



EOTAS responses

How do we support the needs of children and young people who can't get a support package or be in school or college?

Children and young people who are unable to attend school or college should not be left without appropriate support. Families consistently highlighted the need for timely, individualised support packages that are tailored to each child's specific needs, circumstances, and preferences. This should include meaningful consideration of the views of the child or young person, their parents or carers, education providers, and relevant professionals.

Respondents emphasised the importance of flexible approaches, including alternative education provision, tutoring, therapies, and other support that enables children to learn in the environment where they can engage most successfully. There was concern from some families that access to alternative provision and support can be delayed or difficult to secure, leaving parents to source and fund support themselves while waiting for decisions or appeals.

Feedback also highlighted that a child's wellbeing should be given equal importance to academic attainment. For children experiencing anxiety, trauma, or other barriers to school attendance, progress should be recognised more holistically. Achievements such as building confidence, developing relationships, improving emotional wellbeing, and re-engaging with learning can represent significant milestones and should be valued as part of their educational journey.

Overall, respondents felt that the focus should be on ensuring every child has access to the right support, at the right time, through a personalised package that enables them to make progress and thrive, regardless of whether they are able to attend a traditional school or college setting.

Who should be in charge of running EOTAS?

Responses to this question showed a range of views, with the most common preference being for an arrangement outside of the current options presented.

- **50%** selected **"Someone else"**.
- **33%** felt responsibility should be **shared between schools and the local authority**.
- **17%** were **unsure**.

Overall, the feedback suggests that families are looking for clear accountability and confidence that EOTAS arrangements will be coordinated effectively. Those who favoured a shared approach appeared to recognise the importance of both schools and the local authority working collaboratively, combining educational knowledge with statutory oversight. The responses selecting "Someone else" may indicate a desire for a more independent or specialist service to



oversee EOTAS provision, ensuring that decisions are centred on the child's needs and are delivered consistently.

In summary, respondents highlighted the importance of having a clearly identified lead organisation or professional, with strong collaboration between all parties involved, to ensure EOTAS provision is coordinated, responsive, and focused on achieving positive outcomes for children and young people.

What support is needed to make sure EOTAS is delivered well?

Respondents highlighted the importance of effective coordination, appropriate expertise, and meaningful partnership working to ensure EOTAS is delivered successfully. A recurring theme was the need for a dedicated EOTAS coordinator or case manager, ideally with specialist knowledge and experience, who can oversee provision, monitor progress, review support regularly, and take responsibility for ensuring the package continues to meet the child or young person's needs.

Families emphasised that parents and carers should be listened to throughout the process, alongside the child or young person themselves. Respondents felt that decision-making should be informed by a range of evidence, including medical and educational assessments, and the views of relevant professionals. Several commented that school-based observations should not be relied upon in isolation, particularly where children may mask their difficulties in school settings.

There was also strong support for adequate funding and quality assurance arrangements. Respondents highlighted the need for properly funded provision delivered by suitably qualified and verified organisations, ensuring that children receive consistent and effective support.

Overall, feedback suggests that successful EOTAS delivery requires:

- A dedicated and knowledgeable lead professional to coordinate and oversee provision.
- Strong partnership working with parents, carers, and young people.
- Decisions based on a range of professional, medical, and educational evidence.
- Regular monitoring and review of outcomes.
- Sufficient funding and access to high-quality, appropriately accredited providers.

Taken together, respondents felt these measures would help ensure EOTAS packages are responsive, well-managed, and tailored to support each child or young person to make meaningful progress.

How do we make sure EOTAS is only used when it is the best choice for the child or young person?



Respondents emphasised that decisions about EOTAS should be based on a thorough, individual assessment of the child or young person's needs, with meaningful involvement from the child, their family, and the professionals supporting them. A recurring theme was the importance of listening to parents and young people directly, rather than relying solely on written reports or educational records, to ensure a full understanding of the challenges they face and the support they require.

Many respondents felt that medical evidence, professional assessments, and specialist advice should play a central role in decision-making. Feedback highlighted the value of involving relevant professionals, such as Educational Psychologists and others with expertise in areas such as school-related anxiety or trauma, to help determine whether EOTAS is the most appropriate form of provision.

There was also support for a collaborative approach, bringing together parents, carers, the child or young person, and professionals to carefully consider all available options. Several respondents noted the importance of maintaining access to independent routes of challenge, such as tribunals, where there is disagreement about the most suitable provision.

