SEND Reform: Education Otherwise Than At School

Response of the Association of School and College Leaders

A. Introduction

1. The Association of School and College Leaders (ASCL) is a trade union and professional association representing over 25,000 education system leaders, heads, principals, deputies, vice-principals, assistant heads, business leaders and other senior staff of state-funded and independent schools and colleges throughout the UK. ASCL members are responsible for the education of more than four million children and young people across primary, secondary, post-16 and specialist education.
2. ASCL welcomes the opportunity to respond and contribute evidence to this consultation. Our response is based on the views of our members, obtained through roundtables, Tell Us inbox and council committees alongside unprompted emails and messages.
3. When considering the impact of any proposals on different groups, it is ASCL's policy to consider not only the nine protected characteristics included in the Equality Act 2010, but also other groups which might be disproportionately affected, particularly those who are socio-economically disadvantaged.

B. General Points

4. ASCL is committed to inclusion and to meeting the needs of children and young people. We understand that a connection to a named school or college could ensure that children receiving EOTAS remain visible, retain a sense of belonging, and receive support should a return to a setting become possible. However, this must be a relationship, not an arrangement that transfers responsibility without authority, resources or expertise.
5. Schools and colleges cannot take responsibility for provision they do not commission, control or staff. For children with needs, a named setting will have to coordinate planning, safeguarding, communication with families and providers, reviews and transitions. These new responsibilities would require leadership and SENDCO time, administration, advice, protocols and funding. Inclusion cannot depend on schools or colleges taking on duties through goodwill.
6. The local authority must retain responsibility for commissioning, funding and quality assurance of EOTAS provision, and for securing the health and care support set out in an EHC plan. Government should set out a framework which defines the responsibilities of local authorities, health partners, providers and named schools or colleges.
7. Any shift from LA led to school led can only happen if properly resourced and developed as part of wider reform standards and structures.

8. ASCL supports reform that keeps children receiving EOTAS visible, safe, connected and focused on their futures. This will work only where responsibility is shared, expertise is available (both in local authorities and schools and colleges), and proper resources and accountability arrangements are aligned.
9. Leaders will be concerned about the implications of placing children receiving EOTAS on a school or college roll. Any approach must distinguish between a school's responsibility to maintain connection and its control over provision.
10. Attendance and performance measures should reflect EOTAS arrangements. Inspection should consider collaboration, safeguarding, planning and progress towards EHCP outcomes. Schools should not face accountability or reputational risk for matters outside their control.
11. The implications for school leaders already overwhelmed by the scope, pace and cost of change mean that ii is important that additional co-ordinating roles are explored and created rather than responsibilities falling under existing remit of SENCOs & DSLs. This new role should provide a conduit for multi-agency planning and working and where appropriate a bridge to re-engagement with school or college.
12. ASCL recommends that EOTAS is added as a specialist support package for pupils who cannot access mainstream education - either for medical, mental health needs or due to their specific needs.
13. Access to advocacy for parents, possibility of an independent review and a clear route of appeal where EOTAS is refused, changed or ceased for what parents see as an invalid reason. These decisions are too complex and detailed for voluntary governing bodies to carry and must be overseen by an external body.
14. In conflict with other guidance, NHS accountability seems to be a fundamental omission. In the chapter specifically about children whose health needs cannot be met in school, the ICBs are never identified as responsible for providing healthcare and ICBs are mentioned only once, in a list of services which "might" be involved. Instead, responsibility is largely framed as an issue between schools and local authorities. There is no explanation of what healthcare ICBs must arrange, their responsibilities or how they will be held accountable when it is not available. Schools cannot be responsible for clinical management and ICBs must play a full and accountable role.

C. Responses to specific questions

Chapter 1: Reforming education otherwise than at school

Q.1. How can we best support the needs of children and young people who are not eligible for a Specialist Provision Package but are unable to continue their education in a formal setting?

15. Many children who are on EOTAS packages are those who cannot access mainstream or specialist settings because the resources are not in place. There may or may not be associated learning needs, but these children still experience significant difficulty engaging with school & college and with the with the curriculum.

16. Children with visible physical disability get a package of support as they have clearly defined needs. In an equitable system it is important packages are available for those who need them, in particular those experiencing invisible disabilities.
17. ASCL recognises the value of packages to improve the expectations and the quality of provision. We believe these should reflect the biopsychosocial model that is increasingly being adopted internationally.
18. The package should therefore be about removing barriers to access, participation and belonging, not contingent on proving a learning need or disability.
19. Not all children are able to thrive in school at certain points in their development. ASCL therefore support the use of high-quality online learning as an adjustment or a specialist package for children who can thrive in this way. We have multiple examples of children who are repeatedly excluded from school because they cannot function effectively (at that time) in a busy school setting. We have multiple examples where schools have seen significant success and pupils have regained their self-esteem, motivation and interest in learning through a period of online provision.
20. ASCL calls for EOTAS to be added as a specialist support package for pupils who cannot access mainstream education - either for medical, mental health needs or due to their specific needs.

