Research and analysis

Alternative provision in local areas in England: a thematic review

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Applies to England

Contents

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Introduction

All children and young people should have access to safe, high-quality education. For children in alternative provision (AP), this is often not the case. As this report outlines, this is a consequence of the increased pressures facing the sector, the longstanding absence of a regulatory framework and an overall lack of cohesion in AP systems.[footnote 1]

Ofsted has known that this is an issue for some time (https://www.gov.uk/government/publications/alternative-provision-education-outside-school). The mix of registered and unregistered AP, along with the multiple routes into AP, mean that the quality of oversight for children in AP is highly variable. Our inspections of registered AP show that it is less likely to be offering an equally good or better quality of education than its mainstream counterparts. We know that schools sometimes commission their own AP, with considerable variation in how effectively it is overseen.

Unregistered AP presents even greater challenges. Ofsted gets a snapshot of provision at unregistered providers when we inspect schools that commission AP. We also visit unregistered providers as part of our investigations into illegal schools. This year, 57% of unregistered school inspections were of AP. This has increased from 33% in 2016, the year the unregistered schools team was first set up.[footnote 2]

Inspectors have raised concerns about individual children being placed in multiple unregistered providers, with little to no attendance in their home schools. In January 2023, we launched our new framework and handbook for inspecting local area arrangements for children and young people with special educational needs and/or disabilities (SEND) (https://www.gov.uk/government/publications/area-send-framework-and-handbook), known as 'area SEND inspections'. Until this point, there was no coherent overview of how commissioning and oversight practices worked at local level or of the mix of AP that local area partners are using.[footnote 3] That is why Ofsted and the Care Quality Commission (CQC) now inspect local areas' approach to commissioning and overseeing AP as part of our joint area SEND inspections. We have identified AP commissioning and oversight as an area for improvement in almost half of the area SEND inspections that we have carried out so far.

The focus of this report

Given the issues in this area, AP arrangements are the focus of this report, which is our first annual thematic review.[footnote 4] We carried out visits to 6 local areas with the aim of:

- finding out the extent to which AP arrangements are meeting the health, care and/or educational needs of children and young people[footnote 5]
- better understanding the purposes for which AP is used
- identifying the enablers and barriers to local area partners working together to commission and oversee AP placements
- highlighting good practice in commissioning and oversight arrangements for AP

Executive summary

Overall, we found that issues such as a lack of national standards and a lack of clarity on responsibilities for AP commissioning and oversight are leading to inconsistent and ineffective practice. This is often made worse by underdeveloped strategic planning, an insufficiently clear purpose of AP and a lack of monitoring of children's outcomes.

Too often, agencies do not strategically collaborate with each other. There is a worrying lack of involvement from health partners in particular. Decisions about placing children in AP are often not rigorous enough and placements are not monitored effectively. As a result, children's outcomes are extremely inconsistent, both across and within local areas. We also saw, and have reported on, some good practice. We encourage local authorities and schools to adopt this where possible, adapting it to their local context. However, the overall picture is of a system in desperate need of reform.

The Department for Education's (DfE) 2023 SEND and AP improvement plan (https://www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan) recognises many of the issues we identify and highlights the important role of AP in the SEND system. It proposes an integrated system in which local area partners work together to plan and commission support for children with SEND and in AP.

This report shares common themes in how partners work together to commission and oversee AP. It sets out good practice and highlights particular areas requiring further attention. We also make recommendations to strengthen AP commissioning and oversight.

Chapter summaries

Each chapter in this report focuses on one of the themes we explored in the visits. They are:

- **the impact of AP on children**: the extent to which children in AP have positive experiences and outcomes, and how local area partners assess and monitor this
- **the role of AP**: the purposes for which local area partners are using AP, and the models they are using to achieve these purposes
- **strategic planning**: the extent and content of local strategic plans for AP, and who is involved in this process
- **placement decisions**: the factors that schools and local authorities consider when deciding to place children in AP
- **oversight arrangements**: how schools and local authorities monitor and review the effectiveness of AP placements on an ongoing basis
- **transition arrangements**: the support that children receive when moving either into or out of AP placements

Throughout the report, we also identify systemic issues that affect practice in these areas. Where appropriate, we have included wider inspection insights.

Impact on children

Too many children have negative experiences in AP. Many experience a fragmented education and multiple placement breakdowns.

We saw some examples of AP working well for children. Local area partners could demonstrate success through improvements in attendance and behaviour, reductions in suspensions and successful reintegration into mainstream education. Partners tended to place greater emphasis on immediate impact than on longer-term outcomes and academic attainment.

However, many local authority leaders could not show a positive impact. This was either because they were not aware of all active AP in their area, or because they had not yet embedded systems for understanding whether pupils' education, health and care needs were being met.

Role of AP

The primary purpose of AP in the areas we visited was to prevent children from being permanently excluded. We saw examples of staff from AP working with mainstream schools, predominantly to improve behaviour. Generally, partners wanted to offer more early help but lacked the resources to do so.

Schools often placed children in AP with the intention of supporting them to re-engage with their education and reintegrate into mainstream education.

However, in many cases, children did not return to mainstream school. This was either because they moved on to specialist provision, or because commissioners placed them in AP with no clear exit strategy or timeframe. Some remained in open-ended placements.

Local authorities also placed children in AP when they had been permanently excluded, when they were not attending school, or to supplement shortages in specialist provision.

Strategic planning

The extent to which local authorities had developed and embedded strategic plans for AP varied significantly.

In the areas we visited, health and social care involvement in strategic planning was variable. Local area partners rarely consulted representative groups of parents and carers, such as parent carer forums, on AP strategy.

Local authorities tended to prioritise improving early intervention in mainstream schools, planning for suitable provision to meet local needs, and promoting good outcomes for children in AP.

Placement decisions

Local authorities and schools tended to carry out basic safeguarding checks. They did not focus as much on the appropriateness of the educational provision before placing a child in AP.

Commissioners too often placed children in unsuitable settings, frequently because of a lack of choice of AP. Generally, families did not feel included in decisions about a child's placement. Children's social care partners tended to be involved in decision-making for children in care who were placed in AP. However, health partners were typically only involved for children with very complex health needs.

Oversight arrangements

The extent to which local authorities knew about the quality of AP in their area varied. Since there are no national standards for quality assurance of AP, some

local authorities have developed their own framework of standards and keep approved lists of providers.

At the level of individual placements, we found considerable variation in the extent to which local authorities and schools monitor and evaluate the effectiveness of AP placements. This was particularly the case when children were placed far from home or when they were receiving online provision or home tuition. Oversight tended to be stronger when a child had an education, health and care (EHC) plan or was in care and their personal education plan (PEP) was in place.

We saw some examples of strong communication and information-sharing between frontline education, care and health professionals, facilitated by formal and routine processes for joint working. However, generally, they worked in silos; there was limited oversight of how AP placements were supporting children's needs, and parents and carers were not involved as fully as they should be.

Transitions

When children were in AP and due to move to the next step, reviews were often delayed, and there was a lack of a clear exit plan or family involvement. Many providers were supporting children in planning their next steps into post-16 provision. However, support from professionals who had been working with the child in AP tended to stop on entry into post-16 provision. This was often due to unclear oversight responsibilities.

By their nature, transitions into placements that local authorities arranged for children who had been permanently excluded tended to be sudden and unsettling. Some local areas had systems in place to support pupils going through this process, whereas others did not. Some children spent extended periods of time without suitable education.

There was little joint working between health, education and care professionals to support children to access education through periods of transition.

