

## Alternative Provision – A guide for local area partners

### What is meant by Alternative Provision?

DfE define Alternative Provision as:

“education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour.”

### Why might Alternative Provision be needed?

There are numerous reasons that AP might be required to best meet the needs of a child or young person. These may include:

- School exclusions or those at risk of exclusion or suspension
- Children or young people with SEMH
- Children or young people with special educational needs and disabilities
- Emotionally based school avoidance (EBSA)
- Medical needs
- Bullying
- Young carers
- Children and young people involved in the youth justice system
- Temporary lack of a school place
- Children educated otherwise than at school (EOTAS)

### What might Alternative Provision look like?

The nature of Alternative Provision is that it is not “one-size-fits all” for all children and young people (CYP), and the provision that will be suitable to meet the needs of these CYP will be as varied and diverse as the needs themselves. CYP and their families’ voices should be heard and incorporated throughout each stage of the AP journey.

By its nature, Alternative Provision is **flexible** and **fluid/ transitional**, creating a greater need for multi-agency work and information sharing to ensure that CYP are adequately safeguarded and are receiving quality education.

Alternative Provision should be an **intervention** not a **destination**.

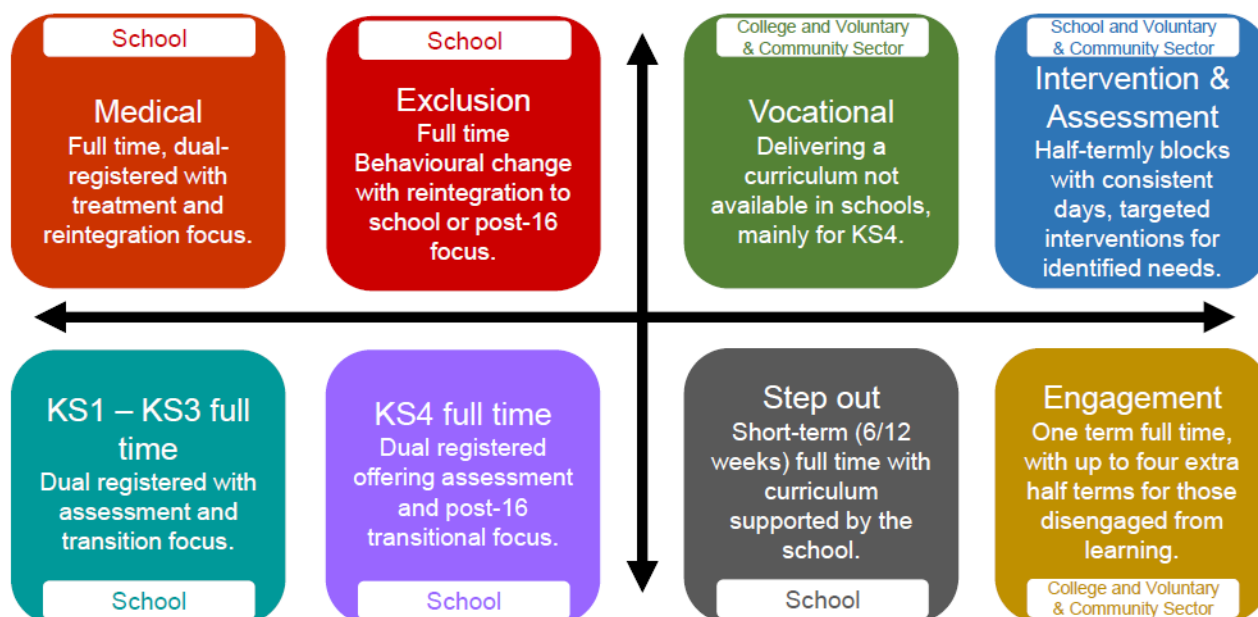
With this in mind, it is valuable to recognise that AP can take a number of forms, including:

<p><b>Regulated provision</b> e.g. alternative provision is delivered through Pupil Referral Units (PRUs), AP academies, registered independent schools and general hospital schools, all of which are regulated as schools.</p>	<p><b>Unregulated provision</b> e.g. dedicated tutoring companies and online providers to bespoke vocational training and therapeutic support.</p>
<p><b>Quality assured</b> AP provision that has been subject to QA process by local authority or school commissioners.</p>	<p><b>Not quality assured</b> Provision that has not been checked for quality and safeguarding practices, through a process of QA.</p>
<p><b>Part time</b> Placements completed externally from school, whilst the CYP is still attending mainstream school for part of the week.</p>	<p><b>Full time</b> CYP attend AP for their full-time education. This may be in the form of full-time on one setting (e.g. in a PRU) or through a number of part-time placements.</p>
<p><b>Short term</b> Short-term term placements could look to focus on providing respite for the learner, targeted additional opportunities, or support focussed on individual difficulties facing the CYP. These are time-limited and transitional.</p>	<p><b>Long term</b> Wherever possible and appropriate, AP should be commissioned with a focus away from long-term placements. AP should be viewed as an intervention, not as destination wherever possible.</p>
<p><b>Early intervention focused</b> Early identification of need in school with AP used as an intervention to re-engage pupils who may be beginning to experience difficulties accessing education in a mainstream setting.</p>	<p><b>Reintegration focused</b> Provision focused on assessing and meeting needs that supports effective transition back to school.</p>
<p><b>Variation in courses offered</b> Courses offered by different providers may lead to accreditations such as GCSEs, functional skills qualifications, they may be vocational and practical courses, or therapeutic interventions.</p>	

## How should Alternative Provision be structured at a local authority level?

How alternative Provision is structured will vary between local authorities, as it will be based upon the needs of the children and young people living in the area and will draw upon forecasting of future/ emerging needs. An example of local practice is shown below.

