of the BEST, and some informal discussion held with the pupil regarding progress. Pupils were able to work their way off the monitoring diary if they consistently achieved good ratings against their targets.

¹ See <http://www.sdqinfo.com/> for details.

The majority of BEST practitioners also referred to **informal feedback** from school staff, pupils and parents, including anecdotes, comments in passing, and letters of gratitude from parents and teachers. This was seen as a valid and important contribution to overall evaluation of impact, though it was noted by some that the more formal evaluation was also necessary, particularly in terms of providing evidence in support of future resourcing of BESTs.

At the group level, practitioners described **session evaluations** of workshops completed by pupils and school staff. These included written comments, rating scales and more innovative formats, such as pupils being asked to fill in the outline of a face to show how they were feeling following the session. It was also noted that, where the focus of group work was on attendance, data for the individuals/classes involved would be monitored over a period following the intervention.

Five of the 12 coordinators interviewed had carried out (or planned to conduct) a **headteacher survey** to evaluate perceived impact from the perspective of BEST schools as a whole. Drawing on the broader work of BIP, a small number of BEST coordinators had also collated **attendance**, **attainment** and/or **exclusion data** for schools involved in BEST, in order to illustrate any impact at whole-school or cluster level.

It was notable that very few BESTs were specifically monitoring impact on attainment, especially at the individual level. This links to comments made in relation to impact on pupils, to the effect that improvements in attainment were a secondary outcome of the BEST's principal focus on behaviour and wellbeing. This will be discussed further in section 4.2. Finally, it was also apparent that there was less evaluation of whole-school or ongoing interventions, such as parent drop-in sessions or the consultation and advice given to staff on a more *ad hoc* basis.

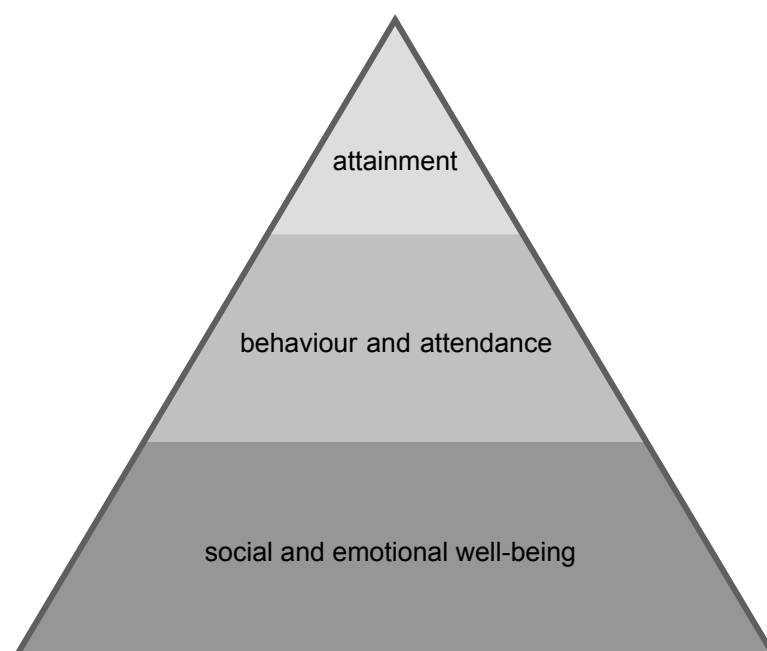
4.2 Impact on children and young people

Interviewees were asked to describe the impact of BEST intervention on children and young people, in the specific areas of **attainment**, **attendance**, **behaviour** and **wellbeing**. Each of these is discussed below.

4.2.1 Attainment

Of the four areas, direct impact on children's attainment was referenced least by BEST practitioners, with several noting that this was not the primary focus of their work. In what could be conceptualised as an educational *hierarchy of needs*, it was felt that impact at the level of social and emotional wellbeing laid the foundations for positive impact on attendance and behaviour, which in turn would lead to improved educational outcomes.

Figure 1 Educational hierarchy of needs



Indeed, one mentor explained that he deliberately ‘distanced’ himself from academic issues in order to build a relationship with the young person that focused on emotional wellbeing:

If I can improve their behaviour in class or improve their attendance or make them feel happy about themselves, then hopefully that will have a knock-on effect and allow the mentors in school that focus on the numeracy and literacy to do a better job.

Mentor

It follows on naturally that if they're attending school in a more secure frame of mind, then the attainment will come through.

Headteacher, secondary school

The make-up of BESTs in the case-study sample also reflects this viewpoint, with a majority of practitioners coming from social work and (mental) health backgrounds, followed by education welfare and behaviour support, and a lesser number of specific teaching roles. However, examples of positive impact on *learning potential* were given. These included:

- **continuity of educational support** through provision of first-day cover for exclusions
- **supplementary learning support** in or outside of the classroom
- **identification of specific learning, developmental or behavioural difficulties**, e.g. Autistic Spectrum Disorder, Aspergers Syndrome or Tourette Syndrome

- **assessment of special educational needs** and expediting the formal assessment, which may then lead to a statement.

Impact on attainment: learning support

The BEST behaviour support teacher provided supplementary one-to-one lessons in maths for a Year 9 pupil with challenging behaviour. The pupil's maths teacher recognised that she was capable in maths, but her behaviour was preventing her from engaging in class. Liaising with the maths teacher, the behaviour support teacher met with the pupil once a week, over a period of two terms. During these sessions, they looked at work which would be covered in upcoming maths classes. This familiarised the pupil with the concepts, meaning she was better prepared to settle down in lessons. The sessions also gave an opportunity to check homework and for focused revision at examination times. The pupil's maths teacher felt that her increased engagement with the work had positive effects on behaviour and attainment: 'If you get the students to work on the task set, it works hand in hand with behaviour ... The behaviour is not an issue because they're actually focusing and following the work'.

4.2.2 Attendance

Again relating to the concept of a *hierarchy of needs*, the potential to impact on attendance was seen to vary depending on the wider family and social circumstances of the pupil. While several examples were given of **improved attendance at the individual level**, it was also felt that entrenched attendance problems were harder to influence and that this became more difficult with age. However, where a holistic approach was taken, combining education welfare and family work, positive impacts on attendance and punctuality were observed.

Impact on attendance: family support

The BEST provided support for a single mother with several young children. The mother had just had a sixth child and was unable to cope with bringing the other children to school. The BEST EWO began bringing the children to breakfast club at their primary school, impacting positively on attendance and punctuality. The school then took over this role and employed a 'walker' for these children. The BEST team also intervened on behalf of the school to facilitate a referral to Social Services.

Where group and whole-school work had been carried out by BESTs, this was seen to have impacted positively in terms of an **overall improvement in attitudes** of pupils (and parents) towards school attendance, and in some cases led to actual improvement.

4.2.3 Behaviour

Regarding individual-level work, perceived impacts of BEST intervention included **stabilising challenging behaviour**, thus reducing the number of incidents in school, and **giving pupils strategies** to manage their behaviour and improve their social interactions. In turn, this was seen to have led to the

prevention of permanent exclusion or reduction in the length and/or frequency of fixed-term exclusions. Several examples of positive impact on behaviour were cited. However, it should be acknowledged that, as with impact on attendance, success was seen to be variable with regard to the age of pupils:

With the younger age group we are able to say yes, there has been an improvement in behaviour, they are much more settled. What we find in the older age group is that some of the issues are deeply embedded and it is really hard to break that down.

Coordinator

Where a family-level approach was taken, BEST intervention was seen to have impacted positively on behaviour in the home as well as in school. As will be described in Section 4.3, this was felt to have subsequent benefits in terms of improved parent-child relationships.

Interventions at the group and whole-school level (e.g. lunchtime buddying scheme – see below) had led to a **more positive school climate**. Additionally, improvements in the behaviour of individuals (as described above) could lead to a **better classroom atmosphere** for the peer group. In more quantitative terms, one BEST coordinator had produced time-series figures for exclusions, demonstrating a larger reduction within BEST schools, as compared to the wider BIP area and national figures². Interviewees in other areas also noted an overall decline in exclusions. In this respect, however, it was recognised that the specific impact of BEST was difficult to isolate from that of the umbrella BIP and other projects under way.

Impact on behaviour: a lunchtime buddying system

A school behaviour audit, carried out through the BEST, identified lunchtimes as an area of concern. Sixteen key stage 2 children were trained as lunchtime buddies to work with key stage 1 and foundation children. The buddies could resolve minor disagreements in the playground and took turns 'on duty' in the dining hall, giving assistance to younger pupils, e.g. cutting their food, pouring drinks or accompanying them to the toilet. One impact of this, observed by the school's LBP, was a reduction in numbers of pupils wandering around the hall, resulting in a more calm and 'contained' atmosphere. A learning mentor also noted that the buddying system had freed up welfare staff to focus on what she described as the 'real' issues.

4.2.4 Wellbeing

As noted above, pupil wellbeing was commonly viewed as the foundation upon which progress towards improvements in attendance, behaviour and educational attainment could be built. Under the broad heading of wellbeing,

² Similar trends were also demonstrated regarding attendance and attainment at key stages 2 and 3.

interviewees spoke about impact on **self-esteem, confidence** and **overall happiness** of children and young people. The impacts reported ranged from ‘small but significant’ changes to children described as ‘coming on in leaps and bounds’. However, it was also noted that this was one of the most difficult areas of impact to quantify.

Wellbeing also encompassed more practical health and welfare issues. In some instances, BEST intervention from health practitioners was reported to have facilitated **medical diagnoses** (e.g. enuresis – see example below), with management strategies or referral to appropriate health services being put in place.

Impact on wellbeing: identification of medical concerns

A Year 9 pupil was presenting very disruptive behaviour in class and was regularly being sent to the school’s learning support unit. Through family-level intervention, the BEST social worker discovered that the boy was bed-wetting every night. This was causing hygiene issues and stress within the home. The mother was ‘at breaking point’ and had contacted Social Services with a view to the child being taken into public care. The BEST health worker was brought into the case, and assisted the mother to access GP services, through which appropriate medication for enuresis was prescribed. A mentor was then brought in to work with the boy on a weekly basis. Meetings with the mentor would take place away from the school site (at a library or youth centre). The mentor would then drop the child off at home, allowing an opportunity to meet briefly with the mother and see how things were progressing at home. Through successfully addressing the child’s medical and hygiene issues, the impact on family relationships and the child’s self-esteem has been significant. The case has now been closed without recourse to a Social Service’s referral.

BEST support was seen to impact on pupils’ **ability to cope with the transition to secondary school**, increasing their overall confidence about the move and thus reducing the risk of emotional and behavioural issues in Year 7. The box below provides an example of a project intended to ease the move from primary to secondary school.

Impact on well-being: a sports-focused self-esteem/transition project

Groups of around 12 pupils from year 7, that were identified as vulnerable on transferring to secondary school, met for one period per week. The head of PE led a sports activity, and the BEST coordinator carried out self-esteem and team building work. The overall aim of the project was for the pupils to organise a sports tournament for feeder primary schools. Tasks included writing letters to the primary school, making certificates and team sheets. Pupils were then allocated a team each and had to coach the primary school pupils. Impact of the project was measured via class teacher questionnaires, rating various aspects of pupils’ conduct, relationships, etc. This questionnaire was completed once per term and at the end of the project. The project was deemed as ‘a great success’, with tutors’ ratings showing improvements for all but two of the pupils involved.

Finally, regarding impact on children, a general comment made by a number of practitioners was that, given the often complex needs of the young people they were working with, BEST and school staff had to recognise that the impact might be small in overall terms. However, it was also stressed that seemingly small steps could make a big difference to the lives of such individuals. Furthermore, while the BEST could not always ‘solve’ problems, diagnosis of an underlying learning difficulty or facilitating a referral to another agency could be viewed as a successful outcome, in that appropriate support could now be put in place in the longer term:

You’ve got to be realistic in your outcomes. You can’t change whole families, whole patterns of behaviour that stem back aeons of years ... But you can make inroads and you can make differences. I think that there would be very few of the families that we’ve worked with that we haven’t made some difference.

Family worker

Some of these children are so damaged that you’re not going to see an impact straight away, and it’s going to be a hard slog all the way through. As long as you think that you’ve got the correct agencies involved, you’ve done the best you can do in the time you have to do it.

Behaviour support teacher

4.3 Impact on parents

BEST intervention was seen to have impacted positively on parents in a number of ways. Most frequently mentioned was the **improved access to services** that was facilitated through contact with the BEST, both in terms of direct contact with services within the BEST and through signposting on to other agencies. With BESTs placed close to schools (physically and/or operationally), it was felt that families now had much quicker access to services, avoiding long waiting lists and complex bureaucracy. The multi-agency nature of BESTs also meant that access was more streamlined, practitioners from different specialisms being able to communicate directly, without families having to convey their situation to multiple parties.

Contact with parents, following the referral of a child to BEST, could also result in the **identification of adults’ needs**, for example, domestic violence or adult mental health issues. In some instances, family or social workers making home visits had become aware of inadequate living conditions, and had **accessed social welfare grants or practical resources** for families (e.g. beds, washing machines).

Individual family work and group parenting courses were both seen to have the impact of **empowering parents** to better cope with their parenting duties. **Parenting skills and strategies** acquired through BEST interventions and

applied at home (e.g. reward systems, routines and boundary setting) then had the knock-on effect of improvements in children's behaviour and wellbeing. It was noted that, alongside child-focused work on behaviour, this more effective parenting could also result in **improved parent-child relationships**. In some extreme cases, practitioners went so far as to assert that families had been kept together through BEST support, where a child might otherwise have been taken into public care.

Impact on parent: improved parent-child relationships

EXAMPLE 1: A case was described of a young person who was having severe problems at home and had been 'terrifying' his younger sibling. The situation had reached the stage of the mother calling the police one Saturday evening and asking for the child to be taken into care. With a combination of pupil-level intervention from the BEST mentor and parental support from the family worker, the boy has been able to return home and relationships within the family are much improved. The pupil had also been at risk of exclusion for some time, and school staff have commented on his much more stable behaviour, following BEST intervention.

EXAMPLE 2: A BEST social worker described supporting a 14-year-old boy with challenging behaviour. The boy's main carer was his grandmother and there were issues around school attendance and parenting. The social worker met individually with the young person and his grandmother. Over the course of three sessions, the boy acknowledged that the way he behaved at home was wrong and he would like to do something about it. The social worker suggested a family agreement whereby the boy would take on household chores in order to earn his spending money. Though the boy was reluctant at first, there had been evidence of progress. As the social worker commented: 'When I saw grandma last, she was saying he's starting. He's not doing it in leaps and bounds, but he's doing a bit of jobs around the house to earn a bit of cash. That's a very small change, but if you keep chipping away, it becomes a bigger thing'.

A further key impact of family-level BEST intervention was **improved home-school relations**. Given the generational associations between behaviour/attendance, it was not uncommon for parents that became involved with BEST to be those with negative personal experiences of education. Through parents' engagement with BEST (in particular family workers, social workers and EWOs), the teams were often able to rebuild the relationship between home and school, reopening lines of communication and breaking down negative attitudes. This mediation role then led to better understanding from each party of the other's concerns and constraints, and could result in more effective support for the child:

I've been quite effective in bringing parents and schools together, trying to be a kind of mediator for them, because some of them had never even been to the school gates, and were very negative about their schooling.

Education welfare officer

They're fantastic as mediators between the school and parents. When parents feel that they've been wronged by the school, they're very good at being able to listen to the parent but at the same time be quite challenging, get the parent to take some responsibility for a situation.

Headteacher, primary school

4.4 Impact on schools and school staff

Separate questions were posed to BEST practitioners regarding impact on primary and secondary schools. Around one-third of the practitioners interviewed (representing ten of the 12 case-study BESTs) felt that impact to date had been **greater at primary than secondary level**. In some cases, this was for the basic reason that the BEST focused its work predominantly on early intervention in the primary phase, and at the same time, particular BEST practitioners (e.g. police officers and Connexions staff) explained that the nature of their work meant they had closer involvement with secondary schools. However, other reasons for lesser overall involvement with – and consequently impact on – secondary schools were given.

Some practitioners noted greater difficulties in establishing relationships with secondary schools, attributing this either to individual attitudes of senior management or to the larger and less intimate nature of secondary schools generally³. In the latter case, it was explained that, while BEST might be having a positive impact with particular staff, word did not spread in the same way as in smaller primary schools, and the BEST was less 'visible' overall. In the purely logistical sense, it was noted that group work at primary level could reach a higher proportion of pupils and staff given the smaller size of schools. Beyond this, however, practitioners suggested that the ethos and atmosphere of primary schools was more conducive to the type of intervention offered by BESTs:

They are much more open to being emotionally literate and looking into what's best for the children. They are much smaller and appear to be more open to change ... and willing to let the staff in and do things that are different with the young people.

Coordinator

Notwithstanding these issues of *extent* of impact at primary and secondary level, in terms of the *nature* of impact on schools and school staff, interviewees generally perceived that impacts were similar for both phases. These impacts fell into four main areas:

³ This issue was not consistently linked to location of the BEST: one secondary school-based team had found the staff more than willing to engage, while another had sensed significant hostility from the school.

- **acquisition of skills and strategies** for managing challenging behaviour and emotional difficulties
- improved **access to specialist support services**
- increased **understanding of emotional and behavioural difficulties**
- a general increase in **capacity to support pupils**.

These four areas were highlighted with fairly equal frequency overall (although increases in capacity was the least often cited by some margin) and each will be discussed below. However, it was notable that the ranking was somewhat different when the views of BEST practitioners were contrasted with those of school staff. Namely, where acquisition of skills and strategies and understanding of emotional and behavioural difficulties (EBD) were the areas of impact on school staff most frequently highlighted by BEST practitioners, school staff themselves cited the impact of improved access to specialist support services with most consistency. This may illuminate a key difference between the way BESTs are conceived by teams and by school staff, with the former emphasising the transmission of skills and expertise, and the latter perceiving the BEST more in terms of service delivery.

4.4.1 Acquisition of skills and strategies

By a small margin, the area of impact on school staff noted most frequently overall was the **acquisition of skills and strategies** to manage challenging behaviour and emotional difficulties. Through group interventions in school, modelling of strategies in the classroom and/or direct training sessions, BEST practitioners were reported to have conveyed useful techniques to school staff, which they could then apply in their own classroom practice. This was also said to have resulted in **increased confidence of staff** and schools being **better able to cope with behavioural issues** themselves, reducing the frequency with which they called upon external support.

Impact on staff: acquiring classroom management strategies

A young, overseas-trained teacher was finding it difficult to create a settled working atmosphere in her classroom. The BEST behaviour support teacher observed that although she was evidently a very caring teacher, she was 'a bit invisible' and it was 'all a bit chaotic'. The BEST practitioner supported the teacher to build a more positive relationship with the children in her class, through establishing class rules, displaying these on the wall and setting some boundaries. The impact is that the teacher is much happier, the children have settled and there is a better classroom environment.

Impact on staff: acquiring bereavement counselling strategies

BEST family therapists provided advice to a school mentor, to support work with a Year 3 pupil. The child had very disturbing behaviour, low attendance and had been fixed-term excluded from key stage 1 several times. There were also concerns about parenting. The child was then bereaved of his mother over the summer holidays and the school's levels of concern were

raised further. The father was reluctant to make an official referral to the BEST. However, the BEST family therapist was able to support the pupil indirectly, through weekly consultation with the school's learning mentor. The therapist explained several strategies and therapeutic activities to the mentor, who then used these with the child during one-to-one sessions. The mentor was also able to relay these strategies to the pupil's class teacher, and could provide additional support in class as necessary. The class teacher also made efforts to build a relationship with the child's father, which had a positive impact on home-school relations and the father's attitude towards his child's attendance and progress in school.

The consultative role provided by BEST was also noted in this respect, in terms of the provision of advice on tackling particular classroom issues, which took place on both a formal and more *ad hoc* basis. Related to this, a less frequently noted but strongly emphasised area of impact for individual members of staff was that of the counselling or 'listening ear' function which BEST practitioners could provide to school staff, giving **emotional support** when they were facing particularly challenging issues in their work: 'They have taken time to stop and say 'That was a real tough half hour you had there, are you ok?'' And that has made a world of difference' (Headteacher, secondary school).