Some feedback suggested that EOTAS is already difficult to access and is generally only provided for children with the most complex needs. Respondents highlighted the need for a wider range of educational options, including therapeutic, specialist, and alternative provisions, so that EOTAS is considered alongside a broader spectrum of suitable placements rather than as the only alternative to mainstream or specialist school settings.

Finally, respondents stressed the importance of ongoing review. Where EOTAS is agreed, regular reviews, clear goal-setting, and monitoring of progress should be used to ensure that the provision continues to meet the child or young person's needs and remains the most appropriate option for them.

Overall, respondents felt that EOTAS should be used when there is clear evidence that it is the provision best able to meet a child or young person's needs, following a collaborative, evidence-based assessment process and regular review of outcomes.

What is the most important thing to think about when a child in EOTAS might move back into school?

Respondents consistently emphasised that any return to school should be centred on the child's individual needs, readiness, and wellbeing. The strongest theme throughout the feedback was that a move back into school should only be considered when the child is genuinely ready and agrees that it is the right step for them.

Many respondents highlighted that a traditional school environment is not suitable for every child and that some children may never be able to return to a school setting that fully meets their



needs. In these circumstances, alternative forms of education should continue to be considered and valued. Respondents felt it was important to think creatively about educational options rather than assuming that a return to school is always the desired outcome.

Where a return to school is being explored, respondents stressed the need for careful planning and a gradual, flexible transition. Suggestions included trial periods, reduced timetables, limited hours, and phased reintegration that progresses at a pace the child can manage. Families highlighted the importance of avoiding unnecessary pressure or rigid timescales, recognising that progress may not always be linear and that periods of difficulty may occur during the transition.

A further key theme was the importance of listening to the child, parents, carers, and relevant professionals throughout the process. Decision-making should take account of family views, medical evidence, and professional advice to ensure that the proposed placement is appropriate and sustainable.

Respondents also felt that a successful return often depends on the school making appropriate adjustments. This may include changes to the learning environment, curriculum, support arrangements, or, in some cases, identifying a different educational setting that is better suited to the child's needs. Continued support from trusted professionals during the transition was seen as particularly valuable in helping children feel safe and supported.

Finally, respondents highlighted the need for ongoing review and contingency planning. If a return to school is not successful, there should be clear pathways to access alternative provision again without lengthy delays or further distress for the child and family.

Overall, respondents felt that any move from EOTAS back into school should be child-led, carefully planned, flexible, and supported by regular reviews to ensure the placement continues to meet the child or young person's needs.

How do we make sure that planning for a child to move back into school is the best decision?

Respondents consistently highlighted the importance of ensuring that decisions about a return to school are based on the individual needs, wishes, and wellbeing of the child or young person, rather than a predetermined expectation that school is always the preferred outcome.

A key theme was the need to actively listen to the child and their parents or carers throughout the decision-making process. Families felt that their experiences and understanding of the child's needs should be given significant weight, alongside the views of relevant professionals. Respondents also emphasised the importance of considering medical evidence and other professional assessments to ensure that any proposed return to school is supported by a clear understanding of the child's circumstances.



Many respondents stressed that children and young people should be involved in decisions about their education wherever possible. Feedback suggested that children should have a meaningful voice in planning and that their views about readiness to return should be carefully considered. Some respondents felt that children should be given a significant degree of control over the process, helping to ensure that the transition takes place only when they feel ready and supported.

There was also strong support for a gradual and flexible approach to reintegration. Rather than moving directly from EOTAS into full-time school attendance, respondents suggested introducing small opportunities to engage with school, allowing progress to be monitored and reviewed. Trial periods, phased attendance, and regular feedback from the child and family were seen as important ways of assessing whether a return to school is both appropriate and sustainable.

Several respondents noted that a return to school should not be pursued if evidence suggests it would negatively affect the child's wellbeing. They highlighted that school is not always the best option for every child and that alternative forms of education may continue to be the most suitable provision for some young people.

Finally, respondents felt that there should be flexibility if a return to school proves unsuccessful. Having a clear pathway back to EOTAS or alternative provision, without lengthy delays or additional barriers, was viewed as an important safeguard to ensure that decisions remain focused on the child's best interests.

Overall, respondents felt that planning for a return to school should be a collaborative, evidence-based process that prioritises the child's wellbeing, incorporates the views of families and professionals, and allows for gradual transitions and ongoing review to ensure the placement is genuinely right for the child or young person.

How can parents be supported to challenge a decision about changing or not allowing EOTAS?