### Example of practice – Taken from draft Sheffield Model:



**Medical** - Provision that delivers alongside a clear treatment plan for those who are medically unable to attend school.

**Exclusion** – Provision for children excluded from school focused on supporting behavioural change and re-integration to a future full-time placement or post-16 education.

**Vocational** – Creation of a vocational offer that sits alongside the school-based curriculum that is qualification led and supports transition to post-16 education.

**Intervention & assessment** – Short term, part time, targeted provision that assesses or addresses needs, enabling a reduction in risk of exclusion.

**Key stage 1-3 full time provision** – Provision focused on assessing and meeting needs that supports effective transition back to school with the skills in place to manage the curriculum. Provision is likely to be over an extended period. Pupils would remain dual registered ensuring a link to their home school for reintegration.

**Key stage 4 full time provision** – Provision focused on assessing and meeting needs that supports effective transition into post-16 education with the skills in place to manage the curriculum. Provision is likely to be until the end of Year 11. Pupils would remain dual registered ensuring a link to their home school for possible reintegration or access to elements of the curriculum.

**Step out** – Short term, full time step out provision to address potential excludable issues, for example drug use, offensive weapons, violent behaviour. Ideally this should be up to 6 weeks. Within the provision there should be effective assessment of the risks of exclusion.

**Engagement** – Provision for learners who are at a point where they are unable to engage with a formal learning environment, focused on enabling them to get ready to learn.

### **What are the stages in the Alternative Provision process?**

As previously mentioned, Alternative Provision is flexible and fluid/ transitional, creating a greater need for multi-agency work and information sharing. Whilst strategic planning for Alternative Provision and commissioning for Alternative Provision at an operational level may be different in different local authorities, local partnerships should have a robust oversight of AP in the area.

This may be in the form of maintenance of a directory of registered and unregistered alternative providers and tracking the monitoring arrangements for their safeguarding.

Table 1. below shows the stages involved in planning for, commissioning, and evaluating Alternative Provision.

**TABLE 1. Stages involved in Alternative Provision**

<p><b>Governance for decision-making in AP</b> How are placement decisions made, including factors that influence split placements, AP that is unregistered or out of area, and decisions about which roll CYP in AP are on? Which key agencies are involved in strategic planning and how do they check progress?</p>	<p><b>AP Strategy including needs assessment/forecasting</b> How widely is unregistered AP used? How are plans communicated with local area partners, parents, and carers, and CYP?</p>	<p><b>Funding arrangements for AP</b> Is there a clear funding model for AP?</p>
<p><b>Commissioning</b> How does strategy inform local market management: how do partners ensure that they have the right type, quantity and range of AP to meet CYP's needs? To what extent do arrangements for AP in practice reflect local strategies?</p>		
<p><b>Working in Partnership with Schools</b> To what extent is the LA aware of AP commissioning happening outside its direct control, including commissioning by schools and multi-academy trusts, and sub-contracting by alternative providers? What data is collated, how are children tracked and where is the information reported or analysed to inform at a strategic and operational level? What is the LA oversight of CYP moving into and out of AP regularly? How do local area partners work together to use data to improve outcomes for CYP? Is quality assurance activity shared between schools and the LA?</p>		
<p><b>Assessing the needs of individual children</b> What is AP's outreach role in supporting CYP to stay in mainstream provision?</p>	<p><b>Choosing the right provision to meet need &amp; managing waiting times</b> How do alternative providers work with other agencies to identify and meet needs?</p>	<p><b>Out-of-borough considerations i.e. transport arrangements and costs</b> What are the oversight arrangements for out-of-area and dual-registered placements?</p>
<p><b>Sharing information regarding quality concerns</b></p>	<p><b>Quality assurance of AP provision</b> How do commissioners assure the quality, safety and suitability of AP placements? How do local area partners know whether CYP's needs are identified accurately and assessed in a timely and effective way in AP?</p>	
<p><b>Monitoring of progress and outcomes</b> What are the monitoring and evaluation arrangements for CYP receiving AP, including unregistered AP? What are the monitoring of arrangements when CYP attend multiple settings? How do local area partners know whether CYP are receiving the right help at the right time in AP?</p>	<p><b>Transition to return to or move on / Accountability for completion of placements</b> What is the provider role in supporting CYP to return to mainstream provision where appropriate including those out of borough and/or who are dual registered? How does the school and LA support CYP when they transition into and out of AP, mainstream and specialist provision? What level of support is given to CYP when transitioning to adulthood, including support provided to transition to and sustain their post-16 placements? How do local area partners enable CYP in AP to be well prepared for their next steps and achieve strong outcomes?</p>	<p><b>Children, young people, family, carer feedback</b> Key area for development for multiple LAs. How is the voice of the child and family gained and considered from the point of initial assessment of need, commissioning of provision, monitoring of outcomes and quality assurance?</p>

