SEND reform: Education otherwise than at school

September 2026

About our response

In July 2026, the UK Government launched a consultation on Education Otherwise Than At School, (EOTAS), as part of their wider plan to improve support for children and young people with special educational needs and disabilities (SEND): SEND reform: education otherwise than at school – what parents and carers of children and young people need to know - GOV.UK

A 10-week consultation was launched seeking views on improving support, quality and oversight for children and young people who are educated outside of school. We shared information about the consultation on our Communities platform and held two online engagement sessions for occupational therapists working in health, education, social care and the independent sector. This informed our response to relevant questions which we submitted online with an additional paper highlighting key issues of concern to occupational therapists. These are both detailed below.

Our response

The Royal College of Occupational Therapists (RCOT) welcomes the opportunity to respond to the EOTAS consultation and offer this feedback in addition to our online response.

Occupational therapists recognise that a small but significant group of children and young people are unable to access or benefit from standard educational provision. For these young people, highly personalised and flexible approaches are required to support participation, learning, wellbeing and future life opportunities. Occupational therapists bring a distinctive biopsychosocial and occupation-focused perspective, enabling them to understand the interaction between the young person, their health, occupations, family, environment and wider systems of support. This expertise positions occupational therapists well to identify and address barriers to educational participation, support engagement and re-engagement, contribute to multidisciplinary planning and help ensure that children receiving, or at risk of requiring, EOTAS achieve the best possible long-term outcomes.

Key messages

For EOTAS to be successful there should be a focus on:

- **Highly personalised and flexible provision** that responds to the individual child or young person's strengths, needs and aspirations
- **Understanding and addressing barriers to participation**, including health needs, neurodivergence, trauma, environmental factors and family circumstances
- **Building and maintaining trusted relationships** with consistent adults across transitions, settings and services

- **Meaningful involvement of children, young people and families** in planning, decision-making and review processes
- **Trauma-informed and neurodiversity-affirming approaches** that prioritise psychological safety, trust and wellbeing
- **Strong multidisciplinary working**, with shared responsibility across education, health and local authority services
- **Occupational therapy expertise** to support participation, environmental adaptation, self-regulation, activity analysis and graded engagement
- **Participation, wellbeing and engagement as key measures of success**, rather than attendance alone
- **Graduated and flexible pathways**, including blended approaches that combine educational, therapeutic, community and vocational opportunities
- **Continuity and stability**, particularly during periods of transition between services, settings and phases of education
- **Preparation for adulthood**, including independence, community participation, employment and vocational development. Occupational therapists are uniquely placed to support this through their focus on participation, functional independence, life skills and transitions into adult roles
- **Recognition that successful outcomes will differ between individuals**, and that reintegration into school should not be assumed to be the appropriate goal for every child or young person.

Conclusion

The consultation provides an important opportunity to ensure that EOTAS is recognised as a legitimate and valuable pathway for children and young people whose needs can't be met through conventional educational arrangements. Any future reforms should prioritise flexibility, collaboration and personalised support while avoiding approaches that inadvertently recreate the barriers that led the child or young person to disengage from education. Occupational therapists are well placed to contribute to the design, delivery and review of EOTAS provision through their expertise in participation, environmental adaptation, self-regulation, transition planning and preparation for adulthood. By focusing on meaningful outcomes, rather than attendance alone, the system can better support children and young people to achieve, thrive and participate fully in education, their communities and adult life.

Contact

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Royal College of Occupational Therapists

Response to online consultation questions

Chapter 1: Reforming education otherwise than at school

Q1: 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?

These children and young people require early, flexible and holistic support. Many children and young people experience significant barriers to engagement long before educational breakdown occurs, particularly where physical needs, neurodivergence, mental health difficulties, trauma, family circumstances and/or unmet support needs affect their ability to access learning.

Support should be centred on understanding the individual and the interaction between their health and wellbeing, everyday activities, environments, relationships and routines. This requires timely multidisciplinary working and meaningful involvement of families who are often the first to identify emerging difficulties. Early intervention should focus on identifying and addressing barriers to participation before absence becomes entrenched or specialist provision is required.