4.4.2 Understanding of emotional and behavioural difficulties

A second main impact on school staff was an increase in **understanding of emotional and behavioural difficulties** and approaches to addressing them. BEST practitioners had observed changes in school staff's appreciation of the nature of behavioural and therapeutic interventions: what they entailed and what types of outcome could realistically be achieved. In turn, this had the potential to break down negative attitudes of schools towards statutory social work or mental health services.

As described in section 4.3, a further positive impact stemmed from the home-school liaison function of BEST, whereby practitioners could provide schools with a **more holistic picture of the child's circumstances** and the underlying context of challenging behaviours. This increased awareness could lead to more sensitive treatment of behaviour and attendance issues in school:

Very often you only see what's going on in your class as a teacher. You only see the kids that are kicking off. You don't know that there are problems at home, you don't know any of the other business. Now the teachers know that there are other issues happening in that little person's life, and that makes the biggest impact.

Pupil support officer

They have helped sensitise us to the needs of those children ... not only have we become more aware, but we can now do a little bit more about it.

SENCO, primary school

Going further, some BEST practitioners described how they were attempting to **challenge attitudes and change cultures** around pupil behaviour at a whole-school level. Rather than pupil behaviour being seen as a ‘battle to be won’, mental health practitioners in particular spoke about their work with staff to address their own emotional responses, recognise how their reactions to pupils could influence behaviour, and to move away from an attitude of ‘the child as a problem’.

4.4.3 Access to specialist support services

Ranking equally with understanding of EBD, another key area of impact on schools was improved **access to specialist support services**. As described earlier in relation to impact on parents, it was felt that schools now had quicker and more direct access to services within the BEST, as well as a more efficient conduit to other agencies:

Thinking about before we had BEST and the frustration about how long it took to get other agencies involved in certain situations, we have been able to do that much more quickly as a result of BEST [and] because of that, kids and families have benefited from that more quickly.

Lead behaviour professional, primary school

It is a very good intermediary link between the school and the outside agencies. They have short-cuts that we don't always have access to.

Deputy headteacher, primary school

The benefits of school-oriented multi-agency teams were also noted here, in terms of more effective communication and joined-up approaches.

4.4.4 Capacity to support pupils

The fourth main area of impact on schools and school staff was a general **increase in capacity** to support pupils with emotional and behavioural needs, thus **reducing pressure on school staff**. Notably, BEST practitioners highlighting this aspect fulfilled predominantly youth or social work roles within their teams. School staff commenting on this area of impact, referred to the BEST as being able to provide the type of educational or pastoral support roles to pupils that they would wish to fulfil themselves, but could not, as they did not have sufficient capacity amongst other time pressures and commitments.

4.5 Impact on other agencies

The most common area of impact, with regard to other agencies (namely CAMHS, Social Services and education welfare services), related to an **easing of pressure on referrals/caseloads**. This was seen to have been achieved both through a basic increasing of capacity, and in terms of the early intervention function of BEST, preventing cases from escalating to statutory intervention thresholds. In some cases, it was felt that BEST fulfilled a middle-ground role between school and statutory support, providing a more appropriate outlet for cases that would otherwise have been referred to statutory education welfare, mental health or Social Services.

In the same way that they had provided improved access to services for schools and families, BESTs were also seen as providing a **'bridge' to their client group** for other agencies. BESTs could give a 'foot in the door' to other agencies with regards to reaching children and families in need of support:

Once we're on first name terms with the parent, it's so much easier to say 'Oh, did you know that this is happening?' or 'These people will be able to help you'. You recommending them is a hundred times better than [other agencies] trying to come to the door and try and get in that way.

Mentor

[Other agencies] may feel a bit like 'Well we have tried and we're not getting anywhere', but because [BEST] is in school, on site, it doesn't have to always be a letter to the head ... You can just creep round and speak to someone else and say, 'Look, these people are offering a service – use it!', and they do.

Police liaison officer

Finally, practitioners – in particular those from mental health backgrounds – reported that the BEST example had influenced other services' working practices in various ways. It was noted that BESTs were **modelling new ways of working** with schools and families, for example, mental health workers 'coming out of the clinic'. There were also comments to the effect that the BEST approach had **encouraged multi-agency thinking and understanding** among other agencies, facilitating and facilitated by developments in the wider integrated Children's Services agenda (see Chapter 6). Illustrations were also given of ways in which collaboration with the BEST had resulted in **more effective working practices** in other agencies. Examples included BEST family therapists joining with the local Child and Family Consultation Service to establish a weekly family therapy clinic, and the statutory CAHMS service adapting its referral form to be more compatible with that of BEST, resulting in a more efficient referral procedure for the service overall. Elsewhere, data from BEST interventions on attendance was passed to the statutory education

welfare service, giving them a clearer picture of attendance issues in the schools around which to focus their resources.

It should be acknowledged that overall, impact on other services was the area least strongly identified by practitioners in the case-study BESTs, with a minority feeling that impact to date was negligible. It is perhaps significant that four of the eight interviewees taking this view were from a BEST that had been fully operational for only a few months, suggesting that a period of time is needed for BESTs to become established, before outside agencies begin to gain greater awareness of and benefits from their role and activities. The issues described in Section 5.11, regarding the need to clarify the identity of BESTs in relation to other services before effective links can be developed, lend support to this proposition.

4.6 Impact on BEST practitioners

For the majority of practitioners interviewed, working within the BEST was described as having been a rewarding experience. Many of the positive impacts described reflected those aspects cited more generally as benefits of multi-agency working. Most commonly mentioned was the **professional development** opportunity provided by the multi-agency setting of BESTs. Practitioners spoke enthusiastically about the opportunities to share expertise and learn from colleagues, through formal and informal discussion of casework and joint delivery of interventions. For some practitioners, opportunities arising within the BEST had enabled them to further develop their skills and specialisms, e.g. becoming the team's 'circle time expert' or becoming qualified to deliver positive play or parenting programmes.

Professional development through multi-agency working

You learn so much working with people from other backgrounds. It makes you stop and think. It makes you look at things differently, and that's the whole idea, isn't it. (Team leader)

People share their skills and knowledge, so if something has worked for one person it is shared with everybody else. (Coordinator)

There's a lot of things I've got from working in education that I think education does better than health – being very practical, very outcome focused, that's a good thing. And there's also things they're learning from us. It just seems like a very natural, very healthy way of working. (Clinical psychologist)

Positive impact on professional development was highlighted by practitioners in the majority of BESTs. However, there was some evidence to suggest that, where particular emphasis was placed on the distinct professional specialisms of staff appointed to the team and staff continued to identify more closely with their parent agencies than the entity of BEST, interviewees gave lesser

emphasis to professional development through BEST work. As noted in Section 5.1, where teams did not meet regularly at a BEST ‘base’, this could also result in fewer opportunities for the inter-disciplinary exchange of skills.

A number of practitioners described how the BEST model had meant they were **working in new ways** to those they had been used to in their parent agencies. For some, who had felt constrained in previous roles, this was an unqualified benefit, with the **scope for greater flexibility and creativity** highlighted in particular:

It’s been a nice challenge, because the challenge is going in and trying to be more imaginative with your resources. It’s given me the opportunity to actually look into family work in much more depth.

Social worker

The way I interact with young people or children and families has changed, by virtue of being in this team. I see this team as being an environment where you can be as creative as possible, with very little red tape or restrictions, and I find that to be very, very beneficial.

Social worker

For others, the adjustment in working style presented a **professional challenge**, as a result of new ways of working with schools and differences in approach of the various agencies within the BEST. As one coordinator described: ‘Some people are comfortable with blurred lines, some people like to think in boxes, and then when they have to think out of the box they find it a bit more scary’. Related to this, practitioners highlighted the impact of BEST around **changing attitudes and breaking down barriers** between specialisms within the team. Again, it was notable that the majority of comments in both the above respects came from professionals with mental health backgrounds, with interviewees recognising both the challenges and the benefits to be gained from developing more integrated ways of working.

4.7 BEST interventions and impact

The previous sections reported on the overall impact of BESTs on children, parents, schools and other agencies. BEST practitioners and school staff were also asked whether they were any specific interventions they felt had been especially **effective** (in terms of the impacts generated). In addition, the research sought to identify **innovative** practice within the 12 case-study BESTs, reflecting the original guidance given to the teams. This chapter therefore concludes by highlighting interventions which were associated with successful impacts and also those that were deemed particularly innovative in the locality of the BEST.

4.7.1 Interventions perceived to be particularly effective

A range of interventions were cited by various individuals. It should also be noted that a number of interviewees felt that *all* interventions offered by the BEST were effective, and others highlighted the fact that effectiveness depended on appropriateness to the case: where interventions were targeted correctly, they were effective, but what worked for one child or family may not be suitable for another.

Family-level intervention

By far the most frequently cited (by over one-third of interviewees) was the family-level intervention carried out by BESTs. Three main elements of this work were seen to be key: an holistic approach to children's needs, linking home with school, which gives parents and school staff a more complete picture of the child's circumstances; and the accessibility of BESTs to parents, offering them option to meet with services at home or in school.

In terms of specific family-focused interventions, the **parenting courses** offered by BEST were cited as very effective. Among these was the Webster-Stratton Dinosaur School, which involves both pupils and children over a 12-week intervention. One team had developed a programme aimed at the parents of teenagers who were working with the BEST, while health workers in another team planned to offer a course looking at identifying and treating minor illnesses, linked to ways in which school absence could be reduced.

Consultation and advice to school staff

The second most frequently highlighted intervention, with regards to being particularly effective, was the consultation and advice offered to school staff by BEST practitioners. As discussed in Section 4.4, school staff were able to tap into the expertise of BEST practitioners and **gain skills and strategies** to apply in their own classroom practice. Also noted as effective was where consultation took on something of a **supervision or counselling** function. As noted by one practitioner, 'in education, there is no room for supervision, so for them to come out of their role and be able to have that time has been really beneficial'. A secondary headteacher similarly noted the value of BEST as providing a 'critical friend' when making decisions around pupil exclusions. Interviewees also highlighted school staff training sessions in general as being particularly effective. Across the 12 case-study BESTs, a wide range of themes and issues had been covered (see Table 3.2 in Chapter 3).

Child-focused interventions

A number of child-focused interventions were described as being especially effective. In terms of one-to-one work, the following interventions were mentioned:

- **therapeutic work and counselling** – by bringing practitioners into the school, pupils were said to have greater access to this kind of support

- **behaviour and learning support** – this was seen to be effective not only in terms of the impact on pupils’ attainment, but also because the one-to-one attention could have a positive effect on self-esteem

Group work of various types was also cited as being particularly effective in terms of the impact on young people:

- **behaviour-focused group work** e.g. peer mediation training, anti-bullying projects and anger management courses.
- **attendance-themed group work** e.g. attendance ‘conferences’ and competitions with prizes for most improved and highest overall attendance, at either class or individual level.
- **group work around self-esteem and confidence building** e.g. using circle time, nurture group and emotional intelligence approaches.

Other interventions highlighted as particularly effective included: transition support, play therapy and whole-school playground management/lunchtime strategies.

4.7.2 Interventions perceived as innovative

Practitioners and school staff were also asked to highlight any BEST interventions which they felt were **particularly innovative**. Though fewer comments were given overall in response to this question, a wide range of interventions was again cited, many having also featured among those described as particularly effective. Table 4.2 lists those that were mentioned by interviewees.

Table 4.2 BEST interventions highlighted as particularly innovative in their locality

Focus	Interventions	
	Individual	Group
Child	Restorative justice Therapeutic intervention on school site Counselling on school site Youth work Play therapy	Behaviour work Transition work Self-esteem/confidence building work Health and welfare work Communication skills work
Parent/family	Family level intervention Drop in consultation/advice	Parenting courses
School staff	Consultation and advice	Training on pupil mental health Training on communication strategies
Whole school	Development of playground management/lunchtime strategies	

Comparing interviewees' nominations for innovative and effective practice, it is evident that much of the practice seen as innovative corresponded to that which was viewed as effective.

Lastly, rather than pinpointing specific interventions, a number of interviewees felt that the **BEST approach overall** was innovative in itself, highlighting the multi-agency approach and the close contact of services with schools. However, it was also observed that, given the multi-disciplinary nature of teams, what was innovative to one person may be commonplace to another. Indeed it may be worth noting that the interventions identified as 'innovative' were often adopted from other practices, as opposed to being entirely 'inventive', which would involve the introduction of original and unprecedented approaches or interventions.

4.8.3 Linking interventions with impact

The areas of BEST intervention highlighted as particularly effective and innovative give support to the design and principles behind the BEST model. Aspects of the work carried out by each of the three main areas of specialism – educational, (mental) health and social care – were all cited as central to the effectiveness of BEST interventions. Table 4.3 draws together an overview of the range of practitioner roles as they correspond to elements of BEST intervention seen to be most effective and the impacts these were observed to have had.

Table 4.3 Linking BEST interventions with impact

Main practitioners	Particularly effective interventions	Main impacts as mentioned by interviewees
Child-focused		
Behaviour/learning support staff	Individual behaviour/learning support	Stabilising challenging behaviour Giving pupils strategies to manage behaviour Prevention of permanent exclusion Reduction in number and/or length of fixed-term exclusions Better classroom atmosphere
Mental health practitioners Educational psychologists	Clinical therapeutic intervention	Opportunity to explore and address issues of concern
Counsellors Social workers	Counselling	Opportunity to explore and address issues of concern
Play therapists	Play therapy	Opportunity to identify and address developmental and emotional issues
Behaviour/learning support staff Social workers Mental health practitioners Youth workers Police	Behaviour-focused group work	More positive school climate Better classroom atmosphere
Education welfare officers	Attendance-focused group work	Improved attendance at individual level Overall improvement in attitudes towards school attendance
Transition workers Behaviour/learning support staff Mentors	Transition support	Increased ability to cope with transition to secondary school
Social workers Mental health practitioners Health practitioners Youth workers	Self-esteem/confidence building activities	Improvements in self-esteem, confidence and overall happiness Improvement in social skills

Parent/family focused		
Social workers Family workers <i>(with input from all as appropriate)</i>	Family-level intervention	Improved access to services Identification of adults' needs Access to social welfare grants/practical resources Development of parenting skills – empowerment of parents Improved parent-child relationships Improved home-school relations
All <i>(as appropriate)</i>	Parenting courses	Development of parenting skills – empowerment of parents Improved parent-child relationships
School staff focused		
All <i>(as appropriate)</i>	Consultation and advice	Acquisition of skills and strategies for managing challenging behaviour and emotional needs Increased understanding of emotional and behavioural difficulties
All <i>(as appropriate)</i>	Staff training	Acquisition of skills and strategies for managing challenging behaviour and emotional needs Increased understanding of emotional and behavioural difficulties
Whole school focused		
Behaviour/learning support staff	Development of playground management/lunchtime strategies	Improved behaviour More positive school climate

5 Effectiveness

This chapter considers the factors identified by BEST practitioners and school staff as being influential in the effective development and operation of BESTs. It also deals briefly with the issue of cost effectiveness, conveying interviewees' views on this subject. Data was collected during stage two of the evaluation, from a sample of 12 BESTs. When asked to comment generally, the vast majority of interviewees were positive about the overall effectiveness of the BEST to date, although a number of challenges to development and effective operation were also highlighted. Interviewees described how, generally, teams worked well together and had established good relationships with schools. Furthermore, in the majority of cases, it was felt that BEST intervention had been well received and had resulted in positive outcomes for schools, pupils and families.

Nonetheless, it was acknowledged across several BEST areas that this had been a slow process and indeed, that despite being relatively effective thus far, teams were still developing and therefore had yet to reach their full potential. However, the general consensus was that teams were going 'from strength to strength' and that where teams were now fully established, effectiveness was increasing further.

Interviewees' responses revealed a wide range of factors which could be beneficial or detrimental to the effective development and operation of the BESTs. These factors relate to the following aspects of the BEST:

- Time for planning and establishing the BEST
- Accommodation
- Location
- Multi-agency composition
- Recruitment and retention of staff
- Employment arrangements
- Team relationships
- Allocation of schools
- Relationship with schools
- Relationship with other services

These will be discussed, in turn, in the sections which follow. In addition, practitioners and school staff were asked to identify the factors that they considered to be **critical to the effectiveness of the BEST**. The factors nominated in relation to this question are highlighted and discussed throughout sections 5.1 to 5.11 as 'key factors' of effectiveness. At the end of the chapter, section 5.12 provides a summary of these key themes.

It should be noted that where a factor was specifically identified by interviewees as hindering the effectiveness of BEST it is listed as a 'barrier'. All the factors though could act as either facilitators or barriers, depending on

the particular circumstances e.g. there could either be a lack of planning time, or ample time set aside for planning.

Appendix 4 provides a summary of the factors that were highlighted by interviewees as either being effective to the work of BEST or which presented a barrier to effective working.

5.1 Time for planning and establishing the BEST

Interviewees highlighted time as a factor which influenced the effectiveness of the teams, especially the initial development period. Table 5.1 provides a summary of the main implications associated with time and these points are then discussed further.

Table 5.1 Factors related to time

TIME	
Factor	Is effective because ...
Sufficient planning and development time	<ul style="list-style-type: none"> ensures a shared expectation and a common understanding of BEST develops a clear vision for the team avoids duplication of service
Factor	Is a barrier because ...
Inadequate time for establishing the team	<ul style="list-style-type: none"> schools do not refer pupils to the BEST, resulting in a lack of available work existing staff are overstretched as they struggle to cope with increasing demands from schools

Sufficient **time for planning and development**, based on a clear vision, shared aims, and multi-agency collaboration from the outset emerged as a factor in effectiveness. For example, time for local consultation enabled issues to be raised and resolved in the early stages, and thus ensured that the BEST service complemented and not duplicated the work of other services and agencies. However, negative experiences associated with the nature and extent of planning emerged as a common difficulty across several BESTs. Some practitioners, for example, felt that the development of their team had lacked ‘pre-planning and forethought’ and that team members, upon being appointed to the BEST, were required to ‘just run with it’.

Another common problem experienced across the BEST areas was that the teams often took a **long time to develop** and become fully established. Interestingly, the consequences of this included teams having both a **shortage of work** (as a result of being unable to establish themselves with schools and therefore not receiving any referrals) and BEST **staff being overstretched** where the few staff appointed to the team were required to manage the increasing workload where the demand from schools was high.

5.2 Accommodation

Suitable accommodation to work from was considered to be a key factor of effectiveness across many of the BEST areas. However, several BESTs described difficulties securing a base in the early stages, with many operating as virtual teams for some time during the initial period. Table 5.2 summarises the advantages of BESTs being located in a specific base, with a more in-depth discussion below.

Table 5.2 Factor related to accommodation

Accommodation	
Factor	Is effective because ...
A specific base for the BEST	<ul style="list-style-type: none"> • facilitates team development and the establishment of a team identity • enables multi-agency working • provides vital workspace (e.g. for therapeutic work) • raises schools' awareness (and ease of contact/access)

A specific BEST centre/base was seen as crucial to **team development and cohesion** with a number of interviewees pointing to the difficulty of getting to know other team members and establishing a team identity where this was not available: 'Since the centre has been open it has created a different atmosphere completely, we all now feel that we do actually work for a team' (Coordinator). In addition, it was felt that a base **facilitated a multi-agency approach** to BEST work, as it provided the opportunity for team members to discuss cases and to share ideas and expertise more easily. Practitioners also appreciated the **workspace** that having a base offered, noting the value of 'somewhere to work, the space to think'. This was also considered to be particularly important for certain types of BEST intervention such as individual therapeutic work, where the availability of a private, comfortable and well equipped room was crucial. Where BEST staff were located in schools, dedicated workspace was felt to be important in the effectiveness of BEST interventions, particularly in relation to planning and carrying out work, and in terms of communication with staff and pupils.