Respondents highlighted the importance of having clear, accessible, and fair processes in place for parents who wish to challenge decisions relating to EOTAS. A recurring theme was the need to preserve the right to appeal through the tribunal system, which was viewed as an essential safeguard when families disagree with decisions about a child or young person's educational provision.

Several respondents felt that decision-making should be informed by up-to-date and comprehensive assessments of the child's needs. This could include assessments carried out in the home or alternative learning environment by appropriately qualified professionals, helping to ensure that decisions reflect the child's current circumstances. Respondents noted that some children may mask their difficulties in school settings, meaning that a broader range of evidence



is needed to fully understand the impact of educational arrangements on their wellbeing and ability to learn.

There was also support for strengthening opportunities to resolve disagreements before they reach a formal appeal stage. Suggestions included clear mediation processes, problem-solving meetings, and open discussions between families, professionals, and the local authority to explore concerns and identify solutions at an early stage.

Some respondents highlighted the need for practical support to help families navigate the challenge process, including access to legal advice, advocacy, and where appropriate, legal aid. This was seen as particularly important for ensuring that all families are able to participate effectively, regardless of their financial circumstances or familiarity with SEND processes.

Overall, respondents felt that parents should be supported through:

- A clear and transparent appeals process.
- Continued access to independent tribunal arrangements where applicable.
- Opportunities for mediation and problem-solving before formal appeals.
- Consideration of up-to-date professional, medical, and educational evidence.
- Access to legal advice, advocacy, and other forms of independent support.
- Decision-making processes that fully recognise the views of parents, carers, and children and young people.

In summary, respondents felt that parents are best supported when there is a transparent, evidence-based system that enables concerns to be raised and reviewed fairly, while ensuring the child's needs and best interests remain at the centre of all decisions.

Do you think EOTAS special education should follow our new standards for school age children?

Responses to this question indicated mixed views, with the largest group of respondents expressing uncertainty.

- **50%** selected **"I don't know"**.
- **33%** selected **"Yes, I agree"**.
- **17%** selected **"No, I don't agree"**.

Overall, the feedback suggests that while some respondents support the proposal, there is a significant level of uncertainty about its implications or how it would work in practice. The high proportion of "don't know" responses may indicate a need for further information, clarification, or examples to help families understand the potential impact of the proposal before forming a view.



In summary, there was some support for the proposal, limited opposition, and a notable proportion of respondents who felt unable to express a clear opinion, highlighting the importance of providing clear information and opportunities for further discussion and engagement.

Do you agree or disagree that local authorities should make sure that EOTAS happens in a good and safe way?

The vast majority of respondents agreed that local authorities should have responsibility for ensuring that EOTAS is delivered in a safe, effective, and high-quality way.

- **83%** selected **"Yes, I agree"**.
- **17%** selected **"No, I don't agree"**.

Overall, the feedback demonstrates strong support for local authorities having a role in overseeing EOTAS provision and ensuring appropriate safeguards are in place. Respondents appeared to recognise the importance of accountability and consistent oversight to help ensure that children and young people receiving EOTAS have access to suitable education, appropriate support, and safe learning environments.

The small number of respondents who disagreed suggests that there may be some concerns about whether local authorities are best placed to fulfil this role or how this responsibility should be exercised. However, no additional comments were provided to explain these views.

In summary, respondents broadly supported local authorities being responsible for ensuring that EOTAS is delivered safely and effectively, with clear oversight and accountability to help secure positive outcomes for children and young people.

Should EOTAS for young people aged 16-25 years old match what happens for school age children?

Responses to this question showed a mixed range of views.

- **33%** answered **"Yes"**.
- **33%** answered **"No"**.
- **17%** answered **"I don't know"**.
- **17%** did not provide an answer.

Those who agreed may indicate support for a consistent approach to EOTAS across all age groups, helping to ensure continuity of provision and clear expectations for young people as they move into further education and adulthood.



However, an equal number of respondents disagreed, suggesting that the needs and circumstances of young people aged 16-25 may differ from those of school-age children and could require a different approach. The response patterns indicate that some families recognise the importance of considering the increasing independence, choice, and preparation for adulthood that are relevant during this stage of a young person's life.

The number of uncertain or non-responses also suggests that some respondents may require further information about how EOTAS arrangements would operate for different age groups before forming a view.

Overall, feedback indicates no clear consensus. Respondents were divided on whether EOTAS arrangements for young people aged 16-25 should mirror those available to school-age children, highlighting the importance of ensuring that any approach is flexible enough to reflect the differing needs, aspirations, and circumstances of young people as they move towards adulthood.