Greater flexibility is needed within educational pathways to prevent needs from escalating and to support engagement in learning. For some individuals, developing routines, leaving the house regularly, re-establishing trust in adults or participating in a valued activity may be important first steps towards re-engagement with education. Occupational therapists can play a key role in identifying what an individual can do as well as barriers to participation, supporting self-regulation, recommending environmental adaptations and developing graduated plans that build engagement over time. Support should be measured through participation, wellbeing, engagement and progress towards personal goals, rather than solely through attendance metrics.

Q5: What factors are important for effective reintegration planning for children and young people receiving EOTAS provision?

Effective reintegration planning should be individualised, gradual and centred on the child or young person's needs, strengths and aspirations. Reintegration is rarely a single event and requires a carefully phased approach, often over many months (and sometimes years).

Trusted relationships are critical. Children and young people should have access to a consistent key adult and opportunities to rebuild confidence gradually through meaningful and motivating activities. Family involvement is essential throughout planning and implementation as parents and carers often have unique insights into what supports their child's engagement.

Flexible and blended approaches may be required, including part-time attendance, online learning, community-based activities, alternative provision and phased increases in participation. Importantly, reintegration should not be assumed to be the appropriate outcome for every child. Decisions

should be guided by multidisciplinary professional judgement and the individual child or young person's long-term wellbeing, learning and life outcomes.

Q6: What safeguards are needed to ensure reintegration planning best supports progress and the child or young person's long-term outcomes?

Reintegration planning should be underpinned by safeguards that prioritise wellbeing, participation and long-term outcomes, not just school attendance or speed of return. Many young people receiving EOTAS have experienced educational trauma, repeated placement breakdowns, prolonged absence and loss of trust in educational settings/services. Safeguards should ensure that reintegration doesn't inadvertently re-traumatise the child or young person. It should only be considered when they are ready and when factors contributing to educational breakdown have been properly identified and addressed.

A key safeguard is ensuring that education settings have adapted to meet the child's needs before reintegration occurs, for example changes to the physical environment, curriculum demands, timetable, sensory supports, expectations, staffing arrangements or access to trusted adults. Reintegration should not rely on the child fitting back into an unchanged system.

Plans should be developed and reviewed by a multidisciplinary team involving education, health and family representatives with the young person and their family at the centre of decision-making. Professional expertise, including occupational therapists should inform decisions about readiness, environmental fit and sustainable participation.

Regular progress reviews are important, but should be proportionate, collaborative and needs-led. Oversight shouldn't undermine the stability and trust that many young people need to recover from previous educational experiences.

The safeguard isn't simply ensuring children return to school. It is ensuring they aren't harmed by returning too soon, returning to an unchanged environment or being subjected to continual pressure to prove they are ready to return.

Chapter 2: Supporting children and young people on existing EOTAS arrangements

Q14: Which factors best support stable transitions and progression for children receiving EOTAS, including return to education where appropriate?

Stable transitions and progression are best supported through personalised, relationship-based approaches that prioritise participation, wellbeing and long-term outcomes. Transitions should be viewed as a carefully managed process rather than a single event.

Continuity of trusted relationships is key as consistent support from familiar adults can help young people feel safe, build confidence and engage with new settings, services and opportunities. Family

involvement is equally important as parents and carers can provide valuable insight into the factors that support participation and successful transitions.

Effective transitions also require strong communication and coordination between education, health, social care and alternative provision services. Information, support strategies and knowledge of individual strengths and needs should transfer with the individual, reducing the need for families to repeatedly explain their circumstances and helping to maintain stability during times of change.

Progression pathways should be flexible and reflect individual aspirations. While return to education may be right for some children and young people, success shouldn't be defined by return to mainstream school. Opportunities to develop independence, life skills, vocational interests, community participation and preparation for adulthood are equally important. Blended provision, community-based learning, online education, therapeutic support and supported work-related experiences may all play a role in promoting successful progression. Occupational therapists can support stable transitions by identifying barriers to participation and helping develop graded pathways into education, employment and other meaningful adult roles.