In several cases, having a base had also helped to **raise schools' awareness** of the BEST, and had **increased the frequency of their access to the service**. In some, for example, BEST centres were used regularly by local schools and other agencies to hold meetings or training sessions for staff. Furthermore, it was felt that operating from one centre had improved communication between the BEST and the schools, making the overall service more effective. As noted by one headteacher:

There is always somebody at the end of the line now whereas before it was always 'Can you leave a message for so and so', and that was a bit tiresome.

Headteacher, primary school

Regardless of the specific location (i.e. on school or off site), the need to be **positioned centrally** within the BEST 'catchment area', and therefore accessible to pupils, parents, agencies and the wider community, was felt to be a key factor of effectiveness across the BEST areas. Several interviewees also highlighted the importance of a BEST centre that was 'warm and friendly' and in some cases pointed specifically to the importance of avoiding a 'clinical' feel to the BEST centre, to encourage access.

5.3 Location

The 12 BEST teams involved in the case study stage of the evaluation had been housed in a range of locations (see section 3.1). The table below provides a summary of the pros and cons of each location as identified by interviewees (including practitioners and school staff):

Table 5.3 Pros and cons of different BEST locations

Location	Pros	Cons
Schools (<i>primary secondary incl: PRU</i>)	<ul style="list-style-type: none"> Offers continuity for BEST pupils transferring from the feeder primaries (<i>secondary</i>) Independent from school (<i>PRU</i>) Increased access and communication The opportunity to build relationships/trust with schools Developing an understanding of school systems Direct access to pupils 	<ul style="list-style-type: none"> Pupils may be reluctant to access the centre where it is associated with the school Objectivity/independence in relation to schools (including maintaining a separate team identity)
Local Authority premises	<ul style="list-style-type: none"> Independent from schools Access to other services Appropriate workspace/facilities 	<ul style="list-style-type: none"> Schools less aware of the BEST More difficult to build relationships/trust with schools Confusion over the role and remit of the BEST in relation to other services
Community premises	<ul style="list-style-type: none"> Associated with other support services (by the community) Independent from schools Available workspace/facilities Opportunities for co-working 	<ul style="list-style-type: none"> The BEST may be negatively associated with other services/agencies More difficult to build relationships/trust with schools
Commercial/business premises	<ul style="list-style-type: none"> Independent from schools Excellent workspace/facilities 	<ul style="list-style-type: none"> Expensive Difficult to access Schools and parents less aware of the BEST

Several advantages to a school-site location were identified by both BEST practitioners and school staff. **Access and communication** were identified as

key benefits of an on-site location, providing the opportunity to **establish good relationships** with the schools:

Just by being in schools, and being part of the staff team, and using the staffroom, and people knowing you as a normal person, that goes a hell of a long way to bridging many of the gaps ... There isn't a pretence that you're some expert. You're just another professional doing their job. And I think that goes quite a long way.

CAMHS worker

A secondary school location was also felt to have additional benefits in two BEST areas, notably, that this arrangement helped to **strengthen links between the secondary and feeder primary schools**⁴:

Being attached to a secondary school which quite a lot of our children do feed into, I think that is quite important because then there will be continuity.

Headteacher, primary school

However, some negative implications of an on-site location, for both the BEST and the school itself, were also identified by practitioners and school staff. In particular, the extent to which an on-site location enabled the team to establish a separate 'team identity' and to remain **objective and independent** in relation to the schools was raised as a concern by several interviewees (see section 5.2.2 for further details): '[In school] you lost your identity as a team, because you're actually buried in a school. But over here [community premises] we're ... we've got our own identity' (Play therapist). Conversely, the distance/independence from schools in another BEST had provided to be problematic where **schools' lack of awareness** left the team with a shortage of work: 'The distance we've got from some our schools makes us irrelevant and we struggle to get any work from those schools' (Educational psychologist).

A range of benefits were also identified where BESTs were located off-site, (such as in local authority, health or business premises). A **location central to other agencies and services** was considered advantageous in terms of access and communication with other related services and thus the opportunity to feel part of the 'bigger structure': 'It is centrally located to the rest of the agencies, which is a good thing. It is not out on a limb. It has got good contact with everybody around' (School nurse). Where located within community premises, the capacity to **develop links** with these services, as well as **opportunities for co-working** were highlighted as advantages of this arrangement. Furthermore, it was felt that this placed the BEST 'at the heart' of the local community and therefore equally accessible to all schools and parents.

⁴ It should be noted that in both BESTs, although located on a secondary school site, the team occupied a separate centre/base detached from the school

5.4 Multi-agency composition

In nominating the factors of effectiveness, several interviewees across the BEST areas pointed to the ‘BEST model’ itself as a key factor, highlighting specifically the multi-agency composition of the team. The implications of this are summarised in Table 5.4.

Table 5.4 Factors related to multi-agency composition of team

MULTI-AGENCY COMPOSITION	
Factor	Is effective because ...
Varied staff backgrounds	<ul style="list-style-type: none"> • results in different approaches to BEST work • sharing of ideas and expertise is achieved
A range of staff roles	<ul style="list-style-type: none"> • facilitates creative working • provides specialist input • increases access to information • results in an holistic approach to cases

The **range of professional backgrounds of the staff** appointed to the team was identified as a particularly effective element of the development and operation of BESTs. Interviewees described how individual team members’ roles and backgrounds complemented each other and enabled them to work together creatively by drawing on each others’ experiences. Moreover, the breadth of roles on the team enabled it to extend the service offered where each member effectively added a new dimension to BEST provision. The multi-agency dimension of the teams was also felt to improve the speed and ease of access to support services for schools, pupils and parents.

Composition of the team: range of staff specialisms

The skill mix has been a good balance of skills and experience. We can share work, and communication in the team has been excellent, so even though we were working sometimes outside our own remit to help, you put your bit of skills in that (Community nurse).

It [the BEST] has got youth workers, people with nurse training, speech therapists, and EPs. So I think that wider base and the fact that they can talk to each other and are happy to work in quite a creative way is good (SENCO, primary school).

Practitioners also valued the **flexible and creative working style** afforded by the BEST model and highlighted this as a key feature of the effectiveness of BEST work. Practitioners reported feeling confident and supported to try new ways of working, noting that within the BEST, they were not constrained by many of the policies and protocols which dominated working practice in other agencies: ‘the beauty of BEST is to actually get on and do the job’ (Social worker).

The BEST model: flexible working arrangements

We're not getting hooked on the fact that we're doing things differently some days. We're not a prescriptive service, we're trying to be different and flexible, and offer something in addition to what schools have got (BEST coordinator).

I have to keep comparing what we do now within the team, and what I used to do with Social Services, and there's no way I would be allowed to do that sort of work with my clients. It wouldn't be possible (Social worker).

Certain roles within the teams were regarded particularly highly by both school staff and BEST practitioners, namely, those related to health (particularly mental health), social services, educational psychology and speech and language therapist inputs. Specifically, interviewees valued the **holistic approach** to working with children and families that this combination of roles enabled, as well as the **specialist input** that they provided.

The BEST model: benefits of multi-agency working

The multi agency approach means that we can look more holistically at the problem and talk as a team holistically about the problem. The fact that we all work together means that the school and the children and the families get a more cohesive package which is put together properly and meets their needs better (Behaviour Support worker).

It's about just getting advice at any given opportunity. What do you think to that situation? What could I possibly do here? And having the professionals there in front of you makes it so much easier. No telephone calls and waiting two or three days to get information back (Family worker).

The appointment of health professionals to the team (including medical and mental health workers), was seen to have several benefits. Interviewees described how, with parental permission, health workers were able to **access medical information** which often allowed a more holistic picture of individual cases to be developed. Likewise, the value of bringing a health perspective to case work was also noted:

I think health is a huge key to part of it. We just saw such a difference. Health came on board last, but it gave us a completely different approach.

BEST coordinator

As with health, a social work representative was also recognised as a key post as this provided **access to the families** and thus gathered a greater knowledge and understanding of the background and complexities of individual cases.

Also relating to the multi-agency approach of BEST, practitioners were asked to comment on the extent to which roles within the team were 'generic' (i.e. work shared around the team) or retained their specialist focus. Generally, the

approach to BEST work was mixed, with practitioners **working within their specialisms** whilst also **contributing knowledge and expertise** to casework across the team. This arrangement was considered to be particularly effective as it made best use of individuals' expertise to target the most appropriate support to referrals, whilst also supporting the multi-agency approach to BEST work. In addition, **co-working arrangements** were in place in several BESTs which was felt to be a particularly effective working practice in terms of both the interventions themselves, and for staff development. However, whilst the BEST approach had led to some degree of blurring of boundaries, none of the BESTs in the case-study sample felt that roles were interchangeable or entirely generic.

Although unanimously positive about the combination of professionals within their teams, several practitioners identified a need for **increased representation from certain (specialist) services**, namely those discussed above (health, social services, the educational psychology service and speech and language therapy). The demand from schools for this type of support, and the nature of the referrals made to BEST (which were increasingly complex cases requiring more intensive support) were highlighted in this respect. In this way, practitioners felt that teams should be expanded to **increase the amount of specialist provision** and thus extend BEST provision to more schools and families.

Composition of the team: specialist input

Every family seems to have some sort of health issue, which I might have minimised a little bit perhaps. But a health worker might get me to look at something in more of a health perspective, where I get a better picture of the overall functioning of the family as well, and they can fast-track information for you as well. It just makes it a lot more effective (Social worker).

What we really needed on the team was social workers because the referrals that were coming through often have more complex issues than schools are first led to understand and then the staff here have struggled sometimes (Play therapist).

Whilst extremely positive about the benefits of the BEST model as a key factor of effectiveness, practitioners also acknowledged the potential **challenges of a multi-agency approach**. Practitioners acknowledged that the changes to working practice required to work in a multi-agency way presented personal and professional difficulties for some staff and that where these difficulties could not be overcome, had the potential to impact negatively on the effectiveness of the team (i.e. team tensions, inter-personal difficulties). Similarly, it was felt that achieving some degree of conformity (i.e. in terms of general working practice) across a diverse range of staff could be particularly difficult and was dependent on both the individual personalities of staff and their understanding and commitment to the role and remit of the BEST model. In addition, the potential for practitioners to feel unsure about their role within a multi-agency team was also highlighted as a possible challenge of this

approach. Here, the importance of clarifying individuals' roles and responsibilities within the team was highlighted as an important factor of effective practice (see section 5.8.1. for further details). For other practitioners, the lack of peer support was identified as a frustration of working within a BEST, particularly in terms of other team members' lack of understanding of profession-related issues (e.g. the sensitive and often disturbing nature of counselling work). Moreover, some practitioners described feeling 'out of touch' with developments within their parent agency as well as potentially missing out on professional development opportunities.

5.5 Staff backgrounds and experience

There were a number of staff characteristics, in terms of their background and experience, which were felt by interviewees to facilitate the work of the teams. These are listed in Table 5.5, followed by further description below.

Table 5.5 Factors related to staff backgrounds and experience

STAFF BACKGROUNDS AND EXPERIENCE	
Factor	Is effective because ...
Experience of multi-agency working	<ul style="list-style-type: none"> • staff have links with other agencies • there is an appreciation and understanding of different systems
Experience of education	<ul style="list-style-type: none"> • improves access to schools • increases understanding of school systems

The previous section reported some of the challenges associated with multi-agency teams. It is not surprising therefore that **prior experience of multi-agency work** was perceived as a factor which could contribute to the effectiveness of the team, particularly in terms of understanding and appreciating the roles of other team members:

As a health visitor in my previous life, I worked in an integrated skill mix team so I had a lot of experience of working with different people. Coming into a BEST, I think you'd need that type of experience so you could appreciate the value of each worker and share the work.

Community nurse

Similarly, interviewees highlighted several advantages of coordinators who had experience of **working in a multi-agency team** and/or experience of **work across different services**. These benefits included:

- existing links with other agencies
- an appreciation of the benefits and challenges associated with multi-agency working
- an understanding of the principles and procedures of different agencies.

In this respect, the value of the ‘professional hybrid’ identified in other research (Atkinson, *et al.*, 2002) emerges once again.

Composition of team: coordinator background

I think it all comes down to the experience of the team leader, and our team leader has got a lot of experience working in different agencies. Always with an educational slant, but she has worked in Social Services teams and so on. So she has got that multi-agency aspect ... It helps because she understands the different systems of the different organisations, and how they need to work together and how they can slot together. Also she is very good at developing communication when perhaps there hasn't been good communication (Therapist).

I'd already got that multi-agency work and experience, and I'd got really good links in all agencies. And I think that's what's aided some of the development, because I'd already got some good links and knew people very well (Acting BEST coordinator).

More specifically, coordinators with previous **educational experience** were felt to benefit the team. For example, where relationships between the coordinator and schools had already been established through prior work, these could be extended to the rest of the team. As noted by one coordinator with a background in education:

In my case it has helped me get some of the team into the school because they knew me and how I worked and I think they felt as though they trusted me. So it was not like having to take on yet another new initiative.

BEST coordinator

Similarly, it was noted that having a coordinator with professional experience of an education setting made the work of the team easier in terms of their understanding of the needs of schools and of accessing information: ‘You need somebody who has been in school and who knows how schools work’. However, where education backgrounds extended to a majority of team members, it was felt that this could potentially lead to an education-dominated BEST with implications for the non-education staff employed to the team. Equally, in some BEST areas, the value of a coordinator from a background other than education was highlighted. Here it was felt that this enabled an alternative approach to BEST work to be achieved (for example, introducing a more family-focused than educational approach).

More generally, it was interesting to note that the **combination of experienced and less experienced staff** was valued by practitioners in terms of the different experiences and enthusiasm individuals were able to bring to the team: ‘you are pulling in different experiences of life’. For example, in one BEST, it was felt that the less experienced practitioners on the team encouraged other members of the team to move away from the more

traditional approach to their work and to be more creative ‘they are more open to trying new things, taking a bit of a risk’. However, the importance of acknowledging individuals’ different levels of understanding and expertise was also noted (for example, explaining information clearly and in detail to less experienced members of staff).

In one BEST area, the ratio of male to female staff was also identified in relation to effectiveness. Here, the benefit of a **positive male role model** in the team, particularly for working with young males was highlighted. Given the weighting of female staff appointed to the team, the possibility of increasing the number of male staff in the future was noted.

5.6 Recruitment and retention of staff

Recruitment and retention of staff to the BEST was identified as a particular problem experienced across teams during the initial development of the BESTs. Table 5.6 itemises the factors which were said to have an adverse impact on recruitment and retention.

Table 5.6 Factors affecting recruitment and retention

RECRUITMENT AND RETENTION	
Factor	Is a barrier because ...
Short-term funding	<ul style="list-style-type: none"> • may result in job insecurity
Short-term contracts	<ul style="list-style-type: none"> • seen as unattractive employment package • leads to instability • staff seek full-time positions elsewhere
National staff shortages	<ul style="list-style-type: none"> • results in a lack of available staff to recruit • agencies unwilling to second staff to BEST
Length of time taken to recruit and induct staff from different agencies	<ul style="list-style-type: none"> • hampers the development and operation of the team

The **short-term nature of funding**, and thus the short-term contracts offered to staff appointed to the BESTs was felt to be a significant factor of the recruitment and retention difficulties experienced across BEST areas.

Interviewees reported that due to the short-term funding, BEST staff were uncertain about the future of the BEST and thus felt insecure in their jobs. Consequently, a common and ongoing problem identified across the BESTs was staff leaving for full-time positions after being appointed, increasing the uncertainty and insecurity across the team:

I am aware that other people are looking for other jobs in other areas because BEST does not offer stability and we need stability in order to function.

Social worker

In three BEST areas, this uncertainty was increased where the coordinators had left the team in the early stages.

A national shortage of staff was linked with the recruitment difficulties experienced. In particular, a shortage of social workers, educational psychologists and speech and language therapists made recruitment to these posts difficult and meant that agencies were often reluctant to, or indeed unable to release staff to the BESTs on a secondment basis.

In addition, the **complexities of drawing together a team from various agencies**, such as contract negotiations, the length of time taken for other agencies to recruit staff, and the lengthy induction processes (all of which meant that staff were not available to the BEST for some time) were highlighted by some interviewees as a key barrier to the development and operation of the BESTs. Moreover, in one case, it was felt that this was particularly frustrating given the ‘time-limited’ nature of BEST work. As noted by one BEST team leader:

There seemed to be endless negotiations between Health, Social Services and Education, at a higher level. There were endless negotiations about how the person would be paid for, interviews, conditions of service.

BEST coordinator

The challenges associated with recruitment to the team gave rise to a number of negative implications in terms of the operation of the BESTs. The slow recruitment process experienced by some teams meant that during the initial stages, team building, and thus the **creation of a ‘team identity’ was particularly difficult**, especially where resignations and new appointments to the team at various points throughout this period meant that the dynamics of the group were changing on a regular basis:

You are working with a particular person and you build up a way of working and all of a sudden they leave, so that has caused problems because we have had a large turnover of staff.

Police Officer

The lack of a fully functioning team and the high staff turnaround also generated difficulties in terms of building relationships with schools and the service the team was able to provide: ‘Early on schools wanted work that we weren’t able to provide because we didn’t have a full team’. In some areas, this resulted in the original focus of BEST support being re-structured and prioritised to account for the shortage of staff (for example, by reducing the amount of training offered to schools and focusing on individual and group work):

I got the feeling that it had all been set up in a bit of a hurry. In a way, it had started but they were still looking for staff ... and they were saying 'well we haven't appointed this person yet, or we don't quite know who is coming in and things like that'.

SENCO, primary school

Furthermore, as noted in section 5.1, for some teams, the initial recruitment difficulties meant that during the early stages, certain team members were particularly overstretched in terms of their workload.

5.7 Employment arrangements

The operation of the BEST was said to be influenced by the employment arrangements, for example, whether supervision was provided within the team or by the parent agency of a staff member. The implications for effectiveness are detailed in table 5.7 below, with further discussion to follow.

Table 5.7 Factors related to employment conditions

EMPLOYMENT ARRANGEMENTS	
Factor	Is effective because ...
Parent agency supervision	<ul style="list-style-type: none"> • maintains links with parent agency • provides professional development opportunities
Seconded staff	<ul style="list-style-type: none"> • maintains links to other services • increases job security • improves access to professional development
Factor	Is a barrier because ...
Part-time working	<ul style="list-style-type: none"> • more difficult for staff to establish themselves within the team • can hinder team communications (e.g. arranging meetings)
Different conditions of service depending on parent agency	<ul style="list-style-type: none"> • can be difficult to manage different staff expectations in terms of holiday pay, working at home policy, etc. • complicates contract negotiation process

Difficulties associated with **part-time working** were identified by several practitioners. In particular, it was felt that the number of part-time staff on the team had implications for communication (e.g. resolving issues, discussing cases) and for the day-to day management of the team (e.g. arranging meetings): ‘It has meant things have taken longer to thrash out than they would normally’ (Coordinator). For the part-time staff themselves, the difficulty establishing themselves within the team was also highlighted as an implication of this arrangement:

One of the challenges really, for me, has just been about establishing myself in the team. As somebody who only works two days a week, finding out what my niche is and reconciling that with my other role has been difficult.

Counsellor

Conversely, **secondments** were identified as an effective approach across a number of the BEST areas and a number of benefits to this arrangement were highlighted. Primarily, employing staff to the BEST on a secondment basis was considered to be particularly useful for maintaining links with other services and agencies and thus keeping abreast of developments and changes across those services:

People are still linked to their own agencies and that means that they can still access information ... so it keeps them up to date with all the developments within their own service, that means that we can get services for children and families and schools a lot more quickly..

BEST coordinator

This arrangement was also seen to have several advantages for the staff themselves. In particular, it was felt that being seconded to the BEST offered staff **increased job security** (as they had the assurance of a position within their parent agencies should funding cease) and increased their awareness of and access to professional development opportunities. Here, given the difficulties associated with staff recruitment and retention, the advantages of deploying staff to multi-agency teams on a secondment basis might be recognised as a key consideration for future initiatives involving time-limited, multi-agency interventions.