Recommendations

To improve the experiences and outcomes of children in AP, there needs to be better commissioning and oversight of AP. This is the case both at a strategic and area-wide level, and at the level of individual placements.[footnote 6]

Area-wide improvement

To improve commissioning and oversight of AP at an area-wide level, there needs to be better guidance explaining the purposes AP should serve and how it can be used effectively. The guidance should also set out potential indicators of success. This will make it easier for the local area to monitor the outcomes of children in AP.

There need to be clear roles and responsibilities for local area partners, in particular:

- how health and social care partners should be involved in:
  - strategic planning for AP
  - helping to evaluate the appropriateness of AP placements for children with a diagnosed health need or those involved with social care agencies, and overseeing them on an ongoing basis to assess their impact
- how placing and host authorities should work more effectively together to make sure the education, health and care needs of children who frequently move across borders are met. This relates particularly to children in care who may have different geographic areas responsible for their health, education or care provision
- how academies and trusts should support local authorities' strategic planning for using AP effectively

There needs to be improved oversight of certain groups of children in AP, including:

- children in unregistered AP, by introducing a proportionate registration system for all AP
- children in satellite provision[footnote 7]
- children in AP who do not have an EHC plan or are not in care, particularly to make sure the provision meets their wider health and care needs

Ofsted plays a significant role in promoting system-wide improvement in the commissioning and oversight of AP. We will continue to work with the DfE and the sectors that deliver and/or commission AP to share our insights and build a comprehensive understanding of strengths and concerns in this area. We also intend to increase our scrutiny of the use of AP, including by piloting changes to how we evaluate schools' use of AP on inspection. To improve the oversight of unregistered AP, we will collate the information that inspectors routinely gather on the use of unregistered AP. We will share this information with local area partners through engagement meetings.

Improvement at the level of individual placements

At the level of individual placements, there needs to be greater consistency in the rigour of pre-placement decision-making and of monitoring and evaluation arrangements.

Before placing a child in AP, commissioners should consistently:

- check the suitability and quality of the provision
- consult with education, health and care professionals (as appropriate), as well as children and their families
- specify a timeframe and intended outcomes for the placement

When a child is in AP, commissioners should consistently and regularly review the safety and effectiveness of the commissioned AP.

Context

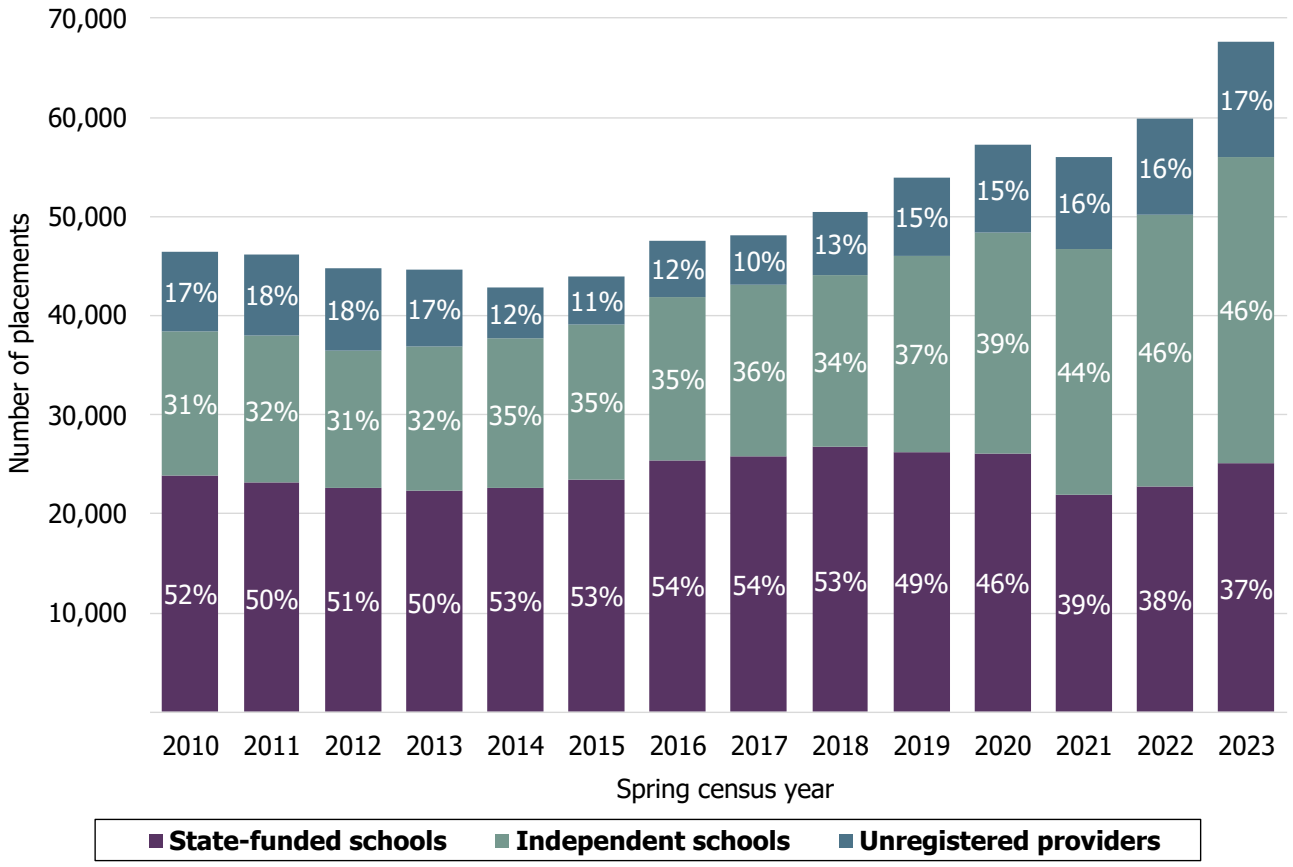
AP plays an important role in the SEND system and for children with mental and physical health needs. The DfE's 2013 AP statutory guidance (https://www.gov.uk/government/publications/alternative-provision) defines AP as:

- education arranged by local authorities for children who, because of exclusion, illness or other reasons, would not otherwise receive suitable education
- education arranged by schools for children on a fixed-period exclusion
- off-site provision where schools direct children to improve their behaviour

As set out in the definition above, both schools and local authorities can commission AP. School governing bodies are responsible for arranging education from the sixth day of a fixed-period exclusion. Local authorities are responsible for arranging education for permanently excluded children, and for other children who would not otherwise receive suitable education. However, in reality, a lack of suitable specialist provision has meant that AP is also used inappropriately as a stopgap to fill deficiencies in local SEND systems.

AP may be full or part time, with some children remaining enrolled at both their mainstream school and the AP. It is likely to include academic and behavioural support. It may include therapeutic and mentoring provision. We explore the role of AP later in this report.

Number of AP placements in state-funded schools, independent schools and unregistered providers, over time



See the data in an accessible format.

It is difficult to get a complete view of the AP sector. Combining pupil-level data from the DfE's school census and AP census, we estimate there were 67,600 AP placements in January 2023: an increase of 13% from 2022. This comprises 25,100 placements in registered state-funded AP, 31,000 in registered independent schools and 11,600 in unregistered provision.[footnote 8]
The DfE sometimes does not consider placements of children with EHCPs in independent special schools as AP placements, though they are recorded and published as part of the AP census.

The DfE has recently started to publish data on AP placements commissioned directly by schools (https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics). In January 2023, there were 24,600 AP placements commissioned by schools in registered and unregistered provision. These are not necessarily additional placements, as some may also already appear in the numbers above. The most common reason recorded for schools arranging AP was off-site placement for behavioural support; 56% of placements were made for this reason.

Most children who spend time in AP are identified as having special educational needs (SEN) and are referred to social services for a child-in-need assessment during their schooling (https://ffteducationdatalab.org.uk/2021/06/the-overlap-between-social-care-special-educational-needs-and-alternative-provision-part-two/).