Please add any other comments below:

Respondents consistently emphasised that EOTAS should be shaped around the individual needs of the child or young person, rather than requiring them to fit into a school-based model. There was a strong view that children and young people, including those who are neurodiverse, should have equal access to education, but that this does not necessarily mean education must be delivered in a traditional school setting.

Several respondents highlighted concerns that mainstream education is not suitable for all children and that inclusion can sometimes fail to meet the needs of those who struggle within school environments. Feedback suggested that educational support should be based on a child's needs rather than solely on the presence of a formal diagnosis.

A recurring theme was the importance of flexibility within EOTAS provision. Respondents felt that EOTAS packages should be tailored to the individual, taking account of their disabilities, strengths, interests, aspirations, and stage of development. For older young people, this may include preparation for adulthood, independent living skills, travel training, community participation, therapies, vocational learning, or continued academic study, depending on their circumstances and goals.

Respondents also supported maintaining high standards of quality, safeguarding, and accountability within EOTAS arrangements. However, they stressed that these standards should recognise the personalised nature of EOTAS and should not require children and young people to follow a school-based curriculum or structure where this would be inappropriate.

Additionally, some respondents felt that further clarity was needed within the consultation itself, particularly regarding the meaning of "matching what happens for school-age children." They



suggested that clearer explanations and definitions would help families provide more informed responses.

Overall, respondents felt that EOTAS should remain a flexible, child-centred provision focused on meeting individual needs and achieving positive outcomes, rather than replicating school-based education where this is not in the best interests of the child or young person.

Can you tell us the best ways to check if children and young people are ready to move back into school or college and how to support them?

Respondents consistently felt that decisions about returning to school or college should be based on a thorough understanding of the child or young person's individual needs, feelings, and circumstances, rather than relying solely on paperwork or predetermined timescales. Many emphasised the importance of speaking directly with children and young people, observing them in person, and listening carefully to their views about whether they feel ready to return.

A strong theme throughout the feedback was that children and young people, alongside their parents or carers, should play a central role in determining readiness for a return to education. Respondents felt that families often have the best understanding of the child's daily experiences, including issues such as anxiety, burnout, mental health challenges, or the impact of previous educational experiences. Medical evidence and professional advice should also be considered as part of the decision-making process.

Several respondents highlighted the importance of involving appropriately qualified professionals, such as Educational Psychologists, therapists, and other practitioners who understand the child's needs, strengths, and any experiences of trauma. These professionals can help assess whether a return to school or college would be beneficial and identify the type of educational environment most likely to support success.

Feedback also suggested that readiness should not be based solely on whether a child can return to any school setting, but whether there is an appropriate placement available that meets their needs. Factors such as the size, type, and ethos of the educational setting, along with the support available, were considered important when planning a transition.

Respondents strongly supported phased and flexible approaches to reintegration. Trial visits, limited timetables, gradual increases in attendance, and opportunities to experience a setting without pressure were all identified as valuable ways of assessing readiness. It was considered essential that children do not lose their existing support if a trial placement is unsuccessful, allowing them to return to arrangements that are already working for them without unnecessary disruption.



Many respondents also highlighted the need for ongoing review and monitoring during any transition. Progress should be measured holistically, recognising improvements in confidence, emotional wellbeing, relationships, engagement, and resilience alongside academic attainment. Regular communication between families, professionals, educational settings, and EOTAS providers was viewed as essential to ensuring support remains responsive to the child's changing needs.

Overall, respondents felt that readiness for a return to school or college should be determined through a collaborative, child-centred process involving the child, parents or carers, and relevant professionals. Support should be gradual, flexible, and tailored to the individual, with decisions focused on wellbeing, long-term success, and ensuring that educational provision remains appropriate to the child or young person's needs

Is our system doing well for children with health needs to get support early in education

100% of respondents answered "**No**", indicating a unanimous view that the current system is not working effectively to ensure children and young people with health needs receive support early enough in their educational journey.

The consistency of responses suggests significant concerns about the timeliness and accessibility of support. Respondents felt that children with health needs are not receiving the early intervention required to prevent difficulties from escalating and impacting their education, wellbeing, and long-term outcomes.

This feedback indicates a perception that improvements are needed to ensure that emerging needs are identified promptly, assessments are carried out in a timely manner, and appropriate support is put in place as early as possible. Early intervention was viewed as particularly important in preventing children from reaching a point where their health needs significantly affect school attendance, engagement with learning, or mental wellbeing.