Pay-related issues were also identified across the BESTs. Most commonly, this related to individual members of the team being paid at different rates in accordance with the pay-scales of their parent agencies, despite performing a similar or even identical role within the BEST. This was particularly evident with respect to qualified and un-qualified staff carrying out similar roles within the team (for example, a family support worker with or without a social work qualification):

I think the huge differentials in salary cause issues, because you're expecting them all to contribute in very much the same way. They negotiate at a very high level in schools, and some people are paid very little.

Coordinator

Practitioners also identified issues related to individuals' **different contracts and conditions** as problematic, particularly in terms of recruitment (as noted above), and management of the team. Staff expectations relating to holiday entitlement, working at home arrangements, time off in lieu policy and overtime payments were all identified as presenting management challenges and causes for contract negotiation within teams:

Some of my team are used to being able to work at home, things like that, which I have actually said they can't do here, which has caused some difficulties because that is the practice that they are used to.

BEST coordinator

There needs to be a certain willingness to go on a common path, even though they come from all different backgrounds, all different contracts - and we've had some quite hard arguments about term-time contracts and non term-time contracts and people taking leave and respecting the service.

BEST coordinator

There were mixed approaches in terms of the **supervision** of staff, however, most commonly, staff were supervised by their parent agency. This was identified as a particularly important arrangement for meeting the professional requirements of specific staff appointed to the team (e.g. mental health

workers, Educational Psychologists). Furthermore, it was also felt that this arrangement was vital in terms of staff professional development:

Having that objective standpoint stops you becoming completely immersed in the system that you're working in, the educational system, so that's really important.

Therapist

In other cases, staff received supervision from both the BEST coordinator and their parent agency and in a minority of cases, staff on the team received supervision solely from the BEST coordinator. Here, both approaches to supervision were felt to be effective, although for certain staff appointed specifically to BEST (and thus without a parent agency) it was felt that external supervision would have been beneficial.

5.8 Team relationships

In the majority of BEST areas, interviewees spoke positively about the relationships which existed within teams. Several factors were highlighted as influential in terms of establishing and maintaining effective working relationships within the BEST. These could be classified into the following six areas:

- time for team building
- communication
- clarifying roles and responsibilities
- team management
- commitment and enthusiasm
- working procedures and protocols

Table 5.8 summarises how these factors can either facilitate or hinder the effectiveness of BEST teams.

Table 5.8 Factors related to relationships with the BEST

RELATIONSHIPS WITHIN THE TEAM	
Factor	Is effective because ...
Sufficient team building time	<ul style="list-style-type: none"> • enable roles and responsibilities to be established • provides an opportunity to clarify the role and remit of the BEST
Regular and open communication	<ul style="list-style-type: none"> • facilitates a multi-agency approach to case work • keeps team members informed about case developments
Clarifying roles and responsibilities	<ul style="list-style-type: none"> • ensures most efficient use of staff time and expertise
Strong team management	<ul style="list-style-type: none"> • teams feel supported

Committed staff and ability to think multi-agency	<ul style="list-style-type: none"> • communicates a clear vision and focus for the team • staff are working towards a common goal • sharing of knowledge and expertise is facilitated • assists the functioning of the team • leads to creative working
Development of clear working policies and procedures	<ul style="list-style-type: none"> • assists staff in adjusting to their role within a multi-agency team
Factor	Is a barrier because ...
Lack of role clarity	<ul style="list-style-type: none"> • staff feel less valued • leads to inappropriate allocation of referrals
Absence of strong management	<ul style="list-style-type: none"> • team lack focus and direction • results in less effective use of staff • increases pressure on other team members
Unwillingness to adapt to different cultures/working practices	<ul style="list-style-type: none"> • inhibits effective team work
Lack of respect for different roles and an unwillingness to share expertise	<ul style="list-style-type: none"> • gives rise to interpersonal difficulties and team tension • leads to a less effective service to schools, pupils and families

5.8.1 Team building time

Allowing adequate **time for team building** was identified as a factor in effectiveness. However, the high demand from schools for immediate access to the BEST service meant that some teams were unable to dedicate any, or adequate time for team building in the early stages. Examples of particularly effective team building activities included ‘away days’, where practitioners appreciated the opportunity to spend time away from the work base and participate in various introductory team building activities, and a ‘skills audit’ day, which involved individual team members sharing their professional and personal attributes with the rest of the team. The benefit of these activities in breaking down barriers and building a foundation for future team working was highlighted in both cases: ‘There were no mysteries, and that’s why they’ve moved on really well’ (Coordinator). In other BESTs, teams had developed a specific **induction process** for staff, which was highlighted as a positive factor in facilitating the development of the teams by several practitioners. Reinforcing this, some practitioners who had not received an induction within their BEST, stated that a more formal introduction to the BEST and to the local schools would have been beneficial.

5.8.2 Clarifying roles and responsibilities

Where time had been made available for team building, practitioners particularly valued the opportunity to get to know each other and to **establish each others’ roles and responsibilities**. Specifically, it was felt that BEST

staff needed a clear understanding of the key features of each others' roles and consequently their strengths and limitations in relation to their work within the BEST. For some practitioners from certain professions (such as clinical therapists and educational psychologists), having clear and defined boundaries around their role was identified as important to the effectiveness of their work within BESTs as this ensured the most efficient use of their time and expertise.

Across the 12 BEST areas, practitioners acknowledged some initial challenges in relation to clarifying individuals' roles and responsibilities. BEST staff noted that breaking down barriers between team members had taken some time, and that where individuals were unclear about their role within the BEST, practitioners reported feeling uncertain of the purpose of the BEST and their part within it:

We didn't really get to know each other before we were actually thrown out. We weren't really sure of what we were supposed to be doing ... We didn't know what we were planning for, who we were planning for, whose agenda was it? We were going in blind.

Youth worker

Other potential challenges of unclear roles and responsibilities across the team included inappropriate allocation of referrals, inter-personal difficulties, team tensions and staff feeling less valued within the team.

Team relationships: clarifying roles and responsibilities

Initially there are all the issues of understanding each others' roles and what people can and can't do because within the multi agency team people still have to work to their own agencies specifications. Sometimes it can be quite a lengthy process in overcoming these issues and the staff need to be flexible (BEST coordinator).

I think it has taken a while to adapt to, and it has also taken a while to know what is my role as the social worker within the team, and adapting that to other people's perceptions and how they want me to act ... I have got to be quite flexible and accommodating in that respect (Social worker).

5.8.3 Communication

Open and well established procedures for communication within the teams was identified as a key factor of effectiveness across BESTs. Both formal and informal communication arrangements were identified, ranging from structured team meetings to comments in passing between team members.

Regular team meetings and/or specified times when staff were required to be at the BEST base were considered to be effective communication strategies by practitioners. Regular team meetings were seen as fundamental for communicating information regarding individual cases across the team, and thus enabling a multi-agency approach to case work to be achieved. In

addition, it was felt that the meetings/gatherings provided an excellent opportunity for keeping all team members up-to-date with team developments and for identifying any issues or challenges within the team. Likewise, regular team contact was also felt to be a significant factor in clarifying the roles and responsibilities of staff to the rest of the team (as discussed below).

Informal communication across the team was also identified as a contributory factor of effectiveness. Here, the opportunity to ‘ask for advice’ and to discuss cases in passing was highlighted as particularly useful means of communicating information to other team members. Key to this, however, was a **willingness of individuals to share information and ideas** with the rest of the team. An environment that actively encouraged all team members to contribute to team discussions and decisions, and which placed equal value on the ideas and opinions of all staff was felt to be crucial in this respect. The importance of **well established communication procedures** for sharing information across the team and updating all staff on case developments was also highlighted by several practitioners as a key feature of effectiveness. For example, in some BESTs a key worker list for referrals was available to all staff which would be consulted regularly to ensure that all involved parties were updated on specific cases.

A number of **logistical challenges** to effective communication were identified by practitioners. Specifically, time constraints due to the amount of time working in schools, and thus away from the BEST centre, and part-time working arrangements were highlighted as causing some difficulty in terms of the availability of staff, and thus opportunities for regular communication. Indeed, time spent sitting and discussing casework or issues was seen to be desirable, but something of a luxury, by some interviewees.

Effectiveness of team relationships: communication

The different professions in the team are encouraged to think together about the different experiences and different professionalisms that they have to bring to thinking about a case. So when we get a referral, we try to have a collective think about that referral and its various aspects. And different people have different ideas (Family therapist).

It has been quite fragmented, because people work different days, and the logistics sometimes can be a bit tricky. Throughput of staff, people coming and people going, so sometimes the lack of continuity has been difficult, staff changes can be difficult (Counsellor).

5.8.4 Team management

The leadership and management of the team was felt to be a contributory feature of the effectiveness of team relationships and thus the development and operation of the BESTs. Practitioners highlighted the need for **strong and supportive management** structure with a **clear vision and focus** for the team.

Indeed, a lack of management in the early stages was felt to have presented several challenges in one BEST area. Here practitioners highlighted the negative implications of this in terms of team organisation (for example, a lack of focus and direction and less effective use of staff) and increased pressure on management and other team members

Effectiveness of team relationships: management

Some staff were working really hard but weren't necessarily doing what you wanted them to do, other staff weren't doing anything. With a multi agency team you need it to be strongly managed because people will just do what they are used to doing otherwise (BEST coordinator).

You've got to get the right person in charge, and the coordinator role is really important and it's really important to have someone with vision there, and somebody to be able to manage the team and keep it all together (Clinical Psychologist).

5.8.5 Commitment and enthusiasm of staff

The commitment and enthusiasm of the staff appointed to the BEST was considered to be a significant factor of effectiveness in terms of team working and the overall development and operation of the BESTs. Practitioners variously described the motivation and passion of individual staff towards their own role and the wider role of the team, noting in particular the overall commitment to achieving a 'common goal': 'Within our team, we all have the same focus. We've all got the best interests of the children and the families that we work with at heart' (Family worker).

Effectiveness of team relationships: commitment and enthusiasm

The individuals work well together in this team. Everyone's got the same mindset about wanting to try and get the best out of the children and the best out of the job (Community nurse).

The staff group here are very hard working, very committed, very committed to bringing about change. That is a driving force behind this team. ...

Everyone here is motivated to actually deliver a service and to bring about some degree of change (Social worker).

Likewise, practitioners highlighted staff **commitment to a multi-agency way of working** as an important factor of the effectiveness and acknowledged the significance of this in relation to the associated difficulties of working in a multi-agency way: 'we have had staff that have specifically applied for the post that are committed to this model of working and I think that is the crucial thing really' (Social worker).

Practitioners described how staff within the BESTs were open to working together and willing to share information and expertise with other team members, a key feature of the multi-agency model. Likewise, they noted how team members were receptive to new ideas and were willing to work flexibly

and creatively to achieve a multi-agency approach to BEST work. Within this, the willingness and ability of staff to work outside of their ‘professional titles’ and blur the boundaries of their role were highlighted as important to effectiveness. Similarly, it was seen to be vital that equal value was attached to each role within the BEST regardless of prior experience, qualifications or current post. As noted by a Youth worker, for example: ‘there are no power trips here at all’.

Composition of the team: individual factors

I think it's the nature of the individuals. I can't stress enough the ability to be flexible and understanding of other people (BEST coordinator).

I think if you have people with enthusiasm and drive and who are really committed to working together and who want to know more about what other people do and want to be involved and are very child centred (Counselling psychologist).

I don't think anyone is precious about "this is my expertise" I think people are quite good and willing to share what they are doing and tap into each others experiences that they have got (Social worker).

Where staff struggled to ‘think multi-agency’, the negative implications for the teams were acknowledged, including interpersonal difficulties, tensions within the team and as a result, less effective intervention.

5.8.6 Working procedures and protocols

A potential barrier to team working, as identified by interviewees, related to the **different policies and procedures** that professionals from various agencies brought to the BEST. In particular, the different protocols across agencies regarding sharing information (i.e. confidentiality policies); assessment; and monitoring and evaluation were highlighted as presenting challenges within the BEST environment. In addition, interviewees acknowledged the existence of different work ‘cultures’ across services and the challenges that this presented for staff in terms of adapting to a multi-agency team approach. The ability of BEST staff to recognise and respect others’ working practice, and to adapt their own practice where necessary to accommodate the policies and protocols of other agencies were identified as important factors of effectiveness in this respect. Furthermore, the development of **clear and well established working policies and procedures** specific to BESTs was highlighted as a positive factor in addressing these difficulties and supporting staff in adjusting to their role within the team.

Team relationships: policy and procedures

The only disadvantage, I would say, is that agencies all have different focuses and different ways of working, so if you really want to have effective multi-agency working, then there have to be rules and guidelines drawn up so that everyone has one protocol to work to. That doesn't mean that it negates your own way of working and your own way of thinking, but just for the smoothness and the easiness of running. So that we all know that within the multi-agency team, these are the things that we do, this is how we deal with these issues. It makes it much easier (Family worker).

5.9 Allocation of schools

In several cases, the extent to which the BESTs could be effective was felt to be **related to the number of schools they supported**. Table 5.9 outlines the main effectiveness factors and barriers relating to the allocation of schools to BESTs, further discussion of which is provided below.

Table 5.9 Factors related to the allocation of schools

ALLOCATION OF SCHOOLS	
Factor	Is effective because ...
Small cluster of schools	<ul style="list-style-type: none"> • able to establish close links with schools • promotes most efficient use of staff, time and expertise
Fixed allocation to schools Needs led allocation to schools	<ul style="list-style-type: none"> • maintains a manageable workload • ensures an equal and efficient distribution of support to schools
Factor	Is a barrier because ...
Large number of schools	<ul style="list-style-type: none"> • need to adapt to many different schools' policies and practice • unable to build strong relationships • service to schools is diluted • contact with individual pupils and families is limited

Working with a large number of schools was felt to have implications for BESTs capacity to provide effective support: 'I think we have got far too many schools to be effective to be honest' (Coordinator). Indeed, the coordinator quoted came from a team with the lowest staff to school ratio (6 staff to 20 schools). In such cases, teams reported **being unable to build strong relationships** with schools: 'You feel like a visitor, no one really knows who you are, you come and go' (Counsellor), and finding that they were able to provide support to only some, but not all schools. Furthermore, the extent to which the support provided to each school could be effective where it was stretched across a large number of schools was also questioned. Similarly, the effectiveness of the support available for individual pupils,

where only a limited amount of time was available per case, was also felt to be an issue: 'There is a reality of what you can do on a day a week with that many kids'. The difficulty associated with adapting to different practices and procedures across schools was also highlighted by one BEST member. Conversely, working with a larger number of schools was seen as an advantage for one coordinator, referring to the benefit of this for remaining objective and independent from schools.

The benefit of **working with smaller clusters of schools** was identified as an effective approach. Here, it was felt that the cluster approach enabled teams to establish closer links with a smaller number of schools rather than 'dipping in and out' of a larger number, enabling the staffing, expertise and time available from the team to be used most effectively.

The way in which BEST time was allocated to schools was also felt to be a key factor of effectiveness. Several approaches to this were identified across the BEST teams in order to manage their workload. In some teams, schools were given a **fixed time allocation** (for example, a number of hours per week) to receive BEST support, thus enabling the team to support all schools equally. In other cases, the support provided to schools was available on a **'needs-led' basis**. For the purpose of managing their workload, some teams opted to provide maximum support through group and whole school interventions and considerably less support on an individual case basis. The benefit of this was twofold: that it reduced the number of individual referrals (making the workload more manageable), and that it provided a systemic approach to supporting schools thus giving them the capacity to address issues themselves in the future, as envisaged in the original DfES conceptualisation of BESTs: 'We look to see how we can work with the school to develop the skills of staff in schools as well so it will carry on, so we aren't just going in and taking over' (Coordinator). In some BESTs, this policy led to individual case work being addressed, where possible, through group or whole school activities. In other teams, it was felt that being selective about the type and number of referrals accepted to the BEST was key to managing the workload of the team: 'You do have to be able to say no'.

Addressing individual referrals through group/whole school interventions

In one primary school, the focus of BEST work was to address the needs of individual cases through group or whole-class intervention. Upon identifying an individual with specific needs, the BEST staff would devise a programme of support but integrate this into group work activities. This approach was felt to be particularly effective in that it provided a positive setting, including a number of positive role models in which the targeted individual could gain behavioural and social skills. This approach was also extended to whole class interventions where a number of individual pupils causing problems in the classroom were targeted through whole-school activities. This involved BEST staff working with the class teacher, learning mentor, and pupils on strategies, to address these issues, which would then be implemented at a whole-class level. The benefits of this for changing the cultures and approaches to behaviour management in schools was particularly valued by staff who highlighted the sustainability of this systemic approach.

5.10 Relationships with schools

Building a positive relationship with schools was seen as crucial to the effectiveness of BESTs and several factors influential to achieving this were identified by interviewees.

Table 5.10 Factors associated with relationship with schools

RELATIONSHIP WITH SCHOOLS	
Factor	Is effective because ...
Promoting the BEST and establishing its identity	<ul style="list-style-type: none"> • avoids inappropriate referrals • schools more aware of support that is available • schools understand how BEST fits in with other services
Building positive relationships with schools	<ul style="list-style-type: none"> • ensures schools are committed to working with BEST • overcomes schools' initial reservations
Maintaining independence from schools and objectivity	<ul style="list-style-type: none"> • enables BESTs to challenge schools and instigate change
Ongoing communication with schools (e.g. regular meetings, key contact within school, clear channels for referrals)	<ul style="list-style-type: none"> • schools' needs are better met • increases schools' understanding of cases and the associated issues • results in more appropriate referrals
Factor	Is a barrier because ...
Failure to communicate BEST identify	<ul style="list-style-type: none"> • schools become suspicious about the purpose of BEST • leads to inappropriate referrals • results in confusion about the role of BEST and other services
Schools that are unsupportive or lack a commitment to BEST	<ul style="list-style-type: none"> • hinders the development of positive relationships
Failure to maintain	<ul style="list-style-type: none"> • BEST staff can be drawn into other schools issues

5.10.1 Establishing the role and remit of BEST

In order to develop positive working relationships with schools, interviewees therefore felt it was important to communicate clearly to schools the precise function of the BEST. Practitioners pointed to the value of **clarifying the role and remit of the BEST**, as well as that of individual BEST staff, to ensure that schools were aware of the type and nature of the work they could expect and where this fitted alongside existing support in school. Where schools lacked this understanding, the negative implications included school staff being suspicious of practitioners work, questioning their role, and inappropriate referrals being made to the BEST: ‘it has been difficult to be accepted and people have actually questioned my professional abilities’ (Health adviser). Gaining the confidence of schools was therefore perceived as vital for nurturing positive relationships, which practitioners felt had been achieved as the impact of BEST interventions became apparent: ‘I think that with some schools we did have some successes, and that proved to them what we were doing and dispelled some of their fears’ (Social worker). Support from headteachers and/or the support of one influential headteacher willing to champion the BEST approach across the schools, was also felt to be particularly useful in terms of establishing relations with schools, particularly in the early stages: ‘Without the support of the heads, we would have just been another support service’ (BEST coordinator).

Establishing the **role of the BEST alongside other local services** was also felt to be an important factor in the development of relationships with schools. In some BEST areas, practitioners reported initial confusion between BEST intervention and the support available from existing services. Here, regular meetings with other agencies and headteachers (e.g. steering group meetings) were felt to be a useful means through which to establish the place of BEST alongside other support services, and to communicate this to the schools.

Effective **promotion of the BEST** was identified as a useful strategy in clarifying their identity, which had been achieved to varying degrees across the case-study teams. In some areas, BEST staff had been involved in delivering talks and presentations to schools to raise awareness of BEST and in some cases to introduce newly appointed BEST staff to the schools.

One of the things that [the manager] and myself did together was went around all the schools, introducing ourselves and letting them know about the role of BEST. With a lot of schools, there’s always a degree of suspicion, not quite knowing if it’s a team they can trust. So we’ve had to build up that trust with the schools.