Q.2. Which approach to commissioning and overseeing EOTAS arrangements do you think would work best?

21. The quality of EOTAS currently varies greatly across the UK. For provision to be equitable EOTAS should sit within the inclusion standards framework with clear roles and responsibility for commissioning, monitoring and accountability.
22. Education settings are generally well placed to oversee EOTAS arrangements because they have established systems for safeguarding, SEND, monitoring progress etc. MATs and local groups of schools, should also be enabled to develop and commission EOTAS provision across their schools and colleges, allowing expertise, staffing and resources to be pooled and creating sustainable, high-quality provision.
23. However local oversight independent of schools must still play a part.
24. Any new commissioning expectations must be accompanied by a clear national funding model as education settings cannot be expected to commission provision without sufficient, predictable funding. National benchmarks should support transparent costing, reduce local variation and enable sustainable provision, including for pupils with medical needs where specialist funding may not currently be available.
25. Accountability must reflect the level of control settings have over provision so schools & colleges aren't adversely affected by attendance measures/Ofsted judgements where they have limited influence over externally delivered provision.
26. DfE should establish national standards defining responsibility for commissioning, funding, safeguarding, SEND, educational progress and inspection.
27. ICBs must be part of this model and have clear statutory responsibility for health provision within these packages.

28. A locally coordinated model, (like the Virtual School approach), could provide designated leadership, SEND and safeguarding oversight while maintaining clear links with pupils' education settings.

Q.3. Under your preferred approach, what support, capacity or safeguards would be needed to enable the named school or further education setting and/or local authority to undertake their roles effectively?

29. As outlined above, ASCL recommends a clear framework for setting up support, clear lines of accountability and multiagency involvement to support the decision making and bespoke provision needed given the complexity of these children's experience.
30. A separate register for children on EOTAS packages, and different approach from Ofsted in terms of accountability for packages and outcomes is required.
31. Clear national funding framework for EOTAS should include expected staffing ratios, therapeutic input, educational delivery and review arrangements so that LAs and providers work from the same consistent expectations.
32. If named schools or colleges are to take up responsibility for EAOTAS packages. ASCL proposes at minimum, funding for a dedicated person across a MAT or local school & college groupings to oversee packages. Existing staffing structures do not have capacity to meet this requirement.
33. For these proposals to be effective, this approach would require trained SENDCO, DSL and other multi-agency specialists to work together to ensure all pupils are having their needs met and are safe. Time for collective work needs protecting.
34. ASCL believes the system needs to accommodate dual and, in practice, sometimes multiple registrations without creating inaccurate data, duplicated accountability or perverse incentives for individual settings.

Q.4. What safeguards should be in place to support consistent, needs-led decisions about when Education Otherwise Than At School (EOTAS) is the most appropriate way to meet a child or young person's needs, including where suitable school or further education provision may be limited or unavailable?

35. Answers to question 3 apply
36. A clear review and monitoring process must be established to ensure children are being given the right support. The DfE data shows that currently access does not appear to be equitable.

Q.5. What factors are important for effective reintegration planning for children and young people receiving EOTAS provision?

37. ASCL members are seeing a clear rise in referrals to AP where emotionally based school non-attendance (EBSNA) is the primary need.
38. Successful reintegration means not losing the connection with the home school. This is where online learning can be a valuable conduit to reintegration. Other ingredients include:

- maintaining or ensuring continued work with families,
- seeking pupil and family voice,
- phased reintegration, steps that reflect learner readiness
- full educational entitlement even if a child is not in school fulltime so gaps are not perpetuated.

39. However, EOTAS is different from AP and there must be recognition that school may not the most appropriate pathway for all children; it is about individual needs, not one size fits all.
40. Involvement of parents/carers and multiagency professionals to develop forward planning, with parents able to build relationships with key personnel in the school is required.
41. Recognition that plans may go backwards so need to be flexible is required. Training is required for school staff in meeting the needs of the child in the schools before any transitions.
42. Opportunities for structured social interaction with peers and trusted adults as social isolation can have a detrimental effect on mental health, wellbeing and confidence. This must be considered alongside educational outcomes.
43. Reintegration plans should include specific targets related to social reconnection, relationship building and emotional wellbeing not just attendance and academic progress.
44. Ensure children on EOTAS packages have access to independent careers advice and guidance as the reintegration may be to post 16 destinations.
45. RSHE and Personal Social Education must be seen as a priority.
46. Review cycles must be conducted regularly and involve the child and the family.
47. Reintegration should be carefully planned with pupil voice as central to all decision making. As part of the clear standards and framework, parents and pupils should be informed that an EOTAS package is to be reviewed regularly and is not indefinite.
48. All the recommendations require intensive resourcing to be effective and to be timely.
49. ASCL recognises online learning can maintain the thread of education and has a significant role to play, but reintegration succeeds through curriculum, relationships and belonging, not technology alone

Q.6. What safeguards are needed to ensure reintegration planning best supports progress and the child or young person's long-term outcomes?