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

Q15: 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?

Some schools provide effective early support for children and young people whose health needs affect their participation in education, but provision is inconsistent and often depends on local relationships, expertise and available resources. Support is frequently reactive rather than preventative with many young people experiencing escalating difficulties long before meaningful intervention is put in place.

Key transition points are a particular challenge, especially from primary to secondary education where previously effective support arrangements can break down. Children and young people with anxiety, neurodivergence and mental health needs can face greater barriers to accessing timely support than children with clear physical health conditions, meaning some needs go unrecognised until attendance difficulties become entrenched and alternative provision is required.

Where support works well, there is typically early multidisciplinary involvement, strong communication between families, schools and health services, and a willingness to make flexible adjustments, for example home-based learning, blended approaches and proactive planning for children with complex physical health needs. But uncertainty about responsibilities, difficulties accessing specialist advice, funding barriers and inconsistent implementation of recommendations can all impact the effectiveness of early support for children and young people with health needs that affect their access to education.

Greater emphasis is needed on early identification, multidisciplinary planning and participation-focused support. Earlier access to occupational therapy expertise could also prevent some children from reaching the point where alternative provision becomes necessary.

Q16: How could roles and responsibilities between schools, local authorities and health services be clarified to support more timely and effective support for children who are unable to attend school due to health reasons and require alternative provision?

Effective support for individuals who are unable to attend school due to health needs requires clearer shared responsibility across education, health and local authority services. Support is often delayed because of uncertainty about responsibility for funding, coordinating provision, implementing adjustments or responding to emerging attendance difficulties. Families are often left navigating complex systems and repeating their concerns to multiple services before effective support is put in place.

Roles should be clarified through a shared framework that emphasises joint accountability rather than transferring responsibility between agencies. Schools should retain responsibility for understanding the impact of a child or young person's health needs on educational participation and implementing reasonable adjustments wherever possible. Health services should provide timely assessment, advice and recommendations regarding the child's needs, functional abilities and participation. Local authorities should coordinate provision where needs require support beyond what schools can reasonably provide and ensure that alternative provision is available when appropriate. Any reforms should also be supported by sufficient workforce capacity and sustainable funding to ensure responsibilities can be delivered consistently and effectively.

Occupational therapists can play an important bridging role between health and education services. Through assessment of the interaction between the child, their health, occupations, environment and daily routines, occupational therapists can help identify practical solutions, environmental adaptations and graded participation plans that support continued engagement in education.

Q17: Where alternative provision placement is required to meet health needs, how can children be better supported to transition back to school?

This requires careful planning, flexibility and ensuring that the alternative provision setting and school work closely together. Information-sharing between schools, families, health professionals and local authorities is key to ensure the child's physical and mental health, neurodevelopmental needs, daily routines and environmental requirements are understood and supported. Maintaining continuity of trusted relationships is vital. The receiving education setting should demonstrate that appropriate adaptations and support are in place before transition occurs.

A graduated approach will help young people build confidence and participation in manageable steps. This may include blended provision, online learning, part-time attendance, familiarisation visits, access to trusted adults, flexible timetables and opportunities for meaningful occupations that support confidence, regulation and engagement. Often a hybrid approach is needed. Progress

should be monitored through measures of wellbeing, participation, self-regulation and engagement, not just attendance.

Occupational therapists can support this through assessment of participation barriers, activity analysis, environmental adaptation and graded participation planning. Their expertise will ensure that transitions are realistic, sustainable and responsive to changing needs.

Importantly, return to school shouldn't be assumed to be the right outcome for every individual. Decisions should be based on multidisciplinary professional judgement and the child or young person's long-term wellbeing, learning and participation outcomes. The goal should be a successful transition to the most appropriate educational environment, rather than a return to school within a predetermined timeframe.