Social worker

However, in other areas, it was felt that this initial promotion had been lacking, resulting in schools being unsure of the BEST role. In other areas, establishing the role of the BEST had involved a **service level agreement** being drawn up by the BEST in partnership with the schools. This was felt to be particularly effective in ensuring that the needs of all parties were met and that a clear understanding of BEST intervention was achieved between schools and the team. In addition, ongoing open negotiation around procedures and policies was felt to be an important feature of effective partnership working, with revisions being made as necessary in agreement with the BEST and the school.

Promotion and marketing: ‘gaining the hearts and minds of schools, families and young people’.

One BEST had a particularly strong focus on promoting and marketing the team to schools, families and young people. Promotional materials included leaflets and ‘CD style’ information cards. Individual versions were produced for primary school pupils, secondary school pupils, parents/carers and schools/other professionals. The materials outlined the purpose of BEST, the type of difficulties they could support, the interventions offered, the range of staff represented and referral information. Posters promoting the BEST and displaying the information outlined in the leaflets were also located in schools’ reception areas and in classrooms. The building in which BEST was located was displayed with promotional material and wall mounted collages displaying team activity and pupil work. The team also had access to letter headed paper and folders as well as promotional stands which could be used at external events.

In order to raise a positive awareness of the BEST, pupils were given satchels containing a pen and pencil set and a drinking mug, all of which displayed the BEST logo. The team also ran a prize draw for pupils where they picked cards which asked them to choose ‘the best’ football club, pop star or fizzy drink. There were a range of prizes related to each of the cards, i.e. trip to a football club and music tokens etc.

5.10.2 Maintaining independence and objectivity

BEST practitioners were also asked to consider the extent to which the BEST could be objective/independent in relation to what happened in schools. Generally, interviewees felt that BESTs were able to retain an independent standpoint and thus objectivity in terms of particular school issues highlighted. Here, the importance of this in terms of BESTs’ ability to challenge schools and to instigate change was noted. Despite this, practitioners acknowledged that certain factors could reduce the extent to which objectivity and independence could be achieved. Unsurprisingly, the **location** of BESTs was seen as influential in this respect, being more difficult where the BEST was located on a school site, or where individual team members were based within a school. In comparison, off-site accommodation, for example in local authority, community, or business premises was regarded as facilitating objectivity and independence. Other factors felt to enable BESTs to remain detached from school issues included:

- establishing the role and remit of BEST and BEST staff
- working with a large number of schools (and therefore remaining significantly removed from each)
- providing support on a needs-led basis (and therefore not committed to schools for a certain amount of time per week)
- practitioners ability to manage the relationships with schools (for example, the confidence to 'say no' and make the boundaries of their work clear).

In some cases, however, practitioners reported BEST staff being 'drawn into' school issues or schools expecting them to provide support outside of their role within BEST.

Partnerships with schools: objectivity and independence

It's been important for us to have a separate base. From the beginning, we saw that if we were actually based in school, schools would feel they have some ownership of the team and perhaps have more say so in what we did (Play Therapist).

I think it's easier going into different schools and remaining objective, than just working in a couple, because I think then you become part of their furniture and it's less easy to step back from that (Behaviour Support Teacher).

5.10.3 Ongoing communication with schools

Clear and open channels of communication were felt to be a key feature of the partnerships with schools. Overall, practitioners and school staff were positive about the communication between the BESTs and the school, with school staff describing BESTs as accessible and approachable: 'Phone BEST up and there's always somebody with a friendly voice at the other end of the line who you can talk to' (Assistant Head, secondary school). Here, initial start-up meetings involving the schools and the BEST (and often including other agencies) were considered to have been useful for outlining the communication structure and thus were viewed as an important platform for future communication. A **key contact within schools** was felt to be particularly helpful in terms of facilitating communication between the BEST and the schools. Within primary schools, this role was often adopted by the headteacher whereas in secondaries, the Lead Behaviour Professional (LBP) or pastoral staff (e.g. SENCO or learning mentor) was often involved. Likewise, in some areas, a **key contact within the BEST** had been identified for schools, through which issues or queries could be passed and referrals made.

Regular meetings between the school and the BEST were also felt to be important in the communication process. At the operational level, regular meetings to discuss individual cases and evaluate work were a common feature of BEST-school communication and were felt to be crucial to the

effectiveness of BEST intervention (i.e. for joint assessment and review of cases and meeting schools' needs). In some BEST areas, school representatives (e.g. the headteacher or LBP) were also invited to attend BEST referral meetings. This was felt to be a particularly effective communication strategy by both practitioners and school staff as it increased schools' understanding of individual cases, as well as of the structure and organisation of the BEST:

It is interesting to see the input that the team have already had with certain families ... because it builds up a picture of what the child has been through previously.

Headteacher, primary school

Related to communication, the need for clearly established referral procedures was identified. **Clear channels for referral** (i.e. through a key contact/link within the school and/or to a specified member of the BEST team) were felt to facilitate this process, as was a clear understanding of the role and remit of the BEST (as discussed above). Where successful, these factors were felt to lead to more 'appropriate' referrals being directed to the BEST. In addition, concise and uncomplicated referral forms, which provided BEST with sufficient information, but which were not onerous to complete were also felt to be helpful to the referral process.

Although largely positive about the communication between the BESTs and the schools, interviewees did acknowledge some initial 'teething difficulties' in terms of establishing each others roles and responsibilities relating to BEST intervention, and defining the communication structure (i.e. referral procedures). As with relationships more generally, communication with secondary schools was considered to be more difficult than primary schools. The size and organisation of secondary schools was felt to reduce the amount of contact possible between BEST and school staff and, in addition, the lack of communication between secondary school staff themselves was highlighted as a barrier to effective communication: 'A lot of people are not even aware of what you are doing, as the information is not disseminated to other staff, so it can be really difficult sometimes' (Health advisor).

Partnerships with schools: communication

We make that quite clear when we go in, that we need that contact, we need somebody who is a named person otherwise we end up chasing people round the school (Social worker).

The structure of the little 15 minutes every week, and then the bigger meetings half-termly, does support it, because it's very well monitored and well tracked. (Deputy head, primary school).

Despite some of the challenges identified, practitioners were generally positive about the relationships with schools and noted that they continued to develop

as the BESTs became more established within the local area. However, practitioners acknowledged that the establishing relationships and developing trust with schools was a slow process which should to be built sensitively and gradually:

You have to gain some trust first, and some respect, and then once that happens, then they actually start listening to what you can offer, how you can do things slightly differently in schools ... The longer we go on, the more confident and credible we're becoming, and we can make more effective changes.

Social worker

5.11 Relationship with other services

In this section, the relationship between the BEST and other services is considered. Table 5.11 summarises those factors which were reported by interviewees as helping to achieve effective links.

Table 5.11 Factors related to links with other services

LINKS WITH OTHER SERVICES	
Factor	Is effective because ...
Clarifying the remit of BEST alongside other services	<ul style="list-style-type: none"> • avoids duplication of services • the BEST can seek to complement the work of existing services • BEST can offer an additional layer of support
BEST staff maintain links with parent agencies	<ul style="list-style-type: none"> • improves communication between BEST and other agencies • facilitates referrals to BEST • provides an additional source of expertise

As with BEST-school relationships, the effectiveness of links with other services was seen to rest largely on the extent to which the BEST had been able to establish its identity in the locality. Clarifying the **purpose and remit of the BEST** itself, and **where this fitted into place alongside other existing services** was seen as crucial. BEST practitioners in eight of the 12 case-study areas raised issues in this respect. They highlighted both the need to promote the work of the team to other services, and also to raise awareness within the BEST of the range and scope of existing support and interventions being offered locally, thus avoiding duplication of provision and perceptions of the BEST 'stepping on people's toes'.

Links with other services: establishing the identity of the BEST

It is about increasing awareness, and also about how they can refer into us, about what is applicable and what is not, what cases we can accept and what we can't, and how things actually work within the team (Social worker).

Strategies seen to be effective in overcoming these issues, which had been employed by some case-study BESTs, included:

- the BEST coordinator taking a lead role in liaising with a range of local services, to introduce the role and remit of the team
- individual BEST practitioners making presentations to their parent agencies
- an ‘open door’ policy, with other agencies being invited to contact or visit the BEST to find out about their work.

Where the role of the BEST, in relation to other local services, had been clearly established, practitioners commented that links were of a **complementary** nature, with BEST ‘filling a gap’ between school-level and statutory intervention. This was noted with particular frequency in relation to CAMHS provision, where specialist BEST practitioners could provide initial intervention for young people with mental health needs, making referrals on to a higher tier of service as appropriate. Similarly, it was noted that where consideration had been given to the extent of current local provision, the BEST was able to provide **additionality**, offering something supplementary to what was already available, for example, by focusing on family-level intervention and home-school links.

Various practitioners across all 12 case-study BESTs commented that they had retained effective **links with their parent agencies**. As such, it was noted (perhaps unsurprisingly) that links with other services were easier to facilitate where there was a representative of that agency working within the BEST. It was suggested that such links could be even more effective when appointments to the BEST were made on a secondment basis, with the practitioner retaining formal links and regular contact with their parent agency (e.g. through supervision or spending one day a week with their specialist service). Maintaining contacts with agencies outside of the BEST was felt to be beneficial in terms of both signposting or facilitating referrals for children and families, and providing an additional source of expertise for consultation purposes around casework.

Though not raised by a large number of practitioners, challenges to effective liaison with other services were occasionally experienced around confidentiality protocols and different service remits (e.g. not working with children under a certain age). Connected with establishing the identity of BESTs, the importance of clarity around inter-agency protocols, for information sharing and referral into BEST or onward to other services, was highlighted.

Finally, a minority of practitioners raised the issue that, while liaison with other agencies was effective at the operational level around particular child and family cases, there remained a lack of coordination at the management/strategic level. For example, one coordinator noted that, while

her staff had links through their parent agencies which were ‘working really well on the ground’, she had not been fully included in interagency partnerships operating at local authority level. Elsewhere, it was noted that, while schools could take forward referrals to other services on a case-by-case basis, the BEST itself did not seem to have established direct liaison or referral procedures to other agencies.

5.12 Critical factors in effectiveness

Sections 5.1 to 5.11 have discussed the elements that were seen, by practitioners and school staff, to be influential factors in the effectiveness, or otherwise, of the BEST approach. As well as speaking generally about effectiveness issues, interviewees were also asked to nominate what they felt to be the **elements that were critical to the effectiveness of the BEST**. Taking into account the factors that were most consistently cited by interviewees, six predominant themes emerged as being key to effectiveness of BESTs:

- **The multi-agency composition of BESTs**

The key benefits of this multi-agency approach were cited as: the ability to take a holistic approach to the educational, health and social needs of children and families; the collaborative pooling of skills and exchange of expertise around casework and interventions; and the opportunities for professional development this presented.

- **The location of BESTs**

The benefits of having a distinct base or centre from which to operate (be that school-based or otherwise) included facilitating team cohesion in the early stages of operation, and enabling the BEST to establish its identity, with schools, other local services, and indeed internally.

- **Accessibility to schools and families**

Whether physically based on site, or spending significant amounts of time in school, it was felt that the BEST approach had increased the ease of access to services for schools and families. Referrals to services both within and outside of the BEST were seen to be quicker and less bureaucratic than in the past, and the approach of meeting with children and families in school or in their homes was felt to make for a more convenient and ‘comfortable’ service.

- **Communication with schools**

Clear, frequent and open communication between schools and BESTs was regarded as essential for effective working. Strategies highlighted as facilitating this level of communication included early promotion of the

BEST to schools (outlining the teams role and remit) regular planning and review meetings and a specified key contact in school.

- **Communication and multi-agency thinking within BESTs**

The factors key to effectiveness, identified most frequently by BEST practitioners, were communication within the team and, associated with this, a willingness to ‘think multi-agency’. This required a readiness to blur professional boundaries at times, stepping outside the margins of traditional roles and specialisms.

- **A holistic and family-focused approach**

In terms of BEST interventions, the factor identified as critical to the effectiveness of the teams’ work was the holistic approach to children’s needs, including attention to issues at a parental level. Addressing the health, domestic and social welfare concerns of children and families was seen to provide the foundation on which work to improve attendance, behaviour and attainment could be built.

It is perhaps noteworthy that, of the six factors identified as being critical to the effectiveness of BESTs, three were two structural (multi-agency composition and accessibility to schools and families), two were associated with relationships (communication with schools and within BEST), and one concerned interventions (holistic approach). In a similar way to the educational hierarchy of needs described in Section 4.2, this suggests that there might be a **hierarchy of factors leading to BEST effectiveness**. At the foundation level, a multi-agency team, consisting of an appropriate combination of specialisms, needs to be operating from a suitably equipped and located base, which allows clear and easy access for schools and families. This composition then facilitates the building of effective working relationships both within the team and with schools. Having established the latter, effective interventions can take place, resulting in positive impacts for schools, children and families.

<ul style="list-style-type: none"> • appropriate combination of specialisms 		<ul style="list-style-type: none"> • effective working relationships within the team 		<ul style="list-style-type: none"> • effective interventions (including holistic, family-level focus as a critical factor)
<ul style="list-style-type: none"> • suitably equipped and located base 	⇒	<ul style="list-style-type: none"> • effective working relationships with schools 	⇒	
<ul style="list-style-type: none"> • clear and easy access for schools and families. 		<ul style="list-style-type: none"> • effective working relationship with other agencies 		

This progression of factors could be likened to Bruce Tuckman’s (1965) theory of team development and behaviour. His model proposes that before teams can reach the final stage of ‘*performing*’ (i.e. when the team has a

shared vision, knows clearly what it is doing and achieves its goals) it must first work through the earlier phases of ‘forming’, ‘storming’ and ‘norming’ (during which relationships are established, roles clarified, any tensions/disputes are resolved and the team starts to build its identity). Getting teams to recognise these stages may assist future generations of multi-agency teams.

5.13 Views on cost effectiveness of BESTs

This chapter concluded by discussing briefly the issue of the cost effectiveness. Most of the interviewees who felt able to comment on the cost effectiveness of BESTs gave a positive assessment, although several interviewees acknowledged that it was a difficult factor to measure precisely: *what do you class as being cost effective really, how can you measure that?* (Coordinator). In one area, staff formally recorded details of how much time was spent on different interventions and it was suggested this could be used to gain some indication of cost effectiveness. Elsewhere, interviewees proffered their own more subjective reasons as to why they perceived BESTs to be value for money.

The three most commonly stated reasons concerned the:

- improvements witnessed so far
- benefits to be derived in the long term
- value of the multi-agency approach of BESTs.

Taking each in turn, the fact that BESTs had already generated some positive impacts for schools was felt to justify the resources invested in BESTs. For example, a reported reduction in the number of exclusions was highlighted by one coordinator, who went on to associate this outcome with a drop in street crime. Others recognised that early intervention by the BESTs at this point in time, would eventually lead to pay offs in the future:

Ultimately in 10-15 years time we will see benefit of children not getting into antisocial behaviour and crime.

Play therapist

It was also noted that by taking action when problems were just starting to emerge, the chances of resolving them were much greater. Hence, BESTs were deemed cost effective because most adopted an early intervention approach which tackled behaviour and attendance problems before they escalated to an ingrained level.

I think because we're early intervention, we do have successes. We have successes because we get appropriate referrals that need early intervention. If we didn't pick them up at that point, then it would

become more costly at a later date, and perhaps not so likely to have a positive outcome.

Therapist

The efficiency of BESTs as a one-stop shop for accessing input from a range of professionals was felt to represent a cost effective model. Teachers did not have to bother contacting multiple agencies or filling out several referral forms. Instead, they had one key contact and once referred to the BEST, a child would receive a more holistic assessment which meant they could be allocated support from the most appropriate professional straight away. So in terms of the process (rather than impact), BEST was seen as a cost effective approach. For example, a secondary school representative example that before the BEST came into being, 'I'd be on the phone asking advice from this agency, from Social Services, Child Protection' whereas now 'basically it's one phone call'.

I think it's brilliant, because you don't have to go searching. You can speak to one person and they can refer you straight away to someone else. It's all about time and money and resources and things. So that's brilliant, just having one team ... And then they all know the child. The team know the child and they can speak to a colleague who knows the child and the case.

Primary teacher

At the same time, it was acknowledged by six interviewees that the start up year for BEST could be expensive, as the team is assembled, staff are trained and materials developed. After this initial period though, BESTs were felt to become increasingly cost effective, as more time could be spent on actual support and interventions:

There has been a lot of money put into it and this must have been an expensive year with getting everybody trained up and getting the resources together. But now everything is up and running, staff can devote more time to casework and it will become more cost effective the longer it runs, especially in cases where they are able to intervene early and prevent the problems from escalating or becoming a Social Services or EWS referral.

Health worker

Just two interviewees questioned the cost effectiveness of BEST, because of the high staff turnover and one interviewee (a school representative) wondered whether it was really necessary for staff to work in pairs when delivering group work.

As already stated, interviewees were not able to present definitive evidence of the BESTs cost effectiveness, instead they offered their more personal perspectives. Based on this data, the evaluation was not able to undertake any

comparison between approaches to BEST. As dedicated funding for BESTs comes to an end, cost effectiveness may be a measure that requires more precise quantification as a positive assessment could be used to help secure extension funding.

6 The future development of BESTs

In light of the short-term funding arrangements for BESTs, the evaluation investigated interviewees' views on the sustainability of the teams. This was explored both in terms of the team as a whole and whether any of its work could be continued within schools. More generally, interviewees were invited to comment on how they saw the BEST evolving in the future. The chapter also relays interviewees' thoughts on the transferability of BESTs to other areas and the potential contribution of BESTs to multi-agency developments, such as Children's Services.

6.1 Sustainability

In the initial stage of the research, coordinators were asked to comment generally on the sustainability of their BEST. Six interviewees out of 20 contended that BESTs were sustainable in the long term because 'the foundations have been laid for it to be developed'.

Sustainability in one area was linked to the fact that the approach had not required the funding of additional posts, hence it would be unaffected by the removal of ring-fenced funding in 2006 (although funding is still available until 2008). A further three interviewees believed that whilst the interventions were sustainable, they would not necessarily be offered through the existing multi-agency team format. For example, one BEST coordinator explained how they were purposefully sharing their work with school staff in order for them to absorb some of the team's activities.

Five of the 20 interviewees did not see the BEST as a permanent arrangement. Indeed, one coordinator spoke of putting in place an exit strategy, in preparation for the time that funding ended. Another interviewee felt that the longevity of BESTs largely hinged on how schools regarded the work, the implication being that if they perceived the service to be of value they would provide backing (possibly financially) for its continuity.

Lastly, two coordinators from the stage one sample commented that the models currently in operation were not sustainable (too large a team in one case and working with too many schools in another).

In the second stage of the evaluation, the issue of sustainability was explored in greater detail. Specifically, enquiries were made as to whether any aspects of BEST and its work could be sustained within schools. Interviewees appeared to raise two options here – either schools could buy in the services of

a BEST team or more frequently mentioned, was the possibility that schools themselves could take on some of the functions performed by BEST staff.

The option to buy into services was noted by eight interviewees in five areas. Some interviewees felt there were already signs that schools would be keen to invest in BEST services. However, elsewhere it was only raised as a possibility. It was also mentioned by two interviewees that although schools could indeed buy in services to obtain specific types of support, the advantage of having a central team was that it entailed just one referral form and thus faster access to a whole range of professionals:

It is being able to access it in a multi-agency way. So if you have got a pupil who has got multi-needs it is a one-stop shop, which with workforce reform and things like that, saves me doing five referrals and means I can do just the one.

Headteacher, primary

Notably, none of the school interviewees suggested the buy-in option as a strategy for long term sustainability. In one area, there had been discussions about devolving funding to schools in order for them to purchase BEST input. However, a behaviour support teacher in a BEST, based on her experience of working in schools (as a member of a senior management team) felt it was very unlikely that schools would choose to use the money in this way 'I'm not sure they will be prepared to pay'.