50. As above. EOTAS packages require dedicated co-ordination to ensure families and multi-agency teams and young people are part of planning and monitoring functions.
51. This role could be conducted by a Family Support Worker, and pedagogy and provision needs to be determined by teachers and leaders. This sets multiple additional expectations on existing staff roles and responsibilities.
52. Oversight by senior leaders and DSL will require the capacity to do so.
53. A framework that clarifies role, responsibility and accountabilities will be essential.

Q.7. What arrangements are needed to provide parents with a clear route to resolve disputes if decisions are made: about whether new EOTAS provision should be put in place; or to change or cease EOTAS provision that has already been put in place?

54. We recognise that parents will need clear written reasons about how decisions are made and what the intended outcomes are for the decision.
55. Access to advocacy for parents, possibility of an independent review and a clear route of appeal where EOTAS is refused, changed or ceased for what parents see as an invalid reason. These decisions are too complex and detailed for voluntary governing bodies to carry.

Q.8. Do you agree or disagree that non-school alternative provision delivering EOTAS special educational provision to children of compulsory school age should be required to comply with new national regulatory standards?

56. ASCL agrees in principle however we would like to review those standards before confirming agreement.

Q.9. Do you agree or disagree that local authorities should be responsible for quality assuring non-school alternative provision delivering special educational provision EOTAS for children of compulsory school age?

57. ASCL believe the current practice could be improved.
58. Too many LAs who have experienced funding and staffing shortages do not have the experience or knowledge to make an appropriate judgement. This is better undertaken by staff working in education settings who are better able to make that judgement, preferably the education setting where the child is registered as EOTAS as they will be responsible and will not want to outsource this to anyone else.
59. Assurance should be framed around national standards, proportionate independent scrutiny and strong local-authority due diligence overseeing the process.
60. However, having a dedicated team of SENDCO / DSL and multi-agency specialists to contribute to decision-making, resourcing would require a whole review, as would training requirements and current capacity.

Q.10. For young people aged 16-25, should quality assurance and oversight arrangements of EOTAS provision align with the approach proposed for children of compulsory school age?

61. Yes.
62. This would need appropriate funding reassurances for the settings for the same reasons as above.
63. This will require a new set of quality assurance standards to be developed.

Chapter 2: Supporting Children and Young People on existing EOTAS arrangements

Q.11. When should assessment take place, if at all, for children and young people on existing EOTAS arrangements?

64. ASCL recommend reviews happen at the next key transition point, in line with EHCP arrangements.

Q.12. If a needs assessment takes place and a child of primary age is assessed as eligible for an EHCP, do you agree that they should move onto a Specialist Provision Package, with any EOTAS arrangements managed in line with the proposals set out in Chapter 1?

65. Yes, this is about providing holistic support to meet needs.

Q.13. If a need assessment takes place, what should be the next step for those who are not eligible for an EHCP?

66. If needs cannot be met in school, consider suitability of alternatives such as hospital school or AP. If not, then agree funding package for EOTAS arrangements.

Q.14. Which factors best support stable transitions and progression for children receiving EOTAS, including return to education where appropriate?

67. Involvement from key personnel in the receiving education settings with one person to coordinate the plan and ensure it is carried out.
68. Careful planning, multiagency involvement with clear lines of accountability - particularly for health and social care (if possible). Involvement of child and family, clear idea on intended outcomes of the package and hopes for post 16 and future education pathways.
69. Flexibility and acknowledgement that plans do not always go forward and sometimes go backwards.

Chapter 3: Children receiving alternative provision because their health needs cannot be met in school

Q.15. How effective is the current system in enabling schools to put in place early support for children whose health needs affect their participation in education, before requiring the local authority to arrange alternative provision?

70. Current practice is highly inconsistent, varying significantly between local authorities, schools and health conditions, creating a postcode lottery for accessing appropriate support.
71. ASCL calls for clear national guidance defining the respective responsibilities of education and health services, particularly where education staff may be asked to undertake clinical tasks. Schools having access to appropriate NHS clinical advice and support, training and awareness, particularly for short-term or less complex needs, cannot substitute for clinical expertise.
72. The current frameworks can also discourage schools from providing flexible early intervention. Part-time timetables, online learning, external provision and telepresence technology can enable children to remain engaged with education while managing their health.
73. However, attendance legislation, recording requirements and inspection expectations can act as barriers. Pupils participating meaningfully in education remotely should have their engagement appropriately recognised rather than simply being recorded as absent or unwell.