Impact of AP arrangements on children

A core purpose of the thematic visits was to better understand the impact of local areas' AP arrangements on children. This included exploring how local area partners understand whether children in AP are receiving the right education, health and care support at the right time.

Understanding impact

Using a national survey, we asked children, their families and professionals working with children in AP about the impact of AP arrangements.[footnote 9] Sixty per cent of parents and carers who responded to the survey (and 67% of all respondents) agreed or strongly agreed that children in AP have positive experiences and get the support they need when they are learning.

A smaller percentage of all respondents thought that children receive adequate support:

- to stay in mainstream education rather than go into AP
- from social care services
- for their health
- in preparing for next steps
- when moving between services and providers

Survey results for all respondents by question

	% Agree or strongly agree	% Neither agree nor disagree	% Disagree or strongly disagree	% Don't know
Children in their local area are supported to stay in mainstream education, rather than go into AP	34	20	39	6
Children in AP get the support they need from social care services	29	24	34	13
Children in AP get the support they need for	48	21	25	6

	% Agree or strongly agree	% Neither agree nor disagree	% Disagree or strongly disagree	% Don't know
their health				
Children in AP get the support they need for preparing for their next steps	60	13	23	4
Children in AP and their families get the right support when moving between services or providers in their local area	33	17	39	11

Percentages are rounded and may not add up to 100.

During the visits, we also gathered information directly from children and young people, parents and carers, and professionals working with children, to explore their views in more detail. We found that many children experienced fractured and disrupted education. Some children experienced frequent suspensions and/or exclusions, spent long periods of time in isolation and/or moved between providers, sometimes following behavioural incidents.

Poor attendance and engagement with education was common, especially since placements were often far from home. Some children were not working towards any education or qualifications. One parent described the situation as 'soul destroying'. While waiting for decisions to be made and arrangements to be approved, children's hours of attendance were sometimes limited. A practitioner reported this as having a 'negative impact on families' and pupils' mental health'.

Children in care often moved around when home placements broke down, resulting in children moving between providers, often out of area. Children sometimes experienced periods of time not receiving any form of education while waiting for residential and educational placements to be sourced. Some children received home tuition, but little action was taken when they did not engage.

Despite a concerning overall picture, we did see examples of AP working well for children. Children told us that AP provided 'somewhere to learn comfortably', in 'calm' environments and with teachers who 'understand'.

Some local area partners were able to track and demonstrate a positive impact on children. Some partners reported, for example:

- improvements in attendance and academic attainment
- improvements in behaviour
- reductions in suspensions
- successful reintegration into mainstream education and post-16 destinations

One local authority was beginning to review and develop its evaluation criteria to comprise an extensive range of metrics in addition to academic achievement.

Another local authority had developed a shared online AP system that enabled providers to regularly upload information on individual children's progress against common indicators. The local authority used this to review and benchmark outcomes for every child. It also used annual audits of all providers to inform the commissioning of a range of resources.

In another area, the local authority used a range of information sources to scrutinise AP in the area. These included regular meetings with providers, attainment and destination information, social care pathways and Ofsted reports (where available). This local authority involved multiple partners in strategic review, including the virtual school headteacher (VSH), a local authority body responsible for promoting the educational progress and attainment for children looked after by the local authority, and the youth offending team.

However, many local area partners could not show a positive impact of AP in their area. This was because they were not aware of all active APs in their area and/or because they had not yet embedded systems for understanding how well AP was working. Without a commonly agreed purpose of AP, they often lacked clarity on what good education, health and care outcomes would look like for children in AP. Consequently, they were uncertain about how to measure impact. A practitioner in AP highlighted the 'confusion about what an AP is, how it should be used and what we do'.

In some cases, we found less focus on academic attainment or long-term outcomes. Commissioners were placing greater emphasis on attendance and behaviour. Local area partners often worked in silos, developing their own systems for tracking progress, with no common view of the effectiveness of arrangements. This meant they could not always recognise or reach consensus on whether AP was effective or not.

One reason for the lack of clarity on AP's purpose and how to measure its impact may be because the AP sector is diverse and complex. Arrangements for children vary significantly according to individuals' needs. Leaders' uncertainty may also be increased by not having national guidance that sets out the types of placement that can be helpful, their timing and intended purposes, and potential indicators of success.

Role of AP

During our visits, we explored how AP is currently used in local areas. This included examining AP's role in helping children to stay in mainstream provision, and the role of AP in SEND systems.

Local areas' AP offer

The AP that areas offered ranged from behaviour services to therapeutic, vocational and school provision, including hospital schools. Delivery of AP ranged from online provision to one-to-one tutoring and classroom teaching.

In the areas we visited, AP catered to children with various SEND and mental and physical health needs. In one area we visited, the higher prevalence of social, emotional and mental health (SEMH) needs meant that a hospital school (primarily responsible for supporting children with medical needs) was increasingly being asked to cater for children with SEMH needs.

Many parents and carers thought that, while behavioural support was strong in AP, academic learning, particularly the breadth of curriculum, could be compromised. Some parents and carers suggested that AP should not be used as 'a place to put children with behavioural challenges'. Practitioners working with children in AP also raised concerns about some AP settings 'focusing on behaviour… and not the real issue that needs to be addressed'.

Some parents raised concerns that children were being placed in AP settings that were more like youth clubs than educational establishments. We saw evidence of some AP placements that appeared to have minimal value. They were neither educational nor vocational. They had no clear purpose, and gave no evidence that they were addressing any of the children's needs.

How AP was used

Early intervention

Local area leaders told us that the primary purpose of AP was to give early support to children at risk of exclusion and to re-engage them with mainstream education.

AP outreach and temporary placements in AP were generally used to help children learn and manage their behaviour, where appropriate. AP outreach is

where an AP setting works with a mainstream school to support its staff in meeting children's needs, and/or to support children directly in that school.

AP outreach

Many schools used outreach services for support with behaviour they were finding difficult to manage.

In one area, an outreach service had the primary aim of providing early targeted interventions for children at risk of permanent exclusion. The service supported children with their transition to different educational settings. It worked closely with the local area's reintegration team when a child was moving back to mainstream school from AP. The service also provided professional development opportunities for school staff and workshops for parents. The service liaised with a wide range of professionals, including at 'team around the child' (TAC) meetings and reviews. This ensured that there was joined-up working and clear lines of responsibility within education, health and social care, according to the specific needs of the children. Reductions in permanent exclusions and re-referrals indicated that the interventions implemented by the outreach service were effective.

We saw other outreach models across the visits. Some local authorities provided behaviour services that local schools could access through referrals. In one area, the VSH worked with mainstream schools to offer 6-week interventions to support children identified by their schools as being at risk of exclusion, to help them learn to regulate their behaviour. Typically, support included education to address gaps in learning alongside behaviour and therapeutic programmes. We were told that, of the 39 children who participated in the scheme, only 3 went on to be permanently excluded.

Commissioners and practitioners working with children in AP advocated for increased outreach services in mainstream schools. However, AP leaders highlighted that resource and staffing shortages often limited their ability to expand their outreach work.

Outreach work did not just have a behavioural focus. In one area, a medical needs teaching service provided tuition to children unable to attend school because of their medical needs. This included bespoke packages of support for children with complex needs. There were positive reports from parents about the service's flexible approach to providing tuition.

Time-limited placements to support re-engagement with mainstream education

Some children also went to an off-site provider for a fixed period of time.

Many partners discussed these interventions as one of the most effective ways to keep more children in mainstream education when they had not responded well to early intervention in school. This was especially the case when children's

progress was closely monitored and there were clear exit strategies in place to support their reintegration.