The second and more common response to the specific question of sustainability was for schools to absorb some BEST activities. Indeed, in three BEST areas, interviewees spoke of attempts to pass their skills onto school staff so that schools could continue the work, once funding ceased. For example, school staff were invited to attend group work sessions so they could observe how to facilitate this type of intervention. Whilst considerable numbers of both BEST practitioners and school personnel proposed that schools could indeed take on some of the work, they did so alongside some serious reservations.

Firstly, there was the recognition that schools would struggle to replicate BEST intervention in its entirety. For example, interviewees suggested that schools could feasibly take on activities such as staff training, attendance work, mentoring and group work. However, schools were said to lack the necessary expertise, time and resources to offer more specialist services such as counselling and therapeutic work, or more family orientated work which would take them beyond their educational remit. The ability of schools to thoroughly evaluate and follow up work was also questioned. These constraints were not only signalled by BEST practitioners, school staff themselves were keen to point out the demands currently placed on their time as well as school budgets. Realistically, many felt that this kind of

mainstreaming of BEST activities was simply impractical, without additional funding being made available:

This school is not unlike others, where we are absolutely stretched for resources, our budget is incredibly tight. I just think it would be entirely impossible, unfortunately, to continue the work without the funding being attached at this time. And that isn't because there isn't value placed on it in the school, but just because there wouldn't be the money.

Deputy head, primary

I can't buy back some of the services I bought back last year, it was either that or looking at possible redundancy. School budgets are becoming increasingly constrictive.

Headteacher

Furthermore, one potential advantage of having a separate BEST team was seen as their independence and control over their work in schools. Interestingly, this benefit was raised by five school staff interviewees (and no BEST practitioners) stating that they would actually prefer to receive support externally, rather than having it integrated into the fabric of the school:

I think that the whole point of having the BEST team as a separate team is that they do this multi-agency approach. They're not part of the school staff and not being part of the school staff gives them more powers and more influence and also detaches them from the education issues and enables them to look at the broader family issues.

Headteacher

Even though it was noted that some BEST work could be transferred into schools there were concerns that in time this may dwindle without the presence of a team to drive the interventions forward. For instance, a clinical psychologist felt that elements of her work were becoming embedded in schools, as schools became more sensitive to children's needs. However she feared that if the team withdrew completely in 2006, the situation might eventually regress as 'there won't be those people that are championing child-centred approaches'. Representing a contrasting viewpoint was a headteacher who insisted that the school would very much wish to continue the ethos of the BEST: 'there's no way we'd suddenly remove ourselves from thinking and wanting to behave around children in that way'.

To summarise, schools were clearly supportive of BESTs but most interviewees felt that the work of the BEST could not continue without further funding being made available. Schools felt limited in their capacity to mainstream a lot of the interventions because they lacked the necessary

expertise and they were not in the position to buy in the support, because of their current budget constraints.

6.2 Views on how BESTs may evolve

Looking towards the end of dedicated funding for BESTs, interviewees in stage one of the research were asked to predict how BEST would look post 2006. Most of the coordinators interviewed, envisaged that in some way the work of BEST would continue, although not necessarily in exactly the same format as currently offered. For example, in two areas, there were suggestions that the team may actually expand (in terms of staff and introduction of further teams).

Elsewhere, extension funding had already been identified for the work to continue and others suggested that schools might decide to buy in multi-agency support. However, several interviewees felt that, whilst there was recognition for the value of multi-agency interventions and a desire for the work to carry on, the future was uncertain because of the short-term funding arrangements.

Again, stage two of the evaluation sought to gather a wider range of views on this subject by asking other members of the BEST team and school representatives how they saw the team developing in the future. Their responses fell broadly into four categories: the view that the BEST team should maintain its current approach; suggestions for modifying the team; a need for promoting the BEST and its successes and; their concerns about the future.

Some interviewees endorsed the work of the BEST by stating that the BEST should remain in its present format 'because it works'. A small number felt that the BESTs would benefit by being promoted and marketed to schools, the community and to the LEA, the implication being that recognition of the good work being done would secure its long-term future. For example, one headteacher felt it was the responsibility of receiving schools to make sure they told the LEA how much they valued BEST input. Elsewhere, it was suggested that the community needed to be made more aware of BEST, so that with greater usage it would be viewed as an indispensable resource.

Several recommendations were also offered about how BEST could evolve in the future. Interviewees suggested:

- extending BEST to other schools in the authority
- expanding the team
- targeting specific schools (currently felt to be working with too many)
- offering support to older pupils (e.g. key stage 4)

- increasing whole-class work
- including more early intervention
- ensuring greater exchange of skills between the BEST and school staff.

Looking at the most frequent suggestions, several interviewees called for a roll out of the BEST to other schools in their area, including those who perhaps might not typically be considered eligible for additional intervention. One headteacher advocated broadening the remit, making the BEST a '*permanent feature*' and '*an entitlement for schools and children*'. This recommendation signals the degree to which this particular school valued the input of a BEST team. However, two interviewees warned that if the size of the team remained the same whilst the number of schools increased, then resources could be stretched and the impact of the team diluted.

Several interviewees felt the team itself could be expanded so that it became increasingly multi-agency. In particular, requests were made for the appointment of educational psychologists, increasing Social Services involvement, more CAMHS workers, involvement from youth justice and youth workers.

Perhaps mindful of the time-limited funding for BESTs, one headteacher asked that more attempts be made to pass on skills to school staff, for example allowing staff to sit in on circle time sessions.

When contemplating the future some interviewees chose to voice their concerns. One coordinator reiterated the ongoing problem of staff leaving, due to fixed salaries with no prospect of a pay rise. Similarly a social worker team member felt that the use of short-term contracts had to be reviewed because they were not appealing to staff and failed to get the best out of the team. Another interviewee was keen that the team retained its autonomy and did not 'get eaten up by schools', referring to the predicament of Connexions workers in schools. The potential demise of the team was a great concern for a number of school interviewees who made comments such as 'it just takes away something that I think has been quite unique' and 'there would be a big hole in the system'. BEST practitioners also expressed regret at the demise of the team 'I think the temporariness of it is tragic really, because it's just starting to really work' (Systemic therapist). For some, three years was not considered long enough to develop a multi-agency team.

Lastly, when asked to look into the future some interviewees made the connection between BESTs and the development of integrated Children Services, stating that BESTs could serve as a working example of multi-agency intervention. Section 6.4 looks at this issue in more detail.

6.3 Transferability of BESTs

On the issue of transferability, half the interviewees in the first stage of the research considered that their particular approach to BEST could be replicated in other areas. They based this on the value of multi-agency work generally; one interviewee commented on the effectiveness of their model; and two others noted that BEST provided support to schools, hence schools in other areas would be pleased to receive BEST input. However, four interviewees felt their approach to BEST was not automatically transferable because it very much depended on the local circumstances of an area and they stressed that each area should adapt the model to suit their particular set of needs.

In the second stage of the research, all of those who responded to the question of transferability felt that their BEST could be replicated in other areas. Several interviewees made additional comments, taking the opportunity to pass on to others what they had learnt from their own experiences with BESTs. For example, they recommended allowing for adequate planning time when setting up a BEST, establishing good communications with schools and ensuring strong and effective management of the team.

6.4 BESTs and other multi-agency developments

In a climate of increasing multi-agency collaborations, such as integrated Children's Services and extended schools, interviewees in both phases of the research were asked whether they felt the experiences of their BEST had informed the debate locally around multi-agency working.

Most often, stage one interviewees (BEST coordinators) felt that this had not in fact happened, although in three instances this was because the authority was already considerably advanced in this respect. Others were keen to get involved in the local discussions, believing they would have something to contribute (e.g. models of good practice), but to date, they had not yet had the opportunity. Six interviewees out of 20 indicated that the BESTs had in some way informed the local debate, for example through dissemination of BEST work at an inclusion conference and visits from those interested in developing extended schools. Given the current emphasis on multi-agency services and collaboration, there is perhaps a need to draw more heavily on the experiences of BESTs, as they can serve as exemplars of genuine multi-agency collaborations.

Stage two interviewees, who included other BEST practitioners and school representatives, highlighted two main ways in which the BEST experience could potentially contribute to the multi-agency debate. Firstly, BESTs were noted as being working examples of multi-agency teams and through their achievements they were providing clear evidence that multi-agency approaches were both feasible and effective:

By bringing social work, EPs and CAMHS services into schools, it's begun to show that it is possible to develop more of an integrated multi-agency context within school, and I think it's established a belief within schools and outside, that that's possible and there are genuine benefits.

CAMHS worker

Indeed, as implied in the quote above, schools themselves were beginning to appreciate the value of multi-agency input 'this is the first team that has actually shown that it can work with education and with people from different agencies' (Headteacher).

The second contribution to the multi-agency debate mentioned by interviewees was the potential for the BESTs to directly inform the development of Children's Services – as a model of multi-agency working or even for the BEST to become integrated into the Children Services framework.

How I would like to see it developing is linking in with the Children's Services that are going to be set up. I think they should use this as a model for the wider services, because the multi-agency thing has started already.

Therapist

I have been to certain consultation meetings and groups where the BEST model has been used as a model of good practice so I'm sure it will inform the direction in which we go as an integrated Children's Service.

Lead behaviour professional

However as alluded to earlier, despite the relevance of BEST to multi-agency developments, there was a sense amongst some interviewees that the insights of BEST were not being drawn upon as much as they could be. One interviewee noted that a local report on Children's Services had failed to make any mention of BESTs, which they saw as 'a real shame, because a lot of hard work has already been done, in terms of integrating the different systems'. Others commented that in their particular localities the profile of BEST was not particularly high and there was not even an understanding that BESTs were multi-agency:

Managers have come to our team meeting and talked a lot about 'we've got to work in a multi-agency way' and we're all sitting there saying 'well we do that'. And we're in schools. So we do get ignored a bit.

Social worker

The extent to which BESTs had informed the multi-agency debate was thus quite varied – in some areas lessons had clearly been extracted, whilst elsewhere the contribution of BESTs was reported as remaining untapped and overlooked.

7 Conclusion and recommendations

This report has told the story of BESTs – from the early days of establishing the teams through to the various factors which were said to have hindered or facilitated their work. As a document it stands as a testament to the value of multi-agency intervention, but it also raises some important issues that are faced by those working in the multi-agency arena. The report therefore concludes by reiterating the main evaluation findings, as well as offering recommendations in relation to the future development of BESTs.

Planning and set up time

During the initial period of establishing the teams, some BESTs felt pressurised to offer an immediate service to schools. At the same time, they were dealing with issues such as finding suitable accommodation, recruiting staff, negotiating contracts and building the team identity. Interviewees thus advised that **when establishing a new multi-agency team, sufficient time be factored in both for planning the provision and to ensure that the necessary infrastructures and resources are in place before the team is fully operational.**

Choosing a location

School-site locations were said to facilitate close working relationships with school staff and provide access to the service for staff, pupils and parents. However, challenges were experienced by some BESTs in terms of the ability to maintain an objective and independent standpoint. LEA or community-based premises meanwhile were seen to benefit from being located close to other local authority/community services and work facilities were often more satisfactory than those available in schools. However, off-site locations had the disadvantage of greater geographical distance from schools, which could lead to difficulties in establishing relationships with schools. It was concluded that **when choosing a location, it will be necessary to consider the implications of the team being based in a school versus an off-site location.**

Communication with schools

The importance of clarifying the BEST role and purpose to schools was recommended by interviewees, as this helped ensure that teams were not diverted from their intended functions, i.e. early intervention rather than crisis resolution. During the initial months of operation especially, some interviewees reported receiving large numbers of individual referrals, which required more intensive input.

As recipients of BEST support, schools also have a part to play in ensuring that they derive optimal benefit from the relationship. **It is important that**

regular communications are established between the BEST and the school and that the BEST has a specific key contact with whom to liaise. Where a school acts as host to the BEST, the school should ensure that the accommodation is suitable for the needs of the BEST e.g. private, comfortable spaces for counselling/one-to-one work. Having been informed of the referral criteria, schools should observe the remit of the BEST and ensure that only appropriate cases are referred through. Schools perhaps require training and guidance to ensure that they understand the specific remit of BESTs.

The BEST in relation to other services

Within the broader local context, interviewees recommended a clear definition of roles and to engage in ongoing communication with other agencies in order to avoid an overlap of services. Hence, **direct links to strategic planning of services across an authority may be an important aspect of BESTs' effectiveness.**

'Thinking multi-agency'

One of the early challenges, encountered by some interviewees, was the need for staff to adapt their practices from working as specialists to being members of a multi-agency team. This linked to practitioners' openness to adopt a truly multi-agency ethos, seeing themselves as part of a unified team, with a lack of hierarchy or 'preciousness' about roles. Bearing in mind these desired qualities, previous experience of working in education settings, other services and multi-agency initiatives was seen as a valuable asset for those joining the BEST. **It was concluded that these 'professional hybrids' perhaps deserve greater acknowledgement, given their potential contribution to the effective functioning of multi-agency teams. Meanwhile, for those with more limited experience of multi-agency environments, support and training in making this transition could be offered.**

Learning from existing teams

As a working example of multi-agency intervention, BESTs provide a valuable source of information and expertise regarding multi-agency practices. For example, lessons learnt from BEST may well have relevance for the development of Children's Services, which aim to bring together health, education and social welfare services for children. However, some interviewees suggested that their knowledge and experience had not been fully utilised at a local level. **Promotion of BESTs as examples of multi-agency operational activity could therefore be beneficial for those seeking to develop or improve similar practices, at both a strategic and operational level.**

Recognising the value-added contribution of BESTs

Interviewees signaled many ways in which the multi-agency composition of BESTs proved to be advantageous in terms of their working practices and ultimately, the impacts achieved. For example, by assembling a diverse team of professionals, referral systems were said to be more streamlined whilst schools, families and children benefited from more immediate access to support when required. Furthermore, the pool of skills within the team meant that BESTs could offer holistic support to those referred and by addressing the health, domestic and social welfare concerns of children and families steps were made towards improving attendance, behaviour and attainment.

Practitioners themselves gained from working in a multi-agency environment, as they exchanged knowledge and expertise with colleagues from different professional backgrounds. As signalled earlier, at a local level there was a sense that the work of BESTs was not always fully recognised or drawn upon.

Nationally, there is perhaps a role to be played in disseminating the good practice and lessons learnt from BEST, especially in a climate where there is an emphasis on providing holistic support to young people and families.

Sustaining the work of BEST

By definition (and based on interviewee accounts), multi-agency teams are complex structures to set up and operate. Bringing together a broad spectrum of professionals to form a cohesive unit, with a remit that is clearly understood by schools, other agencies and team members, inevitably takes time to establish. Evidence from those closely involved suggests that considerable groundwork has already been undertaken to ensure that the necessary foundations are in place for the teams to function effectively. **Local authorities could consider how this initial development work can be built upon, in order to reap the benefits of the resources invested in BESTs so far. Furthermore, with the end of dedicated funding in 2006, local areas may also need to give further attention to how the working practices, impacts and ethos of BESTs can be perpetuated, for the benefit of children, families and schools.**

Table 7 provides a summary of key recommendations at school, BEST, local authority and national level.

Table 7: Summary of key recommendations

School level	<ul style="list-style-type: none"> • A specified key contact (both within the school and within the BEST) will aid communication between the two partners. • To avoid inappropriate referrals, staff in the school will need to be aware of the remit of the BEST and in particular, the referral criteria. • Where the school acts as host to the BEST, the team will require suitable accommodation that is fit for purpose (e.g. quiet counselling rooms).
BEST level	<ul style="list-style-type: none"> • To avoid inappropriate referrals and to maximise the effectiveness of BEST support, time should be invested in clarifying the role and purpose of BEST to schools e.g. through leaflets, an official launch. • BEST staff with less experience of multi-agency work may benefit from training and support as part of their induction.
Local authority level	<ul style="list-style-type: none"> • Sufficient time should be allowed for planning and establishing the BEST to ensure that the necessary infrastructures and resources are in place before the team is fully operational. • To avoid overlap with existing services, efforts should be made to collaborate with other agencies during the development period and ensure that services are aware of the intended purpose of BEST. • Ensuring that BESTs have a distinct base to operate from (either in school or off site) will assist the operation of the team – facilitating team cohesion and enabling the BEST to establish its identity with schools and other services. • To assist other teams or other multi-agency developments, thought should be given to how the experiences of BEST can be disseminated within the local area. • Having established the foundations of BEST teams, local authorities will need to consider how to capitalise on the early work undertaken to create the teams and to sustain the interventions that are currently offered.
National level	<ul style="list-style-type: none"> • Dissemination of good practice and lessons learnt from BESTs could be a valuable exercise. This information would be of use to both existing and new teams and may also inform the development of larger scale multi-agency collaborations such as Children’s Trusts and Children’s Services.

Appendix 1

Research aims and questions

- 1. To audit and report on the range of BEST operational models, including composition, organisational structures and processes.**
 - What is the range and variation of BEST models and how do these compare to the ‘suggested model’?
 - What influences the local area to determine their chosen BEST model?
 - How are professional relationships managed within the BEST?
 - How are professional relationships managed with agencies outside of the team?
 - Where does the BEST fit alongside other multi-agency programmes or existing statutory provision?

- 2. To investigate developmental and sustainability issues for BESTs.**
 - How has the BEST been supported by related bodies and initiatives (e.g. DfES, LEAs, BIP coordinators, Excellence in Cities).
 - How sustainable is the BEST within schools and the LEA?
 - Is the BEST model transferable to other areas locally and nationally?
 - What are the barriers to the development of BEST locally and nationally?

- 3. To evaluate the impact of BESTs, including consideration of how different approaches to BEST may influence this impact.**
 - What impact has the BEST had on children and families, specifically with regard to behaviour and attendance?
 - What impact has the BEST had on schools and school staff?
 - What has been the impact of this style of multi-agency working on staff within the BEST team?
 - How do the elements of BEST approaches (e.g. staffing, location, systems) affect their impact.

- 4. To evaluate the effectiveness of BESTs, including consideration of how different approaches to BEST may influence this effectiveness.**
 - Which elements or combination of elements (e.g. staffing, location, systems) are perceived to be most effective?
 - What evidence can be found of emerging best practice, in particular innovative work?
 - What evidence can be found of cost-effectiveness and value for money?

Appendix 2

LEA 1	
Coordinator background	Education – Teacher
When established	Phase 2 – first appointment January 2004, full team December 2004
Where located	Primary PRU
Number of team members	<p>13 members of staff</p> <ul style="list-style-type: none"> • 2 Educational Psychologists (one 0.9 FTE) • 3 Education Welfare Officers • 1 Health Worker (Nursing background) • 2 Speech and Language Worker (FTE of 0.8) • 2 Teacher (one works 0.2 FTE) • 3 Youth Workers (one works 10 hours for BEST)
Agencies represented	<ul style="list-style-type: none"> • Education Psychology • Education Welfare • Health • Speech and Language • Youth Services
Roles of team members	<p>Workers do a variety of roles as ‘BEST workers’ rather than under their separate roles. Youth Worker: provides group work focusing on self-esteem issues, the group work involves music and film. The Health Worker has holistic approach to supporting children and his/her work crosses over into the roles of the other team members. Individual work includes work focusing on issues of emotional well-being, including emotional neglect at home, pupils who are under-nourished, some who have anxiety and depression. Speech and Language Therapist: works with children showing behavioural issues who also have speech and language difficulties (particularly in terms of their communication). Works with children on their communication skills (for example, language based activities, friendship skills) and also looks at the communication between teachers and pupils. Offers advice to teachers on language used in the classroom and different ways of communication, this tends to be preceded by an observation and then making suggestions for change. The Educational Psychologist: established a nurture group programme with the Youth Worker and has also been involved in some general group work with one of the primary schools (encouraging the children to work together including games, activities and circle time). Runs an environmental group with another primary school. Education Welfare Officer: Carries out home visits, attendance groups and works with families. Teacher: provides in school support, behaviour management and circle time training.</p>
Range of interventions	<p>Group work: aggression (anger management), self-esteem, circle time work, training for staff, bereavement work, communication skills (language based activities, friendship skills). Whole school: behaviour management, emotional literacy (i.e. relationships in the classroom and how staff work with pupils). Individual case work: case-dependent, includes emotional well-being, including emotional neglect at home, pupils who are under-nourished, suffer from anxiety, depression, and health issues.</p>
Number of schools	14 schools in total , 3 secondary schools and 11 feeder primary schools.
Balance of work	Weighted towards group work and whole school work. Individual work approx 10 per cent; group work 50 per cent; whole school work 40 per cent.
Referral criteria	Individual referrals come in and are discussed at a weekly referral meeting. The team aims to address the issues via group work so very often individual referrals are dealt with as group work interventions. Cases which require individual intervention are often not early intervention cases and therefore are deemed not appropriate for the team. These are then referred on.
Criteria for case closure	At the end of the intervention an evaluation is carried out based on feedback from the teachers and also the pupils themselves. As much of the work is group work the interventions end at the end of the identified intervention period.

