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Elaine Allegretti, Strategic Director, Children and Adults
Zina Etheridge, CEO ,NHS North East London Integrated
Care Board
CC: Mark Aspel, Diane Jones

Dear Ms Allegretti and Ms Zina Etheridge

Ofsted and CQC visit to Barking and Dagenham

Following the Ofsted and Care Quality Commission (CQC) joint visit to Barking and Dagenham, I write on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and Integrated Care of CQC to summarise the visit's findings. Thank you for the time you made available to participate in this thematic visit on alternative provision (AP).

Ofsted carried out this visit under a section 118(2) request from the Department for Education. The CQC provided assistance to Ofsted under paragraph 9(1) of schedule 4 to the Health and Social Care Act 2008.

The visit was carried out as part of a thematic review, the outcome of which will be aggregated into a national report to support whole-system improvement. This national report will be published on Ofsted's and CQC's websites. It was not a graded inspection.

Thank you for contributing valuable information. During the visit, we spoke to local area leaders, children and young people attending AP, their families, and the education, health and care professionals who work with them. We examined relevant documents and visited a sample of alternative providers.

Context

The purpose of this series of visits is to aggregate insights from across the AP system, to learn from existing practice and to identify opportunities for improvement.

You can find more information about how inspectors carried out the visit at: <https://www.gov.uk/government/publications/thematic-reviews-of-alternative-provision-in-local-areas>

Inspectors shared detailed information at the end of the visit. This included:

The role of alternative provision

We were told:

- In Barking & Dagenham the purpose of AP is to improve mental health, behaviour, and attendance alongside ensuring that CYP are engaged in education attainment rather than being suspended or excluded. The focus is on CYP aged 4 - 16. However, you acknowledge that preparation for post 16 is a significant step for many CYP attending AP on a long-term basis.
- The borough has established arrangements to differentiate between specialist and alternative provision through the 'hot clinics' which hold the multi-agency expertise to triage CYP to the provision best able to meet their needs, whether that is primarily education, health, or social services. Further assessment is increasingly undertaken on admission to ARPs, to ensure that CYP are in the right place at the right time.
- You have developed an outreach programme that aims to keep CYP in mainstream education. These interventions focus on supporting those with mental health and/or social emotional difficulties. Thrive and Trauma Informed approaches are closely allied to the programmes. A very small proportion of AP is commissioned directly by schools. In these cases, quality assurance is maintained through the support structures in place in each designated area.
- Most parents and carers understand the purpose of AP in Barking and Dagenham. However, you have recognised that some parents need additional access to information and advice that will be developed through your plans for a renewed website and an inclusion charter.

Strategic planning

We were told:

- Since the pandemic, strategic planning has developed significantly in response to an increase in the numbers needing access to AP and has been tackled with a sense of energy and purpose. The AP strategy is an integral component of Barking and Dagenham's Best Chance Strategy.

- Education, health, and care work together to plan, oversee and commission AP that meets the needs of CYP. There are suitable vehicles for communicating the strategy with partners, including schools. School leaders are equal stakeholders in the AP strategy. However, you are aware that the strategy has not yet fully considered child and parent voice.
- The strategy is designed to make sure that the area has the right type, quantity, and range of AP to meet the needs of CYP, but it is not a strait jacket. There is the flexibility to recognise emerging needs, identify the gaps to be filled and to consider where that requires additional provision. The forums in place enable information sharing from a wide range of services, including MASH, CAMHS, police. All key commissioning decisions are made through these forums.
- All commissioned providers, whether registered or unregistered, know the standards required of them. Providers that offer full-time provision for KS4 CYP must support them to achieve 5 GCSEs including English and mathematics. These providers must employ qualified teachers.
- There are clear pathways and thresholds to access the right service at the right time. These are underpinned by a shared understanding of the vital importance of safeguarding across all partners. The annual audits of all providers are an important tool that informs commissioning of a range of resources.
- You report good outcomes for CYP because partners work and plan together. For instance, regular collaborative learning days enable partners to share, learn and reflect.
- Most parents are very happy with the quality of the AP offered to their children. However, many do not agree that they are consulted before this takes place, as part of the decision-making process.

Commissioning decisions

We were told:

- Commissioning decisions are made in order to meet individual needs. All partners are involved in those decisions because the starting point of CYP referral is the shared reflective space provided through the hot clinics. These triage and ensure that those needing AP are progressed to the relevant expert panel. CYP with the highest and most immediate need are fast-tracked to the most appropriate assessment service, e.g., CAMHS
- The development of a shared online AP system enables providers to regularly upload the pupil level information required. B&D use this to review and

benchmark outcomes for each CYP. This informs the next round of commissioning.

- You explained that AP partners strive to ensure that B&D can provide for the needs of all your children through the commissioning process. Providers are only commissioned when oversight arrangements assure suitable quality and an ability to work within the vision set out by the framework. Non-LA commissioned AP is rare, and usually only where a child presents with a need not previously seen. Schools discuss these commissions with their Education Inclusion partners so they are included in the reporting and reviewing structures set up as part of the AP strategy. This means that new and emerging needs can be identified and included in the commissioning process.
- Any unregistered AP is carefully vetted through a stringent application process. It is only commissioned where it meets identified needs in the borough.
- The strategic arrangements for the delivery and oversight of B&D AP framework mean that sometimes commissioners commission their own provision. Most commissioners are also stakeholders in some way. You are considering how to assure independent oversight of commissioning decisions and how to respond to challenges.
- Commissioning processes are flexible enough to take account of emerging needs. Those schools that do occasionally commission their own AP can also commission the Flexilearn service. This is part of your AP framework offer which will complete quality assurance checks on behalf of schools. Schools have great trust in this service because it offers the same level of quality assurance that is required of LA commissioned provision.