We found that small class sizes and the supportive, nurturing approach of the AP could have a positive impact on children's attendance and engagement with learning. Children could build trusting relationships in small classes, develop their social skills and engage further in their education as a result. For some children, short-term placements provided an opportunity for timeout and reflection. We saw one example where AP had given a child the opportunity to stabilise after experiencing a crisis. Therapeutic support packages for children in care were also used to help meet their needs and to re-engage them in education and learning.

In contrast, we saw some children finding time-limited placements difficult. They lost their friends, had to form new relationships and experienced further change on their return to their home school. This had a significant impact on some children who had already experienced other losses in their lives, particularly children in care. It worked well when the child's mainstream provision remained in close contact, visiting the child weekly, but this was uncommon.

Open-ended placements

While we saw examples of AP used as a form of early intervention, few children returned to mainstream school. Some moved on to specialist provision if their diagnoses of need indicated that this was required, while others remained in AP for extended periods of time. Too many children were in open-ended placements with no clear success criteria or exit strategy in place.

Some parents and carers told us that their children were placed in AP as a form of 'unofficial' exclusion, moving the problem elsewhere rather than addressing it. Only 19% of parents and carers who responded to the national survey felt that children in their area are supported to stay in mainstream schools, rather than go into AP. They told us that mainstream schools 'seem to want to support children that thrive in their environment'.

In discussing areas for improvement, survey respondents, including commissioners and parents and carers, brought up the need for more support for mainstream schools and for earlier intervention. This reflects a common challenge across local areas. Partners want to offer more early intervention, but their resources are stretched to such an extent that they cannot offer proactive support.

Some parents and carers, however, preferred their child to remain in AP. They were anxious about the possibility that reintegration would impede the progress their child had made in AP.

Permanent exclusion and school absence

AP was also used as provision for children who had been permanently excluded or for children who were not attending school. Local area partnerships told us they are grappling with a national rise in permanent exclusions since the pandemic. This is in a context of reported increased school absence and in-school behaviour that is difficult to manage.

Local authority leaders in one area raised concerns about the trend in some academies. They saw high rates of permanent exclusions, refusal to admit children who had been permanently excluded, and a wider lack of engagement with the local authority to understand its philosophy and systems. It was extremely concerning to hear, in another area, that high rates of exclusions from a particular multi-academy trust had led to children remaining in AP for prolonged periods of time. This was because headteachers from other schools took a stance against the trust's behaviour and refused to admit them. Children were unfairly caught in the crossfire.

A shadow SEND system

AP is often used to supplement shortages in specialist provision, particularly provision for children with autism. It can cater for complex needs that a non-specialist AP provider lacks the expertise to meet.

Some of the children we spoke to had been in open-ended AP placements. Many survey respondents highlighted this issue of children 'in limbo' at an inappropriate AP while waiting for a special school placement or for an appropriate needs assessment. Providers also told us that perceived reasons for children ending up in AP include long waiting times for local mental health providers and children's SEMH needs not being met in mainstream schools.

Across the board, it is clear that a lack of specialist provision for certain needs is leading to some children being placed in inappropriate provision.

Strategic planning

We explored local authorities' strategic planning for AP, including how partners ensure that they have sufficient suitable provision, and different agencies' involvement in strategic planning.

Local authorities' strategic planning for AP

Most local authorities were taking steps to review their strategic approach to AP, in response to the DfE's plans for SEND and AP reform. However, the extent to which they had embedded new strategic approaches varied. Some local authorities could already point to examples of how their approach was leading to positive outcomes for children. Others were either at the stage of reviewing their strategic planning on AP or had developed new strategies but had not yet had enough time to determine their impact.

The position of AP strategy in local authority partnership structures varied across areas. Within many local authorities, SEND and/or inclusion teams were responsible for AP, and strategic planning for AP was part of strategic planning for SEND. One local authority had included AP within its SEMH strategy. Another local authority was unclear on where responsibility for strategic oversight sat, and who should be involved. In another area, the local authority did not have a central AP strategy. Instead, it had delegated the design and delivery of AP to local partnerships of schools.

Local authorities' strategic plans largely focused on:

- improving early intervention in mainstream schools, including from mental health providers
- planning for available suitable specialist provision and AP
- ensuring that AP promotes good outcomes for children

Prioritising early intervention and planning for sufficient provision are particularly important considering the increase in numbers of children in AP in the last few years. Parents and carers report 'overcrowding' and 'not enough spaces'.

Planning for the availability of suitable AP

To support long-term planning, one local authority commissioned AP placements several years in advance through a process called 'block commissioning'. Partners argued that this provided budgetary stability and addressed common challenges around staff retention – staff would have the security of long-term contracts and providers could guarantee a certain level of service.

Local authority leaders also said that this prevented commissioning on an ad-hoc basis and that sustainable funding for AP providers allows the local authority to support children reliably for a year or more. Children then experience less disruption in their lives and are more likely to build meaningful

relationships with staff. This can help children to feel engaged in their education.

Leaders reported that the downside to block commissioning is that it offers fewer opportunities for input from parents, carers and children. The choice of AP is, largely, already pre-determined. While there may be provision available, this provision may not be suitable.

Some areas were building an agreed framework of providers and reflecting on what needs were being met and the geographical location of each, to evaluate whether there was enough suitable provision to meet local needs and inform planning. While this flexibility promotes need-based planning, in some cases it involved shorter-term funding contracts. This reduced providers' ability to plan ahead.

Partnership working

Collaboration with health and care leaders

As part of local authorities' plans to improve AP and AP commissioning, some local authorities had taken steps to build stronger strategic partnerships with leaders across education, social care and health.

We saw examples of the director of children's services working closely with the integrated care board (ICB) to engage health partners in developing their new strategy for AP commissioning. We also saw designated clinical officers involved in inclusion planning.

In one local authority, education, health and care partners worked together as part of multi-agency forums to plan and oversee AP. School leaders were equal stakeholders in the AP strategy. All schools, including academies, paid into an AP framework. They worked with the local authority to determine what local provision needed to look like. Then they set it out in the framework. The forums enabled partners to work together to identify emerging needs, find the gaps to be filled and consider where that required additional provision. Collaborative learning days and a range of forums were used to disseminate the strategy across the area. The success of collaborative planning and commissioning of AP was measured by timeliness of interventions, successful reintegration to mainstream and transition to post-16, using impact data (including academic attainment, where appropriate) and case studies. The local authority reported good outcomes for children because partners worked and planned together.

Across the areas visited, however, health and care involvement in strategic planning was variable. In one case, the ICB was unaware of commissioning arrangements for AP until it received payment requests. We recommend that

the DfE provides further clarity around responsibilities and accountabilities for strategic planning for AP.

Frontline education, health and care professionals were more likely to be coordinating an effective response when agencies were working effectively at the strategic level. Where this was not the case, children's outcomes often depended on the commitment and quality of work carried out by individual practitioners.

Schools and providers' engagement with AP strategy

Generally, we found limited involvement of schools and AP providers in strategic planning for AP. We did, however, see some examples of joint working to deliver the local area AP strategy.

We saw, in the example above, how all schools and providers in one area were able to contribute to strategic planning. In this area, school leaders, including academy principals, were represented on the AP strategy group. Schools were expected to discuss any AP they commissioned with their local authority education inclusion partners. This made sure they were included in the reporting and reviewing structures set up as part of the AP strategy. This meant that new and emerging needs could be identified and included in the commissioning process.

One local authority built on historic neighbourhood partnerships with local schools to design and deliver AP. Groups of schools formed local partnerships, with one lead school responsible for providing AP for children within the partnership. The lead school received high needs block funding and was responsible for managing the provision. The local authority viewed the AP provision as a 'satellite' of the lead school. While headteachers told us this approach enabled them to meet local needs, there were differences between each partnership's approach, and no broader strategic oversight by the local authority.