LEA 2	
Coordinator background	Education –Teacher
When established	Phase 2 – first appointed September 2003, full team April 2004
Where located	Education development centre
Number of team members	6 members of staff <ul style="list-style-type: none"> • 1 Administration and Finance Officer (FT) • 1 Educational Psychologist (PT) • 1 Emotional Literacy Specialist (FT) • 1 School Nurse (PT) • 1 Social Worker (PT) • 1 Youth Worker (PT)
Agencies represented	<ul style="list-style-type: none"> • Education Psychology • Health • Social Services • Youth Service
Roles of team members	<p>Educational Psychologist: offers KS2 and KS4 ‘psychology for growing people’ lesson – this is a whole class lesson delivered with the teacher present and focuses on identifying and labelling feelings. Emotional Literacy Specialist: provides play therapy on an individual case basis. Group work includes emotional literacy group and individual work focuses on self esteem, confidence building and labelling feelings work. Social Worker: carries out individual support mainly with cases requiring therapeutic input, focusing on in-school support so as not to duplicate the work of the therapeutic team which works with families. Aim to stabilise pupil’s situation and thereby complement the work provided by the therapeutic team. School Nurse: carries out group work on health issues in secondary schools. This includes talking to girls (whole class and group work) about general health, self esteem, healthy eating, fitness, anti-smoking. Also individual case work looking at the same issues. Youth Worker: works in 2 secondary schools – is in each secondary school for a full day and the school is able to make use of their time in any way (as long as it is in the remit of the BEST). Work in schools includes: group work with children showing problems and difficulties, observations of the children in class, working with children on an individual basis, anger management work and circle time work. Youth Worker has also linked up with the authority’s recycling officer and the children in the group have now achieved the ‘Campaign for Youth’ award as a result of this for the work they have done on environmental issues.</p>
Range of interventions	(As above). Also provide consultation time to schools where schools can discuss any issues or pupils that they are experiencing difficulties with (on an anonymous basis) and gain access to advice and guidance. Also some staff training.
Number of schools	20 schools in total , 4 secondary and 16 primaries. Two thirds of work is with primaries and one third with secondaries.
Balance of work	Weighted towards individual work , 65 per cent individual work, 20 per cent group work, 15 per cent whole school.
Referral criteria	Standard referral form used and permission to share information between the services is sought from parents. In primary schools all referrals go through the head teacher and in secondary schools through the LBP. Criteria: children with self esteem needs, confidence building needs, pupil should not be accessing any other support from the therapeutic team or CAMHS.
Criteria for case closure	At the end of an individual intervention the key worker meets with the parents and head teacher or LBP and they discuss the case and gain everyone’s view on developments and future plans. If sufficient progress has been made the case is closed. For a case to be referred on the team seeks permission from parents to refer on elsewhere. The BEST can refer into CAMHS and all LEA services. Can also refer to Social Services via the therapeutic team. All referrals out of the BEST go through the BEST coordinator.

LEA 3	
Coordinator background	Education – previously deputy head of Pupil Referral Service
When established	Phase 1 – first appointed January 2003, full team November 2003
Where located	Secondary school (purpose built building)
Number of team members	<p>Five members of staff</p> <ul style="list-style-type: none"> • Child and Family Therapist • Coordinator • Educational Welfare Officer • Family Worker (qualified Social Worker) • Pupil Support Officer
Agencies represented	<ul style="list-style-type: none"> • CAMHS • Education • Social Services
Roles of team members	<p>Coordinator: jointly runs self-esteem and peer mediation groups with CAMHS worker. Runs project work and domestic violence training. The BEST office has a lunch-time drop in for secondary school pupils, the Coordinator is present at these and will see pupils, play games, have a chat – individual case load.</p> <p>Education Welfare Officer: carries out individual work focusing on attendance, group work, including attendance workshops and whole-school work assisting schools in the implementation of attendance strategies, e.g. traffic light scheme. Also works as the statutory EWO for two primary schools. CAMHS Worker: individual work includes family therapy, also carries out self-esteem groups, emotional literacy and peer mediation training (with Coordinator). At whole-school level the CAMHS Worker provides domestic violence awareness training for school staff and drop in parent surgeries. Family Worker: provides family assistance re: parenting support, housing issues, benefit issues, also provides lots of help to Asylum Seekers (signposting). Introduces strategies and targets/task-based work around behaviour and family life, as appropriate. Runs lunchtime clubs with Pupil Support Officer. Pupil Support Officer: provides first day cover for exclusions in primary schools and additional behaviour/learning support where individual cases are referred. Runs circle of friend's group work sessions, anger management sessions, transition support, lunchtime clubs and an 'X-Box project'.</p>
Number of schools	6 schools in total , 4 feeder primaries, one special school and one secondary. Pupil Support Officer works on a fixed rota whereby each primary school gets one morning and one afternoon per week – an equal allocation of time except if there is exclusion, then that takes precedence on the Pupil Support Officers time. Other caseworkers operate on a needs-led basis. The team are currently working with 50 children and families.
Balance of work	Menu of services divided between the three types of interventions. Try to balance but work is weighted towards individual case work less whole school.
Referral criteria	At risk of non-attendance, mental health problems, and/or on the point of exclusion. Children must be aged 5 – 13 and in a cluster school. Parental permission is necessary. Parents, schools and pupils can refer. There are two slightly different referral systems. One applies to the Pupil Support Officer work, called a ' <i>request for support</i> '. This comes straight from the school to the BEST and the parents are informed, but no formal consent is needed for the in-school work to take place. It is at the discretion of the school. Then, if the in-school work highlights family issues that need to be investigated further, then the second type of referral is made, a ' <i>full referral</i> '. And at this point, consent from parents is necessary in order to share information with other agencies. Every week there is a team meeting where the team discuss referrals.
Criteria for case closure	Every 8 weeks case is assessed for impact , here it is decided if the case should be closed or if further referral is necessary.

LEA 4	
Coordinator background	Education – Behaviour support and adolescent mental health
When established	Phase 1 – January 2003
Where located	Behaviour support office (staff out in schools for the majority of the time)
Number of team members	<p>8 members of staff</p> <ul style="list-style-type: none"> • 2 Educational Psychologists (FTE) • 2 Mental Health Workers (FTE) • 4 School Social Workers (not statutory) (FT) <p>(Managers of each of the three services are involved in strategic meetings with BIP manager and some operational delivery)</p>
Agencies represented	<ul style="list-style-type: none"> • Education Psychology • Education Social Work • CAMHS/community child psychology service
Roles of team members	Each of the four clusters has an Educational Psychologist, a School Social Worker and Mental Health Worker for primary and secondary. They spend a set number of days with each school. At secondary, they link with the pastoral support team in order to discuss referrals, they also attend regular meetings with the whole BEST cluster, the LBP and pastoral support team. Staff take on individual case work, allocated according to the presenting issues. Two or more members of the cluster team may work with the same case, as appropriate according to presenting issues. They also have a multi-disciplinary role in terms of increasing the capacity of schools' pastoral support teams to analyse and assess the children with difficulties. Mental health input at secondary level comes from CAMHS. At primary level comes from the Community Child Psychology Service. School social workers are full-time with BEST. Most Educational Psychologists and Mental Health workers also have a continuing role with their parent agency.
Range of interventions	Individual: one-to-one case work with children and families addressing the presenting issues, be that attendance, behaviour and/or mental health issues. Consultation with involved school staff around these cases. Group: parenting groups (primary). Some group work around ESD carried out by Mental Health Workers. Whole school: policy discussions around behaviour and attendance issues with schools, helping schools to develop systems to more effectively support the behaviour, attendance and emotional wellbeing of pupils.
Number of schools	16 schools in total , 4 school clusters (each includes 1 high school and 2 – 4 feeder primaries).
Balance of work	Weighted towards individual case work , some group and parent work, minority whole school/strategic work
Referral criteria	Take high level cases where all school's resources have been exhausted. Not taking an early intervention approach (although preventative work is increasing and the intention is to move in the direction of more preventive work). Schools' at risk register is used as criteria. At secondary, referrals are made through weekly meetings with school pastoral support teams. Individual plan devised (between BEST and school) and passed to BIP coordinator. At primary, referrals made at meetings with LBP (frequency varies across clusters/schools).
Criteria for case closure	No specific criteria noted although a close of case form is completed by BEST team member and passed to BIP coordinator.

LEA 5	
Coordinator Background	Connexions – PAYP Coordinator
When established	Phase 1, 2003. Team was restructured in April 2004 - Coordinators were appointed and the role of Family Support Worker was established
Where located	Education building
Number of team members	<p>24 members of staff. Organised into 4 teams, with 2 coordinators. Staff work across teams.</p> <ul style="list-style-type: none"> • 2 Administrators • 3 CAMHS (One seconded to BEST) • 1 Community Education Development Worker • 2 Coordinators • 6 Family Support Workers • 2 Nurses • 2 Play Therapists (Children’s Fund) • 2 Police Officers • 1 Primary Support Worker • 1 School Attendance Support Assistant • 2 Teachers
Agencies represented	<ul style="list-style-type: none"> • CAMHS • Education • Health • Police
Roles of team members	<p>CAMHS: lead on the whole school approach to behaviour management, provide supervision to teaching staff, staff training (e.g. training primary mentors in Webster Stratton), weekly advice surgeries in schools aimed at staff, one to one counselling for staff offered. Support for young people with conduct disorders and consultation. Also provide training for LBPs (mental health of behaviour, SEBS curriculum materials, bereavement and drug and alcohol awareness). Coordinators: manage staff, liaise with schools to agree an action plan of intervention strategies; monitor group work and oversee individual referrals. Family Support Workers: early intervention, group work to schools. Individual referrals, pupil and family work. Nurses: carry out group work such as ‘Fit Kid’ (a healthy way of living approach) and liaise with Health. Play Therapists: carry out play therapy and positive play group work; they are also involved in training for teachers on play and language. Police Officers: have a preventative role in dealing with crimes in the secondary and primary schools. Have carried out group assemblies, mobile phone marking events, meeting with parents re: truancy, restorative justice work in primary schools. Primary Support Worker: provides in school support to pupils. Teachers: based two and half days a week in each of the 4 secondary schools and offer additional support for pupils at risk of exclusion and those being reintegrated into school.</p>
Range of interventions	Each of the BIP schools receives: whole school development work. Three group work sessions (include positive play programme, listening skills programme, summer transition programme, play ground buddies programme, attendance and punctuality programme and Webster Stratton programme). Six individual referrals for multi-agency/family support (only accept individual referrals from schools). As of April 2005, the Family Support Workers, the School Attendance Support Assistant and the Community Education Development Worker had worked with 45 children and their families. CAMHS had worked with 113 children and the Play Therapists had worked with 15.
Number of schools	27 schools in total, 4 high schools and 23 primary schools.
Balance work	Weighted towards individual and group work. All schools are entitled to 3 group sessions per week and 6 individual referrals at any one time.
Referral criteria	Early intervention (i.e. manifesting behavioural or emotional problems).
Criteria for case closure	On evidence of improvement in behaviour or when the case has been passed on to social Services.

LEA 6	
Coordinator background	Education –Behaviour support service
When established	Phase 1 – first appointments September 2002, fully staffed in March 2003 (apart from LBP's)
Where located	There are two primary BEST teams. The team visited, area A are based in a primary extended school. In area B there is a base at a secondary school where the primary BEST has a room
Number of team members	<p>31 members of staff (in two teams) 8 staff work across the two teams, 13 in one area, 11 in the second</p> <ul style="list-style-type: none"> • 1 Administrator • 1 Assistant Educational Psychologist (works across both areas) • 2 Behaviour Support Workers (works across both areas) • 1 Coordinator • 6 Educational Psychologists (PT) • 2 Education Welfare Assistants (1 each area) • 3 Education Welfare Officers • 5 Family Link Workers • 1 Family Link Worker Manager • 2 Lead Behaviour Professionals (FT, 1 in each area) • 2 Mental Health Assistants (FT, 1 in each area) • 1 Mental Health Worker (mainly works in secondary) • 1 Parenting Coordinator (works across both areas) • 2 Speech and Language (1 in each area) • 1 Speech and Language Assistant (FT works across both areas)
Agencies represented	<ul style="list-style-type: none"> • Behaviour Support • CAMHS • Education Psychology • Education Welfare • Voluntary Agency (Family Link Workers) • Speech and Language
Roles of team members	LBP s focus their work on whole school and classroom support such as lunchtime and behaviour policies. They do work with groups of pupils where there is a particular need or at transition time. Behaviour Support Workers also work at a whole school level, working largely around supporting staff in school to manage individual or groups of pupil. Much of the group work is carried out by Mental Health Workers, Speech and Language and Family Link Workers . The main focus of the individual work is carried out by Educational Psychologists, Mental Health Speech and Language Workers . All staff other than the LBPs have a key worker role. The Parenting Coordinator is seconded and manages the strategy for the whole of the authority. The Coordinator (also Behaviour Support teacher) coordinates primary parenting for BIP and non BIP as part of the roll out across the authority. The Administrator receives BEST referrals and dispatches them to the appropriate team member. She also updates the key worker lists on a fortnightly basis.
Range of interventions	The interventions offered are largely needs led and there is an increasing emphasis on the long term strategy and embedding that in schools. There is an emphasis on early interventions.
Number of schools	12 primary schools in total , six in each area The total number of individual cases which the two teams are key working are – area A 192 and area B 149.
Balance of work	Weighted towards whole school and group interventions , smaller amounts individual work.
Referral criteria	The referral is based on ' at risk of or concern about/difficulties with: peer relationships, particular vulnerabilities e.g. at risk of offending / self harm. Communication difficulties, family and environmental difficulties e.g. domestic violence / bereavement. Exclusions and attendance issues.
Criteria for case closure	No specific criteria. The team have regular meetings where they assess the key worker list and make decisions about case closure. Rather than time-limited interventions the team at the out set identify what they want to achieve and are constantly assessing to see when they have achieved them.

LEA 7	
Coordinator background	Social work – previously worked in education as manager of EWS
When established	Phase 2 – first appointments May 2004, fully staffed May 2005
Where located	Business park
Number of team members-	<p>12 members of staff</p> <ul style="list-style-type: none"> • 1 Administrator • 1 Coordinator (also qualified Social Worker) • 3 Family Support Workers • 3 Health Advisors • 3 Mentors • 1 Qualified Social Worker (*Weekly consultation from CAMHS worker)
Agencies represented	<ul style="list-style-type: none"> • CAMHS* • Education • Health • Social Services
Roles of team members	<p>Team divided to cover three areas: each area has an allocated a Family Support Worker, Mentor and Health Advisor. However, staff can cross over into other clusters as appropriate. Staff work jointly on cases as appropriate, and deliver whole year group sessions as a full team. Staff have specialist roles to some extent, but try to be flexible on the roles. All BEST staff are involved in delivering whole-school (whole year group) workshops on attendance and bullying. Family Workers: work with individual families around behaviour strategies, positive parenting, and signposting to other services as appropriate. Group work (e.g. bullying, self-esteem, anger management) is delivered with Mentors. Health Workers: provide individual family work, offering early intervention advice to families where there are health issues affecting school attendance. Will also take on more general family work to increase capacity of team. Mentors: carry out individual work with young people. Mainly school-based but may make home visits as appropriate. They also provide group work (e.g. bullying, self-esteem, anger management), delivered with Family Workers. Mentors are also involved in the Y6-Y7 transition project. Social Workers: work in a similar way to Family Workers, but take on the more complex cases. They have had a role in supporting less experienced family workers in the initial stages of BEST.</p>
Range of interventions	<p>Individual work: cases will be key worked by a Family Worker, Social Worker, or Health Worker, depending on circumstances. Each child has an initial home visit followed by intervention as appropriate. A Mentor will work one-to-one with the child in school (or off site, if preferable), and may make home visits if appropriate. Family Workers/Social Worker will meet with the family, offer strategies, programmes, signposting to parenting courses or other agencies. Health workers offer advice and strategies, signposting or referral onwards as necessary. Cases may be joint-worked, e.g. with Mentor and Family Worker addressing different aspects. Group work: programmes to date have covered anger management, self-esteem, attendance, bullying. The Y6/Y7 transition project will run this summer. Health Workers are planning to offer a parenting course. Whole school: have held an attendance awareness conference and bullying workshop for whole year groups.</p>
Number of schools	29 schools in total. 24 primary, 3 secondary, 2 special.
Balance of work	Weighted towards individual work. 65 per cent individual work, 20 per cent group work (increasing), 15 per cent whole school.
Referral criteria	The criterion for referral is where there are concerns about pupil attendance, behaviour and/or emotional wellbeing. Referrals come from schools. Mostly take on cases that are just starting to cause concern (early intervention). Try to avoid duplicating work of other services. BEST do not take referrals for KS4 pupils, but if a family becomes involved, will offer support to all the children, whatever age.
Criteria for case closure	No specific criteria cases are reviewed at team meetings.

	LEA 8
Coordinator background	Education welfare and teaching
When established	Phase 2 – January 2004, significantly restructured and restarted with new setup in March 2004
Where located	Youth centre
Number of team members	Six members of staff (5 FTE) <ul style="list-style-type: none"> • Administration Worker • Acting Coordinator • Clinical Psychologist (4 days BEST, seconded from a mental health organisation) • Counsellor (2 days BEST, recruited via a voluntary organisation) • Social worker (4 days BEST, recruited via a voluntary organisation) • Support worker (5 days, term time only)
Agencies represented	<ul style="list-style-type: none"> • Education • Mental Health • Social Work • Voluntary Sector
Roles of team members	Clinical Psychologist: specialist assessment, sign posting to other services, consultation, supervision for non-teaching staff. Counsellor: counselling services for staff and pupils. Social Worker: individual and family work (no statutory work), signposting to other services. Support Worker: play therapy, parenting work, general support for other team members.
Range of interventions	Individual: Solution focused approach. Working with individual young people to help them identify their own solutions and build on their strengths. Social Worker support, play therapy, counselling or clinical psychology work. Group: pupil group work (self-esteem, bullying, stress), parenting programmes, parent advocacy. Whole School: Consultation, counselling and advice for school staff. Transition assemblies for Y6 pupils and parents, lessons based on emotional wellbeing, mental health promotion.
Number of schools	Six schools in total , 1 secondary school, 1 secondary EBD school, 1 junior, 1 infant and 2 primary schools.
Balance of work	Weighted towards group work and school focused interventions , try to keep case work down (accept four primary individual referrals, 10 secondary). Also take 20 counselling/therapeutic referrals from secondary. An ethos of making changes at whole-school level (e.g. staff responses to problems).
Referral criteria	Emotional wellbeing and attendance concerns. Referrals are mostly made by schools. The team have a main referrals meetings once a month, but if a referral comes through in between times, it is considered at the fortnightly team meeting. Parents can make referrals. Most referrals are made by schools however some parents are made aware of BEST through involvement with Sure Start, school nurses and Social Services who will facilitate a self-referral.
Criteria for case closure	Six weeks to one term to work with the young person then progress reviewed and case continued, referred on or closed.