74. The Inclusive Schools agenda and Inclusion Standards implementation needs accompanying appropriate resources. Schools supporting increasingly complex needs require access to additional staffing, expertise and funding.
75. Current arrangements can also unintentionally prioritise pupils with EHCPs because of the associated statutory duties, leaving pupils with significant medical needs without equivalent support.
76. The government should establish a consistent national entitlement to early support, backed by NHS involvement, dedicated funding, flexible attendance arrangements and accountability measures that positively recognise alternative forms of educational participation, resulting in reduced geographical variation and enable earlier, more effective intervention.

Q.16. How could roles and responsibilities between schools, local authorities and health partners be clarified to provide more timely and effective support for children who are unable to attend school due to health reasons and require alternative provision?

77. Schools need a framework that does more than restate existing duties: it must establish clear accountability, named responsibility, enforceable timescales and a route for escalation when health provision is the barrier to education.
78. Children should not lose access to education because clinical support, staff training or commissioned care has not been put in place and parents should not have to pursue multiple agencies to resolve that failure.
79. A national framework should distinguish schools' duties to make reasonable adjustments and support medical needs, local authorities' section 19 duties to arrange suitable education, and ICBs' responsibilities for timely clinical care. ICBs should not be described as partners: their responsibilities, response times and accountability must be explicit, with a named health contact and clear escalation route when provision is delayed. This must apply regardless if a child has an EHCP. Individual Healthcare Plans (IHPs) should be strengthened, with consideration given to making relevant health commitments statutory.

Q.17. Where an alternative provision placement is required to meet health needs, how can children be better supported to transition back into a school?

80. Transition planning should begin as soon as a child enters AP or hospital education, even where a return date is unknown. Establish effective communication between the home school, AP/hospital school, family and health professionals, ensuring home-school staff attend reviews and, where appropriate, maintain links with peers.
81. Transition viewed as a continuum not a single return to school. For children with significant health needs, movement between school, hospital, home and AP may happen repeatedly as their condition changes. Return to AP should not be regarded as a failed reintegration as a return to their previous school may not be appropriate and transition planning should instead support progression to post-16 education.
82. The Individual Healthcare Plan is central to transition planning and reviewed before reintegration. Required clinical support, equipment, staffing, training and reasonable adjustments must be in place, with named education and health leads. Reintegration should be gradual, flexible and regularly reviewed, including provision for relapse or deterioration in health.

83. Equal attention is needed when transitioning into AP or hospital education. Home schools should rapidly share curriculum, attainment, SEND, safeguarding, examination and support information to minimise disruption.
84. Again, current school accountability measures can also obstruct successful reintegration. Attendance, attainment, curriculum and uniform expectations can discourage necessary flexibility and reasonable adjustments. The national framework should ensure schools can make appropriate, health-led adjustments without adversely affecting whole-school attendance, performance or inspection outcomes.

Chapter 4: Children receiving alternative provision from accredited online education provision

Q18. What approach, if any, should be taken to the duration of placements for children receiving alternative provision through Online Education Accredited Providers?

85. Our members tell us that fixed packages that are timebound often fail. For some children home tuition can be a game changer and can help them to reregulate, may help them to re-engage with school and into college. For others an online alternative provision can provide important controls to their environment, pace and pattern of learning that allow them to engage and enjoy education again.
86. ASCL asserts the need for online learning, whether delivered as part of an onsite package or through an OEAP is valuable to support children who face barriers to engagement in the classroom.
87. DfE attendance codes currently fail to recognise children who are participating in quality, live, online teaching with qualified teachers. This must be authorised as attendance rather than authorised absence.

Q19. Should children receiving alternative provision through Online Education Accredited Providers remain on the admission register of a school?

88. ASCL welcomed accreditation of online alternative provision and believe OEAP has an important role to play as part of mainstream/special education rather than something distinct.
89. Every child is unique and for some young people and their families, online provision has been a significant benefit to their child's progress. If the child is unlikely to return to mainstream and online provision is effective, then online providers should hold the register and be recognised as alternative provision.
90. Once a provider is accredited then the OEAP where appropriate could hold the admissions register.
91. Verified online participation should be recorded on registers held by the online providers. Accountability for safeguarding, attendance, curriculum and outcomes then sits with the online provider and is overseen by the commissioner who can then determine funding arrangements based on the information and accountable outcomes.

Margaret Mulholland
SEND and Inclusion specialist
September 2026