

# Nottingham Centre for Children, Young People and Families

## Commons Education Select Committee: Alternative Provision Inquiry Evidence Submission

November 2017

**Alternative Provision Inquiry**

**Written evidence submitted by Professor Carrie Paechter, Matt Varley, Steven Sharp and Dr. Chris Rolph from Nottingham Trent University, and Eleanor Tweedie from Children's Hospital School QMC and City**

**1. Executive Summary**

- Our submission is based on our extensive experience of working with alternative provision providers, particularly Pupil Referral Units (PRUs), and including medical needs provision
- It is important not to see the student community within alternative provision as homogeneous: it is very varied and includes many who attend alternative provision due to medical needs
- Much alternative provision is so oversubscribed, students are only able to get places in extreme circumstances
- Alternative provision is managed differently by different Local Authorities, Multi-Academy Trusts (MATs), and schools
- Ofsted reports suggest that quality of alternative provision is extremely variable. However, the quality of medical PRUs is consistently judged Good or Outstanding by Ofsted
- Nottingham Institute of Education has found that alternative providers can find it difficult to commit to the release of their staff to enable them to undertake teacher education. This can affect quality of provision
- Although some academically capable students are in alternative provision, educational outcomes are generally poor and young people are often not in education or training afterwards. This is, however, demonstrably not the case in Medical Needs PRUs
- Some schools have set up their own alternative provision, which may be shared across a MAT

## 2. Submission

Our submission is based on our extensive experience of working with alternative provision, particularly PRUs, as Education academics, Initial Teacher Educators and former teachers, including as a leader within alternative provision.

It is important to be aware that the student population in alternative provision is not homogeneous but in fact highly diverse in terms of ability, achievement, mental and physical health and special educational needs. The variation in types of alternative provision is also huge, from secure units through Hospital Schools to youth-club style provision. The inquiry may want to consider whether all alternative provision constitutes an educational experience.

### *Routes into alternative provision*

In principle there are formal referral routes. However, in practice these may be so oversubscribed that students can only access alternative provision when in extreme circumstances, such as permanent exclusion from mainstream schooling. We have experience of parents asking their child's school to permanently exclude them in order to enable access to alternative provision and the support they need.

Alternative provision is managed differently in different areas and by different Local Authorities, Multi-Academy Trusts and schools. In some areas there are inter-school agreements to ensure there are equal opportunities to access alternative provision. However, some MATs are unwilling to collaborate with local schools in this way. Access to alternative provision can be extremely ad hoc, for example through personal contacts and relationships between individual school leaders.

Because pupils in some forms of alternative provision remain on the school roll, alternative provision can be seen as a way of dealing with pupils who might otherwise be excluded.

### *Quality of teaching in alternative provision*

Ofsted reports suggest that quality of alternative provision is extremely variable. PRUs tend to have provision that is judged as being of higher quality, partly because they tend to have more highly trained staff. In privately provided alternative provision, the quality of teaching is extremely variable, in terms of both the curriculum and the number of hours spent studying. Nottingham Institute of Education has found that alternative provision providers can find it difficult to commit to the release of their staff to enable them to undertake teacher education. We recommend that the inquiry investigate the qualification profile of alternative provision staff.

Quality is good within the medical needs sector, where Ofsted judgements on provision across England are consistently Good and Outstanding. However, the Department does not hold a list of all the provisions across the country that carry out the Section 19 duties for their LAs for pupils who cannot attend school due to illness. In consequence, is very difficult for the Department to make any statement about the quality of teaching across medical needs provision. Some of the names of medical needs provisions do not reflect the nature of the pupil referral unit. The inclusion of medical needs settings in negative statements about quality of teaching and pupil outcomes in PRUs generally does not reflect the facts.

Medical PRUs contribute to Initial Teacher Education. For example, the Hospital and Home Education Learning Centre in Nottingham provides special placements for 3rd year students at Nottingham Trent University and for PGCE students at the University of Nottingham, giving students a quality experience of highly individualised learning and teaching for all ages and abilities, from EYFS to 16+, as well as complex special needs.

### *Educational outcomes and destinations of students*

There has been more pressure recently to ensure that students are achieving Level 2 qualifications. However, once they enter alternative provision it can be harder to track progress.

While schools are responsible for students in alternative provision while they remain on the school's roll, not all schools are rigorous about checking the quality of provision. During Ofsted inspections, alternative provision students are rarely followed up individually. Their performance data is often subsumed within overall cohort data, so is not specifically noted.

Much alternative provision, such as PRUs and hospital schools, was, and in some cases remains, focused on taking students for a short period and equipping them to be able to return to mainstream education. However, a high number of pupils in Hospital Schools attend for long periods during extended admissions, or are educated in hospital on treatment days. In the case of paediatric dialysis, this may mean attending alternative provision three days a week for the whole of their school career, with the Hospital School working closely with the pupil's home school.

In the case of non-medical PRUs it has increasingly become the norm for students to remain there long-term. The inquiry may wish to consider whether it is better for non-medical alternative provision to focus on equipping a student to return to the mainstream or to concentrate on providing high-quality alternative education.

Although there are academically able students within alternative education provision, in general, outside of medical provision, educational outcomes are poor. Students from non-medical PRUs are often not in education or training after they leave, though some do move onto apprenticeships and some who have had a particularly vocational alternative provision may continue to study within that area.

### *In-school alternatives to external educational provision*

Due to pressure on places in PRUs and other alternative provision, some schools have set up their own alternatives, either on or off site. There is an advantage in this as they are inspected by Ofsted through the school's Section 5 inspections so there are some assurances regarding quality, and the school remains accountable for the pupils and their outcomes. In some cases this provision runs across a MAT.

In-school alternative provision gives schools control and means that up to a point it is easier to get students into provision where necessary. However, schools have to manage their resources within AWPU funding and do not have additional funding for these challenging students. This means that places remain limited and the provision can rapidly become full. It is also hard to maintain such provision, given pressures on school budgets.

### **3. Recommendations**

- All alternative provision should be subject to effective inspection by Ofsted to ensure quality
- The inquiry should consider whether all alternative provision constitutes an educational experience
- Staff working in alternative educational provision who do not have QTS or another recognised and relevant teaching qualification should be encouraged and enabled to obtain suitable initial teacher education in order to achieve this
- The inquiry should investigate the qualification profile of staff in alternative provision
- The inquiry should consider whether it is better for non-medical alternative provision to focus on equipping a student to return to the mainstream or to concentrate on providing high-quality alternative education

- Sufficient alternative provision should be provided to match current needs. This is likely to require additional resources. In particular, the anomalous funding arrangements for medical PRUs, which have been fixed at the low baseline of 2013 levels for four years, needs to be addressed