

Key findings from 'Alternative Provision in local areas in England: A thematic review'

In January 2023, the <u>framework and handbook for</u> Ofsted's area SEND inspections was launched and included the inspection of local areas' approach to commissioning and overseeing Alternative Provision (AP). AP has been identified as an area for improvement in almost half of the area SEND inspections that have carried out so far. Given the issues in this area, AP arrangements were the focus of Ofsted and CQC's first annual thematic review linked to the area SEND inspection framework. This review consisted of visits to 6 local areas.

Challenges	Good practice
Impact of Alternative Provision for children	
 Disruption from frequent suspensions/ exclusions and placement moves. Limited hours impact negatively on mental health. Some not working towards any qualifications. Children in care not receiving education when awaiting placements. Limited action when children disengage with home tuition. Lack of awareness of active AP in local areas. Lack of clarity on what good outcomes look like. 	 Evaluation metrics alongside academic progress. Shared online outcomes tracking. Annual audits of all providers. Regular scrutiny meetings. Multi-disciplinary strategic review including VSH, YOT.
The role of AP	
 Lack of specialist provision leading to inappropriate placements. Open-ended placements without success criteria or exit strategy in place. Stretched resources limit options to be proactive. Rise in permanent exclusions creating sufficiency challenges. 	 Outreach services supporting schools, parents and professionals. Behaviour services accessible by schools. Bespoke tuition for CYP with medical needs. Therapeutic support packages for children in care.
Strategic planning	
 LA need to prioritise early intervention and planning for sufficient provision. LAs unclear on where responsibility for strategic oversight sits. Consideration of block commissioning of placements: benefits: budgetary stability, staff retention. sustainable funding; drawbacks: less parent/ CYP input, pre-determined so may be unsuitable. Variable involvement of health and care in strategic planning. 	 Commissioning strategies developed by DCS and ICB. Designated clinical officers involved in planning. School leaders are stakeholders in the AP strategy. School partnerships commission AP. Agreed framework of providers to evaluate sufficiency and inform planning. Inclusion panel collaborate strategically to support CYP. Parent Carer forums involved in development of AP strategy, reviews and audits of AP.
Placement decisions	
 Absence of QA around the effectiveness of provision. Lack of clarity on responsibilities and accountabilities. Limited choice of AP provision – sufficiency challenges. Poor information-sharing between commissioners and providers. Unclear intended outcome/ timeframe of placement. Contractual agreements pre-determine placements. Limited health involvement in decision-making. Variable involvement of social care professionals. Lack of CYP/ family voice in placement decisions. 	 Regular returns to LA used to track unregistered providers. Multi-agency panel making decisions on suitable placements on individual child basis. Family involvement in placement decisions and review meetings.
Oversight arrangements	
 LAs not always aware of AP arrangements. Oversight tends to be weaker when AP out of area. Commissioners unclear on purpose and intended outcomes. Reporting means levels of absence identified retrospectively. Extended placements, with lack of parental understanding. 	 LAs keep records of approved AP and a framework of standards. LAs review children's progress and visit regularly. Termly tracker meetings and regular meetings with families. TAC meetings held regularly and include EHCP update. Oversight strong when there are clear statutory responsibilities.
Permanently excluded children spending long periods with little	Transitions work well with well-considered processes in place.
 education. Placements need explicit plans for moving on from AP, which should be clear to families. Health practitioners and social workers are not routinely involved to support children/ families through periods of transition. 	 Effective communication about the needs of the CYP prevents delays in them receiving the right support. Person Passports inform transition planning. Behaviour support specialists support transition. Proactively supporting children at risk of exclusion. Clear intended placement outcomes/ timeframes. Regular communication - families, home schools, and providers. Consistent curriculum offered between settings. AP develop strong links with FE institutions. Transition support/ tracking for children after leaving AP. Bespoke plans for children with EHCP/ children in care.