Senior school leaders in another area came together as part of an inclusion panel to discuss children with complex needs in their localities and share challenges. Leaders said that this forum allowed them to collaborate strategically to deliver effective support for children. They were able to discuss ideas, share learning and get support from their peers. Collaboration between schools led them to identify common themes, such as risks in the community.

Parents and carers' involvement in strategic planning

Generally, there were only limited opportunities for parent and carer representative groups to input into strategic planning for AP.

We saw some strong examples of communication and collaboration with parents and carers, but this was rare. In one area, the local authority invited the parent–carer forum to discussions about how to develop provision for children

with SEND, including children in AP. This allowed the local authority to hear the voices of those accessing its offer. In another area, the parent–carer forum formed part of a core group that held the local authority to account for delivering improvements as part of the AP strategy. Children and their families were involved in reviews and audits of AP and were able to give their views.

That same local authority also combined information from children and their families with AP performance data, audits of AP providers, and the joint strategic needs assessment (JSNA) (https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained) to inform provision planning. We found this created stronger partnership working and more joined-up decision-making. It also allowed priorities to be readjusted where required.

Overall, however, many local area partners did not take account of the views and desires of parents and carers when developing their AP strategy. Most communication channels with parents were not well developed. In some cases, it went no further than local authorities putting additional information on their website. Some local authorities intended to include the perspectives of parents and carers but had no clear plan for how or when this would happen. Where stakeholder engagement was lacking, there was little understanding of the challenges to address.

Placement decisions

We looked at how placement decisions are made, including how schools and local authorities carry out quality checks and determine the suitability of individual placements. We also looked at the extent to which health and care partners and families are involved in placement decisions.

Quality assuring provision for individual placements

We found inconsistent and often inadequate checks on the quality of provision before commissioners placed pupils in AP.

We saw some examples of school leaders discussing curriculum models with APs. However, they generally focused more on checking safeguarding than on the quality of educational provision. We saw little evidence of commissioners using data on children's outcomes or on the effectiveness of provision to make decisions about individual placements.

Some senior leaders from placing schools carried out quality assurance checks when they commissioned placements. For example, they visited the AP and met with AP leaders. In one area, the local authority expected schools to make a termly return to the local authority stating what AP they had used and what checks they had made on its legal status. The local authority used this information to track unregistered providers.

We discussed, in an earlier example, how partners sitting on a multi-agency panel assessed the quality and suitability of provision for all AP referrals. In this case, those assessing quality were sometimes the same as those delivering the provision. This put independent, objective assessment at risk.

Local authority leaders told us that the multiple routes into AP and a lack of clarity on responsibilities and accountabilities sometimes led to ambiguity around commissioning responsibilities. For example, it was not always clear whether local authorities or schools should be carrying out certain checks.

Determining placement suitability

We found that few placement decisions were based on what provision would be most suitable for the child. Commissioners reported being limited by a lack of choice of AP in the local area. We found poor communication with providers and disagreements with parents and carers on what type of placement would be in the best interests of their child. This also led to children being placed in what some providers and local area leaders thought were unsuitable settings.

Local authority leaders explained that the limited choice of AP resulted in placements of convenience, rather than identifying a provision that was carefully tailored to a child's needs. For example, one parent reported that their child was put into the wrong provision. They were placed in one for pupils with SEMH needs as no provision for autism was available.

When suitable provision was not available in the local area, local authorities sometimes placed children in AP that was far from the child's home. This led to inconveniently long journey times. Parents and carers discussed concerns about long waiting times for transport to be arranged. One parent we spoke to during the visits had to cut down her working hours to take her child to the AP herself. This can be a consequence of some local authorities not funding transport for children who are dual-registered.

Some AP leaders reported that poor communication and information-sharing was a crucial reason for placing children in unsuitable AP. Local authorities and schools sometimes placed children in settings without discussing with the provider how the provision would meet their needs. In some cases, important information essential to the question of whether the placement was safe and suitable was missing from the referral information a provider received. One

provider we spoke to had received a referral that did not contain important information about the child's history with another child already attending the AP. The provider was left with the challenge of keeping the 2 children apart during the hours they attended the provision.

Local authority leaders in one local area raised concerns about the impact of the pandemic. They said this had led to an increase in parents advocating for placements with limited educational elements. Professionals deemed these to be unsuitable. Parents and carers often requested complex and expensive 'education other than at school' packages. They preferred, for example, equine and therapeutic care to educational settings. Leaders suggested the issue was being worsened by a growing market of unregistered providers. These often advertised directly to parents and carers.

Other factors contributed to children being placed in unsuitable provision. Schools and local authorities were not always clear on intended outcomes and timeframes for a placement. Some local authorities had contractual agreements in place with providers. This meant that decisions were largely pre-determined. For example, a provider might have to admit a certain number of permanently excluded children. Many children were placed in AP when at crisis point. The urgency of these situations sometimes limited capacity for careful planning.

Parents and carers told us that a high turnover of staff in the local area could also lead to unsuitable placements. Cases would be passed from one team member to another. This led to delays, and some professionals had a limited understanding of the needs of individual children and their families.

Health and care contributions to placement decisions

We found that many health partners were unclear on how they should support pre-placement decision-making for children with additional health needs. Health partners were generally involved on an ad-hoc basis. The threshold for health involvement in planning children's educational provision was high. They were typically only brought in for children with very complex health needs and/or at crisis point. We saw limited health involvement in decision-making for children without an EHC plan or a medical diagnosis.

Social care partners, including social workers, family support workers and the virtual school, tended to be more consistently involved in decision-making where there was statutory social care involvement. They were most consistently involved for children in care. When children were receiving early help (https://www.gov.uk/government/publications/early-help-concepts-policy-directions-and-multi-agency-perspectives), practitioners also sometimes contributed to placement decisions. However, there was still too much variability in the involvement of social care and early help professionals.

In one area, we saw a good example of routine health and care involvement in placement decisions. The multi-agency forum model for strategic planning, discussed above, was also applied at the level of individual placement decisions. A multi-agency early intervention panel enabled a wide range of professionals to contribute to placement decisions for individual children. The panel included professionals from the multi-agency safeguarding hub and child and adolescent mental health services (CAMHS). All important commissioning decisions were made through them. The panel was open to any education setting that had concerns about a child identified through the local area risk register.

Partners triaged all referrals and ensured that those needing AP were progressed to the relevant expert panel. Members of the panel used their expertise to identify the provision that would be most appropriate to meet the children's needs, whether that was primarily education, health or social services. Children with the highest and most immediate need were fast-tracked to the most appropriate assessment service, for example CAMHS.

The panel enabled a holistic approach to meeting needs that aimed to address the causes and not just the symptoms of the needs of children. Following the success of the early intervention panel for children aged 5 to 18, local area leaders are developing a 0 to 5 panel.

Families' involvement in decisions about placements

We saw some examples of schools and local authorities involving children and parents and carers in decision-making about AP placements. However, this was not consistent.

Sometimes, children were involved in discussions around what they wanted. Professionals worked with the child to understand their needs and challenges and decide what provision would be most suitable. We saw examples of families visiting settings before making a joint decision, and/or being involved in review meetings about the child, particularly when the child had a PEP or EHC plan. However, it was not always clear that parents and carers understood the process or had confidence that this would improve outcomes for their child. This was particularly the case when intended outcomes for the placement or an intended destination were not clear.