Overall, respondents were clear that the current system is not adequately supporting children with health needs at an early stage and that stronger, more responsive early support arrangements are needed to ensure children and young people can access the help they need when they need it.

Please tell us more about how schools, local authorities and health partners could do better with support?

Respondents identified a number of areas where schools, local authorities, and health partners could work more effectively together to improve support for children and young people with additional needs and their families.



A key theme was the need for earlier intervention and faster access to support. Respondents felt that assessments, services, and interventions should be available much sooner, helping to identify and address needs before difficulties escalate. This included calls for shorter waiting times for assessments and improved access to specialist services such as speech and language therapy, occupational therapy, physiotherapy, paediatric services, autism and ADHD assessments, and mental health support. Several respondents expressed concern that children are often required to reach a point of crisis before receiving appropriate help.

Many respondents emphasised the importance of listening to children, young people, and their families. Parents and carers felt that their knowledge and experience should be valued as part of decision-making processes and that professionals should work in partnership with families to identify the most appropriate support. Some respondents felt that communication could be improved and that families should feel heard, respected, and fully involved throughout their child's journey.

There was also a strong view that services should work more collaboratively and in a more coordinated way. Several respondents highlighted the challenges families face when navigating multiple agencies and suggested that a named lead professional or key worker could help coordinate support, improve communication, and provide families with a consistent point of contact.

Respondents additionally highlighted the need for more comprehensive and holistic assessments. Feedback suggested that local authorities should ensure education, health, and care assessments draw on a wider range of specialist advice where appropriate, enabling a fuller understanding of a child's strengths, needs, and required support. This was seen as particularly important when children have complex or overlapping needs.

A further theme was the importance of stable funding and adequate resources across education, health, and care services. Respondents felt that services need sufficient capacity to provide timely assessments, interventions, and ongoing support. Concerns were raised that funding pressures can create barriers to accessing support and contribute to delays in decision-making. Several respondents also highlighted the importance of trauma-informed and needs-led approaches, particularly for children with complex needs, disabilities, or experiences of trauma.

They felt that support plans, transitions, and reintegration into education should be flexible, individualised, and focused on wellbeing alongside educational outcomes. Finally, respondents recognised the valuable role that Parent Carer Forums can play in supporting families, gathering lived experience, and helping services understand the needs of local communities. Some respondents suggested that these organisations could provide even greater support if they were given sufficient funding and resources.



Overall, respondents felt that improvement would come from earlier intervention, stronger partnership working, better access to specialist services, clearer coordination of support, meaningful involvement of families in decision-making, and sufficient funding to ensure children and young people receive the right help at the right time.

Please tell us more about online education - for example, should it be for a set amount of time?

Respondents highlighted a range of views on online education, but the overall theme was that it should be flexible, personalised, and based on the individual needs of the child or young person rather than being subject to a fixed time limit.

Several respondents felt that online education can be a highly effective form of learning when it is tailored to a child's needs and delivered to a good standard. Feedback emphasised that children and young people learn in different ways, and online provision may include a variety of approaches such as live lessons, recorded content, one-to-one sessions, group activities, mentoring, counselling, interest-led learning, gaming-based learning, or communication through text-based platforms. Respondents noted that different formats may suit different learners and that provision should be adapted accordingly.

A strong theme was that decisions about the duration of online learning should be based on outcomes and individual circumstances rather than arbitrary timescales. Many respondents opposed the idea of a fixed limit, arguing that some children may benefit from online education for extended periods, while others may require alternative approaches if online learning is not proving effective. Several respondents suggested that where a child is thriving and making progress through online learning, there should be flexibility to continue or incorporate it as part of a blended package of support.

Some respondents did, however, suggest that online learning sessions should be carefully structured and regularly reviewed. One respondent felt that online engagement should generally be limited to short periods, such as up to two hours at a time, to reduce fatigue, support concentration, and safeguard wellbeing, particularly for children with additional needs.

There was also recognition of the importance of safeguarding and monitoring. Respondents felt that online education should include appropriate oversight, clear expectations, and regular reviews involving parents, carers, and professionals to ensure that it remains safe, beneficial, and aligned with the child's needs and progress.

Overall, respondents felt that online education can be a valuable part of educational provision, but that there should not be a universal set timeframe. Instead, the type, duration, and intensity of online learning should be determined by the individual child's needs, preferences, engagement, wellbeing, and educational outcomes, with regular reviews to ensure the provision remains appropriate and effective.