Oversight arrangements

We were told:

- B&D strategy ensures that schools maintain oversight and responsibility for their CYP through dual registration. The aim is to keep CYP within their school community regardless of where they may be learning. Communication between schools and APs is frequent and focused on the suitability, safety, and quality.
- B&D have oversight of all CYP from all schools and in all AP. This includes out-of-area placements. AP providers report a range of measures to the LA regarding the quality and impact of their provision. AP partners review the information to measure the effectiveness of the AP strategy against their key measures of attendance, suspensions, reintegration, and emotional well-being.

- Partners have clear criteria by which to measure the success and impact of each AP. Currently there is no comparison across different types of AP in order to assess which has the most impact. This means that weaker provision is not necessarily identified.
- QA processes for assessment of quality and impact are not yet holistic across education, health, and social care. Each partner holds their own data which is dependent on the processes they follow to measure impact and the measures they select to monitor. They do not bring it together to consider the bigger picture.
- Although B&D have suitable systems in place to monitor those CYP in AP out of borough, you are aware that these are stronger for LAC than non-LAC. Evidence at this point, including that from parents, suggests that oversight of those who are provided with home tuition as part of the whole of their AP package is less effective.
- The very small group of CYP that do not achieve positive outcomes are those who have the most complex emotional needs, including LAC, alongside delays in identification of EHCP needs and delays in assessment such as those for ASD and ADHD. This is also the group that is most likely to have the least successful AP option of home tuition.
- Leaders feel that the relative weakness of home tuition provision is a national issue which would benefit from further investigation and information.

Transition

We were told:

- Transition and re-integration to mainstream is not an add-on here. It is an integral part of the AP plan for each CYP. APs have a longer reach than their on-site work. They work hard to establish the trust needed to successfully work with CYP, which supports their ability to maintain long term contact at times of stress or difficulty.
- Some providers go well beyond their brief to support their vulnerable learners to make a successful transition at post 16, maintaining contact and support for two or more years.
- Those APs that provide FT or long term for KS4 CYP all have transition to post 16 plans. However, these nearly always stop at the front door of the post 16 placement. You have noted that this potentially leaves some very vulnerable CYP without the access to support that they need to successfully maintain their placement. You are currently considering how the most successful approaches can be developed further. You felt that it would be useful to have more government guidance about funding and support for post-16 transition from AP.

Enabling factors and barriers

We were told:

- We saw clarity of vision and high quality AP supported by strategic planning and outcomes-based commissioning. You explained that this helped to ensure that the borough had the right type of AP and the right amount, even as the school-age population continues to increase alongside an associated increase in need.
- A shared strategic and operational commitment from all partners means provision is well-matched to need and allows for continuous development to ensure that remains the case. You are thinking about how to help commissioned providers to develop their offer through changes to funding.
- Leaders spoke of their ambition for and care of each and every child and the aim that the vast majority either return to mainstream or access an appropriate specialist setting. Where APs offer long term full-time provision, they are required to support CYP to achieve a minimum of 5 GCSEs. Only those providers who employ qualified teachers are commissioned by the partnership.
- You and your partners are proactive in identifying next steps. The collaborative approach is increasingly enabling gaps to be recognised and a proactive response to immediate and emerging needs.
- You have put processes in place to assure yourselves that all AP in B&D is of high quality. The generosity with shared knowledge and expertise across all educational providers is a feature of this partnership and its impact on CYP.
- Systems are in place to track those LAC in AP to out of borough placements. However, the quality of this tracking has many variables to contend with and the resources are not yet well-enough established to tackle some of the issues these raise, such as completion of significant assessments that are needed to inform decisions about AP that will meet these CYP's needs. Leaders felt that this is exacerbated by the lack of national standards or guidance in relation to information and resource sharing for LAC nationally.

Impact of arrangements on children and young people

We were told:

- Vulnerable CYP are nurtured, supported, and achieve well in AP. A measure of the impact on CYP is the significant reduction in suspensions and permanent exclusions so that more CYP are in education and achieving their potential.
- B&D CYP know that they are missed if they are not there. They know that someone will always check where they are and how they are. Records show

that the impact of this is increased engagement demonstrated through increased attendance.

- LAC and those known to YOS who are referred to AP are expedited where neurodevelopmental assessments are indicated which ensures timely assessments and diagnosis. In addition, all vulnerable children are risk assessed against their increasing needs and risks in respect to expedition for assessment. As a result, they get the support they need and the placement they need quickly.
- The needs-based offer from the B&D AP partnership reflects the broadest range of interests of CYP including those who enjoy space, practical skills, and nature. As a result, CYP can engage in education in ways that enable them to succeed.
- CYP with SEMH in AP have a range of very effective support across the three B&D partners. Thrive and Trauma Informed approaches in schools are increasing. Highly targeted support for the most emotionally vulnerable means that CYP who may not be in school at all can achieve well in their education and in their lives.
- There is a shared understanding across all partners, that the needs of the family are be taken into account as part of the support provided to the CYP. The hot clinics are a key enabler in this, ensuring that there is a holistic approach to meeting needs that starts with the cause rather than the symptom.

Next steps

We will use the information we have gathered when writing the national report that sets out our findings. We plan to publish this in Autumn 2023.

Yours sincerely

Mel Ford

His Majesty's Inspector, Ofsted

Louise Hocking

His Majesty's Inspector, Ofsted

Sarah Smith

Children's Services Inspector, CQC