Generally, families felt largely shut out from decisions affecting their children. Only 42% of parents and carers who responded to our national survey (and 50% of all respondents) felt that children and their families are involved in decisions about AP placements. Some parents reported some communication about completing forms, but little further involvement in decision-making. Others said that when they did raise concerns with commissioners about placement decisions, these were not taken seriously. They said that 'often things are done

to the child rather than in collaboration with them. Their voices are not heard'. They told us that understanding a child's unique needs and involving parents and carers in the decision-making process are 'essential steps in providing the right AP'.

When local authorities had contractual agreements with providers, there were fewer opportunities for children and parents and carers to have a say in placement decisions. Some local authorities also reported that when a child is permanently excluded, the 6-day window to find a suitable placement limits the extent to which they can meaningfully consult families.

Oversight arrangements

Through the visits, we explored how local authorities maintain oversight of the quality of AP. We also looked at how local authority and school commissioners are monitoring and evaluating arrangements for children they have placed in AP. This includes children attending unregistered AP or receiving online AP and home tuition.[footnote 10] It also includes single- and dual-registered children.

Oversight of the quality of provision in local areas: approved lists of providers

Since there are no national standards for quality assurance of AP, we found inconsistencies in the extent to which local authorities oversaw the quality of AP in their areas.

Some local authorities kept records of approved AP in their local areas. These were often combined with a framework of standards that providers must meet before local authorities agreed to place children with them. Providers could only go on the approved list once they had applied, submitted documentation and received appropriate visits. A team within the local authority oversaw this process. There were many examples where the local authority refused to approve providers until they had passed all quality assurance checks.

In one area, providers that offer full-time provision for children at key stage 4 were required to teach them English and mathematics to GCSE level and to enter them for GCSEs. Providers were also required to employ qualified teachers.

Different quality assurance standards across local areas proved frustrating for providers. Providers said that they had to comply with different sets of standards for commissioners from different local areas.

Approved lists of providers were generally for local authorities to use, though some schools saw them as a helpful guide when they commissioned AP placements and were keen for more providers to join. One local authority had developed such a list but had not shared it with schools. It was concerned that schools would use this to replace their own important checks on the safety and suitability of the provision.

Not all local authorities held quality-assured lists of providers, however. In these areas, the only time unregistered providers had any sort of check was when the school or local authority wanted to place a child at the setting. As discussed above, these checks were generally limited to safeguarding. It was challenging for some local authorities to maintain oversight of all school-commissioned AP as they were not always aware of these arrangements.

Some local authorities encouraged unregistered providers to register as schools. This was driven partly by schools, cautious of commissioning unregistered provision. They wanted reassurance that providers are operating legally and in line with the local authority's framework of standards.

Oversight of individual placements

Monitoring and evaluation of placements

The extent to which commissioners monitor and evaluate the effectiveness of placements for individual children on an ongoing basis varies considerably across and within local areas.

At one end of the spectrum, we found schools and local authorities carrying out detailed reviews of individual children's progress throughout their time in AP. They visited regularly. They looked specifically at measures such as attendance, behaviour and attainment. Health and care professionals were involved where relevant. Some commissioners reviewed children's emotional well-being and had discussions with them and their families. Attendance tended to be closely monitored. Many registered and unregistered APs provided attendance information regularly to mainstream schools and the local authority. In one local authority, a provider complained that oversight was so rigorous that it approached direct management of the setting.

At the other end of the spectrum, school and local authority oversight was generic and high level. Sometimes, it was limited to regular audits of safeguarding arrangements. In some cases, children's absence was not monitored and followed up as closely as it should be. This is particularly concerning as some vulnerable children had sustained high levels of absence. Commissioners were sometimes uncertain about how long children had been awaiting placements, and the length of time they stayed in AP. A lack of any clear review schedule for a child led to temporary arrangements lasting for

extended periods of time. We were told that ‘once placements are made with AP, there is no further support. It is impossible to get hold of the local authority’.

Practitioners told us that some children felt forgotten about or not wanted by their home school. One child we spoke to told us that they felt abandoned because they had been left in uncertainty over their placement and future for so long. Another called for ‘more meetings with mainstream about what is going on with my placement’.

Some parents and carers raised concerns in survey responses about the safety of children in AP. They were also uncertain whether teaching staff were qualified. Practitioners in AP discussed ineffective safeguarding services, with little oversight of AP. In survey responses, practitioners working in AP, and children and young people, called for more contact and visits from mainstream schools.

We found inconsistency in the level of rigour of both school commissioners’ and local authority commissioners’ oversight. Local authority oversight of school-commissioned AP also varied. Leaders told us they would like more clarity about where responsibilities sit for all AP, including AP commissioning and oversight.

Parental involvement

We found substantial variation in how involved parents and carers felt in reviewing their child’s progression into and through AP.

In some cases, providers arranged regular meetings with families throughout the child’s AP placement. In other cases, parents and carers did not feel involved in decision-making about their child. They were unaware of how long the placement would be or if there was any transition plan. Some felt their child had been forgotten.

Some parents and carers raised concerns about poor communication from agencies such as CAMHS and the local authority SEND team, and delayed assessments. We saw examples of parents pursuing other sources of support. This included private health assessments if they could afford it.

Variability in the extent of oversight – contributing factors

Through the visits, we found that a range of factors contribute to variability in oversight arrangements. These include the geographical location of a

placement, joint working arrangements, children's needs, clarity around responsibilities, and the type of provision the child is receiving.

Geographical location

Oversight tended to be weaker when a child had been placed in an AP in a different local authority to the one in which they lived. Some leaders explained that there were practical challenges around quality-assuring out-of-area AP placements. The monitoring of the provision became more sporadic and there was ad-hoc engagement from health and social care.

When children moved in and out of local areas regularly, particularly children in care, it was not always clear who was responsible for the oversight of their provision and care. We were told that one child had moved across borders to another local authority. Nearly 4 months later, no meeting had taken place to consider appropriate provision to meet the child's SEND and education needs.

Joint working arrangements

Effective oversight also depended on how well education, health and care services worked together to support the child. Where education, health and care leaders worked in silos, not communicating effectively or sharing information about children's needs, there was limited understanding of how AP placements were supporting the holistic needs of children.

When communication and information-sharing between various services were strong, facilitated by formal and routine processes for joint working, children tended to receive the right support at the right time. When there was joint working, needs assessments could be made in good time. Multi-agency reviews enabled the barriers to children's progress to be identified and addressed. We saw examples of children's attendance improving and children achieving the qualifications they needed when these structures were in place. Families tended to feel confident that the provision was well matched to the child's need.

In one area, we heard about a local authority reintegration team that facilitated joined-up working with, and strong communications between, all stakeholders. The team was responsible for oversight of provision.

The team held termly tracker meetings that included practitioners from mainstream schools and the AP to review each child's progress in AP. This included academic tracking. The team worked with parents to try and resolve any worries. In addition, TAC meetings were held every 6 to 8 weeks and included, each time, a review and update of the child's EHC plan. All stakeholders, including schools, are expected to contribute to these meetings. They should identify clear lines of responsibility for oversight and have action points to be completed by the next meeting.

As well as the termly reviews, the AP gave the child's family frequent updates, including daily calls from staff, and family learning days. AP staff guided parents through the optimum educational pathways to enable their child to be well prepared for their next steps. Providers working with the reintegration team made sure that plans were in place for smooth transitions into and out of AP. This helped to allay any concerns about ongoing support available post-16 and post-18. Parents/carers felt that their voice was heard.

Children's needs

Oversight of children in AP tended to be stronger when the child had an EHC plan or was a child in care, and their PEP was in place: in other words, when there was a clear statutory responsibility for this provision to be monitored, including by whom. We found inconsistency in the oversight of other children and a lack of clarity around responsibilities.