LEA 9	
Coordinator background	Educational Psychology – now teacher
When established	Phase 2 – first appointments April 2004, fully operational September 2004
Where located	Education and children services building
Number of team members	<p>11 members of staff</p> <ul style="list-style-type: none"> • 1 Administrator (FT) • 5 Child and Family Support Workers (FT) • 1 Child Psychotherapist (seconded 2 days per week from the Child Psychiatry and Psychology team) • 1 Coordinator (0.6 FTE) • 1 Education Welfare Officer (FT) • 1 Social Worker (0.6 FTE) • 1 Youth Worker (FT)
Agencies represented	<ul style="list-style-type: none"> • CAMHS • Education Psychology • Education Welfare • Social Services • Youth Service
Roles of team members	<p>One Child and Family Support Worker is allocated to each of the 5 full-service extended schools and also has a remit for working with one or two of the other BIP schools in the authority. Each case is typically allocated to a Child and Family Support Worker and a co-worker who would support them. They are involved in the day-to-day management of cases, carry out home visits to families and provide in-school support for the pupils and provide consultation sessions in schools (including drop in sessions). They can then also refer cases within the team or to other agencies. Clinical psychotherapist: provides a CAMHS assessment for referrals where needed. This involves a detailed assessment of the pupil, in school (observation) and also the child in the family environment (with parents). Supports Child and Family Support Workers where necessary. Runs BIP training days for LBPs in schools. Carries out some individual psychotherapy work with children then refers these cases to CAMHS. Education Welfare Officer: attendance and welfare issues. Conducts all initial interviews with families referred to the team. Social Worker: supervises and supports Child and Family Support Worker and is involved in other social work related duties where necessary (more complex cases). Youth Worker: works mainly with secondary schools supporting older siblings of families working with the BEST. Provides first day provision for pupils (activities) under the first day exclusion project. Also involved in transition support for primary pupils.</p>
Range of interventions	Work with primary schools only, 4 -11 years. Operate two levels of work – intensive (direct family work, individual case basis, including behaviour management, coping strategies) and preventative (support groups for parents, welcome to school package, transition programmes for Y6, and parenting skills).
Number of schools	15 primary schools
Balance of work	Focus on family and group work. 60 per cent family case work, 40 per cent group work.
Referral criteria	Have joint referral system with other agencies e.g. On Track so that only one form has to be completed. The agencies get together to decide who takes on case. The form must be signed by a parent. To take a case pupil must already be receiving support from another service (e.g. Education Psychology or the Learning Support Service) – this means the BEST can then support the family, whilst other services support pupil.
Criteria for case closure	Usually work with cases for one term only. To close case pupil must show improvements. If improvements have not been made then the intervention is extended or the case may be referred on.

LEA 10	
Coordinator background	Education and Social Work
When established	Phase 2 – April 2004
Where located	Educational development centre
Number of team members	<p>24 members of staff (All staff are seconded to BEST however Connexions have ‘gifted’ 4 PAYP workers)</p> <ul style="list-style-type: none"> • 2 Administrative Support Staff • 4 Behaviour Support Mentors • 2 CAMHS Workers • 2 Coordinators • 6 PAYP (Positive Activities for Young People Workers) • 1 Secondary Support Worker (focusing on attendance project) • 2 Social Workers • 1 Specialist Health Advisor • 4 Transfer Mentors
Agencies represented	<ul style="list-style-type: none"> • CAMHS • Connexions • Education • Health • Social Services
Roles of team members	<p>CAMHS Specialist Teacher: provides advice and consultation to young people, families and schools. Is also involved in group work. CAMHS Specialist Health Worker: provides advice and consultation to young people, families and schools. Is also involved in group work. Social Worker: carries out group work with pupils and staff and has individual casework. Secondary Support Worker is involved in: rolling out the attendance programme in schools. Specialist Health Advisor: works with pupils and families and schools to address health issues and drug and alcohol issues. Provides preventative training at KS1 and KS2. PAYP Workers: focus on youth work and providing activities for young people outside of school time. PAYP Workers also carry out ASDAN accredited work, group work as well as individual casework. Mentors: Provide in class behaviour support and transfer support to Y6 and Y7 pupils.</p>
Range of interventions	(As above) plus attendance programme (focusing on rewards and incentives in schools and motivating and encouraging pupils to attend) Provision for excluded pupils – continuing education, curriculum needs, reintegration support.
Number of schools	23 schools in total , 4 secondary and 19 primary. Working with 120 pupils.
Balance of work	Weighted towards individual and group work. 70 per cent ‘client’ based (one to one and group work in schools, plus activities undertaken outside schools in the home and community) and 30 per cent school focused (training for staff, presentations, modelling).
Referral criteria	The referral criteria is the level of concern that schools have in terms of attendance, behaviour and emotional well-being . Specifically, early identifications of ‘at risk’ in terms of, truancy, police involvement, community issues, other service involvement and vulnerability to emotional difficulties.
Criteria for case closure	Perception profiles are used to measure progress against a range of criteria, profiles are reviewed and where sufficient improvement has been made, cases will be closed . Case closure is negotiated between the team, families, pupils and schools.

LEA 11	
Coordinator background	Education – Teacher
When established	Phase 1 – 2002
Where located	Learning Support Centre
Number of team members	<p>14 members of staff</p> <ul style="list-style-type: none"> • 2 Administrators (FT) • 2 Behaviour Support Advisory Staff (FT) • 2 Behaviour Support Teachers (FT) • 1 Coordinator (FT) • 2 Counsellors (consultancy – 1 day per week) • 1 Senior Education Welfare Caseworker (FT) • 2 Systemic Therapists seconded from CAMHS (one, 4 days per week) • 2 Transition Workers (FT)
Agencies represented	<ul style="list-style-type: none"> • CAMHS • Behaviour Support • Counselling Service • Education Welfare • Education Psychology • Voluntary (Transition Workers)
Roles of team members	<p>The team is divided into two clusters linked to two secondary schools and their feeder primary schools. Each is allocated a Transition (home-school liaison) Worker, Behaviour Support Teacher and Behaviour Support Advisor. The Senior Education Welfare Officer, the Systemic Therapists and Counsellors (part-time) work across both clusters (one counsellor focuses on primary and one on KS3). Behaviour Support Advisory Staff: work directly with young people in the classroom and support workers in schools. They carry out circle time training, peer mentoring training, peer mediation training, playground training, and PHSE work. Behaviour Support Teachers: are involved in professional development support for other teachers (e.g. teaching and learning strategies). Coordinator: manages team and is responsible for liaising/negotiating with schools re service required. Counsellors provide one-to-one counselling support. Senior Education Welfare Officer: is involved in running an attendance project. Systemic Therapists: carry out individual work with families/family therapy and provide a consultancy service to teachers in school. Transition Workers: link the BIP secondary with the BIP primary schools. They have a wide ranging role, focusing on social and family needs.</p>
Range of interventions	Individual work Therapy and counselling. Group work - anger management and self-esteem. Home school liaison work with the families. Attendance projects. Residential visits (motivational, outdoor pursuit type trips – targeted at vulnerable pupils and the schools at risk list). Behaviour support work (individual and whole-class or whole-school).
Number of schools	17 schools in total , 10 primary and 4 secondary schools, a primary PRU, secondary PRU and a secondary EBD. Schools have an equal allocation of time, but there is some flexibility in this.
Balance of work	Currently 59 cases: which comprise 38 on a one-to-one basis, 20 behaviour support in schools, 1 that involves teachers and therapy. In addition there is group work (e.g. self esteem, anger management, etc) involving a further 236 pupils and also transition work involving another 246 pupils. The residential trips are targeted at vulnerable pupils and the schools 'at risk' list and involves 141 pupils from 3 of the 4 secondary schools.
Referral criteria	Broad 'at risk' criteria: at risk of exclusion, underachieving and attendance problems. Referrals are made directly by BIP schools. Referrals are considered at weekly team meetings. The system of referral is slightly different for the Transition Worker. He/she receives referrals from the school and also parents who self refer (there is a referral form for this, but it is different from the main BEST referral). While the behaviour support staff and therapists receive formal referral before starting work, the schools Transition Workers can put forward names of parents who might need some support, or parents go directly to the Transition Worker and he/she can give some advice or signposting. If a bigger issue is identified the Transition Worker will take this to the BEST meeting and make a formal referral.
Criteria for case closure	Six week intervention, then review for case closure , continuation or referral on to other agencies.

	LEA 12
Coordinator background	Education – Behaviour support
When established	Phase 1 – September 2002
Where located	Secondary school (team works mainly out in the field delivering the service)
Number of team members	<p>16 members of staff</p> <ul style="list-style-type: none"> • 1 Administrator • 1 Counselling Psychologist (in training) 0.5 FTE • 2 Education Welfare Officers (FT) • 1 Educational Psychologist (FT) • 1 Learning Support Teacher (FT) • 1 PAYP Worker (Positive Activities for Young People) (FT) • 1 Police Officer (shared with another BEST team) • 1 School Nurse (no time allocated to BEST just links into team) • 4 Social Inclusion/Pupil Support Workers (FT) • 1 Social Worker (FT) • 1 Teacher for Travelling children (not core team member but works very closely with the BEST) • 1 Youth Worker (FT)
Agencies represented	<ul style="list-style-type: none"> • Behaviour Support • Child and Family Services (CAMHS) • Educational Psychology • Education Welfare service • Connexions • Health • Learning Support • Police • Social Services • Youth Service
Roles of team members	<p>Counselling Psychologist: carries out therapeutic work with children with behavioural and emotional problems (e.g. behaviour management, and anger management work).</p> <p>Educational Psychologist: provides advice to parents in relation to statutory assessments for SEN. Education Welfare Officer: monitors the pupil out off school list, promotes school attendance as well as access to alternative education. Learning Support Teacher: supports pupils with SEN, carries out assessments of learning needs and provides learning support advice to teachers. PAYP Worker: an action plan devised based on the young persons needs and a programme of activities is then devised which are tailored to those needs. Work also involves engaging pupils with activities during the summer holidays or if they are not in full time education. Police Officer: PHSE input – can cover a range of topics including things such as robbery, bullying, theft, mobile phone marking. Aims to bring national scale initiatives into the local schools e.g. anti racism inputs with pupils who are showing racism issues. Also involved in individual case work (main area of work) mainly resolving school issues, restorative justice. School Nurse: offers advice on health related issues to parents and pupils. Social Inclusion/Pupil Support Workers: provide one to one support for pupils with social emotional and behavioural difficulties. Carries out group work (e.g. circle time and circle of friends). Also provides advice and training to teachers and families. Social Worker: focuses on preventative initiatives and strategies to prevent long term Social Services involvement. Carries out preventative work, solution focused work, anger management training, and family therapy. Also runs a peer mentoring programme and offers consultation to schools. Teacher for Travelling children: education support. Youth worker: delivers youth work and projects, engages young people in constructive activities and delivers structured informal learning programmes.</p>
Range of interventions	<p>Individual work: crime issues, one-to-one anger management work, individual therapeutic interventions, PAYP activities. Group work: anti-bullying work, friendship work, anger management, emotional well-being work, confidence, self esteem, developing positive relationships, team work, relaxation, coping with exam stress, parenting programme.</p> <p>Whole school work: promoting emotional health programme (training delivered to teachers), non violent crisis intervention and Child Protection training, Behaviour and attendance strategy support (primary and KS3).</p>
Number of schools	7 schools in total , 2 targeted secondary and 3 primary schools (plus 2 non-targeted schools). 278 students have received individual support.
Balance of work	Heavily weighted to individual work , 2-3 group work sessions per half term. Some whole school training.
Referral criteria	The referrals to the team are discussed at a fortnightly team meeting. The cases are then allocated to the most appropriate worker on the team. Because each agency has own criteria for cases or groups that they can and cannot work with it tends to be that certain team members will pick up more complex cases because of the level of involvement required and other team members will take less complex cases.
Criteria for case closure	Cases are closed once it is felt that progress has been made . If the case requires further work then it can be referred on (within the team or externally) or the intervention can be extended.

Appendix 3

Overview of BEST impact

Main impacts of BEST intervention on ...	
Children	<p><i>Attainment:</i> Continuity of educational support through provision of first day cover Supplementary learning support in or outside of the classroom Identification of learning, developmental or behavioural difficulties Assessment of special educational needs</p> <p><i>Attendance:</i> Improved attendance at individual level Overall improvement in attitudes towards school attendance</p> <p><i>Behaviour:</i> Stabilising challenging behaviour Giving pupils strategies to manage behaviour and improve social skills Prevention of permanent exclusion Reduction in number and/or length of fixed term exclusions More positive school climate Better classroom atmosphere</p> <p><i>Wellbeing:</i> Improvements in self-esteem, confidence and overall happiness Opportunity to explore and address issues of concern Improvement in social skills Introduction to hobbies and activities – enhanced social life Identification of medical issues Increased ability to cope with transition to secondary school</p>
Parents	<p>Improved access to services Identification of adults' needs Access to social welfare grants/practical resources Development of parenting skills – empowerment of parents Improved parent-child relationships Improved home-school relations</p>
Schools and school staff	<p>Acquisition of skills and strategies for managing challenging behaviour and emotional needs Improved access to specialist support services Increased understanding of emotional and behavioural difficulties Increased capacity to support pupils generally [Impact felt to be greater overall at primary level]</p>
Other services	<p>Easing pressure on referrals/caseloads A 'bridge' to the client group BEST modelling new ways of working with schools and families Encouraging multi-agency thinking and understanding Adoption of more effective working practices</p>
BEST practitioners	<p>Professional development: sharing expertise, learning from colleagues Professional development: development of skills and specialisms Working in new ways: increased flexibility and creativity Changing attitudes and breaking down barriers between specialisms Professional challenges of adjustment to multi-agency working</p>

Appendix 4

Factors which affect the development and operation of BESTs

TIME	
Factor	Is effective because ...
Sufficient planning and development time	<ul style="list-style-type: none"> • ensures a shared expectation and a common understanding of BEST • develops a clear vision for the team • avoids duplication of service
Factor	Is a barrier because ...
Inadequate time for establishing the team	<ul style="list-style-type: none"> • schools do not refer pupils to the BEST, resulting in a lack of available work • existing staff are overstretched as they struggle to cope with increasing demands from schools

ACCOMMODATION	
Factor	Is effective because ...
A specific base for the BEST	<ul style="list-style-type: none"> • facilitates team development and the establishment of a team identity • enables multi-agency working • provides vital workspace (e.g. for therapeutic work) • raises schools' awareness (and ease of contact/access)

MULTI-AGENCY COMPOSITION	
Factor	Is effective because ...
Varied staff backgrounds	<ul style="list-style-type: none"> • results in different approaches to BEST work • sharing of ideas and expertise is achieved
A range of staff roles	<ul style="list-style-type: none"> • facilitates creative working • provides specialist input • increases access to information • results in an holistic approach to cases

STAFF BACKGROUNDS AND EXPERIENCE	
Factor	Is effective because ...
Experience of multi-agency working	<ul style="list-style-type: none"> • staff have links with other agencies • there is an appreciation and understanding of different systems
Experience of education	<ul style="list-style-type: none"> • improves access to schools • increases understanding of school systems

RECRUITMENT AND RETENTION	
Factor	Is a barrier because ...
Short-term funding	<ul style="list-style-type: none"> • may result in job insecurity
Short-term contracts	<ul style="list-style-type: none"> • seen as unattractive employment package • leads to instability • staff seek full-time positions elsewhere
National staff shortages	<ul style="list-style-type: none"> • results in a lack of available staff to recruit • agencies unwilling to second staff to BEST
Length of time taken to recruit and induct staff from different agencies	<ul style="list-style-type: none"> • hampers the development and operation of the team

EMPLOYMENT ARRANGEMENTS	
Factor	Is effective because ...
Parent agency supervision	<ul style="list-style-type: none"> • maintains links with parent agency • provides professional development opportunities
Seconded staff	<ul style="list-style-type: none"> • maintains links to other services • increases job security • improves access to professional development
Factor	Is a barrier because ...
Part-time working	<ul style="list-style-type: none"> • more difficult for staff to establish themselves within the team • can hinder team communications (e.g. arranging meetings)
Different conditions of service depending on parent agency	<ul style="list-style-type: none"> • can be difficult to manage different staff expectations in terms of holiday pay, working at home policy, etc. • complicates contract negotiation process

RELATIONSHIPS WITHIN THE TEAM	
Factor	Is effective because ...
Sufficient team building time	<ul style="list-style-type: none"> • enable roles and responsibilities to be established • provides an opportunity to clarify the role and remit of the BEST
Regular and open communication	<ul style="list-style-type: none"> • facilitates a multi-agency approach to case work • keeps team members informed about case developments
Clarifying roles and responsibilities	<ul style="list-style-type: none"> • ensures most efficient use of staff time and expertise
Strong team management	<ul style="list-style-type: none"> • teams feel supported • communicates a clear vision and focus for the team
Committed staff and ability to think-multi-agency	<ul style="list-style-type: none"> • staff are working towards a common goal • sharing of knowledge and expertise is facilitated • assists the functioning of the team • leads to creative working
Development of clear working policies and procedures	<ul style="list-style-type: none"> • assists staff in adjusting to their role within a multi-agency team
Factor	Is a barrier because ...
Lack of role clarity	<ul style="list-style-type: none"> • staff feel less valued • leads to inappropriate allocation of referrals
Absence of strong management	<ul style="list-style-type: none"> • team lack focus and direction • results in less effective use of staff • increases pressure on other team members
Unwillingness to adapt to different cultures/working practices	<ul style="list-style-type: none"> • inhibits effective team work
Lack of respect for different roles and an unwillingness to share expertise	<ul style="list-style-type: none"> • gives rise to interpersonal difficulties and team tension • leads to a less effective service to schools, pupils and families

ALLOCATION OF SCHOOLS	
Factor	Is effective because ...
Small cluster of schools	<ul style="list-style-type: none"> • able to establish close links with schools • promotes most efficient use of staff, time and expertise
Fixed allocation to schools	<ul style="list-style-type: none"> • maintains a manageable workload
Needs led allocation to schools	<ul style="list-style-type: none"> • ensures an equal and efficient distribution of support to schools
Factor	Is a barrier because ...
Large number of schools	<ul style="list-style-type: none"> • need to adapt to many different schools' policies and practice • unable to build strong relationships • service to schools is diluted • contact with individual pupils and families is limited

RELATIONSHIP WITH SCHOOLS	
Factor	Is effective because ...
Promoting the BEST and establishing its identity	<ul style="list-style-type: none"> • avoids inappropriate referrals • schools more aware of support that is available • schools understand how BEST fits in with other services
Building positive relationships with schools	<ul style="list-style-type: none"> • ensures schools are committed to working with BEST • overcomes schools' initial reservations
Maintaining independence from schools and objectivity	<ul style="list-style-type: none"> • enables BESTs to challenge schools and instigate change
Ongoing communication with schools (e.g. regular meetings, key contact within school, clear channels for referrals)	<ul style="list-style-type: none"> • schools' needs are better met • increases schools' understanding of cases and the associated issues • results in more appropriate referrals
Factor	Is a barrier because ...
Failure to communicate BEST identify	<ul style="list-style-type: none"> • schools become suspicious about the purpose of BEST • leads to inappropriate referrals • results in confusion about the role of BEST and other services
Schools that are unsupportive or lack a commitment to BEST	<ul style="list-style-type: none"> • hinders the development of positive relationships
Failure to maintain independence and objectivity	<ul style="list-style-type: none"> • BEST staff can be drawn into other schools issues and detracted from their intended remit

LINKS WITH OTHER SERVICES	
Factor	Is effective because ...
Clarifying the remit of BEST alongside other services	<ul style="list-style-type: none"> • avoids duplication of services • the BEST can seek to complement the work of existing services • BEST can offer an additional layer of support
BEST staff maintain links with parent agencies	<ul style="list-style-type: none"> • improves communication between BEST and other agencies • facilitates referrals to BEST • provides an additional source of expertise

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