Professionals working with children with an EHC plan tended to measure the children's progress regularly against their outcomes. Social workers and/or the virtual school were involved in the planning and placement for children involved with social care services. In one area, the VSH was developing a tracking document for children in care. They were bringing together all aspects of children's experiences, including education, care and housing needs, to identify where specific support was required.

However, there is a risk that a child who does not sit within the areas of responsibility of a specific service will 'fall through the gaps'. For example, local area leaders were not assured that the health needs of children without an EHC plan were always assessed and met. Often, SEND and inclusion teams did not have a clear enough view of the effectiveness of the provision for these children. Health professionals tended not to be involved in quality-assurance processes for children with health needs, unless the child had an EHC plan. The responsibility for overseeing children without an EHC plan seemed to rest with individuals who stepped up and took ownership, rather than being assigned to a designated member within an established team.

Type of provision

Finally, the type of provision the child was receiving also determined the level of oversight that child received.

Commissioners generally checked on the safety and attendance of children in unregistered AP. However, this oversight often lacked rigour. Commissioners were often unclear on the purpose and intended outcomes of placements.

While, overall, the oversight of unregistered AP was poor, some local authorities were putting measures in place to increase their oversight. In one area, local registered AP had significant influence over unregistered providers in the area. The local authority established a system that involved the leading registered AP, also a member of the area AP strategic group, undertaking a performance

management role as well as providing subsequent training. In this area, unregistered providers could choose to operate independently of the local authority's requirements. However, they would lose the longer-term certainty of their services being contracted. All providers had to report back on the progress and attainment of children.

The oversight of children receiving online provision and/or home tuition was inconsistent. There was little clarity on how well online provision or home tuition was matched to the needs of children. The extent to which providers were familiar with commissioning arrangements was also unclear. Children were not always able to access tuition at home due to poor mental health and/or motivation, and/or challenging home circumstances. This lack of oversight meant that little, if any, action was taken when a child was not engaging with home tuition if parents or carers did not report it. Few commissioners were able to provide assurance that children with SEND who had health needs and were receiving home tuition were accessing the health services they need with continuity.

Children in 'satellite' provision often received strong oversight from the school. However, the local authority did not tend to have oversight of the overall effectiveness of satellite provision in the local area. Local partners were able to set up such provision without local authorities and/or government being aware of its existence and/or how many children are attending this provision. Some parents and carers were unclear on the leadership structure of this provision, including who was responsible for their child's education.

Transition arrangements

We explored arrangements for children's transition into and out of AP. This includes reintegration into mainstream and transition into post-16 provision. We considered how health and care agencies supported children through periods of transition, and parents' and carers' involvement in transition planning.

Transition arrangements for children moving into AP

Close communication between schools, the AP, the children and their families supported successful transition into AP.

Where transitions worked well, this was because local authorities, schools and/or AP had established well-considered processes that started before the child took up a place at the AP. Local authorities and schools sometimes visited the AP before attending, to become familiar with the setting and its

expectations. Staff from the AP sometimes visited the child's school before the placement. They ensured that all possible strategies had been tried in school before children were placed in AP. Some local authorities had introduced child and young person passports. Mainstream schools completed these to inform transition planning.

We saw examples of emotional and practical support given to children transitioning between provisions. For example, in one area, a behaviour support specialist visited the provider beforehand. They gave information on the child's history, risk management and strategies to support strong attendance.

In another area, multiple agencies, including health and care, formed a group with the family. They worked together proactively to support children at risk of exclusion. The group was represented on medical support and intervention panels. Collectively, these panels provided guidance to mainstream settings and oversaw the support children received at every stage of transition.

Variability – contributing factors

The extent of support children received when transitioning into AP varied according to the child's route into AP and the availability of suitable provision.

Some AP leaders reported that transition tended to be more closely overseen when a mainstream school commissioned the placement, particularly when children remained dual-rolled in registered AP. Some parents also reported that their child's transition from mainstream school was generally managed well. They mentioned strong communication between the AP and the home school.

The extent of transition support from the home school, however, varied. There was variation in the extent and quality of prior needs assessments and information shared by mainstream schools. Some AP practitioners discussed a lack of up-to-date information given to them on referral. They called for greater 'consistency, honesty and communication about the needs of the children'. Without appropriate information-sharing, we saw delays in children receiving the right support while their needs were further assessed. This led to prolonged placements with no clear endpoints.

When a child had been permanently excluded, there was often little capacity to set up a smooth and well-planned transition to AP. Placements tended to be sudden and unsettling for the child, who had no opportunity to visit the AP beforehand.

Some children spent long periods of time with little, if any, education following a permanent exclusion, when no appropriate placement was available. For example, we heard of one child who could not leave a medical unit because there was no clear plan for their transition out and for a suitable placement.

Transition arrangements for children moving out of AP

Generally, transition support for children moving out of AP was poor. Only 49% of parents and carers who responded to the survey (and 60% of all respondents) felt that children in AP get the support they need in preparing for their next steps.

Reintegration to mainstream

Practitioners told us that reviews of next steps were often delayed. Placements were often open-ended and there was no identified success criteria or plan for how the children would move on from the AP. Families were often unclear on the aims of placements and pathways out of AP. A commissioner told us that reintegration following a placement in AP is often 'very challenging' and, in their experience, 'rarely works'.

Despite an overall negative picture, we did see some examples of good practice. Clear intended outcomes and timeframes for placements, communication between families, home schools and providers, and continuity of curriculum between placements supported successful transitions out of AP. Maintaining a consistent curriculum offer between the AP and mainstream settings made children's transition back into mainstream provision easier because it limited gaps in their knowledge.

Post-16 and preparation for adulthood

While reintegration has historically been the stated function of AP, evidence shows that relatively few children who experience AP by age 16 complete key stage 4 in a state-funded mainstream or special school (https://ffteducationdatalab.org.uk/2021/06/the-overlap-between-social-care-special-educational-needs-and-alternative-provision-part-two/). Preparation for next steps is therefore particularly important. During the visits, we found that support for children to plan for their next steps and transition into post-16 destinations was highly variable.

Many providers were supporting children to plan for their next steps. They were developing strong working relationships with further education institutions and organising visits to college open days. Children could familiarise themselves with the courses on offer, class sizes and behavioural expectations. This helped them make informed choices. Some providers organised events such as career weeks with guest speakers and arranged support from careers advisors. Many children reported clear career aspirations.

However, too often, secondary-aged children remained in AP until the end of Year 11 without clear plans for the most suitable post-16 pathway and provider, or for how to achieve their goals. They needed further careers guidance.

Support for young people, once they had entered post-16 provision, was not consistent. We saw some good practice, such as APs running a transition

service that supported pupils for 2 years after they left the provision. However, there is often a lack of clarity around who had oversight for these young people. Support tended to stop at the point of the young person's entry to post-16 provision. One parent described this as 'a sense of a cliff edge'. Sometimes, it felt abrupt when support from professionals who had been working with children and young people stopped. Some young people were unable to sustain their placement. Generally, children on longer-term placements were more likely to have suitable support for next steps planning and transition to post-16 than those on shorter-term placements.

Parental involvement in transition arrangements

The level of parental involvement in transition arrangements varied significantly.

Some local authorities were improving parental involvement in decision-making. They included parents and carers in review meetings to discuss transition and placements. In one area, social care professionals understood families' views through meetings. They brought these views to panels with health and education professionals.

However, we saw very little evidence overall of systems and processes for collaborative working with parents and carers.

We found cases of parents having little or no involvement in transition meetings or discussions with professionals about the next steps for their child. This was the case even when social care involvement was coming to an end. Some parents felt there was very little information or guidance about the support available to their child on leaving the AP, in particular on post-16 provision. Parents reported that the lack of communication and information caused stress and tension within the family. It also had a negative impact on the child's mental health. They called for more support for parents in coping with transition between educational settings. We were also told that 'parents are told what will be happening', rather than being involved in decision-making, and the 'voice of the child/young person is not usually a consideration'.

Health and care transition support

We saw very few examples of agencies working together to support children to transition into or out of AP.

Children on the dynamic support register (https://www.england.nhs.uk/publication/dynamic-support-registers-and-care-education-and-treatment-review-code-of-practice), who are often the most medically unwell

children, tended to receive better transition support to AP. There were more rigorous processes for children moving to acute health services, with bespoke packages in place. This was the case even for children placed out of area.

We saw some examples of bespoke transition support arrangements for children with an EHC plan and/or who are in care when moving into AP. Some health practitioners and social workers worked closely with the new setting. They supported the child and their family through transition. They helped children to prepare for transition to AP by talking to them about what they might enjoy or find difficult, and identifying the people who would be supporting them. Health practitioners, such as health therapists, put strategies in place to assure themselves that children's specific needs would be met, for example by visiting and reviewing the provision. In some cases, behaviour specialists provided training to parents and carers and professionals to support them to meet the child's sensory needs.

However, health practitioners and social workers were not routinely involved in decisions about AP placements for children they were working with. Health and care professionals rarely worked together to support those children to access education through periods of transition.

CAMHS, in most areas we visited, had long waiting lists. They did not have the capacity to provide the right support for children at the right time. Many parents and carers were unsuccessfully trying to get health support, including speech and language therapy and occupational health support, for their child, as part of their overall provision. Again, waiting lists were substantial both for diagnosis and service access.

Conclusion

Overall, we found inconsistent and often ineffective AP commissioning and strategic planning for AP. This resulted in children's experiences and outcomes varying significantly, within and across local areas.

To make a significant difference to the lives of children in AP, there need to be clear, unambiguous roles and responsibilities for education, health and care partners around AP commissioning. This includes reciprocal arrangements for children where residency and provision do not align.

We found that many AP placements lacked a clear purpose. Partners were not clear on intended outcomes for placements or on how to measure outcomes. The DfE's SEND and AP improvement plan provides an opportunity to give the AP system a clear purpose, with clear and ambitious intended outcomes for children in AP.

We found that limited specialist provision led to children being placed inappropriately in provision that was not resourced to meet their needs. This was often for long periods of time. The DfE should support strategic leaders to build capacity in both specialist provision and AP to ensure that the offer of support for all children is as cohesive as possible. It will be difficult to achieve the core purpose of AP and local authorities' statutory duties if special schools are oversubscribed in a local area.

Health, education and care agencies were too often working in silos for children in AP. They had little joint oversight of the overall effectiveness of placements. Frontline professionals should work together to share all relevant information and provide the holistic support that these children often need. There must be stronger joint working and multi-agency oversight of children. This includes rigorous monitoring and evaluation of outcomes to understand impact and promote improvement. Where this was working well, agencies were working together at a strategic level to provide direction and top-level oversight to frontline practitioners.

We found that oversight arrangements were typically stronger for children towards whom local authorities had specific duties. This included children with EHC plans and children in care. However, thousands of children are placed in AP, often informally, without the benefit of this oversight. There needs to be improved oversight of all children in AP, including those without an EHC plan and those who are not a child in care.

It has been concerning to see variable involvement from health partners at a strategic level through these visits, especially since a high proportion of children in AP have mental health needs. Health and care partners should make it a priority to have systematic involvement in strategic planning for AP. They should also contribute to the commissioning and oversight of AP placements where relevant, to make sure that children's holistic needs are considered carefully and met effectively.

Schools' approach to AP commissioning and oversight is fundamental to the effectiveness of local area AP systems. Schools need to assess the suitability of AP and review regularly the impact of individual placements. Unfortunately, too often we saw that schools were not keeping a close oversight of the AP in which their pupils were placed. In some cases, schools had not recently visited it or checked on their pupils' progress.

Schools should also prioritise early intervention, where possible. In the report, we highlighted examples of the effective use of AP outreach and the positive impact this can have on suspension and exclusion rates. Trust leaders should promote early intervention in academies.

Ofsted promotes system-wide improvement of AP commissioning through our inspections and sharing of insights. We are in a unique position to see what is happening on the ground. We can build a comprehensive understanding of strengths and concerns across all sectors that deliver and/or commission AP.

We will continue to work with the DfE and the sector to share our insights and address the issues highlighted in this report.

Methodology

Inspectors from Ofsted and the CQC visited 6 local areas:

- Bracknell Forest
- Dudley
- Hampshire
- Leeds
- Lincolnshire
- Barking and Dagenham

We selected areas based on a number of factors, such as regional intelligence and regional variety.

We did not make judgments about individual areas during these visits. Our intention was not to check compliance against statutory responsibilities. Rather, we explored how local area partners are working together to commission and oversee AP.

Each visit consisted of up to 4 days of off-site activity and up to 4 days of on-site activity. Inspectors held meetings with education, health and care partners, and with children and young people and their families. We also gathered information through surveys, document review and visits to providers. For more detail, see the published guidance for the visits (https://www.gov.uk/government/publications/thematic-reviews-of-alternative-provision-in-local-areas/thematic-reviews-of-alternative-provision-in-local-areas#purpose-of-the-2023-thematic-visits).

We received over 700 survey responses from children and young people, parents and carers, practitioners working with children in AP, practitioners working in AP and commissioners of AP. Despite the high number of responses we received, we cannot assume that these respondents constitute a representative sample. We do not make specific conclusions about the views of children and young people in this report, as their response rate was comparatively low.

Annex: data for figures

Spring census year	% of placements in state-funded schools	% of placements in independent schools	% of placements in unregistered providers
2010	52	31	17
2011	50	32	18
2012	51	31	18
2013	50	32	17
2014	53	35	12
2015	53	35	11
2016	54	35	12
2017	54	36	10
2018	53	34	13
2019	49	37	15
2020	46	39	15
2021	39	44	16
2022	38	46	16
2023	37	46	17

See Figure 1.

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1. Various stakeholders are involved in the commissioning and oversight of children in AP in very different ways, depending on the child's route into AP and their needs. Roles and responsibilities are often unclear.
2. Data for 2016 covers a partial academic year from January to August 2016.
3. For the purposes of this report, 'local area partners' refers to those in education, health and care who are involved in the strategic planning, commissioning, delivery and/or evaluation of arrangements for children receiving AP who live in a local area. A local area is the geographic footprint of a local authority.

4. As part of the new area SEND inspection arrangements, Ofsted and the CQC carry out a series of thematic visits each academic year. We carry out visits to a small number of areas to investigate a particular aspect of the SEND system in depth.
5. The children involved in the visits were aged between 5 and 18.
6. Because this report focuses on local areas' approaches to commissioning and overseeing AP, we have focused our recommendations on improving practice in this area instead of AP practice more broadly.
7. Satellite provision here refers to an extension of a school that typically offers support to pupils with a particular need.
8. Data refers to actual rather than planned placements. Some children may have multiple part-time placements at different providers. The AP census records placements arranged and funded by local authorities. Independent schools here includes independent special schools, other independent schools (there is no registration category for independent AP) and non-maintained special schools. Unregistered provision here includes any provision not registered as a school in England, such as further education providers, providers in Wales, prisons, secure units, one-to-one tuition, work-based placements and other unregistered providers, and provision attended by pupils because it is the placement named in their EHC plan.
9. While we received a high volume of survey responses – over 700 in total – we cannot assume that these respondents constitute a representative sample.
10. Home tuition was often provided for children who were unable to attend school, be it for health reasons, or due to not having an available suitable placement; it was also provided for some children within the youth justice system. Children in care often received this type of provision when moving between different areas, while waiting for an available AP or school place.

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